Bill Summary

H.F. 2930

As introduced

Subject	Appropriations for Department of Health, health-related licensing boards, and other boards, councils, and ombudspersons
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Overview

This bill appropriates money in fiscal years 2024 and 2025 to the commissioner of health; health-related licensing boards; other boards, councils, and ombudspersons; and the commissioner of revenue. It also modifies existing programs and establishes new programs administered by the Health Department and MNsure, and modifies fees charged by certain health-related licensing boards.

Article 1: Appropriations

This article appropriates money in fiscal years 2024 and 2025 from the named funds to the commissioner of health, health-related licensing boards, Emergency Medical Services Regulatory Board, Council on Disability, Ombudsman for Mental Health and Developmental Disabilities, Ombudsperson for Families, Ombudsperson for American Indian Families, Office of the Foster Youth Ombudsperson, MNsure, Rare Disease Advisory Council, and commissioner of revenue.

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Section	Description - Article 2: Health Department Policy
1	**Health.** Amends § 12A.08, subd. 3. Amends a statute establishing duties for the commissioner of health for communities affected by a natural disaster, to add Tribal nations to the list of entities with which the commissioner may cooperate in implementing this section, and adds Tribal nations to the entities eligible for grants from the commissioner under this section.

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2 **Health care spending growth target commission.**

Adds § 62J.0411. Establishes a Health Care Spending Growth Target Commission to develop and administer a health care spending growth targets program.

Subd. 1. Definitions. Defines terms for this section: commission, commissioner, provider or health care provider, health plan, health plan company, health care system, and hospital.

Subd. 2. Commission membership. Requires the commissioner of health to establish a Health Care Spending Growth Target Commission of 14 members representing the listed entities or with the listed expertise or experience. Requires members to have knowledge or expertise in one of the listed areas. Prohibits a member from participating in commission proceedings in which the member has a direct financial interest.

Subd. 3. Terms. Requires the commissioner to make recommendations for membership, and specifies that commission members shall be appointed by the governor. Requires initial appointments by September 1, 2023, to two-, three-, or four-year terms, and establishes four-year terms for members following initial appointment. Provides the commission is governed by section 15.059, and allows a member to resign at any time.

Subd. 4. Chair; other officers. Directs the governor to annually designate a member to serve as commission chair, and allows the commission to elect a vice-chair and other officers.

Subd. 5. Compensation. Allows commission members to be compensated according to section 15.059 ($55 per day plus expenses).

Subd. 6. Meetings. Provides commission meetings are subject to the open meeting law requirements. Requires the commission to meet monthly until initial targets are established, and at least quarterly thereafter.

Subd. 7. Duties of the commission. Requires the commission to develop the health care spending growth targets program, maintain the program, and report on progress toward targets to the legislature and the public, with the goal of limiting health care spending growth. Lists specific duties, and requires the commission to consider certain information and consult with stakeholders in developing the target program.

Subd. 8. Administration. Requires the commissioner to provide office space, supplies, and analytical staff support to the commission and the technical advisory council.

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Subd. 9. Duties of the commissioner. Requires the commissioner to be responsible for providing administrative and staff support to the commission. Also requires the commissioner to perform the listed duties.

Subd. 10. Reports. Requires the commission to provide the following reports to certain members of the legislative committees with jurisdiction over health care:

- written progress updates by February 15, 2024, and February 15, 2025, on the development and implementation of the health care growth target program; and
- by March 31, 2026, and annually thereafter, a report on health care spending trends subject to health care growth targets.

Allows these reports to be drafted by the commissioner or contractors.

Subd. 11. Access to information. Allows the commission to request that a state agency provide to the commission, publicly available information or unique or custom data sets. Requires any information provided by a state agency to be de-identified, and provides data submitted to the commission must retain its original classification.

Subd. 12. Exemption. Provides the commission does not expire.

3 **Health Care Spending Technical Advisory Council.**

Adds § 62J.0412. Directs the commissioner to appoint a technical advisory council to provide technical advice to the commission on the development and implementation of health care cost growth targets.

Subd. 1. Definitions. Defines terms for this section: council, commission.

Subd. 2. Establishment. Requires the commissioner of health to appoint a 15-member technical advisory council, with members with expertise in one or more of the listed areas, to provide technical advice to the commission.

Subd. 3. Membership. Lists membership for the advisory council.

Subd. 4. Terms. Requires initial appointments by September 30, 2023, requires initial terms to be staggered in length, requires all terms to end September 30, 2027, and provides removal and vacancies of members to be governed by section 15.059.

Subd. 5. Meetings. Requires the advisory council to meet up to six times per year at the request of the commission.

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Subd. 6. Duties. Requires the advisory council to provide technical advice on developing and implementing the health care cost growth targets, provide technical input on data sources, and advise the commission on how to measure impacts on the listed groups.

4 **Identify strategies for reduction of administrative spending and low-value care.**

Adds § 62J.0413. Requires the commissioner of health to develop recommendations for strategies to reduce administrative spending by health care organizations and group purchasers and to reduce low-value care delivered to Minnesota residents, and lists specific actions to develop these recommendations. Requires the commissioner to deliver these recommendations to certain members of the legislature by March 31, 2025.

5 **Payment mechanisms in rural health care.**

Adds § 62J.0414. Requires the commissioner to develop a plan to assess the ability of rural communities and rural health care providers to adopt alternative payment systems and to recommend steps to implement them. Also allows the commissioner to develop recommendations for pilot projects to ensure the financial viability of rural health care systems.

6 **Statewide health care provider directory.**

Adds § 62J.571. Requires the commissioner, in consultation with stakeholders, to assess whether it is feasible to develop, manage, and maintain a statewide electronic directory of health care providers.

7 **Provider balance billing requirements.**

Adds § 62J.811.

Subd. 1. Billing requirements. Requires health care providers and health care facilities to comply with the federal No Surprises Act and associated regulations. Defines provider or facility as any provide or facility subject to the No Surprises Act.

