

STATE OF MINNESOTA

Journal of the House

EIGHTY-SIXTH SESSION — 2010

SIXTY-FOURTH DAY

SAINT PAUL, MINNESOTA, MONDAY, FEBRUARY 15, 2010

The House of Representatives convened at 1:00 p.m. and was called to order by Al Juhnke, Speaker pro tempore.

Prayer was offered by the Reverend Gary Rusinko, St. Paul's Lutheran Church, Meriden, Minnesota.

The members of the House gave the pledge of allegiance to the flag of the United States of America.

The roll was called and the following members were present:

Abeler	Dettmer	Hayden	Lesch	Norton	Slawik
Anderson, B.	Dill	Hilstrom	Liebling	Obermueller	Slocum
Anderson, P.	Dittrich	Hilty	Lieder	Olin	Smith
Anderson, S.	Doepke	Holberg	Lillie	Otremba	Solberg
Anzelc	Doty	Hoppe	Loeffler	Paymar	Sterner
Atkins	Downey	Hornstein	Loon	Pelowski	Swails
Beard	Drazkowski	Hortman	Mack	Peppin	Thao
Benson	Eastlund	Hosch	Magnus	Persell	Thissen
Bigham	Eken	Howes	Mahoney	Peterson	Tillberry
Bly	Emmer	Huntley	Mariani	Poppe	Torkelson
Brod	Falk	Jackson	Marquart	Reinert	Urdahl
Brown	Faust	Johnson	Masin	Rosenthal	Wagenius
Brynaert	Fritz	Juhnke	McFarlane	Rukavina	Ward
Buesgens	Gardner	Kahn	McNamara	Ruud	Welti
Bunn	Garofalo	Kalin	Morgan	Sailer	Westrom
Carlson	Gottwalt	Kath	Morrow	Sanders	Winkler
Champion	Greiling	Kelly	Mullery	Scalze	Zellers
Clark	Gunther	Kiffmeyer	Murdock	Scott	Spk. Kelliher
Cornish	Hackbarth	Knuth	Murphy, E.	Seifert	
Davids	Hamilton	Koenen	Murphy, M.	Sertich	
Davnie	Hansen	Laine	Nelson	Severson	
Dean	Hausman	Lanning	Newton	Shimanski	
Demmer	Haws	Lenczewski	Nornes	Simon	

A quorum was present.

Kohls was excused.

The Chief Clerk proceeded to read the Journal of the preceding day. Paymar moved that further reading of the Journal be dispensed with and that the Journal be approved as corrected by the Chief Clerk. The motion prevailed.

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REPORTS OF STANDING COMMITTEES AND DIVISIONS

Thissen from the Committee on Health Care and Human Services Policy and Oversight to which was referred:

H. F. No. 112, A bill for an act relating to human services; authorizing licensure of four intermediate care facilities for persons with developmental disabilities to replace one larger facility; establishing a transition period rate; establishing payment rate for the new facilities; appropriating money; amending Minnesota Statutes 2008, section 252.295.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Thissen from the Committee on Health Care and Human Services Policy and Oversight to which was referred:

H. F. No. 298, A bill for an act relating to human services; changing day training and habilitation insurance provisions; setting liability limits; changing the age limit for operators of vehicles for hire; directing the commissioner to seek a federal waiver; allowing a sales tax exemption for certain vehicles; amending Minnesota Statutes 2008, sections 171.322; 174.30, subdivision 1; 297B.03; proposing coding for new law in Minnesota Statutes, chapter 65B.

Reported the same back with the following amendments:

Page 2, delete section 4

Page 4, line 22, delete "5." and insert "4."

Amend the title as follows:

Page 1, line 4, delete "allowing"

Page 1, line 5, delete everything before "amending"

Correct the title numbers accordingly

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Atkins from the Committee on Commerce and Labor to which was referred:

H. F. No. 2422, A bill for an act relating to lawful gambling; allowing the director of the Gambling Control Board flexibility in allowable expenses; amending Minnesota Statutes 2009 Supplement, section 349.12, subdivision 25.

Reported the same back with the recommendation that the bill pass.

The report was adopted.

Clark from the Housing Finance and Policy and Public Health Finance Division to which was referred:

H. F. No. 2582, A bill for an act relating to human services; modifying medical assistance coverage under the asthma coverage demonstration project; amending Laws 2009, chapter 79, article 5, section 75, subdivision 1.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Laws 2009, chapter 79, article 5, section 75, subdivision 1, is amended to read:

Subdivision 1. **Medical assistance coverage.** The commissioner of human services shall establish a demonstration project to provide additional medical assistance coverage for a maximum of 200 American Indian children in Minneapolis, St. Paul, and Duluth who are burdened by health disparities associated with the cumulative health impact of toxic environmental exposures. Under this demonstration project, the additional medical assistance coverage for this population must include, but is not limited to, home environmental assessments for triggers of asthma, in-home asthma education on the proper medical management of asthma by a certified asthma educator or public health nurse with asthma management training limited to two visits per child. Coverage also includes the following durable medical equipment: high efficiency particulate air (HEPA) cleaners, HEPA vacuum cleaners, allergy bed and pillow encasements, high filtration filters for forced air gas furnaces, and dehumidifiers with medical tubing to connect the appliance to a floor drain, if the listed item is ~~medically necessary~~ useful to reduce asthma symptoms. Provision of these items of durable medical equipment must be preceded by a home environmental assessment for triggers of asthma and in-home asthma education on the proper medical management of asthma by a Certified Asthma Educator or public health nurse with asthma management training."

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Thissen from the Committee on Health Care and Human Services Policy and Oversight to which was referred:

H. F. No. 2589, A bill for an act relating to health; transferring the comprehensive advanced life-support educational program to the commissioner of health; amending Minnesota Statutes 2008, section 144E.37.

Reported the same back with the recommendation that the bill pass.

The report was adopted.

Clark from the Housing Finance and Policy and Public Health Finance Division to which was referred:

H. F. No. 2604, A bill for an act relating to economic development; allowing a stay of mortgage foreclosure proceedings under certain conditions; landlord and tenant; providing rights to tenants of foreclosed property; amending Minnesota Statutes 2008, section 504B.151, subdivision 2, by adding subdivisions; Minnesota Statutes 2009 Supplement, section 504B.151, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 582.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Commerce and Labor without further recommendation.

The report was adopted.

Atkins from the Committee on Commerce and Labor to which was referred:

H. F. No. 2706, A bill for an act relating to certified public accountants; clarifying licensing requirements; requiring rulemaking; amending Minnesota Statutes 2008, sections 3.972, subdivision 1; 6.66; 110A.32, subdivision 2; 144A.05; 367.36, subdivision 1; 385.06, subdivision 2; 412.222; 412.591, subdivision 3; 471.49, subdivision 10; 471.6985, subdivision 2; 515B.3-121; Minnesota Statutes 2009 Supplement, section 297E.06, subdivision 4; repealing Minnesota Rules, part 8122.0150, subpart 7.

Reported the same back with the following amendments:

Page 6, delete section 13

Page 6, after line 16, insert:

"In Minnesota Rules, part 8122.0150, subpart 4, the revisor of statutes shall delete "by the Minnesota Board of Accountancy," and insert "in accordance with Minnesota Statutes, chapter 326A." In Minnesota Rules, part 8122.0200, subpart 1, the revisor of statutes shall delete "or independent licensed public account in good standing with the Minnesota State Board of Accountancy and licensed to practice in Minnesota." The revisor of statutes may make changes necessary to correct the punctuation, grammar, or structure of the remaining text as a result of the changes made by this section."

Page 6, line 18, delete "part" and insert "parts" and delete "is" and insert "and 8122.0600, are"

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 3, delete "requiring rulemaking;"

Correct the title numbers accordingly

With the recommendation that when so amended the bill pass.

The report was adopted.

Solberg from the Committee on Ways and Means to which was referred:

S. F. No. 2168, A bill for an act relating to health care; establishing mental health urgent care and consultation services; modifying the general assistance medical care program; appropriating money; amending Minnesota Statutes 2008, sections 256.969, subdivision 27, by adding a subdivision; 256B.0625, subdivision 13f, by adding a subdivision; 256D.03, subdivisions 3a, 3b; 256D.06, subdivision 7; 256L.05, subdivisions 1b, 3, 3a; 256L.07, subdivision 6; 256L.15, subdivision 4; 256L.17, subdivision 7; Minnesota Statutes 2009 Supplement, sections 256.969, subdivisions 2b, 3a; 256B.196, subdivision 2; 256B.199; 256D.03, subdivision 3; proposing coding for new law in Minnesota Statutes, chapters 245; 256D.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"ARTICLE 1

HEALTH CARE PROGRAM MODIFICATION

Section 1. [245.4862] MENTAL HEALTH URGENT CARE AND PSYCHIATRIC CONSULTATION.

Subdivision 1. **Mental health urgent care and psychiatric consultation.** The commissioner shall include mental health urgent care and psychiatric consultation services as part of, but not limited to, the redesign of six community-based behavioral health hospitals and the Anoka-Metro Regional Treatment Center. These services must not duplicate existing services in the region, and must be implemented as specified in subdivisions 3 to 7.

Subd. 2. **Definitions.** For purposes of this section:

(a) Mental health urgent care includes:

(1) initial mental health screening;

(2) mobile crisis assessment and intervention;

(3) rapid access to psychiatry, including psychiatric evaluation, initial treatment, and short-term psychiatry;

(4) nonhospital crisis stabilization residential beds; and

(5) health care navigator services which include, but are not limited to, assisting uninsured individuals in obtaining health care coverage.

(b) Psychiatric consultation services includes psychiatric consultation to primary care practitioners.

Subd. 3. **Rapid access to psychiatry.** The commissioner shall develop rapid access to psychiatric services based on the following criteria:

(1) the individuals who receive the psychiatric services must be at risk of hospitalization and otherwise unable to receive timely services;

(2) where clinically appropriate, the service may be provided via interactive video where the service is provided in conjunction with an emergency room, a local crisis service, or a primary care or behavioral care practitioner; and

(3) the commissioner may integrate rapid access to psychiatry with the psychiatric consultation services in subdivision 4.

Subd. 4. **Collaborative psychiatric consultation.** (a) The commissioner shall establish a collaborative psychiatric consultation service based on the following criteria:

(1) the service may be available via telephone, interactive video, e-mail, or other means of communication to emergency rooms, local crisis services, mental health professionals, and primary care practitioners, including pediatricians;

(2) the service shall be provided by a multidisciplinary team including, at a minimum, a child and adolescent psychiatrist, an adult psychiatrist, and a licensed clinical social worker;

(3) the service shall include a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals, as well as provision of rapid psychiatric access when other appropriate services are not available;

(4) the first priority for this service is to provide the consultations required under section 256B.0625, subdivision 13j; and

(5) the service must encourage use of cognitive and behavioral therapies and other evidence-based treatments in addition to or in place of medication, where appropriate.

(b) The commissioner shall appoint an interdisciplinary work group to establish appropriate medication and psychotherapy protocols to guide the consultative process, including consultation with the Drug Utilization Review Board, as provided in section 256B.0625, subdivision 13j.

Subd. 5. **Phased availability.** (a) The commissioner may phase in the availability of mental health urgent care services based on the limits of appropriations and the commissioner's determination of level of need and cost-effectiveness.

(b) For subdivisions 3 and 4, the first phase must focus on adults in Hennepin and Ramsey Counties and children statewide who are affected by section 256B.0625, subdivision 13j, and must include tracking of costs for the services provided and associated impacts on utilization of inpatient, emergency room, and other services.

Subd. 6. **Limited appropriations.** The commissioner shall maximize use of available health care coverage for the services provided under this section. The commissioner's responsibility to provide these services for individuals without health care coverage must not exceed the appropriations for this section.

Subd. 7. **Flexible implementation.** To implement this section, the commissioner shall select the structure and funding method that is the most cost-effective for each county or group of counties. This may include grants, contracts, direct provision by state-operated services, and public-private partnerships. Where feasible, the commissioner shall make any grants under this section a part of the integrated adult mental health initiative grants under section 245.4661.

Sec. 2. Minnesota Statutes 2009 Supplement, section 256.969, subdivision 2b, is amended to read:

Subd. 2b. **Operating payment rates.** In determining operating payment rates for admissions occurring on or after the rate year beginning January 1, 1991, and every two years after, or more frequently as determined by the commissioner, the commissioner shall obtain operating data from an updated base year and establish operating payment rates per admission for each hospital based on the cost-finding methods and allowable costs of the Medicare program in effect during the base year. Rates under the general assistance medical care, medical assistance, and MinnesotaCare programs shall not be rebased to more current data on January 1, 1997, January 1, 2005, for the first 24 months of the rebased period beginning January 1, 2009. For the first ~~three six~~ six months of the rebased period beginning January 1, 2011, rates shall ~~not be rebased at 74.25 percent of the full value of the rebasing percentage change.~~ From ~~April~~ July 1, 2011, to March 31, 2012, rates shall be rebased at 39.2 percent of the full value of the rebasing percentage change. Effective April 1, 2012, rates shall be rebased at full value. The base year operating payment rate per admission is standardized by the case mix index and adjusted by the hospital cost index, relative values, and disproportionate population adjustment. The cost and charge data used to establish operating rates shall only reflect inpatient services covered by medical assistance and shall not include property cost information and costs recognized in outlier payments.

Sec. 3. Minnesota Statutes 2009 Supplement, section 256.969, subdivision 3a, is amended to read:

Subd. 3a. **Payments.** (a) Acute care hospital billings under the medical assistance program must not be submitted until the recipient is discharged. However, the commissioner shall establish monthly interim payments for inpatient hospitals that have individual patient lengths of stay over 30 days regardless of diagnostic category. Except as provided in section 256.9693, medical assistance reimbursement for treatment of mental illness shall be reimbursed based on diagnostic classifications. Individual hospital payments established under this section and sections 256.9685, 256.9686, and 256.9695, in addition to third party and recipient liability, for discharges occurring during the rate year shall not exceed, in aggregate, the charges for the medical assistance covered inpatient services paid for the same period of time to the hospital. This payment limitation shall be calculated separately for medical assistance and general assistance medical care services. The limitation on general assistance medical care shall be effective for admissions occurring on or after July 1, 1991. Services that have rates established under subdivision 11 or 12, must be limited separately from other services. After consulting with the affected hospitals, the commissioner may consider related hospitals one entity and may merge the payment rates while maintaining separate provider numbers. The operating and property base rates per admission or per day shall be derived from the best Medicare and claims data available when rates are established. The commissioner shall determine the best Medicare and claims data, taking into consideration variables of recency of the data, audit disposition, settlement status, and the ability to set rates in a timely manner. The commissioner shall notify hospitals of payment rates by December 1 of the year preceding the rate year. The rate setting data must reflect the admissions data used to establish relative values. Base year changes from 1981 to the base year established for the rate year beginning January 1, 1991, and for subsequent rate years, shall not be limited to the limits ending June 30, 1987, on the maximum rate of increase under subdivision 1. The commissioner may adjust base year cost, relative value, and case mix index data to exclude the costs of services that have been discontinued by the October 1 of the year preceding the rate year or that are paid separately from inpatient services. Inpatient stays that encompass portions of two or more rate years shall have payments established based on payment rates in effect at the time of admission unless the date of admission preceded the rate year in effect by six months or more. In this case, operating payment rates for services rendered during the rate year in effect and established based on the date of admission shall be adjusted to the rate year in effect by the hospital cost index.

(b) For fee-for-service admissions occurring on or after July 1, 2002, the total payment, before third-party liability and spenddown, made to hospitals for inpatient services is reduced by .5 percent from the current statutory rates.

(c) In addition to the reduction in paragraph (b), the total payment for fee-for-service admissions occurring on or after July 1, 2003, made to hospitals for inpatient services before third-party liability and spenddown, is reduced five percent from the current statutory rates. Mental health services within diagnosis related groups 424 to 432, and facilities defined under subdivision 16 are excluded from this paragraph.

(d) In addition to the reduction in paragraphs (b) and (c), the total payment for fee-for-service admissions occurring on or after August 1, 2005, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 6.0 percent from the current statutory rates. Mental health services within diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Notwithstanding section 256.9686, subdivision 7, for purposes of this paragraph, medical assistance does not include general assistance medical care. Payments made to managed care plans shall be reduced for services provided on or after January 1, 2006, to reflect this reduction.

(e) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, 2008, through June 30, 2009, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 3.46 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after January 1, 2009, through June 30, 2009, to reflect this reduction.

(f) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, 2009, through June 30, ~~2010~~ 2011, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 1.9 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after July 1, 2009, through June 30, ~~2010~~ 2011, to reflect this reduction.

(g) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, ~~2010~~ 2011, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 1.79 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after July 1, ~~2010~~ 2011, to reflect this reduction.

(h) In addition to the reductions in paragraphs (b), (c), (d), (f), and (g), the total payment for fee-for-service admissions occurring on or after July 1, 2009, made to hospitals for inpatient services before third-party liability and spenddown, is reduced one percent from the current statutory rates. Facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after October 1, 2009, to reflect this reduction.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 4. Minnesota Statutes 2008, section 256.969, is amended by adding a subdivision to read:

Subd. 26a. Psychiatric and burn services payment adjustment on or after July 1, 2010. (a) For admissions occurring on or after July 1, 2010, the commissioner shall increase the total payment for medical assistance fee-for-service inpatient admissions for the diagnosis-related groups specified in paragraph (b) at any hospital that is a nonstate public Minnesota hospital and a Level I trauma center. The rate increases shall be established for each hospital by the commissioner at a level that uses each hospital's voluntary payments under paragraph (c) as the nonfederal share. For purposes of this subdivision, medical assistance does not include general assistance medical care. Payments to managed care health plans shall not be increased for payments under this subdivision.

(b) The rate increases provided in paragraph (a) apply to the following diagnosis-related groups or subgroups, or any subsequent designations of such groups or subgroups: 424 to 431, 433, 504 to 511, 521, and 523. These increases are only available to the extent that revenue is available from the counties under paragraph (c) for the nonfederal share.

(c) Effective July 15, 2010, in addition to any payment otherwise required under sections 256B.19, 256B.195, 256B.196, and 256B.199, the following government entities may make the following voluntary payments to the commissioner on an annual basis:

(1) Hennepin County, \$7,000,000; and

(2) Ramsey County, \$3,500,000.

The amounts in this paragraph shall be part of the designated governmental unit's portion of the nonfederal share of medical assistance costs, including payments under subdivision 9.

(d) The commissioner may adjust the intergovernmental transfers under paragraph (c) and the payments under paragraph (a) based on the commissioner's determination of Medicare upper payment limits, hospital-specific charge limits, and any limits imposed by the federal government regarding the rate increase or the restriction in the American Resource and Recovery Act, Public Law 111-5, regarding increased local share.

(e) This section shall be implemented upon federal approval, retroactive to July 1, 2010, for services provided on or after that date.

