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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 973

02/17/2025

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The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to mental health; modifying emergency mental health services; eliminating

1.3 co-payments, coinsurance, and deductibles for mobile crisis intervention;

1.4 appropriating money; amending Minnesota Statutes 2024, sections 245.469;

1.5 256L.03, subdivision 5.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2024, section 245.469, is amended to read:

1.8 **245.469 EMERGENCY SERVICES.**

1.9 Subdivision 1. **Availability of emergency services.** (a) County boards must provide or

1.10 contract for enough emergency services within the county to meet the needs of adults,

1.11 children, and families in the county who are experiencing an emotional crisis or mental

1.12 illness. Clients must not be charged for services provided. Emergency service providers

1.13 must ~~not delay the timely provision of emergency services to a client because of the~~

1.14 ~~unwillingness or inability of the client to pay for services~~ meet the qualifications under

1.15 section 256B.0624, subdivision 4. Emergency services must include assessment, crisis

1.16 intervention, and appropriate case disposition. Emergency services must:

- 1.17 (1) promote the safety and emotional stability of each client;
- 1.18 (2) minimize further deterioration of each client;
- 1.19 (3) help each client to obtain ongoing care and treatment;
- 1.20 (4) prevent placement in settings that are more intensive, costly, or restrictive than
- 1.21 necessary and appropriate to meet client needs; and

2.1 (5) provide support, psychoeducation, and referrals to each client's family members,
2.2 service providers, and other third parties on behalf of the client in need of emergency
2.3 services.

2.4 (b) If a county provides engagement services under section 253B.041, the county's
2.5 emergency service providers must refer clients to engagement services when the client
2.6 meets the criteria for engagement services.

2.7 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
2.8 providers of emergency services to adults or children with mental illness provide immediate
2.9 direct access to a mental health professional during regular business hours. For evenings,
2.10 weekends, and holidays, the service may be by direct toll-free telephone access to a mental
2.11 health professional, clinical trainee, or mental health practitioner.

2.12 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
2.13 weekend, and holiday service be provided by a mental health professional, clinical trainee,
2.14 or mental health practitioner if the county documents that:

2.15 (1) mental health professionals, clinical trainees, or mental health practitioners are
2.16 unavailable to provide this service;

2.17 (2) services are provided by a designated person with training in human services who
2.18 receives treatment supervision from a mental health professional; and

2.19 (3) the service provider is not also the provider of fire and public safety emergency
2.20 services.

2.21 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
2.22 evening, weekend, and holiday service not be provided by the provider of fire and public
2.23 safety emergency services if:

2.24 (1) every person who will be providing the first telephone contact has received at least
2.25 eight hours of training on emergency mental health services approved by the commissioner;

2.26 (2) every person who will be providing the first telephone contact will annually receive
2.27 at least four hours of continued training on emergency mental health services approved by
2.28 the commissioner;

2.29 (3) the local social service agency has provided public education about available
2.30 emergency mental health services and can assure potential users of emergency services that
2.31 their calls will be handled appropriately;

3.1 (4) the local social service agency agrees to provide the commissioner with accurate
3.2 data on the number of emergency mental health service calls received;

3.3 (5) the local social service agency agrees to monitor the frequency and quality of
3.4 emergency services; and

3.5 (6) the local social service agency describes how it will comply with paragraph (d).

3.6 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
3.7 than a mental health professional, a mental health professional must be available on call for
3.8 an emergency assessment and crisis intervention services, and must be available for at least
3.9 telephone consultation within 30 minutes.

3.10 Subd. 3. **Mental health crisis services.** The commissioner of human services shall
3.11 increase access to mental health crisis services for children and adults. In order to increase
3.12 access, the commissioner must:

3.13 (1) ~~develop a central phone number where calls can be routed to the appropriate crisis~~
3.14 ~~services~~ promote the 988 Lifeline;

3.15 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving
3.16 people with traumatic brain injury or intellectual disabilities who are experiencing a mental
3.17 health crisis;

3.18 (3) expand crisis services across the state, including rural areas of the state and examining
3.19 access per population;

3.20 (4) establish and implement state standards and requirements for crisis services as outlined
3.21 in section 256B.0624; and

3.22 (5) provide grants to adult mental health initiatives, counties, tribes, or community mental
3.23 health providers to establish new mental health crisis residential service capacity.

3.24 Priority will be given to regions that do not have a mental health crisis residential services
3.25 program, do not have an inpatient psychiatric unit within the region, do not have an inpatient
3.26 psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis
3.27 residential or intensive residential treatment beds available to meet the needs of the residents
3.28 in the region. At least 50 percent of the funds must be distributed to programs in rural
3.29 Minnesota. Grant funds may be used for start-up costs, including but not limited to
3.30 renovations, furnishings, and staff training. Grant applications shall provide details on how
3.31 the intended service will address identified needs and shall demonstrate collaboration with
3.32 crisis teams, other mental health providers, hospitals, and police.

4.1 Sec. 2. Minnesota Statutes 2024, section 256L.03, subdivision 5, is amended to read:

4.2 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
4.3 children under the age of 21 and to American Indians as defined in Code of Federal
4.4 Regulations, title 42, section 600.5.

4.5 (b) The commissioner must adjust co-payments, coinsurance, and deductibles for covered
4.6 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
4.7 The cost-sharing changes described in this paragraph do not apply to eligible recipients or
4.8 services exempt from cost-sharing under state law. The cost-sharing changes described in
4.9 this paragraph shall not be implemented prior to January 1, 2016.

4.10 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
4.11 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
4.12 title 42, sections 600.510 and 600.520.

4.13 (d) Cost-sharing for prescription drugs and related medical supplies to treat chronic
4.14 disease must comply with the requirements of section 62Q.481.

4.15 (e) Co-payments, coinsurance, and deductibles do not apply to additional diagnostic
4.16 services or testing that a health care provider determines an enrollee requires after a
4.17 mammogram, as specified under section 62A.30, subdivision 5.

4.18 (f) Cost-sharing must not apply to drugs used for tobacco and nicotine cessation or to
4.19 tobacco and nicotine cessation services covered under section 256B.0625, subdivision 68.

4.20 (g) Co-payments, coinsurance, and deductibles do not apply to pre-exposure prophylaxis
4.21 (PrEP) and postexposure prophylaxis (PEP) medications when used for the prevention or
4.22 treatment of the human immunodeficiency virus (HIV).

4.23 (h) Co-payments, coinsurance, and deductibles do not apply to mobile crisis intervention,
4.24 as defined in section 256B.0624, subdivision 2, paragraph (d).

4.25 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
4.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
4.27 when federal approval is obtained.

4.28 Sec. 3. **APPROPRIATION; MOBILE CRISIS GRANTS.**

4.29 \$..... in fiscal year 2026 and \$..... in fiscal year 2027 are appropriated from the general
4.30 fund to the commissioner of human services for mobile crisis grants under Minnesota
4.31 Statutes, section 245.4661, subdivision 9, paragraph (b), clause (15). Funds may be used

- 5.1 by mobile crisis teams to purchase and renovate vehicles to provide protected transport
- 5.2 under Minnesota Statutes, section 256B.0625, subdivision 17, paragraph (1), clause (6).