Subd. 2. Investigations and compliance. Requires the commissioner, to the extent possible, to seek cooperation from providers and facilities in complying with this section, and allows the commissioner to conduct compliance reviews and investigate complaints. Allows individuals to file complaints with the commissioner if a provider or facility fails to comply with the No Surprises Act or this section. Permits the commissioner to report violations of this section to federal and state departments and jurisdictions, and to coordinate investigations and enforcement actions. Allows health care providers and facilities to contest alleged violations of this section. Classifies data collected by the commissioner

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during investigations or case reviews as protected nonpublic data or confidential, and makes public any data describing the final disposition of an investigation.

Subd. 3. Civil penalty. Allows the commissioner to impose civil penalties between $100 and $25,000 for violations of this section occurring on or after January 1, 2024.

8 **Definitions.**

Amends § 62J.84, subd. 2. In a section governing prescription drug price transparency, adds definitions for the following terms: 30-day supply, course of treatment, drug product family, national drug code, pharmacy or pharmacy provider, pharmacy benefits manager, pricing unit, reporting entity, and wholesale drug distributer or wholesaler.

9 **Prescription drug price increases reporting.**

Amends § 62J.84, subd. 3. Modifies reporting requirements for prescription drugs for which the price was $100 or greater for a 30-day supply or course of treatment lasting less than 30 days, and for which the increase in price exceeds specified thresholds, by:

- requiring reporting for biosimilar drugs with a price increase of 50 percent or more;
- requiring the manufacturer to provide a description of the drug, and to list the following information separately: National Drug Code, product name, dosage form, strength, and package size;
- clarifying the meaning of introductory price and requiring reporting of the price of the drug on the last day of each of the five calendar years preceding the price increase;
- requiring direct costs incurred and financial assistance provided to be reported for the previous 12-month period;
- clarifying the reporting of the ten highest prices in other countries; and
- requiring specified information to be reported if the drug was acquired by the manufacturer during the previous 12-month period.

10 **New prescription drug price reporting.**

Amends § 62J.84, subd. 4. Modifies reporting requirements for new prescription drugs with prices that exceed specified thresholds, by:

- clarifying that the tier price threshold also applies to a course of treatment lasting less than 30 days; and

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- requiring the manufacturer to provide a description of the drug, and to list the following information separately: National Drug Code, product name, dosage form, strength, and package size.

11 **Public posting of prescription drug price information.**

Amends § 62J.84, subd. 6. Expands the information the commissioner must post on the department website, to include a list of prescription drugs of substantial public interest, and information reported by manufacturers, pharmacies, pharmacy benefit managers, and wholesalers for prescription drugs determined to represent a substantial public interest.

12 **Consultation.**

Amends § 62J.84, subd. 7. Allows the commissioner to consult with all reporting entities, not just manufacturers, to establish a standard format for reporting that minimizes administrative burden.

13 **Enforcement and penalties.**

Amends § 62J.84, subd. 8. Provides that penalties apply to any reporting entity that fails to register with the commissioner under this section or that fails to submit timely or complete reports, and authorizes the commissioner to impose a penalty for failing to register with the commissioner.

14 **Legislative report.**

Amends § 62J.84, subd. 9. In addition to existing requirements for content of an annual report to the legislature, requires the annual report on implementation of the prescription drug price transparency actions to include summary information submitted to the commissioner by manufacturers, pharmacies, PBMs, and wholesalers for prescription drugs determined to represent a substantial public interest.

15 **Notice of prescription drugs of substantial public interest.**

Adds subd. 10 to § 62J.84. By January 31, 2024, and quarterly thereafter, requires the commissioner to post on the department's website a list of prescription drugs that the department determines represent a substantial public interest and for which the department intends to request data. Describes drug product families that the department should consider. Requires the department to provide notice to reporting entities of drugs so designated, and limits this designation to 500 or fewer prescription drugs in any one notice.

16 **Manufacturer prescription drug substantial public interest reporting.**

Adds subd. 11 to § 62J.84. Beginning January 1, 2024, requires a manufacturer to submit the listed information, in a form and manner specified by the commissioner,

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for any prescription drug that the department determines is a drug of substantial public interest, which the manufacturer manufactures or repackages, for which the manufacturer sets a wholesale acquisition cost, and for which the manufacturer has not submitted data under this section in the 120 days prior to the notification from the department. Allows the manufacturer to submit any documentation needed to support the information reported.

17 **Pharmacy prescription drug substantial public interest reporting.**

Adds subd. 12 to § 62J.84. Beginning January 1, 2024, requires a pharmacy to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest. Allows the pharmacy to submit any documentation needed to support information reported.

18 **PBM prescription drug substantial public interest reporting.**

Adds subd. 13 to § 62J.84. Beginning January 1, 2024, requires a PBM to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest. Allows the PBM to submit any documentation needed to support the information reported.

19 **Wholesaler prescription drug substantial public interest reporting.**

Adds subd. 14 to § 62J.84. Beginning January 1, 2024, requires a wholesaler to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest. Allows the wholesaler to submit any documentation needed to support the information reported.

20 **Registration requirement.**

Adds subd. 15 to § 62J.84. Beginning January 1, 2024, requires a reporting entity subject to this chapter to register with the department in a form and manner specified by the commissioner. (A reporting entity is defined as a manufacturer, pharmacy, PBM, wholesale drug distributor, or any other entity required to submit data under this section.)

21 **Rulemaking.**

Adds subd. 16 to § 62J.84. Allows the commissioner to use the expedited rulemaking process under section 14.389 to adopt rules to implement this section.

22 **No Surprises Act.**

Adds subd. 6b to § 62Q.01. Defines No Surprises Act in chapter 62Q.

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23 **Compliance with 2021 federal law.**

Adds subd. 3 to § 62Q.021. Requires health plan companies, health providers, and health facilities to comply with the federal No Surprises Act, including any regulations adopted under the act, to the extent it imposes requirements that apply in this state but are not required under state law. Requires enforcement by the commissioner of health for entities regulated by the commissioner of health, and enforcement by the commissioner of commerce for entities regulated by the commissioner of commerce.