Sec. 5. Minnesota Statutes 2008, section 256.969, subdivision 27, is amended to read:

Subd. 27. **Quarterly payment adjustment.** (a) In addition to any other payment under this section, the commissioner shall make the following payments effective July 1, 2007:

(1) for a hospital located in Minnesota and not eligible for payments under subdivision 20, with a medical assistance inpatient utilization rate greater than 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to 13 percent of the total of the operating and property payment rates, except that Hennepin County Medical Center and Regions Hospital shall not receive a payment under this subdivision;

(2) for a hospital located in Minnesota in a specified urban area outside of the seven-county metropolitan area and not eligible for payments under subdivision 20, with a medical assistance inpatient utilization rate less than or equal to 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to ten percent of the total of the operating and property payment rates. For purposes of this clause, the following cities are specified urban areas: Detroit Lakes, Rochester, Willmar, Alexandria, Austin, Cambridge, Brainerd, Hibbing, Mankato, Duluth, St. Cloud, Grand Rapids, Wyoming, Fergus Falls, Albert Lea, Winona, Virginia, Thief River Falls, and Wadena;

(3) for a hospital located in Minnesota but not located in a specified urban area under clause (2), with a medical assistance inpatient utilization rate less than or equal to 17.8 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to four percent of the total of the operating and property payment rates. A hospital located in Woodbury and not in existence during the base year shall be reimbursed under this clause; and

(4) in addition to any payments under clauses (1) to (3), for a hospital located in Minnesota and not eligible for payments under subdivision 20 with a medical assistance inpatient utilization rate of 17.9 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to eight percent of the total of the operating and property payment rates, and for a hospital located in Minnesota and not eligible for payments under subdivision 20 with a medical assistance inpatient utilization rate of 59.6 percent of total patient days as of the base year in effect on July 1, 2005, a payment equal to nine percent of the total of the operating and property payment rates. After making any ratable adjustments required under paragraph (b), the commissioner shall proportionately reduce payments under clauses (2) and (3) by an amount needed to make payments under this clause.

(b) The state share of payments under paragraph (a) shall be equal to federal reimbursements to the commissioner to reimburse expenditures reported under section 256B.199, paragraphs (a) to (d). The commissioner shall ratably reduce or increase payments under this subdivision in order to ensure that these payments equal the amount of reimbursement received by the commissioner under section 256B.199, paragraphs (a) to (d), except that payments shall be ratably reduced by an amount equivalent to the state share of a four percent reduction in MinnesotaCare and medical assistance payments for inpatient hospital services. Effective July 1, 2009, the ratable reduction shall be equivalent to the state share of a three percent reduction in these payments. Effective for federal disproportionate share hospital funds earned on general assistance medical care payments for services rendered on or after March 1, 2010, to June 30, 2011, the amount of the three percent ratable reduction required under this paragraph shall be deposited in the account established in section 256D.032. Payments under this subdivision shall be further ratably reduced as follows: by \$3,243,000 in fiscal year 2011; and by \$2,495,000 in fiscal year 2012. These amounts shall be deposited in the account established in section 256D.032.

(c) The payments under paragraph (a) shall be paid quarterly based on each hospital's operating and property payments from the second previous quarter, beginning on July 15, 2007, or upon federal approval of federal reimbursements under section 256B.199, paragraphs (a) to (d), whichever occurs later.

(d) The commissioner shall not adjust rates paid to a prepaid health plan under contract with the commissioner to reflect payments provided in paragraph (a).

(e) The commissioner shall maximize the use of available federal money for disproportionate share hospital payments and shall maximize payments to qualifying hospitals. In order to accomplish these purposes, the commissioner may, in consultation with the nonstate entities identified in section 256B.199, paragraphs (a) to (d), adjust, on a pro rata basis if feasible, the amounts reported by nonstate entities under section 256B.199, paragraphs (a) to (d), when application for reimbursement is made to the federal government, and otherwise adjust the provisions of this subdivision. The commissioner shall utilize a settlement process based on finalized data to maximize revenue under section 256B.199, paragraphs (a) to (d), and payments under this section.

(f) For purposes of this subdivision, medical assistance does not include general assistance medical care.

EFFECTIVE DATE. This section is effective for services rendered on or after March 1, 2010.

Sec. 6. Minnesota Statutes 2008, section 256B.0625, subdivision 13f, is amended to read:

Subd. 13f. **Prior authorization.** (a) The Formulary Committee shall review and recommend drugs which require prior authorization. The Formulary Committee shall establish general criteria to be used for the prior authorization of brand-name drugs for which generically equivalent drugs are available, but the committee is not required to review each brand-name drug for which a generically equivalent drug is available.

(b) Prior authorization may be required by the commissioner before certain formulary drugs are eligible for payment. The Formulary Committee may recommend drugs for prior authorization directly to the commissioner. The commissioner may also request that the Formulary Committee review a drug for prior authorization. Before the commissioner may require prior authorization for a drug:

(1) the commissioner must provide information to the Formulary Committee on the impact that placing the drug on prior authorization may have on the quality of patient care and on program costs, information regarding whether the drug is subject to clinical abuse or misuse, and relevant data from the state Medicaid program if such data is available;

(2) the Formulary Committee must review the drug, taking into account medical and clinical data and the information provided by the commissioner; and

(3) the Formulary Committee must hold a public forum and receive public comment for an additional 15 days.

The commissioner must provide a 15-day notice period before implementing the prior authorization.

(c) Except as provided in subdivision 13j, prior authorization shall not be required or utilized for any atypical antipsychotic drug prescribed for the treatment of mental illness if:

(1) there is no generically equivalent drug available; and

(2) the drug was initially prescribed for the recipient prior to July 1, 2003; or

(3) the drug is part of the recipient's current course of treatment.

This paragraph applies to any multistate preferred drug list or supplemental drug rebate program established or administered by the commissioner. Prior authorization shall automatically be granted for 60 days for brand name drugs prescribed for treatment of mental illness within 60 days of when a generically equivalent drug becomes available, provided that the brand name drug was part of the recipient's course of treatment at the time the generically equivalent drug became available.

(d) Prior authorization shall not be required or utilized for any antihemophilic factor drug prescribed for the treatment of hemophilia and blood disorders where there is no generically equivalent drug available if the prior authorization is used in conjunction with any supplemental drug rebate program or multistate preferred drug list established or administered by the commissioner.

(e) The commissioner may require prior authorization for brand name drugs whenever a generically equivalent product is available, even if the prescriber specifically indicates "dispense as written-brand necessary" on the prescription as required by section 151.21, subdivision 2.

(f) Notwithstanding this subdivision, the commissioner may automatically require prior authorization, for a period not to exceed 180 days, for any drug that is approved by the United States Food and Drug Administration on or after July 1, 2005. The 180-day period begins no later than the first day that a drug is available for shipment to pharmacies within the state. The Formulary Committee shall recommend to the commissioner general criteria to be used for the prior authorization of the drugs, but the committee is not required to review each individual drug. In order to continue prior authorizations for a drug after the 180-day period has expired, the commissioner must follow the provisions of this subdivision.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 7. Minnesota Statutes 2008, section 256B.0625, is amended by adding a subdivision to read:

Subd. 13j. Antipsychotic and attention deficit disorder and attention deficit hyperactivity disorder medications. (a) The commissioner, in consultation with the Drug Utilization Review Board established in subdivision 13i and actively practicing pediatric mental health professionals, must:

(1) identify recommended pediatric dose ranges for atypical antipsychotic drugs and drugs used for attention deficit disorder or attention deficit hyperactivity disorder based on available medical, clinical, and safety data and research. The commissioner shall periodically review the list of medications and pediatric dose ranges and update the medications and doses listed as needed after consultation with the Drug Utilization Review Board;

(2) identify situations where a collaborative psychiatric consultation and prior authorization should be required before the initiation or continuation of drug therapy in pediatric patients including, but not limited to, high-dose regimens, off-label use of prescription medication, a patient's young age, and lack of coordination among multiple prescribing providers; and

(3) track prescriptive practices and the use of psychotropic medications in children with the goal of reducing the use of medication, where appropriate.

(b) Effective July 1, 2011, the commissioner shall require prior authorization and a collaborative psychiatric consultation before an atypical antipsychotic and attention deficit disorder and attention deficit hyperactivity disorder medication meeting the criteria identified in paragraph (a), clause (2), is eligible for payment. A collaborative psychiatric consultation must be completed before the identified medications are eligible for payment unless:

(1) the patient has already been stabilized on the medication regimen; or

(2) the prescriber indicates that the child is in crisis.

If clause (1) or (2) applies, the collaborative psychiatric consultation must be completed within 90 days for payment to continue.

(c) For purposes of this subdivision, a collaborative psychiatric consultation must meet the criteria described in section 245.4862, subdivision 5.

Sec. 8. Minnesota Statutes 2009 Supplement, section 256B.196, subdivision 2, is amended to read:

Subd. 2. **Commissioner's duties.** (a) For the purposes of this subdivision and subdivision 3, the commissioner shall determine the fee-for-service outpatient hospital services upper payment limit for nonstate government hospitals. The commissioner shall then determine the amount of a supplemental payment to Hennepin County Medical Center and Regions Hospital for these services that would increase medical assistance spending in this category to the aggregate upper payment limit for all nonstate government hospitals in Minnesota. In making this determination, the commissioner shall allot the available increases between Hennepin County Medical Center and Regions Hospital based on the ratio of medical assistance fee-for-service outpatient hospital payments to the two facilities. The commissioner shall adjust this allotment as necessary based on federal approvals, the amount of intergovernmental transfers received from Hennepin and Ramsey Counties, and other factors, in order to maximize the additional total payments. The commissioner shall inform Hennepin County and Ramsey County of the periodic intergovernmental transfers necessary to match federal Medicaid payments available under this subdivision in order to make supplementary medical assistance payments to Hennepin County Medical Center and Regions Hospital equal to an amount that when combined with existing medical assistance payments to nonstate governmental hospitals would increase total payments to hospitals in this category for outpatient services to the aggregate upper payment limit for all hospitals in this category in Minnesota. Upon receipt of these periodic transfers, the commissioner shall make supplementary payments to Hennepin County Medical Center and Regions Hospital.

(b) For the purposes of this subdivision and subdivision 3, the commissioner shall determine an upper payment limit for physicians affiliated with Hennepin County Medical Center and with Regions Hospital. The upper payment limit shall be based on the average commercial rate or be determined using another method acceptable to the Centers for Medicare and Medicaid Services. The commissioner shall inform Hennepin County and Ramsey County of the periodic intergovernmental transfers necessary to match the federal Medicaid payments available under this subdivision in order to make supplementary payments to physicians affiliated with Hennepin County Medical Center and Regions Hospital equal to the difference between the established medical assistance payment for physician services and the upper payment limit. Upon receipt of these periodic transfers, the commissioner shall make supplementary payments to physicians of Hennepin Faculty Associates and HealthPartners.

(c) Beginning January 1, 2010, Hennepin County and Ramsey County ~~shall~~ may make monthly voluntary intergovernmental transfers to the commissioner in ~~the following amounts: \$133,333 by not to exceed \$12,000,000 per year from Hennepin County and \$100,000 by \$6,000,000 per year from Ramsey County.~~ The commissioner shall increase the medical assistance capitation payments to Metropolitan Health Plan and HealthPartners by any licensed health plan under contract with the medical assistance program that agrees to make enhanced payments to Hennepin County Medical Center or Regions Hospital. The increase shall be in an amount equal to the annual value of the monthly transfers plus federal financial participation, with each health plan receiving its pro rata share of the increase based on the pro rata share of medical assistance admissions to Hennepin County Medical Center and Regions Hospital by those plans. Upon the request of the commissioner, health plans shall submit individual-level cost data for verification purposes. The commissioner may ratably reduce these payments on a pro rata basis in order to satisfy federal requirements for actuarial soundness. If payments are reduced, transfers shall be reduced accordingly. Any licensed health plan that receives increased medical assistance capitation payments under the intergovernmental transfer described in this paragraph shall increase its medical assistance payments to Hennepin County Medical Center and Regions Hospital by the same amount as the increased payments received in the capitation payment described in this paragraph.

(d) The commissioner shall inform Hennepin County and Ramsey County on an ongoing basis of the need for any changes needed in the intergovernmental transfers in order to continue the payments under paragraphs (a) to (c), at their maximum level, including increases in upper payment limits, changes in the federal Medicaid match, and other factors.

(e) The payments in paragraphs (a) to (c) shall be implemented independently of each other, subject to federal approval and to the receipt of transfers under subdivision 3.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 9. Minnesota Statutes 2009 Supplement, section 256B.199, is amended to read:

256B.199 PAYMENTS REPORTED BY GOVERNMENTAL ENTITIES.

(a) Effective July 1, 2007, the commissioner shall apply for federal matching funds for the expenditures in paragraphs (b) and (c).

(b) The commissioner shall apply for federal matching funds for certified public expenditures as follows:

(1) Hennepin County, Hennepin County Medical Center, Ramsey County, and Regions Hospital, ~~the University of Minnesota, and Fairview University Medical Center~~ shall report quarterly to the commissioner beginning June 1, 2007, payments made during the second previous quarter that may qualify for reimbursement under federal law;

(2) based on these reports, the commissioner shall apply for federal matching funds. These funds are appropriated to the commissioner for the payments under section 256.969, subdivision 27; and

(3) by May 1 of each year, beginning May 1, 2007, the commissioner shall inform the nonstate entities listed in paragraph (a) of the amount of federal disproportionate share hospital payment money expected to be available in the current federal fiscal year.

(c) The commissioner shall apply for federal matching funds for general assistance medical care expenditures as follows:

(1) for hospital services occurring on or after July 1, 2007, general assistance medical care expenditures for fee-for-service inpatient and outpatient hospital payments made by the department shall be used to apply for federal matching funds, except as limited below:

(i) only those general assistance medical care expenditures made to an individual hospital that would not cause the hospital to exceed its individual hospital limits under section 1923 of the Social Security Act may be considered; and

(ii) general assistance medical care expenditures may be considered only to the extent of Minnesota's aggregate allotment under section 1923 of the Social Security Act; and

(2) all hospitals must provide any necessary expenditure, cost, and revenue information required by the commissioner as necessary for purposes of obtaining federal Medicaid matching funds for general assistance medical care expenditures.

(d) For the period from April 1, 2009, to September 30, 2010, the commissioner shall apply for additional federal matching funds available as disproportionate share hospital payments under the American Recovery and Reinvestment Act of 2009. These funds shall be made available as the state share of payments under section 256.969, subdivision 28. The entities required to report certified public expenditures under paragraph (b), clause (1), shall report additional certified public expenditures as necessary under this paragraph.

(e) Effective July 15, 2010, in addition to any payment otherwise required under sections 256B.19, 256B.195, and 256B.196, the following government entities may make the following voluntary payments to the commissioner on an annual basis:

(1) Hennepin County, \$6,200,000; and

(2) Ramsey County, \$4,000,000.

(f) The sums in paragraph (e) shall be part of the designated governmental unit's portion of the nonfederal share of medical assistance costs.

(g) Effective July 15, 2010, the commissioner shall make the following Medicaid disproportionate share hospital payments to the hospitals on a monthly basis:

(1) to Hennepin County Medical Center, the amount of the transfer under paragraph (e), clause (1), plus any federal matching funds available to recognize higher medical assistance costs in institutions that provide high levels of charity care; and

(2) to Regions Hospital, the amount of the transfer under paragraph (e), clause (2), plus any federal matching funds available to recognize higher medical assistance costs in institutions that provide high levels of charity care.

(h) Effective July 15, 2010, after making the payments provided in paragraph (g), the commissioner shall make the increased payments provided in section 256.969, subdivision 26a.

(i) The commissioner shall make the payments under paragraphs (g) and (h) prior to making any other payments under this section, section 256.969, subdivision 27, or 256B.195.

(j) The commissioner may adjust the intergovernmental transfers under paragraph (e) and the payments under paragraph (g) based on the commissioner's determination of Medicare upper payment limits, hospital-specific charge limits, and any limitations imposed by the federal government regarding the rate increase or the restriction in the American Resource and Recovery Act, Public Law 111-5, regarding increased local share.

(k) This section shall be implemented upon federal approval of the rate increase and a federal determination that the increased transfers do not violate the restriction in the American Resource and Recovery Act, Public Law 111-5, regarding the local share, retroactive to admissions occurring on or after July 15, 2010.

Sec. 10. Minnesota Statutes 2009 Supplement, section 256D.03, subdivision 3, is amended to read:

Subd. 3. **General assistance medical care; eligibility.** (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, or MinnesotaCare for applicants and recipients defined in paragraph (c), except as provided in paragraph (d), and:

(1) who is receiving assistance under section 256D.05, except for families with children who are eligible under Minnesota family investment program (MFIP), or who is having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

(2) who is a resident of Minnesota; and

(i) who has gross countable income not in excess of 75 percent of the federal poverty guidelines for the family size, using a six-month budget period and whose equity in assets is not in excess of \$1,000 per assistance unit. General assistance medical care is not available for applicants or enrollees who are otherwise eligible for medical assistance but fail to verify their assets. Enrollees who become eligible for medical assistance shall be terminated and transferred to medical assistance. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in section 256B.056, subdivisions 3 and 3d, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum; or

(ii) who has gross countable income above 75 percent of the federal poverty guidelines but not in excess of 175 percent of the federal poverty guidelines for the family size, using a six-month budget period, whose equity in assets is not in excess of the limits in section 256B.056, subdivision 3c, and who applies during an inpatient hospitalization.

(b) The commissioner shall adjust the income standards under this section each July 1 by the annual update of the federal poverty guidelines following publication by the United States Department of Health and Human Services.

(c) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may not be paid for applicants or recipients who are adults with dependent children under 21 whose gross family income is equal to or less than 275 percent of the federal poverty guidelines who are not described in paragraph (f).

(d) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may be paid for applicants and recipients who meet all eligibility requirements of paragraph (a), clause (2), item (i), for a temporary period beginning the date of application. Immediately following approval of general assistance medical care, enrollees shall be enrolled in MinnesotaCare under section 256L.04, subdivision 7, with covered services as provided in section 256L.03 for the rest of the six-month general assistance medical care eligibility period, until their six-month renewal. This paragraph does not apply to applicants and recipients who are exempt under paragraph (f).

(e) To be eligible for general assistance medical care following enrollment in MinnesotaCare as required by paragraph (d), an individual must complete a new application.

(f) Applicants and recipients eligible under paragraph (a), clause (2), item (i), are exempt from the MinnesotaCare enrollment requirements in this subdivision if they:

(1) have applied for and are awaiting a determination of blindness or disability by the state medical review team or a determination of eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration;

(2) fail to meet the requirements of section 256L.09, subdivision 2;

(3) are homeless as defined by United States Code, title 42, section 11301, et seq.;

(4) are classified as end-stage renal disease beneficiaries in the Medicare program;

(5) are enrolled in private health care coverage as defined in section 256B.02, subdivision 9;

(6) are eligible under paragraph (k);

(7) receive treatment funded pursuant to section 254B.02; or

(8) reside in the Minnesota sex offender program defined in chapter 246B.

If an enrollee meets one of the categories described in this paragraph, the commissioner shall not require the enrollee to enroll in MinnesotaCare.

(g) For applications received on or after October 1, 2003, eligibility may begin no earlier than the date of application. For individuals eligible under paragraph (a), clause (2), item (i), a redetermination of eligibility must occur every 12 months. Individuals are eligible under paragraph (a), clause (2), item (ii), only during inpatient hospitalization but may reapply if there is a subsequent period of inpatient hospitalization.

(h) Beginning September 1, 2006, Minnesota health care program applications and renewals completed by recipients and applicants who are persons described in paragraph (d) and submitted to the county agency shall be determined for MinnesotaCare eligibility by the county agency. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available in any month during which MinnesotaCare enrollment is pending. Upon notification of eligibility for MinnesotaCare, notice of termination for eligibility for general assistance medical care shall be sent to an applicant or recipient. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available until enrollment in MinnesotaCare subject to the provisions of paragraphs (d), (f), and (g).

(i) The date of an initial Minnesota health care program application necessary to begin a determination of eligibility shall be the date the applicant has provided a name, address, and Social Security number, signed and dated, to the county agency or the Department of Human Services. If the applicant is unable to provide a name, address, Social Security number, and signature when health care is delivered due to a medical condition or disability, a health care provider may act on an applicant's behalf to establish the date of an initial Minnesota health care program application by providing the county agency or Department of Human Services with provider identification and a temporary unique identifier for the applicant. The applicant must complete the remainder of the application and provide necessary verification before eligibility can be determined. The applicant must complete the application within the time periods required under the medical assistance program as specified in Minnesota Rules, parts 9505.0015, subpart 5, and 9505.0090, subpart 2. The county agency must assist the applicant in obtaining verification if necessary.