24 **Coverage restrictions or limitations.**

Amends § 62Q.55, subd. 5. Requires cost-sharing requirements that apply to emergency services obtained from an out-of-network provider to count toward an enrollee's in-network deductible, and requires coverage and charges for emergency services to comply with the federal No Surprises Act.

25 **Consumer protections against balance billing.**

Amends § 62Q.556. Modifies state law prohibiting balance billing to conform with the federal No Surprises Act, establishes reporting requirements, and authorizes enforcement.

Subd. 1. Nonparticipating provider balance billing prohibition. Modifies prohibited provider practices to specify balance billing is prohibited (1) for services provided by a nonparticipating provider at a participating facility as described in the federal No Surprises Act; and (2) for services provided by a nonparticipating provider or facility providing emergency services, or other services described in federal law. Allows balance billing if an enrollee gives informed consent that complies with federal law.

Subd. 2. Cost-sharing requirements and independent dispute resolution. Modifies terms to conform with changes in subdivision 1, and requires a health plan company and nonparticipating provider to resolve disputes on payment using the federal independent dispute resolution process instead of through arbitration. Strikes language requiring the commissioner to maintain a list of arbitrators and listing information an arbitrator must consider when making a decision.

Subd. 3. Annual data reporting. Requires health plan companies to annually report to the commissioner of health, data on claims, amounts billed, and amounts paid for nonparticipating provider services, and data on enrollee complaints received about the rights and protections established in the No Surprises Act.

Subd. 4. Enforcement. Provides that any provider or facility that is subject to the No Surprises Act is subject to this section and section 62J.811. Authorizes the

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commissioner of commerce and commissioner of health to enforce this section, and permits a health-related licensing board to investigate any violations by a provider and enforce this section.

26 **Change in health plans.**

Amends § 62Q.56, subd. 2. Authorizes continuity of care for up to 120 days for an enrollee who is pregnant (rather than an enrollee who is pregnant beyond the first trimester). Under this subdivision, if an enrollee is subject to a change in health plans, the enrollee's new health plan company must grant an enrollee's request for authorization to receive services from the enrollee's current health care provider for up to 120 days if the enrollee is receiving a course of treatment for certain conditions.

27 **Definition.**

Amends § 62Q.73, subd. 1. Amends the definition of adverse determination for the external review of decisions on health care claims and services, to include a decision on a health plan's coverage of nonparticipating provider services.

28 **Standard of review.**

Amends § 62Q.73, subd. 7. Provides that the standard of review for external review of an adverse determination made regarding a health care service or claim, to be based on whether the adverse determination was in compliance with state and federal law, in addition to whether the determination was in compliance with the enrollee's health benefit plan as in current law.

29 **Encounter data.**

Amends § 62U.04, subd. 4. Modifies requirements for encounter data that must be submitted to the all-payer claims database, to require data submitted to include enrollee race and ethnicity, to the extent available. This requirement is effective January 1, 2023.

30 **Pricing data.**

Amends § 62U.04, subd. 5. Requires dental plan companies to submit to the APCD, data on contracted prices with dental care providers. (Current law requires health plan companies and third-party administrators to submit to the APCD, data on contracted prices with health care providers.)

31 **Contracting.**

Amends § 62U.04, subd. 6. Requires the private entity with which the commissioner contracts to develop standards, to include dental care providers and dental plan companies in its governing body.

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32 **Advisory council on water supply systems and wastewater treatment facilities.**

Adds § 115.7411. Establishes an advisory council on water supply systems and wastewater treatment facilities of 11 members to advise the commissioner of health and commissioner of the Pollution Control Agency on issues related to water supply systems and wastewater treatment facilities and operators. Specifies membership, and requires at least a certain number of appointees to be from outside the seven-county metro area and one of the wastewater treatment facility operators to be from the Metropolitan Council. Provides that terms, compensation, and removal of members are governed by section 15.059. Requires election of a chair after appointment of new members, and requires the Department of Health representative to serve as secretary.

33 **Frequency of testing.**

Amends § 121A.335, subd. 3. In a subdivision governing testing water in elementary and secondary school buildings for lead, strikes language requiring a school district or charter school that finds lead at a location to develop and implement a plan to minimize student exposure to lead.

34 **Reporting.**

Amends § 121A.335, subd. 5. Requires school district notices to parents on the results of tests for lead in water in school buildings, to be provided annually and directly to parents. Requires testing results and planned remediation steps to be made available within 30 days of receiving results and to be reported to the school board at the next available meeting or within 30 days of receiving results. Requires lead testing records to be maintained for at least 15 years, requires school districts to report test results and remediation activities annually to the commissioner of health, and strikes existing language requiring remediation or notice to parents within 30 days of receiving test results.

35 **Remediation.**

Adds subd. 6 to § 121A.335. Requires a school district or charter school that finds lead at above 5 ppb in its drinking water at a facility, to develop, make public, and implement a plan to remediate the lead. Requires the water fixture to immediately be shut off or made unavailable. If a school district or charter school receives water from a public water supply that has an action level exceeding the federal Lead and Copper Rule, allows a school district or charter school to delay remediation until the public water system meets state and federal requirements. Also allows the school district or charter school to delay remediation if the district or school receives water from lead infrastructure owned by the public water supply.

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36 **Minnesota one health antimicrobial stewardship collaborative.**

Adds § 144.0526. Directs the commissioner of health to establish a Minnesota One Health Antimicrobial Stewardship Collaborative. Directs the commissioner to maintain the position of director to lead antimicrobial stewardship initiatives, communicate with professionals and the public about preserving the efficacy of antibiotic medications, consult and collaborate with experts in various fields, ensure veterinary settings have education and strategies to practice appropriate prescribing and prevent transmission of antimicrobial-resistant microbes, and support initiatives to improve understanding of the impact of antimicrobial use and resistance.

37 **Comprehensive drug overdose and morbidity prevention act.**

Adds § 144.0526. Establishes duties for the commissioner of health to establish a program to prevent drug overdoses and morbidity from drug overdoses.

Subd. 1. Definition. Defines drug overdose and morbidity for this section.

Subd. 2. Establishment. Directs the commissioner to establish a program to conduct drug overdose and prevention activities and perform epidemiologic investigations and surveillance to monitor, address, and prevent drug overdoses. Lists strategies the commissioner must use in the program, including advancing access to nonnarcotic pain management, implementing culturally specific intervention and prevention programs, enhancing overdose prevention and supportive services for people experiencing homelessness, equipping employers to promote employee health and wellbeing, expanding using of the Minnesota Drug Overdose and Substance Use Surveillance Activity, implementing community prevention programs, addressing drug overdoses and morbidity in those who are pregnant or have just given birth, and designing a system to address impacts of drug overdoses and morbidity on pregnant persons, their infants, and children.

Subd. 3. Partnerships. Allows the commissioner to consult with the listed state agencies, local public health agencies, providers and insurers, and others to carry out this section.

Subd. 4. Grants authorized. Allows the commissioner to award grants to entities and organizations focused on addressing and preventing impacts of drug overdoses and morbidity. Lists activities that may be funded with grants. Requires an entity receiving a grant under this section to collect and make available to the commissioner data on activities funded with a grant. Allows the commissioner to use this data to inform existing programs and develop new programs.

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Subd. 5. Promotion; administration. In fiscal years 2026 and beyond, permits the commissioner to spend up to 25% of money appropriated for the comprehensive drug overdose and morbidity program to administer and evaluate the programs authorized under this section and provide technical assistance.

Subd. 6. External contributions. Allows the commissioner to accept contributions and apply for grants to supplement state appropriations for the programs in this section.

Subd. 7. Program evaluation. Requires the commissioner of health to submit a report every even-numbered year to the legislative committees with jurisdiction over health on the expenditure of funds under this section, and lists information that must be included in the reports.

Subd. 8. Measurement. Requires the commissioner to assess and evaluate grants and contracts awarded using available data sources.

Subd. 9. Classification of data. Classifies individually identifiable data collected or maintained under this section as private data on individuals, and prohibits this data from being introduced into evidence in a legal proceeding or disclosed in response to a discovery request.

38 **Sentinel event review committee.**

Adds § 144.0551.

Subd. 1. Definitions. Defines the following terms for this section and section 144.0552: commissioner, law-enforcement-involved deadly force encounter, use of force.

Subd. 2. Duties of the commissioner. Requires the commissioner to collect and analyze data on law-enforcement-involved deadly force encounters in Minnesota and to report findings to the legislature and the public. Prohibits this data collected by the commissioner from being subject to discovery. Requires the commissioner to convene a Sentinel Event Review Committee (SERC) with representatives from the listed state agencies and groups, and provides for appointments and convening of the SERC.

Subd. 3. Sentinel event review. Establishes deadlines for initial review of sentinel events by the commissioner's staff and full review by the SERC. Requires the SERC to identify and analyze root causes of a sentinel event and develop recommendations to prevent future incidents. Requires annual public reports to the members of certain legislative committees with jurisdiction over public safety on reviews performed under this subdivision.

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Subd. 4. Access to data. Requires the SERC team to collect and analyze data related to the decedent and the law enforcement official involved in the event. Lists nonpublic data the review team may access, and allows the SERC to seek production of other records.

Subd. 5. Confidentiality and data privacy. Prohibits a person attending a SERC meeting from disclosing what occurred at the meeting, except as permitted in this subdivision, and allows the SERC to disclose the names of the victims in the cases reviewed. Classifies the proceedings and records of the SERC as confidential data or protected nonpublic data, and protects them from discovery or introduction into evidence. Allows a person who provided information to the SERC or is a member of the panel to testify about information in the person's knowledge, but prohibits a person from being questioned about SERC meetings.

Subd. 6. Violation; misdemeanor. Provides the disclosure of data other than as authorized in this section is a misdemeanor.

Subd. 7. Immunity. Provides that a member of the SERC is immune from liability from any act or decision of SERC, as long as the member acted in good faith and without malice.

Subd. 8. Community-based grant programs. Requires the commissioner to establish a program to provide grants to implement SERC recommendations.

39 **Law enforcement-involved deadly force encounters community advisory committee.**

Adds § 144.0552. Directs the commissioner to establish a law enforcement-involved deadly force encounters community advisory committee. Requires the advisory committee to meet at least twice a year, requires the commissioner to appoint up to 18 members to the advisory committee, and specifies advisory committee membership. Lists duties of the advisory committee: advising the commissioner and state agencies on issues related to law enforcement-involved deadly force encounters, reviewing reports of the SERC, and reviewing and making recommendations on applications for community-based grants.

40 **Cultural communications.**

Adds § 144.0752. Requires the commissioner of health to establish a cultural communications program to advance culturally and linguistically appropriate communications services for communities most impacted by health disparities, and a position to ensure the department follows certain national standards for culturally and linguistically appropriate services. Requires the commissioner to oversee a program to align department operations with these national standards, ensure services respond to the diversity of Minnesotans, and ensure culturally and

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linguistically appropriate policies and practices are used in department work. Describes organizations eligible for contracts under this section.

41 **Improving the health and wellbeing of people with disabilities.**

Adds § 144.0753. Requires the commissioner to support collaboration with state and community partners to address health disparities and equity barriers to health care for people with disabilities, and to identify priorities and action steps to address gaps in services and resources. Requires the commissioner to conduct a community needs assessment and establish a health surveillance and tracking plan and public disability data dashboard. Directs the commissioner to establish community-based grants for services to address gaps and disparities in services, and to provide technical assistance on disability inclusion health training. Requires grant recipients to report program outcomes to the commissioner, and requires the commissioner to establish a disability community advisory group to advise the department on disability health equity initiatives.