(j) County agencies are authorized to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for general assistance medical care or MinnesotaCare. Such use shall be considered sufficient in order to determine eligibility and premium payments by the county agency.

(k) General assistance medical care is not available for a person in a correctional facility unless the person is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, and the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(l) General assistance medical care is not available for applicants or recipients who do not cooperate with the county agency to meet the requirements of medical assistance.

(m) In determining the amount of assets of an individual eligible under paragraph (a), clause (2), item (i), there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(n) When determining eligibility for any state benefits under this subdivision, the income and resources of all noncitizens shall be deemed to include their sponsor's income and resources as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421 and 422, and subsequently set out in federal rules.

(o) Undocumented noncitizens and nonimmigrants are ineligible for general assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101, subsection (a), paragraph (15), and an undocumented noncitizen is an individual who resides in the United States without the approval or acquiescence of the United States Citizenship and Immigration Services.

(p) Notwithstanding any other provision of law, a noncitizen who is ineligible for medical assistance due to the deeming of a sponsor's income and resources, is ineligible for general assistance medical care.

(q) Effective July 1, 2003, general assistance medical care emergency services end.

(r) For the period beginning March 1, 2010, and ending July 1, 2011, the general assistance medical care program shall be administered according to section 256D.031, unless otherwise stated.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 11. Minnesota Statutes 2008, section 256D.03, subdivision 3a, is amended to read:

Subd. 3a. **Claims; assignment of benefits.** (a) Claims must be filed pursuant to section 256D.16. General assistance medical care applicants and recipients must apply or agree to apply third party health and accident benefits to the costs of medical care. They must cooperate with the state in establishing paternity and obtaining third party payments. By accepting general assistance, a person assigns to the Department of Human Services all rights to medical support or payments for medical expenses from another person or entity on their own or their dependent's behalf and agrees to cooperate with the state in establishing paternity and obtaining third party payments. The application shall contain a statement explaining the assignment. Any rights or amounts assigned shall be applied against the cost of medical care paid for under this chapter. An assignment is effective on the date general assistance medical care eligibility takes effect.

(b) Effective for general assistance medical care services rendered on or after March 1, 2010, to June 30, 2011, any medical collections, payments, or recoveries under this subdivision shall be deposited in or credited to the account established in section 256D.032.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 12. Minnesota Statutes 2008, section 256D.03, subdivision 3b, is amended to read:

Subd. 3b. **Cooperation.** (a) General assistance or general assistance medical care applicants and recipients must cooperate with the state and local agency to identify potentially liable third-party payors and assist the state in obtaining third-party payments. Cooperation includes identifying any third party who may be liable for care and services provided under this chapter to the applicant, recipient, or any other family member for whom application is made and providing relevant information to assist the state in pursuing a potentially liable third party. General assistance medical care applicants and recipients must cooperate by providing information about any group health plan in which they may be eligible to enroll. They must cooperate with the state and local agency in determining if the plan is cost-effective. For purposes of this subdivision, coverage provided by the Minnesota Comprehensive Health Association under chapter 62E shall not be considered group health plan coverage or cost-effective by the state and local agency. If the plan is determined cost-effective and the premium will be paid by the state or local agency or is available at no cost to the person, they must enroll or remain enrolled in the group health plan. Cost-effective insurance premiums approved for payment by the state agency and paid by the local agency are eligible for reimbursement according to subdivision 6.

(b) Effective for all premiums due on or after June 30, 1997, general assistance medical care does not cover premiums that a recipient is required to pay under a qualified or Medicare supplement plan issued by the Minnesota Comprehensive Health Association. General assistance medical care shall continue to cover premiums for recipients who are covered under a plan issued by the Minnesota Comprehensive Health Association on June 30, 1997, for a period of six months following receipt of the notice of termination or until December 31, 1997, whichever is later.

(c) Effective for general assistance medical care services rendered on or after March 1, 2010, to June 30, 2011, any medical collections, payments, or recoveries under this subdivision shall be deposited in or credited to the account established in section 256D.032.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 13. **[256D.031] GENERAL ASSISTANCE MEDICAL CARE.**

Subdivision 1. **Eligibility.** (a) Except as provided under subdivision 2, general assistance medical care may be paid for any individual who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, and who:

(1) is receiving assistance under section 256D.05, except for families with children who are eligible under the Minnesota family investment program (MFIP), or who is having a payment made on the person's behalf under sections 256L.01 to 256L.06; or

(2) is a resident of Minnesota and has gross countable income not in excess of 75 percent of federal poverty guidelines for the family size, using a six-month budget period, and whose equity in assets is not in excess of \$1,000 per assistance unit.

Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in section 256B.056, subdivisions 3 and 3d, except that the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum.

(b) The commissioner shall adjust the income standards under this section each July 1 by the annual update of the federal poverty guidelines following publication by the United States Department of Health and Human Services.

Subd. 2. **Ineligible groups.** (a) General assistance medical care may not be paid for an applicant or a recipient who:

(1) is otherwise eligible for medical assistance but fails to verify their assets;

(2) is an adult in a family with children as defined in section 256L.01, subdivision 3a;

(3) is enrolled in private health coverage as defined in section 256B.02, subdivision 9;

(4) is in a correctional facility, including an individual in a county correctional or detention facility as an individual accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order;

(5) resides in the Minnesota sex offender program defined in chapter 246B;

(6) does not cooperate with the county agency to meet the requirements of medical assistance; or

(7) does not cooperate with a county or state agency or the state medical review team in determining a disability or for determining eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration.

(b) Undocumented noncitizens and nonimmigrants are ineligible for general assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101, subsection (a), paragraph (15), and an undocumented noncitizen is an individual who resides in the United States without approval or acquiescence of the United States Citizenship and Immigration Services.

(c) Notwithstanding any other provision of law, a noncitizen who is ineligible for medical assistance due to the deeming of a sponsor's income and resources is ineligible for general assistance medical care.

(d) General assistance medical care recipients who become eligible for medical assistance shall be terminated from general assistance medical care and transferred to medical assistance.

Subd. 3. Transitional MinnesotaCare. (a) Except as provided in paragraph (c), effective March 1, 2010, all applicants and recipients who meet the eligibility requirements in subdivision 1, paragraph (a), clause (2), and who are not described in subdivision 2 shall be enrolled in MinnesotaCare under section 256L.04, subdivision 7, immediately following approval of general assistance medical care.

(b) If all other eligibility requirements of this subdivision are met, general assistance medical care may be paid for individuals identified in paragraph (a) for a temporary period beginning the date of application. Eligibility for general assistance medical care shall continue until enrollment in MinnesotaCare is completed. Upon notification of eligibility for MinnesotaCare, notice of termination for eligibility for general assistance medical care shall be sent to the applicant or recipient. Once enrolled in MinnesotaCare, the MinnesotaCare-covered services as described in section 256L.03 shall apply for the remainder of the six-month general assistance medical care eligibility period until their six-month renewal.

(c) This subdivision does not apply if the applicant or recipient:

(1) has applied for and is awaiting a determination of blindness or disability by the state medical review team or a determination of eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration;

(2) is homeless as defined by United States Code, title 42, section 11301, et seq.;

(3) is classified as an end-stage renal disease beneficiary in the Medicare program;

(4) receives treatment funded in section 254B.02; or

(5) fails to meet the requirements of section 256L.09, subdivision 2.

Applicants and recipients who meet any one of these criteria shall remain eligible for general assistance medical care and shall not be required to enroll in MinnesotaCare.

(d) To be eligible for general assistance medical care following enrollment in MinnesotaCare as required in paragraph (a), an individual must complete a new application.

Subd. 4. Eligibility and enrollment procedures. (a) Eligibility for general assistance medical care shall begin no earlier than the date of application. The date of application shall be the date the applicant has provided a name, address, and Social Security number, signed and dated, to the county agency or the Department of Human Services. If the applicant is unable to provide a name, address, Social Security number, and signature when health care is delivered due to a medical condition or disability, a health care provider may act on an applicant's behalf to establish the date of an application by providing the county agency or Department of Human Services with provider identification and a temporary unique identifier for the applicant. The applicant must complete the remainder of the application and provide necessary verification before eligibility can be determined. The applicant must complete the application within the time periods required under the medical assistance program as specified in Minnesota Rules, parts 9505.0015, subpart 5; and 9505.0090, subpart 2. The county agency must assist the applicant in obtaining verification if necessary.

(b) County agencies are authorized to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for general assistance medical care or MinnesotaCare. Such use shall be considered sufficient in order to determine eligibility and premium payments by the county agency.

(c) In determining the amount of assets of an individual eligible under subdivision 1, paragraph (a), clause (2), there shall be included any asset or interest in an asset, including an asset excluded under subdivision 1, paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(d) When determining eligibility for any state benefits under this subdivision, the income and resources of all noncitizens shall be deemed to include their sponsor's income and resources as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421 and 422, and subsequently set out in federal rules.

Subd. 5. General assistance medical care; services. (a) General assistance medical care covers:

- (1) inpatient hospital services within the limitations described in subdivision 10;
- (2) outpatient hospital services;
- (3) services provided by Medicare-certified rehabilitation agencies;
- (4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;
- (5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;

- (6) eyeglasses and eye examinations provided by a physician or optometrist;
 - (7) hearing aids;
 - (8) prosthetic devices;
 - (9) laboratory and x-ray services;
 - (10) physicians' services;
 - (11) medical transportation except special transportation;
 - (12) chiropractic services as covered under the medical assistance program;
 - (13) podiatric services;
 - (14) dental services as covered under the medical assistance program;
 - (15) mental health services covered under chapter 256B;
 - (16) prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;
 - (17) medical supplies and equipment, and Medicare premiums, coinsurance, and deductible payments;
 - (18) medical equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision;
 - (19) services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, a certified neonatal nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if (1) the service is otherwise covered under this chapter as a physician service, (2) the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the operating payment rate, and (3) the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171;
 - (20) services of a certified public health nurse or a registered nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health nurse's license as a registered nurse, as defined in section 148.171;
 - (21) telemedicine consultations, to the extent they are covered under section 256B.0625, subdivision 3b;
 - (22) care coordination and patient education services provided by a community health worker according to section 256B.0625, subdivision 49; and
 - (23) regardless of the number of employees that an enrolled health care provider may have, sign language interpreter services when provided by an enrolled health care provider during the course of providing a direct, person-to-person-covered health care service to an enrolled recipient who has a hearing loss and uses interpreting services.
- (b) Sex reassignment surgery is not covered under this section.

(c) Drug coverage is covered in accordance with section 256D.03, subdivision 4, paragraph (d).

(d) The following co-payments shall apply for services provided:

(1) \$25 for nonemergency visits to a hospital-based emergency room; and

(2) \$3 per brand-name drug prescription, subject to a \$7 per month maximum for prescription drug co-payments. No co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

(e) Co-payments shall be limited to one per day per provider for nonemergency visits to a hospital-based emergency room. Recipients of general assistance medical care are responsible for all co-payments in this subdivision. Reimbursement for prescription drugs shall be reduced by the amount of the co-payment until the recipient has reached the \$7 per month maximum for prescription drug co-payments. The provider shall collect the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment.

(f) Chemical dependency services that are reimbursed under chapter 254B shall not be reimbursed under general assistance medical care.

(g) Inpatient hospital services that are provided in community behavioral health hospitals operated by state-operated services shall not be reimbursed under general assistance medical care.

Subd. 6. Coordinated care delivery option. (a) A county or group of counties may elect to provide health care services to individuals who are eligible for general assistance medical care under this section and who reside within the county or counties through a coordinated care delivery option. The health care services provided by the county must include the services described in subdivision 5 with the exception of outpatient prescription drug coverage but including drugs administered in an outpatient setting. Counties that elect to provide health care services through this option must ensure that the requirements of this subdivision are met. Upon electing to provide services through this option, the county accepts the financial risk of the delivery of the health care services described in this subdivision to general assistance medical care recipients residing in the county for the period beginning July 1, 2010, and ending July 1, 2011, for the fixed payments described in subdivision 10.

(b) A county that elects to provide services through this option must provide to the commissioner the following:

(1) the names of the county or counties that are electing to provide services through the county care delivery option; and

(2) the geographic area to be served.

(c) The county may contract with a managed care plan, an integrated delivery system, a physician-hospital organization, or an academic health center to administer the delivery of services through this option. Any county providing general assistance medical care services through a county-based purchasing plan in accordance with section 256B.692 may continue to provide services through the county-based purchasing plan. Payments to the county-based purchasing plan for the period beginning July 1, 2010, and ending July 1, 2011, shall be paid according to subdivision 10.

(d) A county must demonstrate the ability to:

(1) provide the covered services required under this subdivision to recipients residing within the county;

(2) provide a system for advocacy, consumer protection, and complaints and appeals that is independent of care providers or other risk bearers and complies with section 256B.69;

(3) establish a process to monitor enrollment and ensure the quality of care provided; and

(4) coordinate the delivery of health care services with existing homeless prevention, supportive housing, and rent subsidy programs and funding administered by the Minnesota Housing Finance Agency under chapter 462A.

(e) The commissioner may require the county to provide the commissioner with data necessary for assessing enrollment, quality of care, cost, and utilization of services.

(f) A county that elects to provide services through this option shall be considered to be a prepaid health plan for purposes of section 256.045.

(g) The state shall not be liable for the payment of any cost or obligation incurred by the county or a participating provider.

Subd. 7. Health care home designation. The commissioner or a county may require a recipient to designate a primary care provider or a primary care clinic that is certified as a health care home under section 256B.0751.

Subd. 8. Payments; fee-for-service rate for the period between March 1, 2010, and July 1, 2010. (a) Effective for services provided on or after March 1, 2010, and before July 1, 2010, the payment rates for all covered services provided to general assistance medical care recipients, with the exception of outpatient prescription drug coverage, shall be 50 percent of the general assistance medical care payment rate in effect on February 28, 2010.

(b) Outpatient prescription drug coverage provided on or after March 1, 2010, and before July 1, 2010, shall be paid on a fee-for-service basis in accordance with section 256B.0625, subdivision 13e.

Subd. 9. Payments; fee-for-service rates for the period between July 1, 2010, and July 1, 2011. (a) Effective for services provided on or after July 1, 2010, and before July 1, 2011, to general assistance medical care recipients residing in counties that are not served through the coordinated care delivery option, payments shall be made by the commissioner to providers at rates described in this subdivision.

(b) For inpatient hospital admissions provided on or after July 1, 2010, and before July 1, 2011, the payment rate shall be:

(1) 70 percent of the general assistance medical care rate in effect on February 28, 2010, if the inpatient hospital services were provided in a hospital where the fee-for-service inpatient and outpatient hospital general assistance medical care payments to the hospital for admissions provided in calendar year 2007 totaled \$1,000,000 or more or the hospital's fee-for-service inpatient and outpatient hospital general assistance medical care payments received for calendar year 2007 admissions was one percent or more of the hospital's net patient revenue received for services provided in calendar year 2007; or

(2) 40 percent of the general assistance medical care rate in effect on February 28, 2010, if the inpatient hospital services were provided by a hospital that does not meet the criteria described in clause (1).

(c) Effective for services other than inpatient hospital services and outpatient prescription drug coverage provided on or after July 1, 2010, and before July 1, 2011, the payment rate shall begin at 50 percent of the general assistance medical care rate in effect on February 28, 2010.

(d) Outpatient prescription drug coverage provided on or after July 1, 2010, and before July 1, 2011, shall be paid on a fee-for-service basis in accordance with section 256B.0625, subdivision 13e.

(e) The commissioner may adjust the rates paid under paragraphs (b) and (c) on a quarterly basis to ensure that the total aggregate amount paid out for services provided on a fee-for-service basis beginning March 1, 2010, and ending June 30, 2011, does not exceed the appropriation from the general assistance medical care account established in section 256D.032 for the general assistance medical care program.

Subd. 10. **Payments; rate setting for the coordinated care delivery option.** (a) Effective for general assistance medical care services, with the exception of outpatient prescription drug coverage, provided on or after July 1, 2010, and before July 1, 2011, to recipients residing in counties that have elected to provide services through the coordinated delivery care option, the commissioner shall establish quarterly prospective fixed payments to the county. The payments must not exceed 60 percent of the county's general assistance medical care county allocation amount as determined in paragraph (b). These payments must not be used by the county to pay MinnesotaCare premiums for general assistance medical care recipients or MinnesotaCare enrollees.

(b) For each county that elects to provide services in accordance with subdivision 7, the commissioner shall determine a general assistance medical care county allocation amount that equals the total general assistance medical care payments made for recipients residing within the county in fiscal year 2009 for all covered general assistance medical care services with the exception of outpatient prescription drug coverage.

(c) Outpatient prescription drug coverage provided on or after July 1, 2010, and before July 1, 2011, shall be paid on a fee-for-service basis according to section 256B.0625, subdivision 13e.

Subd. 11. **Veterans medical review team.** (a) To ensure the timely processing of determinations of service-connected disabilities among veterans enrolled in the temporary general assistance medical care program, the commissioner shall review all medical evidence submitted by enrollees with a referral and seek additional information from providers, applicants, and enrollees to support the determination of a service-connected disability when necessary. Service-connected disability shall be determined according to the regulations and policies of the United States Department of Veterans Affairs.

(b) Prior to a denial or withdrawal of a requested determination of service-connected disability due to insufficient evidence, the commissioner shall:

(1) ensure that the missing evidence is necessary and appropriate to a determination of service-connected disability; and

(2) assist applicants and enrollees to obtain the evidence, including, but not limited to, medical examinations and electronic medical records.

(c) The commissioner shall provide the chairs of the legislative committees with jurisdiction over health and human services finance and veterans affairs finance the following information on the activities of the veterans medical review team by August 1, 2010, and provide an update by January 1, 2011:

(1) the number of applications to the veterans medical review team that were denied, approved, or withdrawn;

(2) the average length of time from receipt of the application to a decision;

(3) the number of appeals and appeal results;

(4) for applicants, their age, health coverage at the time of application, hospitalization history within three months of application, and whether an application for service-connected veterans benefits is pending; and

(5) specific information on the medical certification, licensure, or other credentials of the person or persons performing the medical review determinations and length of time in that position.

EFFECTIVE DATE. This section is effective for services rendered on or after March 1, 2010, and before July 1, 2011.

Sec. 14. **[256D.032] GENERAL ASSISTANCE MEDICAL CARE ACCOUNT.**

The general assistance medical care account is created in the special revenue fund. Money deposited into the account is subject to appropriation by the legislature.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 15. Minnesota Statutes 2008, section 256D.06, subdivision 7, is amended to read:

Subd. 7. **SSI conversions and back claims.** (a) The commissioner of human services shall contract with agencies or organizations capable of ensuring that clients who are presently receiving assistance under sections 256D.01 to 256D.21, and who may be eligible for benefits under the federal Supplemental Security Income program, apply and, when eligible, are converted to the federal income assistance program and made eligible for health care benefits under the medical assistance program. The commissioner shall ensure that money owing to the state under interim assistance agreements is collected.

(b) The commissioner shall also directly or through contract implement procedures for collecting federal Medicare and medical assistance funds for which clients converted to SSI are retroactively eligible.

(c) The commissioner shall contract with agencies to ensure implementation of this section. County contracts with providers for residential services shall include the requirement that providers screen residents who may be eligible for federal benefits and provide that information to the local agency. The commissioner shall modify the MAXIS computer system to provide information on clients who have been on general assistance for two years or longer. The list of clients shall be provided to local services for screening under this section.