42 **Office of African American Health; duties.**

Adds § 144.0754. Directs the commissioner to establish an Office of African American Health to address the public health needs and health disparities of African American Minnesotans. Lists duties of the office: convening the African American Health State Advisory Council to advise the commissioner on ways to improve the health of African American Minnesotans; developing recommendations to improve health outcomes for African Americans; conducting community engagement activities; conducting data analysis and research; and distributing grants and developing programs to improve African American health outcomes.

43 **African American Health State Advisory Council.**

Adds § 144.0755. Directs the commissioner of health to establish an African American Health State Advisory Council to advise the commissioner on reducing health inequities and disparities that affect African Americans in Minnesota.

Subd. 1. Establishment; purpose. Directs the commissioner of health to establish an African American Health State Advisory Council to advise the commissioner on reducing health inequities and disparities that affect African Americans in Minnesota.

Subd. 2. Members. Requires the council to be between 12 and 20 members with representatives from the listed groups. Directs the governor to appoint council members and the commissioner to appoint a chair or chairs.

Subd. 3. Terms. Provides terms of council members are for two years, and allows members to be reappointed for two additional terms.

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Subd. 4. Duties of commissioner. Establishes duties for the commissioner: engage with the council, identify department practices that maintain health inequities and disparities and recommend plans to address these, support interagency collaboration, and support member participation in the council.

Subd. 5. Duties of council. Establishes duties for the council: identify health disparities affecting African Americans, recommend review of laws or policies that would address health disparities, recommend policies or strategies to address disparities, form work groups and develop tasks for them, and report to the commissioner on activities.

Subd. 6. Duties of council members. Establishes duties for council members: attend scheduled meetings, maintain open communications, identify issues that affect timely completion of tasks, participate in activities to advance the council's duties, and participate in work groups.

Subd. 7. Staffing; office space; equipment. Directs the commissioner to provide the advisory council with staff support, office space, and access to equipment and services.

Subd. 8. Reimbursement. Compensation and reimbursement for expenses are governed by section 15.058, subd. 3.

44 **African American health special emphasis grant program.**

Adds § 144.0756. Establishes an African American health special emphasis grant program.

Subd. 1. Establishment. Directs the commissioner to establish an African American health special emphasis grant program administered by the Office of African American Health. Lists purposes of the program: identify disparities impacting African American health and develop community-based solutions to address identified disparities.

Subd. 2. Requests for proposals; accountability; data collection. Directs the office to develop a request for proposals; provide outreach and technical assistance to potential qualifying organizations; review responses; establish an accountability process; provide grant recipients with data to assist them in implementing effective solutions; and collect and maintain outcomes data.

Subd. 3. Eligible grantees. Provides that organizations eligible for grants under this section include organizations or entities that work with African American communities or focus on addressing disparities impacting the health of African American communities.

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Subd. 4. Strategic consideration and priority of proposals; grant awards. In developing the requests for proposals and awarding grants, directs the commissioner and office to consider building on existing community capacity. Requires proposals to focus on addressing health equity issues for U.S.-born African American communities; addressing health impacts of historical trauma; reducing health disparities; and incorporating a multisector approach.

Subd. 5. Report. Requires grant recipients to report program outcomes to the commissioner on forms and according to timelines established by the commissioner.

45 **Office of American Indian Health**

Adds § 144.0757. Establishes an Office of American Indian Health to address the public health needs and health disparities of American Indian Tribal communities in Minnesota. Lists duties of the office: coordinating with Tribal Nations and urban American Indian organizations to identify causes of health disparities and developing ways to achieve health equity, strengthen capacity of American Indian and community organizations and Tribal Nations to address health disparities, administering state and federal grants, providing leadership to develop health and wellness strategies, providing technical assistance to develop culturally appropriate activities to address public health emergencies, developing and administering department immersion experiences for American Indian students, and identifying and promoting workforce development strategies. Allows the office to contract or provide grants to carry out these duties.

46 **American Indian special emphasis grants**

Adds § 144.0758. Directs the commissioner to establish the American Indian health special emphasis grant program.

Subd. 1. Establishment. Directs the commissioner to establish the American Indian health special emphasis grant program and lists program purposes: develop programs to address health disparities of Minnesota's American Indian populations; identify disparities in American Indian health; and develop community-based solutions to address identified disparities.

Subd. 2. Commissioner's duties. Directs the commissioner to develop a request for proposals; provide outreach and technical assistance to potential qualifying organizations; review responses; establish an accountability process; provide grant recipients with data to assist them in implementing effective solutions; and collect and maintain outcomes data.

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Subd. 3. Eligible grantees. Specifies that organizations eligible to receive grants are Minnesota Tribal Nations and urban American Indian community-based organizations.

Subd. 4. Strategic consideration and priority of proposals; grant awards. In developing proposals and awarding grants, requires the commissioner to consider building on existing capacity of Tribal Nations and urban American Indian community-based organizations. Suggests proposals should focus on addressing health equity issues, addressing the health impact of historical trauma, reducing health disparities, and incorporating a multisector approach.

Subd. 5. Report. Requires grant recipients to report program outcomes to the commissioner in a form and manner established by the commissioner.

47 **Public Health AmeriCorps**

Adds § 144.0759. Allows the commissioner to award a grant to a statewide, nonprofit organization to support Public Health AmeriCorps members.

48 **Telehealth in libraries pilot program**

Adds 144.078. Requires the commissioner to administer a grant program for up to six libraries to manage telehealth locations to improve access to health care for individuals who lack access to health services and lack technology resources or technological expertise. Makes the program expire June 30, 2027.

49 **License, permit, and survey fees.**

Amends § 144.122. Amends a section governing license, permit, and survey fees for health care facilities, to require the commissioner to charge hospitals an annual licensing base fee of $1,826 per hospital, plus $23 per licensed bed or bassinet. Deposits the fees in the state government special revenue fund for use for trauma hospital designations.

50 **Community health workers; grants authorized.**

Adds § 144.1462. Requires the commissioner to support coordination between state and community partners to expand the community health worker profession across the state. Requires the commissioner to issue grants and contracts to strengthen the community health worker workforce, including issuing a grant to a nonprofit community organization that serves and supports community health workers statewide. Requires the commissioner to evaluate the community health worker initiative using measures of workforce capacity, employment opportunity, reach of services, return on investment, and descriptive models. Requires grant recipients and contractors to report grant program outcomes in a format and manner specified by the commissioner.

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51 **Community mental health and well-being grant program.**

Adds § 144.1463. Directs the commissioner of health to establish a community mental health and well-being grant program to improve outcomes for Black, nonwhite Latino(a), American Indian, LGBTQIA+, and disability communities; reduce health inequities; and promote racial and geographic equity.

Subd. 1. Establishment. Directs the commissioner to establish a community mental health and well-being grant program, and lists purposes of the program.

Subd. 2. Commissioner's duties. Requires the commissioner to develop a request for proposals; provide outreach and technical assistance to increase capacity for new and existing service providers; review responses; ensure communication with the appropriate state councils and the governor's office; provide grant recipients with access to data; maintain outcomes data; and contract with a third party for evaluation.

Subd. 3. Eligible grantees. Specifies that organizations eligible for grant funds include organizations that work with communities of color; Tribal nations and organizations; and organizations focused on supporting mental health and community healing.

Subd. 4. Strategic consideration and priority of proposals; eligible populations; grant awards. Directs the commissioner, in consultation with the listed entities, to develop a request for proposals, and requires proposals to focus on increasing health equity and community healing and reducing health disparities for certain populations. Requires the commissioner to give consideration to certain organizations and populations when awarding grants.

Subd. 5. Geographic distribution of grants. Requires the commissioner to prioritize and award grants to organizations and entities in counties that have a higher proportion of Black or African American, nonwhite Latino(a), American Indian, LGBTQIA+, and disability communities to the extent possible.

Subd. 6. Report. Requires grant recipients to report grant outcomes to the commissioner on forms and according to timelines established by the commissioner.

52 **Employee recruitment education loan forgiveness program.**

Adds § 144.1504. Establishes a program to provide loan forgiveness to nurse practitioners, physicians, or physician assistants who agree to practice in rural areas that are shortage areas.

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Subd. 1. Definitions. Defines the following terms for this section: designated rural area, emergency circumstances, nurse practitioner, physician, physician assistant, qualified educational loan.

Subd. 2. Creation of account. Establishes a health professional employee education loan forgiveness program account, and directs the commissioner to make grants from the account to eligible providers for a loan forgiveness recruitment and retention program for employees who are nurse practitioners, physicians, or physician assistants and agree to practice in rural areas that are shortage areas.

Subd. 3. Eligibility. Provides that providers eligible for a grant under this section must provide services in designated rural areas that are shortage areas for a profession. Requires employees of an eligible provider to agree to work an average of 30 hours per week for at least five years for the provider to maintain eligibility for loan forgiveness.

Subd. 4. Request for proposals. Requires the commissioner to publish a request for proposals that specify provider eligibility requirements, loan forgiveness program criteria, provider selection criteria, required documentation, the maximum number of loan forgiveness slots per provider, and methods of evaluation.

Subd. 5. Application requirements. Establishes requirements for eligible providers to apply for loan forgiveness for their employees, and for employees to apply for loan forgiveness.

Subd. 6. Selection process. Requires the commissioner to determine the maximum number of slots for loan forgiveness per eligible employer, and lists criteria for the commissioner to use to make selections.

Subd. 7. Reporting requirements. Requires participating providers whose employees receive loan forgiveness to report the listed information to the commissioner, according to a schedule established by the commissioner. Before receiving loan repayment disbursements, requires employees to submit a confirmation of practice form to the commissioner with the listed information. Also requires employees to provide the commissioner with verification that the loan repayment disbursement was applied to the designated loans. Allows employees to move to a different eligible provider to remain eligible for loan repayment.

Subd. 8. Penalty for nonfulfillment. If an employee does not fulfill the service commitment, requires the commissioner to collect from the employee the total

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amount paid under the loan forgiveness program plus interest. Allows the commissioner to waive the collection requirement in emergencies.

Subd. 9. Rules. Allows the commissioner to adopt rules to implement this section.

53 **Health professional clinical training expansion and rural and underserved clinical rotations grant programs.**

Amends § 144.1505. Establishes a rural and underserved clinical rotations grant program, in which the commissioner of health awards grants to health professional training sites to add rural and underserved rotations or clinical training experiences to existing training programs for certain health professionals. Lists allowable uses of funds.

54 **Primary care residency training grant program.**

Adds § 144.1507. Establishes a primary care rural residency training grant program, in which the commissioner of health awards grants to eligible programs to plan and implement rural residency training programs. Limits grants to $250,000 per year for the first three years for planning and development and $225,000 per resident per year for each following year. Lists allowable uses of grant funds. Establishes an application process and a process for consideration of grant applications and grant awards. Allows the commissioner to require and collect from grantees information necessary to evaluate the program. Allows encumbrances for grants under this section issued by June 30 of each year to be certified for up to three years after the year in which the funds were appropriated.

55 **Clinical health care training.**

Adds § 144.1508. Allows the commissioner of health to distribute funds for clinical training to eligible entities hosting clinical trainees from a clinical medical education training program and teaching institution, for the listed professions. Specifies criteria for eligible entities hosting clinical trainees and establishes application procedures. Requires teaching institutions receiving funds under this section to sign and submit a grant verification report verifying that the correct grant amount was forwarded to each eligible entity, and requires teaching institutions to provide other information required by the commissioner to evaluate the grant program.

56 **Birth record surcharge.**

Amends § 144.226, subd. 3. Clarifies that the state registrar or local office issuing a certified birth or stillbirth record or statement that a record cannot be found, must forward the birth record surcharge amounts collected each month following collection to the commissioner of management and budget, for deposit as required under law.

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57 **Vital records surcharge.**

Amends § 144.226, subd. 4. Clarifies that the state registrar or local office issuing a vital record or statement that a record cannot be found, must forward the vital record surcharge amounts collected each month following collection to the commissioner of management and budget, for deposit as required under law.