(d) Effective for general assistance medical care services rendered on or after March 1, 2010, to June 30, 2011, any medical collections, payments, or recoveries under this subdivision shall be deposited in or credited to the account established in section 256D.032.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 16. Minnesota Statutes 2008, section 256L.05, subdivision 1b, is amended to read:

Subd. 1b. **MinnesotaCare enrollment by county agencies.** Beginning September 1, 2006, county agencies shall enroll single adults and households with no children formerly enrolled in general assistance medical care in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031. County agencies shall perform all duties necessary to administer the MinnesotaCare program ongoing for these enrollees, including the redetermination of MinnesotaCare eligibility at renewal.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 17. Minnesota Statutes 2008, section 256L.05, subdivision 3, is amended to read:

Subd. 3. **Effective date of coverage.** (a) The effective date of coverage is the first day of the month following the month in which eligibility is approved and the first premium payment has been received. As provided in section 256B.057, coverage for newborns is automatic from the date of birth and must be coordinated with other health coverage. The effective date of coverage for eligible newly adoptive children added to a family receiving covered health services is the month of placement. The effective date of coverage for other new members added to the family is the first day of the month following the month in which the change is reported. All eligibility criteria must be met by the family at the time the new family member is added. The income of the new family member is included with the family's gross income and the adjusted premium begins in the month the new family member is added.

(b) The initial premium must be received by the last working day of the month for coverage to begin the first day of the following month.

(c) Benefits are not available until the day following discharge if an enrollee is hospitalized on the first day of coverage.

(d) Notwithstanding any other law to the contrary, benefits under sections 256L.01 to 256L.18 are secondary to a plan of insurance or benefit program under which an eligible person may have coverage and the commissioner shall use cost avoidance techniques to ensure coordination of any other health coverage for eligible persons. The commissioner shall identify eligible persons who may have coverage or benefits under other plans of insurance or who become eligible for medical assistance.

(e) The effective date of coverage for single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031, is the first day of the month following the last day of general assistance medical care coverage.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 18. Minnesota Statutes 2008, section 256L.05, subdivision 3a, is amended to read:

Subd. 3a. **Renewal of eligibility.** (a) Beginning July 1, 2007, an enrollee's eligibility must be renewed every 12 months. The 12-month period begins in the month after the month the application is approved.

(b) Each new period of eligibility must take into account any changes in circumstances that impact eligibility and premium amount. An enrollee must provide all the information needed to redetermine eligibility by the first day of the month that ends the eligibility period. If there is no change in circumstances, the enrollee may renew eligibility at designated locations that include community clinics and health care providers' offices. The designated sites shall forward the renewal forms to the commissioner. The commissioner may establish criteria and timelines for sites to forward applications to the commissioner or county agencies. The premium for the new period of eligibility must be received as provided in section 256L.06 in order for eligibility to continue.

(c) For single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031, the first period of eligibility begins the month the enrollee submitted the application or renewal for general assistance medical care.

(d) An enrollee who fails to submit renewal forms and related documentation necessary for verification of continued eligibility in a timely manner shall remain eligible for one additional month beyond the end of the current eligibility period before being disenrolled. The enrollee remains responsible for MinnesotaCare premiums for the additional month.

Sec. 19. Minnesota Statutes 2008, section 256L.07, subdivision 6, is amended to read:

Subd. 6. **Exception for certain adults.** Single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031, are eligible without meeting the requirements of this section until renewal.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 20. Minnesota Statutes 2008, section 256L.15, subdivision 4, is amended to read:

Subd. 4. **Exception for transitioned adults.** County agencies shall pay premiums for single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031, until six-month renewal. The county agency has the option of continuing to pay premiums for these enrollees.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 21. Minnesota Statutes 2008, section 256L.17, subdivision 7, is amended to read:

Subd. 7. **Exception for certain adults.** Single adults and households with no children formerly enrolled in general assistance medical care and enrolled in MinnesotaCare according to section 256D.03, subdivision 3, or 256D.031, are exempt from the requirements of this section until renewal.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 22. **DRUG REBATE PROGRAM.**

The commissioner of human services shall continue to administer a drug rebate program for drugs purchased for persons eligible for the general assistance medical care program in accordance with Minnesota Statutes, sections 256.01, subdivision 2, paragraph (cc), and 256D.03. The rebate revenues collected under the drug rebate program for persons eligible for the general assistance medical care program shall be deposited in the general assistance medical care account in the special revenue fund established under Minnesota Statutes, section 256D.032.

EFFECTIVE DATE. This section is effective March 1, 2010, and expires June 30, 2011.

Sec. 23. **PROVIDER PARTICIPATION.**

For purposes of Minnesota Statutes, section 256B.0644, the reference to the general assistance medical care program shall include the temporary general assistance medical care program established under Minnesota Statutes, section 256D.031. In meeting the requirements of Minnesota Statutes, section 256B.0644, a provider must accept new patients regardless of the Minnesota health care program the patient is enrolled in and may not refuse to accept patients enrolled in one Minnesota health care program and continue to accept patients enrolled in other Minnesota health care programs.

EFFECTIVE DATE. This section is effective March 1, 2010.

Sec. 24. **TEMPORARY SUSPENSION.**

(a) For the period beginning March 1, 2010, to June 30, 2011, the commissioner of human services shall not implement or administer Minnesota Statutes 2008, section 256D.03, subdivisions 6 and 9; Minnesota Statutes 2009 Supplement, section 256D.03, subdivision 4; or Minnesota Statutes 2008, section 256B.692; and Minnesota Statutes 2009 Supplement, section 256B.69, as they apply to the general assistance medical care program unless specifically continued in Minnesota Statutes, section 256D.031.

(b) Notwithstanding paragraph (a), outpatient prescription drug coverage shall continue to be provided under Minnesota Statutes, section 256D.03.

EFFECTIVE DATE. This section is effective March 1, 2010, and expires July 1, 2011.

Sec. 25. **COORDINATED CARE DELIVERY ORGANIZATION DEMONSTRATION PROJECT.**

The commissioner of human services shall develop, and present to the legislature by December 15, 2010, a plan to establish a demonstration project to deliver inpatient hospital, primary care, and specialist services to general assistance medical care enrollees through coordinated care delivery organizations, beginning January 1, 2012. Each coordinated care delivery organization must deliver coordinated care through at least one hospital and one physician group practice, and may include counties and other health care providers. The coordinated care delivery organization must provide inpatient hospital, primary care, and specialist services to general assistance medical care enrollees eligible for the program under Minnesota Statutes, section 256D.03 or 256D.031. The coordinated care delivery organization must accept responsibility for the quality of care and must assume financial risk for the services provided. The plan must include:

(1) financial incentives for coordinated care delivery organizations to reduce the growth in the volume and cost of services provided, while maintaining or improving the quality of care;

(2) recommendations for the delivery of services not provided through a coordinated care delivery organization and coordination of outpatient and inpatient health care services;

(3) recommendations as to the size and scope of the demonstration project and whether participation would be mandatory or voluntary for general assistance medical care enrollees; and

(4) recommendations for managing financial risk within a coordinated care delivery organization.

ARTICLE 2

APPROPRIATIONS

Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATION.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2009, chapter 79, as amended by Laws 2009, chapter 173, or other law to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2010" and "2011" used in this article mean that the addition to or subtraction from appropriations listed under them are available for the fiscal year ending June 30, 2010, or June 30, 2011, respectively. "The first year" is fiscal year 2010. "The second year" is fiscal year 2011. "The biennium" is fiscal years 2010 and 2011. Supplemental appropriations and reductions for the fiscal year ending June 30, 2010, are effective the day following final enactment.

<u>APPROPRIATIONS</u>	
<u>Available for the Year</u>	
<u>Ending June 30</u>	
<u>2010</u>	<u>2011</u>

Sec. 2. **HUMAN SERVICES**

Subdivision 1. **Total Appropriation**

\$(88,580,000)

\$27,041,000

Appropriations by Fund

	<u>2010</u>	<u>2011</u>
<u>General</u>	<u>(62,256,000)</u>	<u>(34,866,000)</u>
<u>Health Care Access</u>	<u>(68,568,000)</u>	<u>(185,157,000)</u>
<u>Special Revenue</u>	<u>42,244,000</u>	<u>247,064,000</u>

The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Children and Economic Assistance Grants** -0- (9,939,000)

The general fund appropriation to the commissioner of human services for children and community services grants in Laws 2009, chapter 79, article 13, section 3, subdivision 4, as amended by Laws 2009, chapter 173, article 2, section 1, subdivision 4, is reduced by \$9,938,000 in fiscal year 2011. The general fund base for children and community service grants is increased by \$9,938,000 per year for fiscal years 2012 and 2013.

Subd. 3. **Children and Economic Assistance Management**

Children and Economic Assistance OperationsAppropriations by Fund

<u>Special Revenue</u>	<u>29,000</u>	<u>-0-</u>
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Subd. 4. **Basic Health Care Grants**

The amounts that may be spent from this appropriation for each purpose are as follows:

(a) **MinnesotaCare Grants** (68,569,000) (185,157,000)

(b) **Medical Assistance Basic Health Care Grants - Families and Children** -0- (4,070,000)

(c) **Medical Assistance Basic Health Care Grants - Elderly and Disabled** -0- (6,470,000)

(d) **General Assistance Medical Care Grants**

Appropriations by Fund

<u>General</u>	<u>(60,406,000)</u>	<u>-0-</u>
<u>Special Revenue</u>	<u>40,323,000</u>	<u>241,308,000</u>

For general assistance medical care grants under Minnesota Statutes, section 256D.031. The commissioner shall transfer \$60,406,000 on March 1, 2010, from the general fund to the fund established in Minnesota Statutes, section 256D.032. Any unexpended amount not used for general assistance medical care expenditures incurred before March 1, 2010, does not cancel and shall be transferred to the fund established in Minnesota Statutes, section 256D.032, by January 1, 2011.

Subd. 5. Health Care Management

The amounts that may be spent from the appropriation for each purpose are as follows:

(a) Health Care Administration

Appropriations by Fund

<u>General</u>	<u>(825,000)</u>	<u>(2,425,000)</u>
<u>Special Revenue</u>	<u>825,000</u>	<u>2,681,000</u>

\$825,000 in fiscal year 2010 and \$2,475,000 in fiscal year 2011 from the special revenue fund are for administration of the general assistance medical care program under Minnesota Statutes, section 256D.031. For purposes of consistent cost allocation and accounting, the commissioner may transfer these amounts to the general fund. The commissioner shall transfer \$825,000 in fiscal year 2010 and \$2,475,000 in fiscal year 2011 from the general fund to the fund established in Minnesota Statutes, section 256D.032.

(b) Health Care Operations

Appropriations by Fund

<u>General</u>	<u>(1,025,000)</u>	<u>(3,075,000)</u>
<u>Special Revenue</u>	<u>1,067,000</u>	<u>3,075,000</u>

\$1,025,000 in fiscal year 2010 and \$3,075,000 in fiscal year 2011 from the special revenue fund are for operations of the general assistance medical care program under Minnesota Statutes, section 256D.031. For purposes of consistent cost allocation and accounting, the commissioner may transfer these amounts to the general fund. The commissioner shall transfer \$1,025,000 in fiscal year 2010 and \$3,075,000 in fiscal year 2011 from the general fund to the fund established in Minnesota Statutes, section 256D.032.

Subd. 6. Continuing Care Grants**Mental Health Grants**

-0-

(9,938,000)

The general fund appropriation to the commissioner of human services for adult mental health grants in Laws 2009, chapter 79, article 13, section 3, subdivision 8, as amended by Laws 2009, chapter 173, article 2, section 1, subdivision 8, is reduced by \$9,939,000 in fiscal year 2011. The general fund base for adult mental health grants is increased by \$9,939,000 per year in fiscal years 2012 and 2013.

Subd. 7. Continuing Care Management

-0-

1,051,000**Subd. 8. Transfers**

(a) The commissioner of management and budget shall transfer \$168,733,000 in fiscal year 2011 and \$12,979,000 in fiscal year 2012, from the general fund to the fund established in Minnesota Statutes, section 256D.032.

(b) \$19,877,000 shall be transferred in fiscal year 2011 from the general fund to the general assistance medical care account established in Minnesota Statutes, section 256D.032.

EFFECTIVE DATE. This article is effective March 1, 2010."

Delete the title and insert:

"A bill for an act relating to health care; establishing mental health urgent care and consultation services; modifying the general assistance medical care program; requiring a report; appropriating money; amending Minnesota Statutes 2008, sections 256.969, subdivision 27, by adding a subdivision; 256B.0625, subdivision 13f, by adding a subdivision; 256D.03, subdivisions 3a, 3b; 256D.06, subdivision 7; 256L.05, subdivisions 1b, 3, 3a; 256L.07, subdivision 6; 256L.15, subdivision 4; 256L.17, subdivision 7; Minnesota Statutes 2009 Supplement, sections 256.969, subdivisions 2b, 3a; 256B.196, subdivision 2; 256B.199; 256D.03, subdivision 3; proposing coding for new law in Minnesota Statutes, chapters 245; 256D."

With the recommendation that when so amended the bill pass.

The report was adopted.

SECOND READING OF HOUSE BILLS

H. F. Nos. 2422, 2589 and 2706 were read for the second time.

SECOND READING OF SENATE BILLS

S. F. No. 2168 was read for the second time.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Kalin, Hilty and Sailer introduced:

H. F. No. 2946, A bill for an act relating to economic development; expanding a grant program for public infrastructure for bioscience businesses to include clean energy businesses; amending Minnesota Statutes 2008, section 116J.435, as amended.

The bill was read for the first time and referred to the Higher Education and Workforce Development Finance and Policy Division.

Beard introduced:

H. F. No. 2947, A bill for an act relating to the legislative auditor; providing certain carryforward authority to the office of the legislative auditor.

The bill was read for the first time and referred to the Committee on Finance.

Koenen introduced:

H. F. No. 2948, A bill for an act relating to education; creating a onetime exception to the contract deadline penalty.

The bill was read for the first time and referred to the Committee on K-12 Education Policy and Oversight.

Gardner introduced:

H. F. No. 2949, A bill for an act relating to metropolitan government; modifying provisions for the allocation of treatment works and interceptors reserved capacity costs; amending Minnesota Statutes 2008, section 473.517, subdivision 3.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Atkins introduced:

H. F. No. 2950, A bill for an act relating to crime; prohibiting deceptive practices in the sale of event tickets; amending Minnesota Statutes 2009 Supplement, section 609.807.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Kahn and Murphy, E., introduced:

H. F. No. 2951, A bill for an act relating to retirement; regulating certain teachers retirement funds; adjusting contribution rates; adjusting state aid amounts; adjusting annuity formulas; amending fiduciary responsibilities; regulating investments; appropriating money; amending Minnesota Statutes 2008, sections 354A.12, subdivisions 1, 3a, 3c; 354A.31, subdivision 4; 356A.02, subdivision 1; 356A.06, subdivisions 1, 2, 3, 7, 7a, 8b; Minnesota Statutes 2009 Supplement, section 354A.12, subdivision 2a; repealing Minnesota Statutes 2008, sections 354A.08; 356A.06, subdivisions 4, 5.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Murphy, M., introduced:

H. F. No. 2952, A bill for an act relating to retirement; general state employees retirement plan; correctional state employees retirement plan; legislators retirement plan; judges retirement plan; State Patrol retirement plan; increasing certain contribution rates; temporarily reducing certain postretirement adjustment increase rates; reducing interest rates on refunds; reducing deferred annuity augmentation rates; eliminating interest on reemployed annuitant earnings limitation deferred accounts; increasing certain vesting requirements; increasing certain early retirement reduction rates; reducing certain benefit accrual rates; extending certain amortization periods; amending Minnesota Statutes 2008, sections 3A.02, subdivision 4; 352.113, subdivision 1; 352.115, subdivision 1; 352.12, subdivision 2; 352.22, subdivisions 2, 3; 352.72, subdivisions 1, 2; 352.93, subdivisions 1, 2a, 3a; 352.931, subdivision 1; 352B.02, as amended; 352B.08, subdivisions 1, 2a; 352B.11, subdivision 2b; 352B.30, subdivisions 1, 2; 352F.07; 356.30, subdivision 1; 356.302, subdivisions 3, 4, 5; 356.303, subdivision 2; 356.315, subdivision 5; 356.47, subdivision 3; Minnesota Statutes 2009 Supplement, sections 352.75, subdivision 4; 352.95, subdivision 2; 356.215, subdivision 11; 356.415, subdivision 1, by adding a subdivision.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Murphy, M., by request, introduced:

H. F. No. 2953, A bill for an act relating to retirement; Teachers Retirement Association; increasing member and employer contribution rates; temporarily suspending and temporarily reducing postretirement adjustment amounts; reducing interest on refunds; eliminating interest on reemployed annuitant earnings limitation account deferral amount payments; reducing deferred annuities augmentation rates; amending Minnesota Statutes 2008, sections 354.42, subdivision 3, by adding subdivisions; 356.47, subdivision 3; Minnesota Statutes 2009 Supplement, sections 354.42, subdivision 2; 354.47, subdivision 1; 354.49, subdivision 2; 354.55, subdivision 11; 356.415, subdivision 1, by adding a subdivision.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Dill and Anzelc introduced:

H. F. No. 2954, A bill for an act relating to natural resources; providing for general burning permits; modifying authority to establish forestry services fees; modifying timber sales provisions; eliminating certain pilot projects and reports; amending Minnesota Statutes 2008, sections 88.17, subdivisions 1, 3; 88.79, subdivision 2; 90.041, by adding a subdivision; 90.14; repealing Minnesota Statutes 2008, section 90.172; Minnesota Statutes 2009 Supplement, section 88.795.

The bill was read for the first time and referred to the Committee on Environment Policy and Oversight.

Dill and Cornish introduced:

H. F. No. 2955, A bill for an act relating to game and fish; permitting a deer killed by a motor vehicle to be kept by the driver; amending Minnesota Statutes 2008, section 97A.502.

The bill was read for the first time and referred to the Committee on Environment Policy and Oversight.

Koenen introduced:

H. F. No. 2956, A bill for an act relating to transportation; authorizing conveyance by commissioner of transportation to Indian tribal government of land no longer needed for trunk highway purposes; amending Minnesota Statutes 2008, section 161.44, subdivision 1.

The bill was read for the first time and referred to the Transportation and Transit Policy and Oversight Division.

Koenen introduced:

H. F. No. 2957, A bill for an act relating to natural resources; exempting watercraft, off-highway vehicles, and snowmobiles that are owned by Indian tribal governments from registration or licensing; amending Minnesota Statutes 2008, sections 84.788, subdivision 2; 84.798, subdivision 2; 84.82, subdivision 6; 84.8205, subdivision 1; 86B.301, subdivision 2; Minnesota Statutes 2009 Supplement, section 84.922, subdivision 1a.

The bill was read for the first time and referred to the Committee on Environment Policy and Oversight.

Pelowski introduced:

H. F. No. 2958, A bill for an act relating to state government; making changes to the Open Meeting Law; amending Minnesota Statutes 2008, sections 13D.01; 13D.02, subdivisions 1, 4; 13D.021, subdivisions 1, 4; 13D.04.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Lesch, Thissen, Davnie, Greiling, Hayden, Winkler, Nelson, Johnson, Loeffler, Kahn and Sertich introduced:

H. F. No. 2959, A bill for an act relating to public health; establishing minimum standards of sick leave for certain workers; providing civil penalties; requiring rulemaking; proposing coding for new law in Minnesota Statutes, chapter 181.

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight.

Paymar, Hayden, Champion, Ruud, Davnie, Slocum and Mullery introduced:

H. F. No. 2960, A bill for an act relating to public safety; requiring background check for transfer of a firearm at a gun show; providing a penalty; proposing coding for new law in Minnesota Statutes, chapter 624.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Fritz introduced:

H. F. No. 2961, A bill for an act relating to capital investment; appropriating money for acquisition of a segment of the Stagecoach Trail in Steele County; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Committee on Finance.