58 **Authority of commissioner.**

Amends § 144.383. Adds to the authority of the commissioner of health related to drinking water, the authority to maintain a database of lead service lines, provide technical assistance to community water systems, and ensure lead service line inventory data is accessible to the public with relevant educational materials about the health risks for lead and ways to reduce exposure.

59 **Public water system infrastructure strengthening grants.**

Adds § 144.3832. Directs the commissioner of health to establish a grant program for activities to ensure the uninterrupted delivery of safe water by strengthening infrastructure. Requires grants to be awarded to public water systems to fund emergency power supplies, back-up wells, and cross connection prevention programs. Also requires matching grants to be awarded to public water systems that serve populations below 500 for infrastructure improvements to support system operations and resiliency. Requires grant recipients to use grant funds for activities that satisfy one of the listed goals.

60 **Advancing equity through community engagement and systems transformation.**

Adds § 144.9282.

Subd. 1. Grant establishment. Directs the commissioner of health to establish a grant program to advance equitable and inclusive community engagement by building a community of practice and community engagement capacity in the department and in local public health organizations to create avenues for participation by diverse communities, ensure meaningful engagement by these communities, identify ways to listen to and partner with these communities, reduce health inequities, and promote racial and geographic equity.

Subd. 2. Commissioner's duties. Requires the commissioner of health to develop a request for proposals for the community engagement capacity building grant program, provide outreach and technical assistance, review responses, establish an accountability process, provide grant recipients with access to data, maintain outcomes data, and establish a process to evaluate the grant program.

Subd. 3. Eligible grantees. Provides that organizations eligible for grants under this section include organizations or entities that work with diverse communities.

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Subd. 4. Strategic consideration and priority of proposals; eligible populations; grant awards. Requires the commissioner to develop a request for proposals. In awarding grants, requires the commissioner to provide strategic consideration and give priority to proposals from local public health departments and service providers that emphasize serving populations of color, LGBTQIA+, and disability communities, and that are partnering with organizations led by populations of color and those serving populations of color, American Indians, LGBTQIA+, and persons with disabilities.

Subd. 5. Geographic distribution of grants. Requires the commissioner to prioritize and award grants to organizations and entities within counties that have a higher proportion of Black or African American, nonwhite Latino(a), LGBTQIA+, and disability communities.

Subd. 6. Report. Requires grant recipients to report grant outcomes to the commissioner on forms and according to timelines established by the commissioner.

61 **Advancing health equity through capacity building and resource allocation.**

Adds § 144.9821.

Subd. 1. Establishment of grant program. Directs the commissioner of health to establish a program to award grants to organizations serving diverse communities who have been disproportionately impacted by health and other inequities, to help them procure grants and contracts from the department, and to create a framework for equitable practices in grantmaking at the department.

Subd. 2. Commissioner's duties. Requires the commissioner of health to develop a request for proposals for the infrastructure capacity building grant program, provide outreach and technical assistance, review responses, communicate with the relevant state councils and the governor's office, establish an accountability process, maintain outcomes data, and establish a process to evaluate the success of grant program.

Subd. 3. Eligible grantees. Provides that organizations eligible for grants under this section include organizations or entities that work with diverse communities.

Subd. 4. Strategic consideration and priority of proposals; eligible populations; grant awards. Requires the commissioner to develop a request for proposals. In awarding grants, requires the commissioner to provide strategic consideration and give priority to proposals from organizations and entities led by populations of color, American Indians and organizations serving populations of color, American Indians, LGBTQIA+, and persons with disabilities.

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Subd. 5. Geographic distribution of grants. Requires the commissioner to prioritize and award grants to organizations and entities within counties that have a higher proportion of Black or African American, nonwhite Latino(a), LGBTQIA+, and disability communities.

Subd. 6. Report. Requires grant recipients to report grant outcomes to the commissioner on forms and according to timelines established by the commissioner.

62 **Climate resiliency.**

Adds § 144.9981. Requires the commissioner of health to implement a climate resiliency program to increase awareness of climate change, track public health impacts of climate change and extreme weather events, provide technical assistance to support climate resiliency, and coordinate with other state agencies on this topic. Directs the commissioner to manage a grant program for climate resiliency planning and award grants through a request for proposals process to the listed types of organizations to plan for health impacts of extreme weather events and to develop adaptation actions. Requires grant recipients to use funds to develop a plan or implement strategies to reduce health impacts from extreme weather events. Lists information an application must include.

63 **Fines and penalties.**

Amends § 144G.16, subd. 7. Provides that fines and penalties collected from assisted living facilities for failing to provide the required notice when terminating an assisted living contract shall be deposited in a dedicated special revenue account, and annually appropriates money in the account to the commissioner to implement recommendations of the home care and assisted living program advisory council.

64 **Notification of changes in information.**

Amends § 144G.18. Establishes a fine of $1,000 if an assisted living facility fails to provide the required notice before changing a manager or authorized agent. Provides that fines and penalties collected under this subdivision shall be deposited in a dedicated special revenue account, and annually appropriates money in the account to the commissioner to implement recommendations of the home care and assisted living program advisory council.

65 **Fines and penalties.**

Amends § 144G.57, subd. 8. Establishes a fine of $1,000 if an assisted living facility fails to comply with a section governing planned closures. Provides that fines and penalties collected under this subdivision shall be deposited in a dedicated special revenue account, and annually appropriates money in the account to the

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commissioner to implement recommendations of the home care and assisted living program advisory council.

66 **Long COVID.**

Adds § 145.361. Establishes a program for the commissioner of health to conduct community needs assessments and establish a surveillance system to address long COVID. Lists purposes of this program. Also requires the commissioner to identify priority actions to support long COVID survivors and their families, implement evidence-informed priority actions, and award grants and contracts to organizations to serve communities disproportionately impacted by COVID-19 and long COVID and to organizations to support survivors of long COVID and their families. Requires the commissioner to coordinate with partners to implement priority actions through grants and contracts awarded to organizations that serve communities disproportionately impacted by COVID-19 and long COVID, and lists allowable uses of these grant funds.