Fritz introduced:

H. F. No. 2962, A bill for an act relating to education; providing for a trial placement at the Minnesota Academy for the Deaf and the Minnesota Academy for the Blind; amending Minnesota Statutes 2008, section 125A.69, subdivision 1.

The bill was read for the first time and referred to the Committee on K-12 Education Policy and Oversight.

Fritz introduced:

H. F. No. 2963, A bill for an act relating to traffic regulations; setting speed limit on portion of County Highway 19 in Steele County.

The bill was read for the first time and referred to the Transportation and Transit Policy and Oversight Division.

Fritz and Poppe introduced:

H. F. No. 2964, A resolution urging the United States Mission to the United Nations to create the position of youth delegate.

The bill was read for the first time and referred to the Committee on State and Local Government Operations Reform, Technology and Elections.

Paymar, Hilstrom, Olin, Champion, Liebling, Smith, Mahoney, Johnson, Kohls and Jackson introduced:

H. F. No. 2965, A bill for an act relating to public safety; establishing a certification process for multijurisdictional gang and drug task forces; authorizing law enforcement agencies to establish and maintain criminal gang investigative data systems; dissolving certain multijurisdictional entities; amending the forfeiture reporting requirements; amending Minnesota Statutes 2008, sections 13.6905, subdivision 14; 299A.641; 299C.091, subdivisions 2, 4; 609.531, subdivision 1; 609.5315, subdivision 6; proposing coding for new law in Minnesota Statutes, chapter 626.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Norton, Greiling, Mariani and Brynaert introduced:

H. F. No. 2966, A bill for an act relating to education; amending school calendar restrictions; amending Minnesota Statutes 2009 Supplement, section 120A.40.

The bill was read for the first time and referred to the Committee on K-12 Education Policy and Oversight.

Scalze introduced:

H. F. No. 2967, A bill for an act relating to probate; modifying composition of augmented estate; amending Minnesota Statutes 2008, section 524.2-203.

The bill was read for the first time and referred to the Committee on Civil Justice.

Peterson, Sterner, Thissen, Kahn, Abeler, Knuth, Wagenius, Davnie and Murphy, E., introduced:

H. F. No. 2968, A bill for an act relating to environment; requiring public buildings to use environmentally sensitive cleaning products; establishing guidelines and a task force; proposing coding for new law in Minnesota Statutes, chapter 116.

The bill was read for the first time and referred to the Committee on Environment Policy and Oversight.

Ruud introduced:

H. F. No. 2969, A bill for an act relating to health; making technical changes to licensing provisions; amending Minnesota Statutes 2008, sections 148.5193, subdivision 6; 148.5195, subdivision 3; Minnesota Statutes 2009 Supplement, section 148.6405.

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight.

Jackson introduced:

H. F. No. 2970, A bill for an act relating to legislation; correcting erroneous, ambiguous, and omitted text and obsolete references; eliminating redundant, conflicting, and superseded provisions; making miscellaneous technical corrections to laws and statutes; amending Minnesota Statutes 2008, sections 3.7393, subdivision 12; 12A.05, subdivision 3; 13.321, subdivision 10; 13.411, subdivision 5; 13.861, subdivision 2; 16B.24, subdivision 5; 16D.11, subdivision 7; 53C.01, subdivision 12a; 84.797, subdivision 6; 84.803, subdivision 2; 84.8045; 115A.932, subdivision 1; 116.155, subdivision 3; 125A.64, subdivision 6; 126C.55, subdivision 6; 128D.03, subdivision 2; 129C.10, subdivision 8; 136F.61; 168.002, subdivision 13; 168.013, subdivision 1; 169.67, subdivision 1; 190.025, subdivision 3; 214.04, subdivision 1; 216B.1691, subdivision 1; 245A.18, subdivision 2; 256L.04, subdivision 1; 260C.301, subdivision 1; 270.41, subdivision 5; 273.1115, subdivisions 1, 3; 273.124, subdivision 11; 290.0921, subdivision 3a; 297A.61, subdivision 3; 309.72; 325F.675, subdivision 6; 325F.732, subdivision 2; 332.37; 332.40, subdivision 2; 332.52, subdivision 3; 374.02; 469.154, subdivision 3; 473.599, subdivision 8; 490.133; 507.071, subdivision 16; 515B.1-102; Minnesota Statutes 2009 Supplement, sections 16A.126, subdivision 1; 16C.138, subdivision 2; 47.60, subdivisions 4, 6; 53.09, subdivision 2; 69.772, subdivision 6; 116J.401, subdivision 2; 120B.30, subdivisions 1, 2; 122A.60, subdivision 2; 124D.10, subdivisions 3, 8, 14, 15, 23, 25; 152.025; 168.33, subdivision 7; 169.011, subdivision 71; 169.865, subdivision 1; 176.135, subdivision 8; 246B.06, subdivision 7; 256.969, subdivision 3b; 256B.0659, subdivision 3; 256B.5012, subdivision 8; 260C.212, subdivision 7; 270.97; 270C.445, subdivision 7; 299A.61, subdivision 1; 332B.07, subdivisions 1, 4; 332B.09, subdivision 3; 424A.02, subdivision 10; 571.914, subdivision 4; 626.557, subdivision 20; Laws 2009, chapter 78, article 8, section 22, subdivision 3; Laws 2009, chapter 79, article 10, section 48; repealing Minnesota Statutes 2008, sections 13.6435, subdivision 9; 15.38, subdivision 5; 168.098; 256B.041, subdivision 5; 256D.03, subdivision 5; Laws 2005, First Special Session chapter 4, article 8, section 87; Laws 2006, chapter 277, article 1, sections 1; 3; Laws 2008, chapter 287, article 1, section 104; Laws 2008, chapter 300, section 6; Laws 2009, chapter 78, article 4, section 41; Laws 2009, chapter 88, article 6, sections 14; 15; 16; Laws 2009, chapter 169, article 10, section 32; Minnesota Rules, parts 9525.0750; 9525.0760; 9525.0770; 9525.0780; 9525.0790; 9525.0800; 9525.0810; 9525.0820; 9525.0830.

The bill was read for the first time and referred to the Committee on Civil Justice.

Lenczewski introduced:

H. F. No. 2971, A bill for an act relating to taxation; making technical, administrative, and clarifying changes to individual income, corporate franchise, estate, sales and use, gross receipts, cigarette, tobacco, insurance, property, credits, payments, minerals, local government aid, job opportunity building zones, emergency debt certificates, and various taxes and tax-related provisions; amending Minnesota Statutes 2008, sections 60A.209, subdivision 1; 270C.34, subdivision 1; 270C.87; 272.029, subdivision 7; 275.71, subdivision 5; 279.37, subdivision 1; 289A.08, subdivision 7; 289A.12, subdivision 14; 289A.30, subdivision 2; 289A.60, subdivision 7; 290.067, subdivision 1; 290.0921, subdivision 3; 295.55, subdivisions 2, 3; 297A.62, by adding a subdivision; 297A.665; 297A.68, subdivision 39; 297A.70, subdivision 13; 297F.07, subdivision 4; 297L.30, subdivisions 1, 2, 7, 8; 297L.40, subdivisions 1, 5; 298.282, subdivision 1; 469.319, subdivision 5; 469.3193; Minnesota Statutes 2009 Supplement, sections 134.34, subdivision 4; 273.114, subdivision 2; 275.065, subdivision 3; 275.70, subdivision 5; 289A.18, subdivision 1; 290.01, subdivisions 19a, 19b, 19d; 290.06, subdivision 2c; 290.0671, subdivision 1; 290.091, subdivision 2; 297L.35, subdivision 2; 475.755; 477A.013, subdivision 8; Laws 2001, First Special Session chapter 5, article 3, section 50, as amended; Laws 2009, chapter 88, article 4, section 5; repealing Minnesota Statutes 2008, section 297L.30, subdivisions 4, 5, 6.

The bill was read for the first time and referred to the Committee on Taxes.

Lenczewski introduced:

H. F. No. 2972, A bill for an act relating to taxation; making policy, technical, administrative, and clarifying changes to individual income, corporate franchise, sales and use, property, petroleum, cigarette, tobacco, insurance, local taxes, and other taxes and tax-related provisions; amending Minnesota Statutes 2008, sections 82B.035, subdivision 2; 270.41, subdivision 5; 270C.94, subdivision 3; 272.025, subdivisions 1, 3; 272.029, subdivision 4; 278.05, by adding a subdivision; 279.01, subdivision 3; 289A.09, subdivision 2; 289A.50, subdivisions 2, 4; 297A.995, subdivisions 10, 11; 297F.01, subdivision 22a; 297F.04, by adding a subdivision; 297F.25, subdivision 1; 297L.01, subdivision 9; 297L.05, subdivision 7; 297L.65, by adding a subdivision; Minnesota Statutes 2009 Supplement, section 273.124, subdivision 3a; proposing coding for new law in Minnesota Statutes, chapters 296A; 645.

The bill was read for the first time and referred to the Committee on Taxes.

Murphy, E., introduced:

H. F. No. 2973, A bill for an act relating to alcohol; authorizing an on-sale intoxicating liquor license for the premises of St. Thomas University.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Atkins introduced:

H. F. No. 2974, A bill for an act relating to alcohol; allowing the state fair to issue liquor licenses; amending Minnesota Statutes 2008, sections 37.21; 340A.404, subdivision 5; 461.12, subdivision 1.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Lanning, Smith, Atkins and Cornish introduced:

H. F. No. 2975, A bill for an act relating to public safety; establishing a sale of or possession of salvia divinorum crime; providing for a penalty; amending Minnesota Statutes 2008, section 152.027, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Sertich and Murphy, M., introduced:

H. F. No. 2976, A bill for an act relating to taxation; property; modifying apprenticeship training facilities exemption; amending Minnesota Statutes 2009 Supplement, section 272.02, subdivision 86.

The bill was read for the first time and referred to the Committee on Taxes.

Thissen introduced:

H. F. No. 2977, A bill for an act relating to energy finance; authorizing home rule charter and statutory cities to make loans to property owners who install energy efficient or renewable energy improvements, to be repaid through a special assessment collected through the property tax, and to sell revenue bonds to fund the program; amending Minnesota Statutes 2008, section 429.101, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 216C.

The bill was read for the first time and referred to the Committee on Finance.

Rosenthal, Simon, Jackson, Sterner, Cornish, Kohls, Morgan, Drazkowski and Kelly introduced:

H. F. No. 2978, A bill for an act relating to public safety; amending first-degree driving while impaired crime to include prior felony convictions from other states; amending Minnesota Statutes 2008, section 169A.24, subdivision 1.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Rosenthal, Simon, Jackson, Sterner, Cornish, Morgan, Kalin and Kelly introduced:

H. F. No. 2979, A bill for an act relating to public safety; lowering the alcohol concentration from 0.20 to 0.16 for an aggravating factor under DWI law.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Drazkowski; Demmer; Anderson, S., and Davids introduced:

H. F. No. 2980, A bill for an act relating to natural resources; appropriating money for the restoration of Lake Zumbro and Schmidt Lake.

The bill was read for the first time and referred to the Committee on Finance.

Bly, Urdahl, Marquart and Benson introduced:

H. F. No. 2981, A bill for an act relating to education; establishing the MNovate Commission; proposing coding for new law in Minnesota Statutes, chapter 127A.

The bill was read for the first time and referred to the Committee on K-12 Education Policy and Oversight.

Reinert, Kahn, Anzelc, Draskowski, Kelly, Scalze and McNamara introduced:

H. F. No. 2982, A bill for an act relating to liquor; modifying off-sale intoxicating liquor sales; amending Minnesota Statutes 2008, section 340A.504, subdivision 4.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Eastlund; Davids; Kiffmeyer; Dettmer; Hamilton; Urdahl; Draskowski; Shimanski; Cornish; Anderson, B.; Murdock; Scott; Gottwalt; McNamara; Anderson, P.; Westrom; Nornes; Severson; Peppin; Lanning; Emmer; Sanders; Hoppe; Holberg; Kohls; Anderson, S.; Kelly; Zellers; Brod; Dean; Torkelson; Garofalo; Beard; Hackbarth and Loon introduced:

H. F. No. 2983, A bill for an act relating to property taxation; repealing changes to the green acres program and agricultural classifications made in 2008 and 2009; amending Minnesota Statutes 2009 Supplement, sections 273.111, subdivisions 3, 11a; 273.13, subdivision 23; repealing Minnesota Statutes 2008, sections 273.111, subdivisions 8, 11; 273.1384, subdivision 2; Minnesota Statutes 2009 Supplement, sections 273.1108; 273.111, subdivisions 3a, 4, 9; 273.114; Laws 2008, chapter 366, article 6, section 52.

The bill was read for the first time and referred to the Committee on Taxes.

Kahn, Juhnke, Rukavina, Atkins, Lillie, Scalze and Solberg introduced:

H. F. No. 2984, A bill for an act relating to gambling; authorizing the State Lottery to offer games involving sports wagering and sports wagering pools; authorizing sports bookmaking under licenses issued by the director of the State Lottery; imposing a tax on licensed sports bookmaking; amending Minnesota Statutes 2008, sections 349A.01, by adding a subdivision; 349A.02, subdivision 3; 349A.04; 349A.06, subdivisions 1, 5, 6, 7, 8, 11; 349A.08; 349A.09; 349A.10, subdivision 4; 349A.11, subdivision 1; 349A.12; 349A.13; 609.75, subdivision 7; proposing coding for new law in Minnesota Statutes, chapter 349A.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Clark and Mullery introduced:

H. F. No. 2985, A bill for an act relating to landlord and tenant; prohibiting imposition of a late fee except in specified circumstances; requiring a receipt for certain rent payments; permitting a tenant to make emergency repairs; modifying other laws related to a rental agreement; amending Minnesota Statutes 2008, sections 504B.111; 504B.178, by adding a subdivision; 504B.385, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 504B.

The bill was read for the first time and referred to the Committee on Civil Justice.

Hornstein; Greiling; Kelliher; Mariani; Thissen; Huntley; Slocum; Bigham; Hayden; Morgan; Murphy, E.; Slawik; Faust and Clark introduced:

H. F. No. 2986, A bill for an act relating to education; creating a responsible family life and sexuality education program; proposing coding for new law in Minnesota Statutes, chapter 121A; repealing Minnesota Statutes 2008, section 121A.23.

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight.

Paymar, Wagenius, Sterner, Rosenthal, Scalze and Hansen introduced:

H. F. No. 2987, A bill for an act relating to public safety; expanding the open alcohol container law to apply to off-road recreational vehicles; amending Minnesota Statutes 2008, section 169A.35, subdivision 1.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

Pelowski introduced:

H. F. No. 2988, A bill for an act relating to state government; adding a provision to the Minnesota Data Practices Act on computer data; clarifying state agency use of temporary session cookies on government Web sites; amending Minnesota Statutes 2008, section 13.15, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Civil Justice.

Liebling; Zellers; Paymar; Holberg; Smith; Masin; Anderson, B., and Bly introduced:

H. F. No. 2989, A bill for an act relating to public safety; recodifying and consolidating certain forfeiture provisions while making numerous substantive and technical changes; proposing coding for new law in Minnesota Statutes, chapter 609; repealing Minnesota Statutes 2008, sections 169A.63; 609.531, subdivisions 1, 1a, 4, 5, 5a, 6a; 609.5311; 609.5312; 609.5313; 609.5314; 609.5315; 609.5316; 609.5317; 609.5318; 609.762, subdivisions 2, 3, 4, 5; Minnesota Statutes 2009 Supplement, section 609.762, subdivision 1.

The bill was read for the first time and referred to the Committee on Public Safety Policy and Oversight.

MESSAGES FROM THE SENATE

The following message was received from the Senate:

Madam Speaker:

Pursuant to Joint Rule 3.02(a), the Conference Committee on S. F. No. 915 was discharged after adjournment on May 18, 2009 and the bill was laid on the table.

S. F. No. 915, A bill for an act relating to insurance; requiring school districts to obtain employee health coverage through the public employees insurance program; appropriating money; amending Minnesota Statutes 2008, sections 43A.316, subdivisions 9, 10, by adding subdivisions; 62E.02, subdivision 23; 62E.10, subdivision 1; 62E.11, subdivision 5; 297I.05, subdivision 5; 297I.15, subdivision 3.

S. F. No. 915 has been taken from the table and returned to the Conference Committee as formerly constituted.

Senate File No. 915 is herewith transmitted to the House.

COLLEEN J. PACHECO, First Assistant Secretary of the Senate

Hosch moved that the Speaker appoint a Conference Committee of 5 members of the House to meet with a like committee appointed by the Senate on the disagreeing votes of the two houses on S. F. No. 915. The motion prevailed.

FISCAL CALENDAR

Pursuant to rule 1.22, Solberg requested immediate consideration of H. F. No. 2700.

H. F. No. 2700 was reported to the House.

The Speaker assumed the Chair.

Hausman, Hilty and Howes moved to amend H. F. No. 2700, the second engrossment, as follows:

Page 49, after line 26, insert:

"Subd. 5. **Moose Lake Sex Offender Program Expansion** 89,072,000

To construct, furnish, and equip phase II, which includes a 400-bed secure residential facility; the necessary program areas; the balance of the critical essential service space; physical plant infrastructure to support the new physical space; expansion and upgrading of interior and exterior security systems; reconfiguration of some road ways and parking areas; and changes to the facility's basic utility infrastructure."

Correct the section total, the appropriation summary, and the bond sale authorization

A roll call was requested and properly seconded.

Smith moved to amend the Hausman et al amendment to H. F. No. 2700, the second engrossment, as follows:

Page 1, after line 14 of the Hausman et al amendment, insert:

"Page 50, line 26, delete "8,000,000" and insert "10,743,000"

Page 51, after line 2, insert:

"Subd. 4. **MCF - Oak Park Heights Security System Upgrade**

6,500,000

To replace the obsolete security system with a new, fully integrated electronic system that will use proven programmable logic controller (PLC) technology, combining security monitoring, communications, and control functions into a single "touch-screen" operator interface at each staff station."

Page 53, delete subdivisions 5 and 7

Page 54, delete subdivisions 8, 9 and 11

Page 55, delete subdivisions 12 and 13"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 57 yeas and 76 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Garofalo	Kelly	Nornes	Smith
Anderson, B.	Demmer	Gottwalt	Kiffmeyer	Obermueller	Sterner
Anderson, P.	Dettmer	Gunther	Lanning	Otremba	Swails
Anderson, S.	Doepke	Hackbarth	Loon	Peppin	Torkelson
Beard	Doty	Hamilton	Mack	Rosenthal	Urdahl
Brod	Downey	Holberg	Magnus	Sanders	Westrom
Buesgens	Drazkowski	Hoppe	Masin	Scott	Zellers
Bunn	Eastlund	Jackson	McFarlane	Seifert	
Cornish	Emmer	Kalin	McNamara	Severson	
Davids	Faust	Kath	Murdock	Shimanski	

Those who voted in the negative were:

Anzelc	Eken	Hosch	Lillie	Olin	Slawik
Atkins	Falk	Howes	Loeffler	Paymar	Slocum
Benson	Fritz	Huntley	Mahoney	Pelowski	Solberg
Bigham	Gardner	Johnson	Mariani	Persell	Thao
Bly	Greiling	Juhnke	Marquart	Peterson	Thissen
Brown	Hansen	Kahn	Morgan	Poppe	Tillberry
Brynaert	Hausman	Knuth	Morrow	Reinert	Wagenius
Carlson	Haws	Koenen	Mullery	Rukavina	Ward
Champion	Hayden	Laine	Murphy, E.	Ruud	Welti
Clark	Hilstrom	Lenczewski	Murphy, M.	Sailer	Winkler
Davnie	Hilty	Lesch	Nelson	Scalze	Spk. Kelliher
Dill	Hornstein	Liebling	Newton	Sertich	
Dittrich	Hortman	Lieder	Norton	Simon	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Hausman et al amendment and the roll was called. There were 114 yeas and 19 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Hilstrom	Lieder	Newton	Severson
Anderson, P.	Demmer	Hilty	Lillie	Nornes	Simon
Anderson, S.	Dettmer	Hornstein	Loeffler	Norton	Slawik
Anzels	Dill	Hortman	Loon	Obermueller	Slocum
Atkins	Dittrich	Hosch	Mack	Olin	Smith
Beard	Doepke	Howes	Magnus	Otremba	Solberg
Benson	Doty	Huntley	Mahoney	Pelowski	Sterner
Bigham	Eastlund	Jackson	Mariani	Persell	Swails
Bly	Eken	Johnson	Marquart	Peterson	Thao
Brod	Faust	Juhnke	Masin	Poppe	Thissen
Brown	Fritz	Kalin	McFarlane	Rosenthal	Tillberry
Brynaert	Gardner	Kath	McNamara	Rukavina	Torkelson
Bunn	Gottwalt	Kiffmeyer	Morgan	Ruud	Urdahl
Carlson	Greiling	Knuth	Morrow	Sailer	Wagenius
Champion	Hamilton	Koenen	Mullery	Sanders	Ward
Clark	Hansen	Laine	Murdock	Scalze	Welti
Cornish	Hausman	Lanning	Murphy, E.	Scott	Winkler
Davids	Haws	Lenczewski	Murphy, M.	Seifert	Zellers
Davnie	Hayden	Lesch	Nelson	Sertich	Spk. Kelliher

Those who voted in the negative were:

Anderson, B.	Emmer	Hackbarth	Kelly	Reinert
Buesgens	Falk	Holberg	Liebling	Shimanski
Downey	Garofalo	Hoppe	Paymar	Westrom
Drazkowski	Gunther	Kahn	Peppin	

The motion prevailed and the amendment was adopted.

Buesgens moved that H. F. No. 2700, the second engrossment, as amended, be re-referred to the Committee on Finance.

A roll call was requested and properly seconded.

The question was taken on the Buesgens motion and the roll was called. There were 46 yeas and 87 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Falk	Kelly	Murdock	Shimanski
Anderson, B.	Demmer	Garofalo	Kiffmeyer	Nornes	Smith
Anderson, P.	Dettmer	Gottwalt	Lanning	Otremba	Torkelson
Anderson, S.	Doepke	Gunther	Loon	Peppin	Urdahl
Beard	Downey	Hackbarth	Mack	Sanders	Westrom
Brod	Drazkowski	Hamilton	Magnus	Scott	Zellers
Buesgens	Eastlund	Holberg	McFarlane	Seifert	
Cornish	Emmer	Hoppe	McNamara	Severson	

Those who voted in the negative were:

Anzelc	Doty	Howes	Lillie	Olin	Slocum
Atkins	Eken	Huntley	Loeffler	Paymar	Solberg
Benson	Faust	Jackson	Mahoney	Pelowski	Sterner
Bigham	Fritz	Johnson	Mariani	Persell	Swails
Bly	Gardner	Juhnke	Marquart	Peterson	Thao
Brown	Greiling	Kahn	Masin	Poppe	Thissen
Brynaert	Hansen	Kalin	Morgan	Reinert	Tillberry
Bunn	Hausman	Kath	Morrow	Rosenthal	Wagenius
Carlson	Haws	Knuth	Mullery	Rukavina	Ward
Champion	Hayden	Koenen	Murphy, E.	Ruud	Welti
Clark	Hilstrom	Laine	Murphy, M.	Sailer	Winkler
Davids	Hilty	Lenczewski	Nelson	Scalze	Spk. Kelliher
Davnie	Hornstein	Lesch	Newton	Sertich	
Dill	Hortman	Liebling	Norton	Simon	
Dittrich	Hosch	Lieder	Obermueller	Slawik	

The motion did not prevail.

FISCAL CALENDAR ANNOUNCEMENT

Pursuant to rule 1.22, Solberg announced his intention to place S. F. No. 2168 on the Fiscal Calendar for Thursday, February 18, 2010.

Sertich moved that the House recess subject to the call of the Chair. The motion prevailed.

RECESS

RECONVENED

The House reconvened and was called to order by the Speaker.

Slawik and Winkler were excused between the hours of 6:35 p.m. and 7:05 p.m.

Demmer was excused between the hours of 6:35 p.m. and 7:45 p.m.

FISCAL CALENDAR, Continued

Eken and Lieder moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 88, after line 33, insert:

"Sec. 6. Minnesota Statutes 2008, section 103F.161, subdivision 1, is amended to read:

Subdivision 1. **Grants authorized.** (a) The commissioner may make grants to local governments to:

(1) conduct floodplain damage reduction studies to determine the most feasible, practical, and effective methods and programs for mitigating the damages due to flooding within flood prone rural and urban areas and their watersheds; and

(2) plan and implement flood mitigation measures.

(b) The commissioner may cooperate with the North Dakota State Water Commission, local governmental units, and local water management organizations in this state and in North Dakota, and the United States Army Corps of Engineers to develop hydrologic models and conduct studies to evaluate the practicality and feasibility of flood control measures along the Red River from East Grand Forks to the Canadian border. The commissioner may make grants to local governmental units for these purposes. Flood control measures that may be investigated include agricultural and urban levee systems, wetland restoration, floodwater impoundments, farmstead ring-dikes, and stream maintenance activities. The commissioner must not make any grants or spend any money for the Fargo-Moorhead metropolitan diversion project proposed by the United States Army Corps of Engineers until the federal government commits to fund and implement at the same time mitigation and prevention measures to insure that no additional water will affect land and communities downstream from the diversion."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Holberg moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 35, line 17, delete "67,000,000" and insert "75,000,000"

Page 38, after line 3, insert:

"**Subd. 3. Local Road Improvement Program**

46,000,000

This appropriation is from the bond proceeds account in the state transportation fund as provided in Minnesota Statutes, section 174.50. Of this appropriation:

(1) \$15,333,000 is for the trunk highway corridor projects account, to be used as provided in Minnesota Statutes, section 174.52, subdivision 2, for grants or loans to local governments for the local share of trunk highway projects with local costs that are related to trunk highway improvements and not fully funded with other state and federal funds;

(2) \$15,333,000 is for the local road account for routes of regional significance, to be used as provided in Minnesota Statutes, section 174.52, subdivision 4, as grants or loans to local governments to assist in paying the costs of constructing or reconstructing city streets, county highways, or town roads with statewide or regional significance that have not been fully funded through other state, federal, or local funding sources; and

(3) \$15,334,000 is for the rural road safety account, to be used as provided in Minnesota Statutes, section 174.52, subdivision 4a, for grants to counties to assist in paying the costs of capital improvement projects on county state-aid highways that are intended primarily to reduce traffic crashes, deaths, injuries, and property damages."

Renumber the subdivisions in sequence

Page 38, line 4, delete "4,000,000" and insert "30,000,000"

Page 38, line 18, delete "3,000,000" and insert "10,000,000"

Page 39, line 8, delete "2,500,000" and insert "10,815,000"

Page 40, line 1, delete "7,000,000" and insert "10,000,000"

Page 53, delete subdivisions 5 and 7

Page 54, delete subdivisions 8, 9, and 11

Page 55, delete subdivisions 12 and 13

Renumber the subdivisions in sequence

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Holberg amendment and the roll was called. There were 54 yeas and 76 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Garofalo	Kath	Murdock	Seifert
Anderson, B.	Doepke	Gottwalt	Kelly	Nornes	Severson
Anderson, P.	Doty	Gunther	Kiffmeyer	Obermueller	Shimanski
Anderson, S.	Downey	Hackbarth	Loon	Olin	Smith
Beard	Drazkowski	Hamilton	Mack	Otremba	Sterner
Brod	Eastlund	Holberg	Magnus	Peppin	Torkelson
Buesgens	Emmer	Hoppe	McFarlane	Peterson	Urdahl
Cornish	Faust	Jackson	McNamara	Sanders	Westrom
Dean	Fritz	Kalin	Morrow	Scott	Zellers

Those who voted in the negative were:

Anzelc	Bly	Carlson	Davnie	Falk	Hausman
Atkins	Brown	Champion	Dill	Gardner	Haws
Benson	Brynaert	Clark	Dittrich	Greiling	Hayden
Bigham	Bunn	Davids	Eken	Hansen	Hilstrom

Hilty	Knuth	Loeffler	Nelson	Rukavina	Thao
Hornstein	Koenen	Mahoney	Newton	Ruud	Thissen
Hortman	Laine	Mariani	Norton	Sailer	Tillberry
Hosch	Lanning	Marquart	Paymar	Scalze	Wagenius
Howes	Lenczewski	Masin	Pelowski	Sertich	Ward
Huntley	Lesch	Morgan	Persell	Simon	Welti
Johnson	Liebling	Mullery	Poppe	Slocum	Spk. Kelliher
Juhnke	Lieder	Murphy, E.	Reinert	Solberg	
Kahn	Lillie	Murphy, M.	Rosenthal	Swails	

The motion did not prevail and the amendment was not adopted.

Downey moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 63, line 27, after the period, insert "In addition to any other information in the debt capacity forecast, the commissioner must include the percent of nondedicated general fund revenues used for debt service for the prior ten fiscal years and an estimated percentage for the current fiscal year and the next four fiscal years."

A roll call was requested and properly seconded.

Liebling moved to amend the Downey amendment to H. F. No. 2700, the second engrossment, as amended, as follows:

Page 1, line 4, delete "and an estimated"

Page 1, line 5, delete everything before the period

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 83 yeas and 47 nays as follows:

Those who voted in the affirmative were:

Anzelc	Doty	Hortman	Liebling	Newton	Scalze
Atkins	Eken	Hosch	Lieder	Norton	Sertich
Benson	Falk	Huntley	Lillie	Olin	Simon
Bigham	Faust	Jackson	Loeffler	Otremba	Slocum
Bly	Fritz	Johnson	Mahoney	Paymar	Solberg
Brown	Gardner	Juhnke	Mariani	Pelowski	Sterner
Brynaert	Greiling	Kahn	Marquart	Persell	Swails
Bunn	Hansen	Kalin	Masin	Peterson	Thao
Carlson	Hausman	Kath	Morgan	Poppe	Tillberry
Champion	Haws	Knuth	Morrow	Reinert	Wagenius
Clark	Hayden	Koenen	Mullery	Rosenthal	Ward
Davnie	Hilstrom	Laine	Murphy, E.	Rukavina	Welti
Dill	Hilty	Lenczewski	Murphy, M.	Ruud	Spk. Kelliher
Dittrich	Hornstein	Lesch	Nelson	Sailer	

Those who voted in the negative were:

Abeler	Davids	Garofalo	Kelly	Murdock	Shimanski
Anderson, B.	Dean	Gottwalt	Kiffmeyer	Nornes	Smith
Anderson, P.	Dettmer	Gunther	Lanning	Obermueller	Thissen
Anderson, S.	Doepke	Hackbarth	Loon	Peppin	Torkelson
Beard	Downey	Hamilton	Mack	Sanders	Urdahl
Brod	Drazkowski	Holberg	Magnus	Scott	Westrom
Buesgens	Eastlund	Hoppe	McFarlane	Seifert	Zellers
Cornish	Emmer	Howes	McNamara	Severson	

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Downey amendment, as amended, and the roll was called. There were 129 yeas and 1 nay as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Haws	Lanning	Newton	Severson
Anderson, B.	Dill	Hayden	Lenczewski	Nornes	Shimanski
Anderson, P.	Dittrich	Hilstrom	Lesch	Norton	Simon
Anderson, S.	Doepke	Hilty	Liebling	Obermueller	Slocum
Anzelc	Doty	Holberg	Lieder	Olin	Smith
Atkins	Downey	Hoppe	Lillie	Otremba	Solberg
Beard	Drazkowski	Hornstein	Loon	Paymar	Sterner
Benson	Eastlund	Hortman	Mack	Pelowski	Swails
Bigham	Eken	Hosch	Magnus	Peppin	Thao
Bly	Emmer	Howes	Mahoney	Persell	Thissen
Brod	Falk	Huntley	Mariani	Peterson	Tillberry
Brown	Faust	Jackson	Marquart	Poppe	Torkelson
Brynaert	Fritz	Johnson	Masin	Reinert	Urdahl
Buesgens	Gardner	Juhnke	McFarlane	Rosenthal	Wagenius
Bunn	Garofalo	Kahn	McNamara	Rukavina	Ward
Carlson	Gottwalt	Kalin	Morgan	Ruud	Walti
Champion	Greiling	Kath	Morrow	Sailer	Westrom
Clark	Gunther	Kelly	Mullery	Sanders	Zellers
Cornish	Hackbarth	Kiffmeyer	Murdock	Scalze	Spk. Kelliher
Davids	Hamilton	Knuth	Murphy, E.	Scott	
Davnie	Hansen	Koenen	Murphy, M.	Seifert	
Dean	Hausman	Laine	Nelson	Sertich	

Those who voted in the negative were:

Loeffler

The motion prevailed and the amendment, as amended, was adopted.

Dill moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 20, line 24, before "To" insert "\$2,150,000 is"

Page 21, after line 2, insert:

"\$30,000,000 is for infrastructure development which must include any traditional use taking place now in Lake Vermilion State Park."

Adjust amounts accordingly

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail and the amendment was not adopted.

Emmer moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 64, delete section 31

Page 65, delete section 35

Page 83, delete section 62 and insert:

"Sec. 60. **REPEALER.**

Minnesota Statutes 2008, section 216H.02, subdivision 1, is repealed.

Laws 2009, chapter 93, article 1, section 45, is repealed."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Emmer amendment and the roll was called. There were 44 yeas and 88 nays as follows:

Those who voted in the affirmative were:

Anderson, B.	Dean	Gottwalt	Kiffmeyer	Otremba	Torkelson
Anderson, P.	Dettmer	Gunther	Lanning	Peppin	Urdahl
Anderson, S.	Doepke	Hackbarth	Loon	Sanders	Westrom
Beard	Downey	Hamilton	Mack	Scott	Zellers
Brod	Drazkowski	Holberg	Magnus	Seifert	
Buesgens	Eastlund	Hoppe	McFarlane	Severson	
Cornish	Emmer	Howes	Murdock	Shimanski	
Davids	Garofalo	Kelly	Nornes	Smith	

Those who voted in the negative were:

Abeler	Doty	Hosch	Lillie	Obermueller	Slawik
Anzelc	Eken	Huntley	Loeffler	Olin	Slocum
Atkins	Falk	Jackson	Mahoney	Paymar	Solberg
Benson	Faust	Johnson	Mariani	Pelowski	Sterner
Bigham	Fritz	Juhnke	Marquart	Persell	Swails
Bly	Gardner	Kahn	Masin	Peterson	Thao
Brown	Greiling	Kalin	McNamara	Poppe	Thissen
Brynaert	Hansen	Kath	Morgan	Reinert	Tillberry
Bunn	Hausman	Knuth	Morrow	Rosenthal	Wagenius
Carlson	Haws	Koenen	Mullery	Rukavina	Ward
Champion	Hayden	Laine	Murphy, E.	Ruud	Welti
Clark	Hilstrom	Lenczewski	Murphy, M.	Sailer	Winkler
Davnie	Hilty	Lesch	Nelson	Scalze	Spk. Kelliher
Dill	Hornstein	Liebling	Newton	Sertich	
Dittrich	Hortman	Lieder	Norton	Simon	

The motion did not prevail and the amendment was not adopted.

Ward, Abeler, Paymar, Doty, Juhnke, Howes and Nornes moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 49, after line 26, insert:

"Subd. 5. Sex Offender Treatment Center; Facilities Study

The commissioner of human services shall study the potential for using existing vacant or underused state facilities, including regional treatment centers, for the sex offender treatment program or for other programs or services administered by the Department of Human Services. The study must analyze the feasibility, time required, and cost of making the building and infrastructure changes necessary for the program. The commissioner shall submit the study report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over capital investment, human services, and public safety by January 15, 2011."

Amend the title accordingly

Westrom moved to amend the Ward et al amendment to H. F. No. 2700, the second engrossment, as amended, as follows:

Page 1, line 7, after the comma, insert "or private prison facilities"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 57 yeas and 75 nays as follows:

Those who voted in the affirmative were:

Abeler	Davnie	Garofalo	Kath	Murdock	Solberg
Anderson, B.	Dean	Gottwalt	Kelly	Nornes	Thissen
Anderson, P.	Dettmer	Gunther	Kiffmeyer	Otremba	Torkelson
Anderson, S.	Doepke	Hackbarth	Koenen	Peppin	Urdahl
Beard	Downey	Hamilton	Lanning	Rukavina	Welti
Bly	Drazkowski	Haws	Loon	Sanders	Westrom
Brod	Eastlund	Holberg	Mack	Scott	Zellers
Buesgens	Emmer	Hoppe	Magnus	Seifert	
Cornish	Falk	Hosch	McFarlane	Severson	
Davids	Fritz	Juhnke	McNamara	Shimanski	

Those who voted in the negative were:

Anzelc	Eken	Jackson	Mariani	Paymar	Slocum
Atkins	Faust	Johnson	Marquart	Pelowski	Smith
Benson	Gardner	Kahn	Masin	Persell	Sterner
Bigham	Greiling	Kalin	Morgan	Peterson	Swails
Brown	Hansen	Knuth	Morrow	Poppe	Thao
Brynaert	Hausman	Laine	Mullery	Reinert	Tillberry
Bunn	Hayden	Lenczewski	Murphy, E.	Rosenthal	Wagenius
Carlson	Hilstrom	Lesch	Murphy, M.	Ruud	Ward
Champion	Hilty	Liebling	Nelson	Sailer	Winkler
Clark	Hornstein	Lieder	Newton	Scalze	Spk. Kelliher
Dill	Hortman	Lillie	Norton	Sertich	
Dittrich	Howes	Loeffler	Obermueller	Simon	
Doty	Huntley	Mahoney	Olin	Slawik	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Ward et al amendment to H. F. No. 2700, the second engrossment, as amended. The motion prevailed and the amendment was adopted.

Dill, Rukavina and Solberg offered an amendment to H. F. No. 2700, the second engrossment, as amended.

POINT OF ORDER

Greiling raised a point of order pursuant to rule 3.21 that the Dill et al amendment was not in order. The Speaker ruled the point of order well taken and the Dill et al amendment out of order.

Brod moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 83, after line 25, insert:

"Sec. 62. **REPORT ON JOBS CREATED OR RETAINED.**

The commissioner of employment and economic development shall report to the house of representatives and senate committees with jurisdiction over capital investment on the jobs created or retained as a result of the projects funded in this act. The report must include, but is not limited to, the following information: the number and types of

jobs for each project, whether new or retained, where the jobs were located, and pay ranges. The Board of Regents of the University of Minnesota, the Board of Trustees of the Minnesota State Colleges and Universities, and each agency appropriated money in this act shall collect and provide the information at the time and in the manner required by the commissioner of employment and economic development. The commissioner's report must be compiled using information supplied by each of the agencies appropriated money in this act. The report is due February 15, 2012."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Morrow moved to amend the Brod amendment to H. F. No. 2700, the second engrossment, as amended, as follows:

Page 1, line 6, after the first "the" insert "direct, indirect and spinoff"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 88 yeas and 45 nays as follows:

Those who voted in the affirmative were:

Anzelc	Eken	Howes	Lillie	Olin	Slawik
Atkins	Falk	Huntley	Loeffler	Otremba	Slocum
Benson	Faust	Jackson	Mahoney	Paymar	Solberg
Bigham	Fritz	Johnson	Mariani	Pelowski	Sterner
Bly	Gardner	Juhnke	Marquart	Persell	Swails
Brown	Greiling	Kahn	Masin	Peterson	Thao
Brynaert	Hansen	Kalin	Morgan	Poppe	Thissen
Bunn	Hausman	Kath	Morrow	Reinert	Tillberry
Carlson	Haws	Knuth	Mullery	Rosenthal	Wagenius
Champion	Hayden	Koenen	Murphy, E.	Rukavina	Ward
Clark	Hilstrom	Laine	Murphy, M.	Ruud	Welti
Davnie	Hilty	Lenczewski	Nelson	Sailer	Winkler
Dill	Hornstein	Lesch	Newton	Scalze	Spk. Kelliher
Dittrich	Hortman	Liebling	Norton	Sertich	
Doty	Hosch	Lieder	Obermueller	Simon	

Those who voted in the negative were:

Abeler	Davids	Emmer	Kelly	Murdock	Smith
Anderson, B.	Dean	Garofalo	Kiffmeyer	Nornes	Torkelson
Anderson, P.	Demmer	Gottwalt	Lanning	Peppin	Urdahl
Anderson, S.	Dettmer	Gunther	Loon	Sanders	Westrom
Beard	Doepke	Hackbarth	Mack	Scott	Zellers
Brod	Downey	Hamilton	Magnus	Seifert	
Buesgens	Draskowski	Holberg	McFarlane	Severson	
Cornish	Eastlund	Hoppe	McNamara	Shimanski	

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Brod amendment, as amended, and the roll was called. There were 131 yeas and 2 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Haws	Lanning	Nelson	Sertich
Anderson, B.	Dill	Hayden	Lenczewski	Newton	Severson
Anderson, P.	Dittrich	Hilstrom	Lesch	Nornes	Shimanski
Anderson, S.	Doepke	Hilty	Liebling	Norton	Simon
Anzenc	Doty	Holberg	Lieder	Obermueller	Slawik
Atkins	Downey	Hoppe	Lillie	Olin	Slocum
Beard	Drazkowski	Hornstein	Loeffler	Otremba	Smith
Benson	Eastlund	Hortman	Loon	Paymar	Solberg
Bigham	Eken	Hosch	Mack	Pelowski	Sterner
Bly	Emmer	Howes	Magnus	Peppin	Swails
Brod	Falk	Huntley	Mahoney	Persell	Thissen
Brown	Faust	Jackson	Mariani	Peterson	Tillberry
Brynaert	Fritz	Johnson	Marquart	Poppe	Torkelson
Bunn	Gardner	Juhnke	Masin	Reinert	Urdahl
Carlson	Garofalo	Kahn	McFarlane	Rosenthal	Wagenius
Champion	Gottwalt	Kalin	McNamara	Rukavina	Ward
Clark	Greiling	Kath	Morgan	Ruud	Welti
Cornish	Gunther	Kelly	Morrow	Sailer	Westrom
Davids	Hackbarth	Kiffmeyer	Mullery	Sanders	Winkler
Davnie	Hamilton	Knuth	Murdock	Scalze	Zellers
Dean	Hansen	Koenen	Murphy, E.	Scott	Spk. Kelliher
Demmer	Hausman	Laine	Murphy, M.	Seifert	

Those who voted in the negative were:

Buesgens Thao

The motion prevailed and the amendment, as amended, was adopted.

Holberg moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 43, line 14, after the period, insert "Before utilizing any part of this appropriation for final design or construction of a transit capital improvement project, the Metropolitan Council shall identify the sources for payment of anticipated project operating costs that remain after use of operating revenues and federal money. The Metropolitan Council shall submit to the legislative committees and divisions having jurisdiction over transportation policy and finance the proposed sources for payment of anticipated project operating costs before utilizing this appropriation."

A roll call was requested and properly seconded.

The question was taken on Holberg amendment and the roll was called. There were 50 yeas and 83 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Garofalo	Kelly	Nornes	Torkelson
Anderson, B.	Demmer	Gottwalt	Kiffmeyer	Peppin	Urdahl
Anderson, P.	Dettmer	Gunther	Lanning	Sanders	Welti
Anderson, S.	Doepke	Hackbarth	Loon	Scott	Westrom
Beard	Doty	Hamilton	Mack	Seifert	Zellers
Brod	Downey	Holberg	Magnus	Severson	
Buesgens	Draskowski	Hoppe	McFarlane	Shimanski	
Cornish	Eastlund	Howes	McNamara	Smith	
Davids	Emmer	Jackson	Murdock	Sterner	

Those who voted in the negative were:

Anzelc	Eken	Hosch	Lillie	Obermueller	Sertich
Atkins	Falk	Huntley	Loeffler	Olin	Simon
Benson	Faust	Johnson	Mahoney	Otremba	Slawik
Bigham	Fritz	Juhnke	Mariani	Paymar	Slocum
Bly	Gardner	Kahn	Marquart	Pelowski	Solberg
Brown	Greiling	Kalin	Masin	Persell	Swails
Brynaert	Hansen	Kath	Morgan	Peterson	Thao
Bunn	Hausman	Knuth	Morrow	Poppe	Thissen
Carlson	Haws	Koenen	Mullery	Reinert	Tillberry
Champion	Hayden	Laine	Murphy, E.	Rosenthal	Wagenius
Clark	Hilstrom	Lenczewski	Murphy, M.	Rukavina	Ward
Davnie	Hilty	Lesch	Nelson	Ruud	Winkler
Dill	Hornstein	Liebling	Newton	Sailer	Spk. Kelliher
Dittrich	Hortman	Lieder	Norton	Scalze	

The motion did not prevail and the amendment was not adopted.

The Speaker called Juhnke to the Chair.

Emmer moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 64, line 15, before "solar" insert "cost effective"

Page 66, line 3, before "achieve" insert "cost-effectively"

A roll call was requested and properly seconded.

The question was taken on the Emmer amendment and the roll was called. There were 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, S.	Beard	Bly	Brynaert	Carlson
Anderson, B.	Anzelc	Benson	Brod	Buesgens	Champion
Anderson, P.	Atkins	Bigham	Brown	Bunn	Clark

Cornish	Gottwalt	Juhnke	Mariani	Peppin	Solberg
Davids	Greiling	Kahn	Marquart	Persell	Sterner
Davnie	Gunther	Kalin	Masin	Peterson	Swails
Dean	Hackbarth	Kath	McFarlane	Poppe	Thao
Demmer	Hamilton	Kelly	McNamara	Reinert	Thissen
Dettmer	Hansen	Kiffmeyer	Morgan	Rosenthal	Tillberry
Dill	Hausman	Knuth	Morrow	Rukavina	Torkelson
Dittrich	Haws	Koenen	Mullery	Ruud	Urdahl
Doepke	Hayden	Laine	Murdock	Sailer	Wagenius
Doty	Hilstrom	Lanning	Murphy, E.	Sanders	Ward
Downey	Hilty	Lenczewski	Murphy, M.	Scalze	Welti
Drazkowski	Holberg	Lesch	Nelson	Scott	Westrom
Eastlund	Hoppe	Liebling	Newton	Seifert	Winkler
Eken	Hornstein	Lieder	Nornes	Sertich	Zellers
Emmer	Hortman	Lillie	Norton	Severson	Spk. Kelliher
Falk	Hosch	Loeffler	Obermueller	Shimanski	
Faust	Howes	Loon	Olin	Simon	
Fritz	Huntley	Mack	Otremba	Slawik	
Gardner	Jackson	Magnus	Paymar	Slocum	
Garofalo	Johnson	Mahoney	Pelowski	Smith	

The motion prevailed and the amendment was adopted.

Anderson, S., moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 3, line 7, delete "40,000,000" and insert "66,123,500"

Page 3, line 11, before "Folwell" insert "(a)"

Page 3, after line 15, insert:

"**(b) Physics and Nanotechnology** 53,333,000

To predesign, design, construct, furnish and equip a building to house the research branch of the physics program and the Center for Nanostructure Applications."

Page 5, line 5, delete "60,000,000" and insert "86,123,500"

Page 9, after line 16, insert:

"**(a) Classroom Renovation Design** 987,000

To design the construction of an addition to Plaza Hall and the renovation of Memorial Hall and Plaza Hall."

Page 9, after line 17, before "Workforce" insert "(b)"

Page 11, after line 11, insert:

"**(c) Property Acquisition** 7,300,000

To acquire real property adjacent to the state college and university campuses or within the boundaries of the campus master plan. This appropriation may be used at Bemidji State University and Minneapolis Community and Technical College.

(d) Technical College Library Initiative

3,448,000

To design, renovate, furnish, and equip libraries at technical colleges statewide. Campuses may use internal and nonstate funds to increase the size of the projects. This appropriation may be used at the following campuses: Anoka Technical College; Central Lakes College, Staples; Minnesota State Community and Technical College, Wadena; Minnesota West Community and Technical College, Canby and Pipestone; Riverland Community College, Albert Lea; St. Cloud Technical College; and Saint Paul College."

Page 49, line 18, delete "2,000,000" and insert "3,000,000"

Page 53, delete subdivisions 5 and 7

Page 54, delete subdivisions 8, 9 and 11

Page 55, delete subdivisions 12 and 13

Renumber the subdivisions in sequence

Page 62, after line 20, insert:

"Subd. 27. **Minnesota Planetarium.** The \$22,000,000 appropriation in Laws 2005, chapter 20, article 1, section 23, subdivision 16, paragraph (a), as amended by Laws 2008, chapter 179, section 58, and Laws 2009, chapter 93, article 1, section 30, for the Minnesota Planetarium, is canceled. The bond sale authorization in Laws 2005, chapter 20, article 1, section 28, subdivision 1, as amended by Laws 2008, chapter 179, section 28, is reduced by \$22,000,000."

Renumber the subdivisions in sequence

Renumber the sections in sequence and correct the internal references

Correct section totals and the appropriation summaries

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Anderson, S., amendment and the roll was called. There were 51 yeas and 82 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, S.	Brod	Dean	Doepke	Eastlund
Anderson, B.	Beard	Buesgens	Demmer	Downey	Emmer
Anderson, P.	Benson	Cornish	Dettmer	Drazkowski	Faust

Garofalo	Hoppe	Loon	Nornes	Seifert	Urdahl
Gottwalt	Kalin	Mack	Peppin	Severson	Westrom
Gunther	Kath	Magnus	Peterson	Shimanski	Zellers
Hackbarth	Kelly	McFarlane	Rosenthal	Smith	
Hamilton	Kiffmeyer	McNamara	Sanders	Sterner	
Holberg	Lanning	Murdock	Scott	Torkelson	

Those who voted in the negative were:

Anzelc	Doty	Hosch	Lillie	Obermueller	Slawik
Atkins	Eken	Howes	Loeffler	Olin	Slocum
Bigham	Falk	Huntley	Mahoney	Otremba	Solberg
Bly	Fritz	Jackson	Mariani	Paymar	Swails
Brown	Gardner	Johnson	Marquart	Pelowski	Thao
Brynaert	Greiling	Juhnke	Masin	Persell	Thissen
Bunn	Hansen	Kahn	Morgan	Poppe	Tillberry
Carlson	Hausman	Knuth	Morrow	Reinert	Wagenius
Champion	Haws	Koenen	Mullery	Rukavina	Ward
Clark	Hayden	Laine	Murphy, E.	Ruud	Welti
Davids	Hilstrom	Lenczewski	Murphy, M.	Sailer	Winkler
Davnie	Hilty	Lesch	Nelson	Scalze	Spk. Kelliher
Dill	Hornstein	Liebling	Newton	Sertich	
Dittrich	Hortman	Lieder	Norton	Simon	

The motion did not prevail and the amendment was not adopted.

Dean moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 83, after line 25, insert:

"Sec. 62. **CANCELLATION IN TWO YEARS.**

The cancellation report submitted January 1, 2012, under Minnesota Statutes, section 16A.642, must include all capital appropriations made in this act that meet the criteria for, and with the effect of, inclusion in the report, but without regard to when the appropriation was made."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Dean amendment and the roll was called. There were 48 yeas and 85 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, S.	Brod	Dean	Doepke	Eastlund
Anderson, B.	Beard	Buesgens	Demmer	Downey	Emmer
Anderson, P.	Bigham	Cornish	Dettmer	Drazkowski	Garofalo

Gottwalt	Hoppe	Mack	Nornes	Scott	Sterner
Gunther	Kelly	Magnus	Otremba	Seifert	Torkelson
Hackbarth	Kiffmeyer	McFarlane	Peppin	Severson	Urdahl
Hamilton	Lanning	McNamara	Reinert	Shimanski	Westrom
Holberg	Loon	Murdock	Sanders	Smith	Zellers

Those who voted in the negative were:

Anzelc	Eken	Howes	Lillie	Olin	Solberg
Atkins	Falk	Huntley	Loeffler	Paymar	Swails
Benson	Faust	Jackson	Mahoney	Pelowski	Thao
Bly	Fritz	Johnson	Mariani	Persell	Thissen
Brown	Gardner	Juhnke	Marquart	Peterson	Tillberry
Brynaert	Greiling	Kahn	Masin	Poppe	Wagenius
Bunn	Hansen	Kalin	Morgan	Rosenthal	Ward
Carlson	Hausman	Kath	Morrow	Rukavina	Welti
Champion	Haws	Knuth	Mullery	Ruud	Winkler
Clark	Hayden	Koenen	Murphy, E.	Sailer	Spk. Kelliher
Davids	Hilstrom	Laine	Murphy, M.	Scalze	
Davnie	Hilty	Lenczewski	Nelson	Sertich	
Dill	Hornstein	Lesch	Newton	Simon	
Dittrich	Hortman	Liebling	Norton	Slawik	
Doty	Hosch	Lieder	Obermueller	Slocum	

The motion did not prevail and the amendment was not adopted.

McNamara moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 16, line 10, delete "1,000,000" and insert "20,315,000"

Page 18, after line 15, insert:

"Subd. 6. **Wildlife Management Areas**

8,000,000

To acquire land for wildlife management area purposes, as provided in Minnesota Statutes, section 86A.05, subdivision 8, and for improvements of a capital nature to develop, protect, or improve habitat and facilities on wildlife management areas."

Renumber the subdivisions in sequence

Page 53, delete subdivisions 5 and 7

Page 54, delete subdivisions 8, 9 and 11

Page 55, delete subdivisions 12 and 13

Renumber the subdivisions in sequence

Page 85, line 3, delete "50,000,000" and insert "100,000,000"

Page 86, line 31, delete "30,000,000" and insert "50,000,000"

Renumber the sections in sequence and correct the internal references

Correct section totals, the appropriation summaries, and bond sale authorizations

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the McNamara amendment and the roll was called. There were 42 yeas and 91 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Fritz	Hoppe	Marquart	Sanders
Anderson, P.	Dill	Garofalo	Kath	McFarlane	Seifert
Anderson, S.	Doepke	Gottwalt	Kelly	McNamara	Smith
Beard	Doty	Gunther	Lanning	Murdock	Torkelson
Bly	Downey	Hackbarth	Loon	Nornes	Urdahl
Brod	Drazkowski	Hamilton	Mack	Olin	Westrom
Cornish	Faust	Holberg	Magnus	Otremba	Zellers

Those who voted in the negative were:

Anderson, B.	Dittrich	Howes	Loeffler	Persell	Solberg
Anzelc	Eastlund	Huntley	Mahoney	Peterson	Sterner
Atkins	Eken	Jackson	Mariani	Poppe	Swails
Benson	Emmer	Johnson	Masin	Reinert	Thao
Bigham	Falk	Juhnke	Morgan	Rosenthal	Thissen
Brown	Gardner	Kahn	Morrow	Rukavina	Tillberry
Brynaert	Greiling	Kalin	Mullery	Ruud	Wagenius
Buesgens	Hansen	Kiffmeyer	Murphy, E.	Sailer	Ward
Bunn	Hausman	Knuth	Murphy, M.	Scalze	Welti
Carlson	Haws	Koenen	Nelson	Scott	Winkler
Champion	Hayden	Laine	Newton	Sertich	Spk. Kelliher
Clark	Hilstrom	Lenczewski	Norton	Severson	
Davids	Hilty	Lesch	Obermueller	Shimanski	
Davnie	Hornstein	Liebling	Paymar	Simon	
Demmer	Hortman	Lieder	Pelowski	Slawik	
Dettmer	Hosch	Lillie	Peppin	Slocum	

The motion did not prevail and the amendment was not adopted.

Downey moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 89, after line 9, insert:

"ARTICLE 3

PROJECT SAVINGS

Section 1. APPROPRIATION REDUCTIONS.

Subdivision 1. Findings. The legislature finds that in the current competitive economic conditions and with the application of value engineering principles the state of Minnesota will recognize cost savings from the capital projects in article 1 and article 2 of at least ten percent.

Subd. 2. Reductions. Each appropriation from the bond proceeds fund in articles 1 and 2 is reduced by ten percent. The bond authorization amounts in article 1 and article 2 are reduced by ten percent and the bond sale schedule in article 1, section 59 is adjusted accordingly.

Subd. 3. Report. By January 15, 2011 and January 15, 2012, the commissioner of Minnesota Management and Budget must report to the committees of the legislature responsible for capital investment on the impact of the reductions in subdivision 2 on the projects funded in article 1 and article 2. The commissioner must identify the extent of savings achieved through competitive bidding. The commissioner must also report on any projects that have been unable to proceed with an explanation of the reasons why the projects have not progressed. The commissioner must make recommendations on cancellation of projects that have not progressed.

EFFECTIVE DATE. This section is effective the day following final enactment."

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Downey amendment and the roll was called. There were 44 yeas and 89 nays as follows:

Those who voted in the affirmative were:

Anderson, B.	Demmer	Gottwalt	Loon	Peppin	Torkelson
Anderson, P.	Dettmer	Gunther	Mack	Peterson	Urdahl
Anderson, S.	Doepke	Hackbarth	Magnus	Sanders	Westrom
Beard	Downey	Hamilton	McFarlane	Scott	Zellers
Brod	Drazkowski	Holberg	McNamara	Seifert	
Buesgens	Eastlund	Hoppe	Murdock	Severson	
Cornish	Emmer	Kelly	Nornes	Shimanski	
Dean	Garofalo	Kiffmeyer	Otremba	Smith	

Those who voted in the negative were:

Abeler	Dittrich	Hortman	Lesch	Newton	Simon
Anzelc	Doty	Hosch	Liebling	Norton	Slawik
Atkins	Eken	Howes	Lieder	Obermueller	Slocum
Benson	Falk	Huntley	Lillie	Olin	Solberg
Bigham	Faust	Jackson	Loeffler	Paymar	Sterner
Bly	Fritz	Johnson	Mahoney	Pelowski	Swails
Brown	Gardner	Juhnke	Mariani	Persell	Thao
Brynaert	Greiling	Kahn	Marquart	Poppe	Thissen
Bunn	Hansen	Kalin	Masin	Reinert	Tillbery
Carlson	Hausman	Kath	Morgan	Rosenthal	Wagenius
Champion	Haws	Knuth	Morrow	Rukavina	Ward
Clark	Hayden	Koenen	Mullery	Ruud	Welti
Davids	Hilstrom	Laine	Murphy, E.	Sailer	Winkler
Davnie	Hilty	Lanning	Murphy, M.	Scalze	Spk. Kelliher
Dill	Hornstein	Lenczewski	Nelson	Sertich	

The motion did not prevail and the amendment was not adopted.

Emmer moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 83, after line 25, insert:

"Sec. 62. **E-VERIFY USE REQUIRED.**

Any person or entity using money appropriated in this act must use the federal electronic work verification program known as E-Verify in hiring any person for work on a project paid for in part or in whole with money appropriated in this act. This applies to hires made on or after the effective date of this section."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Sertich moved to amend the Emmer amendment to H. F. No. 2700, the second engrossment, as amended, as follows:

Page 1, line 3, delete "**REQUIRED**"

Page 1, line 4, delete "must" and insert "may"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 50 yeas and 83 nays as follows:

Those who voted in the affirmative were:

Anzelc	Dill	Hornstein	Mariani	Reinert	Tillberry
Atkins	Eken	Johnson	Masin	Rukavina	Wagenius
Bigham	Fritz	Kahn	Mullery	Ruud	Ward
Bly	Greiling	Knuth	Murphy, E.	Sailer	Winkler
Brynaert	Hausman	Laine	Murphy, M.	Sertich	Spk. Kelliher
Carlson	Haws	Liebling	Newton	Simon	
Champion	Hayden	Lieder	Norton	Slocum	
Clark	Hilstrom	Lillie	Obermueller	Thao	
Davnie	Hilty	Loeffler	Paymar	Thissen	

Those who voted in the negative were:

Abeler	Brown	Detmer	Emmer	Hackbarth	Howes
Anderson, B.	Buesgens	Dittrich	Falk	Hamilton	Huntley
Anderson, P.	Bunn	Doepke	Faust	Hansen	Jackson
Anderson, S.	Cornish	Doty	Gardner	Holberg	Juhnke
Beard	Dauids	Downey	Garofalo	Hoppe	Kalin
Benson	Dean	Drazkowski	Gottwalt	Hortman	Kath
Brod	Demmer	Eastlund	Gunther	Hosch	Kelly

Kiffmeyer	Magnus	Murdock	Persell	Seifert	Swails
Koenen	Mahoney	Nelson	Peterson	Severson	Torkelson
Lanning	Marquart	Nornes	Poppe	Shimanski	Urdahl
Lenczewski	McFarlane	Olin	Rosenthal	Slawik	Welti
Lesch	McNamara	Otremba	Sanders	Smith	Westrom
Loon	Morgan	Pelowski	Scalze	Solberg	Zellers
Mack	Morrow	Peppin	Scott	Sterner	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Emmer amendment and the roll was called. There were 107 yeas and 25 nays as follows:

Those who voted in the affirmative were:

Abeler	Demmer	Hackbarth	Knuth	Murphy, M.	Scott
Anderson, B.	Dettmer	Hamilton	Koenen	Newton	Seifert
Anderson, P.	Dill	Hansen	Lanning	Nornes	Severson
Anderson, S.	Dittrich	Haws	Lenczewski	Norton	Shimanski
Anzelc	Doepke	Hilstrom	Lesch	Obermueller	Simon
Atkins	Doty	Hilty	Liebling	Olin	Slawik
Beard	Downey	Holberg	Lieder	Otremba	Smith
Benson	Drazkowski	Hoppe	Lillie	Pelowski	Solberg
Bigham	Eastlund	Hornstein	Loon	Peppin	Sterner
Brod	Eken	Hortman	Mack	Persell	Swails
Brown	Emmer	Hosch	Magnus	Peterson	Torkelson
Brynaert	Falk	Howes	Marquart	Poppe	Urdahl
Buesgens	Faust	Jackson	Masin	Reinert	Ward
Bunn	Fritz	Juhnke	McFarlane	Rosenthal	Welti
Carlson	Gardner	Kalin	McNamara	Ruud	Westrom
Cornish	Garofalo	Kath	Morgan	Sailer	Zellers
Davids	Gottwalt	Kelly	Morrow	Sanders	Spk. Kelliher
Dean	Gunther	Kiffmeyer	Murdock	Scalze	

Those who voted in the negative were:

Bly	Hausman	Laine	Murphy, E.	Thao
Champion	Hayden	Loeffler	Nelson	Thissen
Clark	Huntley	Mahoney	Rukavina	Tillberry
Davnie	Johnson	Mariani	Sertich	Wagenius
Greiling	Kahn	Mullery	Slocum	Winkler

The motion prevailed and the amendment was adopted.

Downey moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 83, after line 9, insert:

"Sec. 61. RETURN ON INVESTMENT ANALYSIS.

The commissioner of Minnesota Management and Budget and the state economist, with the approval of the governor, in conjunction with the committees of the legislature responsible for capital investment shall develop before July 1, 2011, a return on investment analysis format to be required of all requests for appropriations from the state bond fund after June 30, 2011. The return on investment analysis format shall require at least the following elements for each request:

(1) a comprehensive description of the statewide value of the project, including (i) both subjective and objective benefits, (ii) measurable outcomes over a ten-year period, and (iii) the process by which the planned and actual benefits and measurable outcomes will be reported annually to the state and the public for ten years following the appropriation;

(2) a ten-year total cost of ownership for all costs related to acquisition, construction, maintenance, and ongoing operations of a project including all related costs for staffing, administration, promotion, support services, and outside funding sources;

(3) a ten-year total revenue projection including detailed models of usage, per-unit revenues and unit volumes by year including a low, expected, and high projections of revenue;

(4) the projected ten-year total net financial surplus or loss for the project;

(5) an optional schedule for payback of the bonding cost to the state; and

(6) the net jobs impact to the state including (i) a ten-year schedule of jobs created by the project and (ii) a ten-year schedule showing the opportunity cost of jobs not otherwise created in the broader economy due to the capital consumed by the bonding amount not being available in other areas of the economy."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Downey amendment and the roll was called. There were 45 yeas and 88 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean	Garofalo	Kiffmeyer	Peppin	Sterner
Anderson, B.	Demmer	Gottwalt	Loon	Rosenthal	Torkelson
Anderson, P.	Dettmer	Gunther	Mack	Sanders	Urdahl
Anderson, S.	Doepke	Hackbarth	Magnus	Scott	Westrom
Beard	Downey	Hamilton	McFarlane	Seifert	Zellers
Brod	Drazkowski	Holberg	Murdock	Severson	
Buesgens	Eastlund	Hoppe	Nornes	Shimanski	
Cornish	Emmer	Kelly	Otremba	Smith	

Those who voted in the negative were:

Anzelc	Bigham	Brynaert	Champion	Davnie	Doty
Atkins	Bly	Bunn	Clark	Dill	Eken
Benson	Brown	Carlson	Davids	Dittrich	Falk

Faust	Hosch	Lanning	Morgan	Persell	Solberg
Fritz	Howes	Lenczewski	Morrow	Peterson	Swails
Gardner	Huntley	Lesch	Mullery	Poppe	Thao
Greiling	Jackson	Liebling	Murphy, E.	Reinert	Thissen
Hansen	Johnson	Lieder	Murphy, M.	Rukavina	Tillberry
Hausman	Juhnke	Lillie	Nelson	Ruud	Wagenius
Haws	Kahn	Loeffler	Newton	Sailer	Ward
Hayden	Kalin	Mahoney	Norton	Scalze	Welti
Hilstrom	Kath	Mariani	Obermueller	Sertich	Winkler
Hilty	Knuth	Marquart	Olin	Simon	Spk. Kelliher
Hornstein	Koenen	Masin	Paymar	Slawik	
Hortman	Laine	McNamara	Pelowski	Slocum	

The motion did not prevail and the amendment was not adopted.

Westrom, Falk, Seifert and Anderson, P., moved to amend H. F. No. 2700, the second engrossment, as amended, as follows:

Page 1 of the Hausman et al amendment, adopted earlier today, delete lines 2 to 14 and insert:

"Page 51, after line 3, insert:

"Subd. 4. **Offender Transfer** 500,000

(a) To the commissioner of corrections for acquisition of land and construction of a transfer structure at the privately owned and operated medium security facility under paragraph (c).

(b) By January 1, 2011, the commissioner of corrections shall transfer custody and control of the Minnesota correctional facility - Moose Lake to the commissioner of human services. The commissioner of human services shall use the facility to house persons participating in the Minnesota sex offender program.

(c) No later than December 31, 2010, the commissioner of corrections shall transfer offenders housed at the Minnesota correctional facility - Moose Lake to a privately owned and operated medium security facility within the state."

Renumber the subdivisions in sequence"

A roll call was requested and properly seconded.

The question was taken on the Westrom et al amendment and the roll was called. There were 49 yeas and 84 nays as follows:

Those who voted in the affirmative were:

Anderson, B.	Beard	Dauids	Dettmer	Downey	Eken
Anderson, P.	Brod	Dean	Doepke	Drazkowski	Emmer
Anderson, S.	Buesgens	Demmer	Doty	Eastlund	Falk

Garofalo	Hoppe	Loon	Nornes	Seifert	Zellers
Gottwalt	Juhnke	Mack	Otremba	Severson	
Gunther	Kelly	Magnus	Peppin	Shimanski	
Hackbarth	Kiffmeyer	McFarlane	Peterson	Torkelson	
Hamilton	Koenen	McNamara	Sanders	Urdahl	
Holberg	Lanning	Murdock	Scott	Westrom	

Those who voted in the negative were:

Abeler	Dill	Hosch	Lillie	Obermueller	Slawik
Anzelc	Dittrich	Howes	Loeffler	Olin	Slocum
Atkins	Faust	Huntley	Mahoney	Paymar	Smith
Benson	Fritz	Jackson	Mariani	Pelowski	Solberg
Bigham	Gardner	Johnson	Marquart	Persell	Sterner
Bly	Greiling	Kahn	Masin	Poppe	Swails
Brown	Hansen	Kalin	Morgan	Reinert	Thao
Brynaert	Hausman	Kath	Morrow	Rosenthal	Thissen
Bunn	Haws	Knuth	Mullery	Rukavina	Tillberry
Carlson	Hayden	Laine	Murphy, E.	Ruud	Wagenius
Champion	Hilstrom	Lenczewski	Murphy, M.	Sailer	Ward
Clark	Hilty	Lesch	Nelson	Scalze	Welti
Cornish	Hornstein	Liebling	Newton	Sertich	Winkler
Davnie	Hortman	Lieder	Norton	Simon	Spk. Kelliher

The motion did not prevail and the amendment was not adopted.

The Speaker resumed the Chair.

PREVIOUS QUESTION

Sertich moved the previous question and the motion was properly seconded.

A roll call was requested and properly seconded.

The question was taken on the Sertich motion for the previous question and the roll was called. There were 87 yeas and 43 nays as follows:

Those who voted in the affirmative were:

Anzelc	Dill	Hayden	Kath	Mariani	Olin
Atkins	Dittrich	Hilstrom	Knuth	Marquart	Paymar
Benson	Doty	Hilty	Koenen	Masin	Pelowski
Bigham	Eken	Hornstein	Laine	Morgan	Persell
Bly	Falk	Hortman	Lenczewski	Morrow	Peterson
Brown	Faust	Hosch	Lesch	Mullery	Poppe
Brynaert	Fritz	Huntley	Liebling	Murphy, E.	Reinert
Bunn	Gardner	Jackson	Lieder	Murphy, M.	Rosenthal
Carlson	Greiling	Johnson	Lillie	Nelson	Rukavina
Champion	Hansen	Juhnke	Loeffler	Newton	Ruud
Clark	Hausman	Kahn	Magnus	Norton	Sailer
Davnie	Haws	Kalin	Mahoney	Obermueller	Scalze

Sertich	Slocum	Swails	Tillberry	Walti
Simon	Solberg	Thao	Wagenius	Winkler
Slawik	Sterner	Thissen	Ward	Spk. Kelliher

Those who voted in the negative were:

Abeler	Davids	Emmer	Kiffmeyer	Otremba	Urdahl
Anderson, B.	Dean	Garofalo	Lanning	Peppin	Westrom
Anderson, P.	Demmer	Gottwalt	Loon	Sanders	Zellers
Anderson, S.	Dettmer	Gunther	Mack	Scott	
Beard	Doepke	Hackbarth	McFarlane	Seifert	
Brod	Downey	Hamilton	McNamara	Shimanski	
Buesgens	Drazkowski	Howes	Murdock	Smith	
Cornish	Eastlund	Kelly	Nornes	Torkelson	

The motion prevailed and the previous question was so ordered.

H. F. No. 2700, as amended, was read for the third time.

CALL OF THE HOUSE

On the motion of Zellers and on the demand of 10 members, a call of the House was ordered. The following members answered to their names:

Abeler	Demmer	Haws	Lanning	Nelson	Shimanski
Anderson, B.	Dettmer	Hayden	Lenczewski	Newton	Simon
Anderson, P.	Dill	Hilstrom	Lesch	Nornes	Slawik
Anderson, S.	Dittrich	Hilty	Liebling	Norton	Slocum
Anzelc	Doepke	Holberg	Lieder	Obermueller	Smith
Atkins	Doty	Hoppe	Lillie	Olin	Solberg
Beard	Downey	Hornstein	Loeffler	Otremba	Sterner
Benson	Drazkowski	Hortman	Loon	Paymar	Swails
Bigham	Eastlund	Hosch	Mack	Pelowski	Thao
Bly	Eken	Howes	Magnus	Peppin	Thissen
Brod	Falk	Huntley	Mahoney	Persell	Tillberry
Brown	Faust	Jackson	Mariani	Peterson	Torkelson
Brynaert	Fritz	Johnson	Marquart	Poppe	Urdahl
Buesgens	Gardner	Juhnke	Masin	Reinert	Wagenius
Bunn	Garofalo	Kahn	McFarlane	Rosenthal	Ward
Carlson	Gottwalt	Kalin	McNamara	Rukavina	Walti
Champion	Greiling	Kath	Morgan	Ruud	Westrom
Clark	Gunther	Kelly	Morrow	Sailer	Winkler
Cornish	Hackbarth	Kiffmeyer	Mullery	Scalze	Zellers
Davids	Hamilton	Knuth	Murdock	Scott	Spk. Kelliher
Davnie	Hansen	Koenen	Murphy, E.	Seifert	
Dean	Hausman	Laine	Murphy, M.	Sertich	

Sertich moved that further proceedings of the roll call be suspended and that the Sergeant at Arms be instructed to bring in the absentees. The motion prevailed and it was so ordered.

H. F. No. 2700, A bill for an act relating to capital improvements; authorizing spending to acquire and better public land and buildings and other improvements of a capital nature with certain conditions; establishing new programs and modifying existing programs; authorizing the sale and issuance of state bonds; cancelling and

modifying previous appropriations; appropriating money; amending Minnesota Statutes 2008, sections 16A.105; 16A.501; 16A.66, subdivision 2; 103F.161, subdivision 3; 103F.515, by adding a subdivision; 116J.435, as amended; 174.50, subdivisions 6, 7; 256E.37, subdivisions 1, 2; Minnesota Statutes 2009 Supplement, sections 16A.647, subdivisions 1, 5; 16A.86, subdivision 3a; Laws 2005, chapter 20, article 1, sections 19, subdivision 4; 23, subdivision 12, as amended; Laws 2006, chapter 258, sections 5, subdivision 3; 8, subdivision 4; 17, subdivision 5; 21, subdivision 14, as amended; Laws 2008, chapter 152, article 2, section 3, subdivision 2; Laws 2008, chapter 179, sections 5, subdivision 4; 7, subdivisions 8, 27; 21, subdivision 9; Laws 2008, chapter 365, sections 4, subdivision 3; 5, subdivision 2; 24, subdivision 2; 25; Laws 2009, chapter 93, article 1, sections 11, subdivision 5; 20; proposing coding for new law in Minnesota Statutes, chapters 16A; 16B; repealing Laws 2009, chapter 93, article 1, section 45.

The bill, as amended, was placed upon its final passage.

The question was taken on the passage of the bill and the roll was called.

Sertich moved that those not voting be excused from voting. The motion prevailed.

There were 92 yeas and 37 nays as follows:

Those who voted in the affirmative were:

Abeler	Dittrich	Hosch	Lillie	Olin	Slocum
Anderson, P.	Doty	Howes	Loeffler	Otremba	Solberg
Anzelc	Eken	Huntley	Mahoney	Paymar	Sterner
Atkins	Falk	Jackson	Mariani	Pelowski	Swails
Benson	Faust	Johnson	Marquart	Persell	Thao
Bigham	Fritz	Juhnke	Masin	Peterson	Thissen
Bly	Gardner	Kahn	Morgan	Poppe	Tillberry
Brown	Greiling	Kalin	Morrow	Reinert	Wagenius
Brynaert	Hansen	Knuth	Mullery	Rosenthal	Ward
Bunn	Hausman	Koenen	Murphy, E.	Rukavina	Welti
Carlson	Haws	Laine	Murphy, M.	Ruud	Winkler
Champion	Hayden	Lanning	Nelson	Sailer	Spk. Kelliher
Clark	Hilstrom	Lenczewski	Newton	Scalze	
Davids	Hilty	Lesch	Nornes	Sertich	
Davnie	Hornstein	Liebling	Norton	Simon	
Dill	Hortman	Lieder	Obermueller	Slawik	

Those who voted in the negative were:

Anderson, B.	Dettmer	Gottwalt	Loon	Sanders	Urdahl
Anderson, S.	Doepke	Gunther	Mack	Scott	Zellers
Beard	Downey	Hamilton	Magnus	Seifert	
Brod	Drazkowski	Hoppe	McFarlane	Severson	
Buesgens	Eastlund	Kath	McNamara	Shimanski	
Dean	Emmer	Kelly	Murdock	Smith	
Demmer	Garofalo	Kiffmeyer	Peppin	Torkelson	

The bill was passed, as amended, and its title agreed to.

ADJOURNMENT

Sertich moved that when the House adjourns today it adjourn until 12:00 noon, Tuesday, February 16, 2010. The motion prevailed.

Sertich moved that the House adjourn.

A roll call was requested and properly seconded.

The question was taken on the Sertich motion and the roll was called.

Sertich moved that those not voting be excused from voting. The motion prevailed.

There were 87 yeas and 40 nays as follows:

Those who voted in the affirmative were:

Anzelc	Doty	Hosch	Lillie	Otremba	Slocum
Atkins	Eken	Huntley	Loeffler	Paymar	Solberg
Beard	Falk	Jackson	Mahoney	Pelowski	Sterner
Benson	Faust	Johnson	Mariani	Persell	Swails
Bigham	Fritz	Juhnke	Marquart	Peterson	Thao
Bly	Gardner	Kahn	Masin	Poppe	Thissen
Brown	Greiling	Kalin	Morgan	Reinert	Tillberry
Brynaert	Hansen	Kath	Morrow	Rosenthal	Wagenius
Bunn	Hausman	Knuth	Mullery	Rukavina	Ward
Carlson	Haws	Koenen	Murphy, E.	Ruud	Welti
Champion	Hayden	Laine	Murphy, M.	Sailer	Winkler
Clark	Hilstrom	Lenczewski	Nelson	Scalze	Spk. Kelliher
Davnie	Hilty	Lesch	Newton	Sertich	
Dill	Hornstein	Liebling	Norton	Simon	
Dittrich	Hortman	Lieder	Olin	Slawik	

Those who voted in the negative were:

Abeler	Dean	Garofalo	Kiffmeyer	Murdock	Smith
Anderson, B.	Demmer	Gottwalt	Lanning	Nornes	Torkelson
Anderson, P.	Dettmer	Gunther	Loon	Obermueller	Urdahl
Anderson, S.	Doepke	Hamilton	Mack	Peppin	Westrom
Brod	Downey	Holberg	Magnus	Sanders	Zellers
Cornish	Drazkowski	Howes	McFarlane	Scott	
Davids	Eastlund	Kelly	McNamara	Seifert	

The motion prevailed, and the Speaker declared the House stands adjourned until 12:00 noon, Tuesday, February 16, 2010.

ALBIN A. MATHIOWETZ, Chief Clerk, House of Representatives