67 **988 suicide and crisis lifeline.**

Adds § 145.561.

Subd. 1. Definitions. Defines the following terms for this section: commissioner, department, 988, 988 administrator, 988 contact, 988 Lifeline Center, 988 Suicide and Crisis Lifeline (988 Lifeline), Veterans Crisis Line.

Subd. 2. 988 Lifeline. Requires the commissioner of health to administer the designation of and oversight for a 988 Lifeline Center or network of 988 Lifeline Centers to answer contacts from individuals accessing the Suicide and Crisis Lifeline. Establishes requirements for designated 988 Lifeline Centers. Requires the department to adopt rules to allow appropriate information sharing and communication between crisis and emergency response systems. Requires the department to collaborate with the 988 Lifeline program, Veterans Crisis Line, and other networks to ensure consistent public messaging about 988 services. Requires the department to work with representatives of the listed organizations to develop procedures to govern interactions between 988 and 911 services in Minnesota. Requires the department to provide an annual report about 988 Lifeline usage.

Subd. 3. 988 special revenue account established. Establishes a 988 special revenue account in the special revenue fund to maintain a statewide 988 suicide prevention crisis system. Provides that the 988 special revenue account shall consist of a 988 telecommunications fee, a prepaid wireless 988 fee, appropriations of state money into the account, grants and gifts, interest and other earnings of the account, and money from any other source deposited or transferred into the account. Lists allowable uses of money in the account, and

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allows money in the account to be expended for these purposes. Appropriates money in the account to the commissioner for the allowable uses. Requires the commissioner to submit annual reports to the Federal Communications Commission on deposits into and expenditures from the account.

Subd. 4. 988 telecommunications fee. Requires the commissioner to impose a monthly statewide fee on each wireline, wireless, or IP-enabled voice service to support the statewide 988 suicide prevention and crisis system. Requires the fee to be between 12 cents and 25 cents per month beginning January 1, 2024, to be collected by the service provider and transferred to the commissioner of public safety for deposit in the 988 special revenue account. Lists allowable uses of revenue generated by the fee, and requires the revenue to be used to supplement, and not supplant, existing suicide prevention funding. Requires the fee amount to be adjusted as needed to provide for continuous operation of the lifeline centers and 988 hotline, volume increases, and maintenance; and requires the commissioner of health to annually report to the Federal Communications Commission on revenue generated by the fee.

Subd. 5. 988 fee for prepaid wireless telecommunications services. Provides that prepaid wireless telecommunications services are subject to the prepaid wireless 988 fee, not the 988 telecommunications fee.

68 **Adolescent mental health promotion; grants authorized.**

Adds § 145.57. Establishes a grant program to support mental health promotion programs for adolescents.

Subd. 1. Goal and establishment. Directs the commissioner of health to issue grants to community-based organizations for mental health promotion programs for adolescents, and requires the commissioner to coordinate with other efforts to avoid duplication.

Subd. 2. Grants authorized. Lists organizations eligible for grants under this section, to implement community-based mental health promotion programs for adolescents in community settings. Requires the commissioner to establish criteria to review applications for grants. Requires grant funds to be used to support new or existing programs, including programs that train community members to facilitate discussions on adolescent mental health promotion skills, that train community members to model positive mental health skills, that train adolescents to provide peer support, and that support community dialogue on mental health promotion.

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Subd. 3. Evaluation. Requires the commissioner to evaluate programs funded under this section, and requires grant recipients to provide the commissioner with information needed to conduct the evaluation.

69 **School-based health centers.**

Adds § 145.903.

Subd. 1. Definitions. Defines terms for this section: school-based health center or comprehensive school-based health center, and sponsoring organization.

Subd. 2. Expansion of Minnesota school-based health centers. Requires the commissioner to provide grants to school districts and school-based health centers to support existing centers and support the growth of school-based health centers in the state. Allows grant funds to be used to support school-based health centers that comply with the listed criteria. Requires the commissioner to provide a grant to a nonprofit organization to facilitate a community of practice among school-based health centers. Requires grant recipients to report activities and performance measures in a time and format specified by the commissioner.

Subd. 3. School-based health center services. Lists services that may be provided by a school-based health center.

Subd. 4. Sponsoring organizations. Requires a sponsoring organization that agrees to operate a school-based health center to enter into a memorandum of agreement with the school or district, and specifies what the agreement must address. Requires a sponsoring organization to bill private insurers and public programs for services provided by a school-based health center, to the greatest extent possible.

70 **Family planning grants.**

Amends § 145.925. Modifies the family planning grants program.

Subd. 1. Goal and establishment. A new subd. 1 states that it is the goal of this state to increase access to sexual and reproductive health services and directs the commissioner to issue grants to facilitate access to sexual and reproductive health for people of reproductive age, especially from populations that experience barriers to accessing these services.

Subd. 1a. Family planning services; defined. Strikes a subdivision defining family planning services.

Subd. 2. Prohibition. Strikes a subdivision prohibiting the commissioner from making grants under this section to nonprofit corporations that perform

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abortions and prohibiting a grant recipient from contracting with a nonprofit corporation that performs abortions. (This subdivision was found unconstitutional in *Planned Parenthood of Minnesota v. State of Minnesota*, a 1980 decision by the 8th Circuit that was affirmed by the U.S. Supreme Court.)

Subd. 2a. Sexual and reproductive health services defined. Defines sexual and reproductive health services for this section.

Subd. 3. Grants authorized. Strikes language prohibiting grants from being used to support family planning services for unemancipated minors in school buildings. A new subd. 3. requires the commissioner to award grants to eligible community organizations and Tribal communities in rural and metro areas of the state to expand or implement reproductive and sexual health programs for people of reproductive age, to increase access to medical accurate services. Requires the commissioner to establish scoring criteria to be used to evaluate applications. When determining grant awards and amounts, allows the commissioner to stratify geographic regions based on a region's need for sexual and reproductive health services, and allows the commissioner to consider geographic and Tribal communities' representation in grant awards. Provides that current recipients of funding shall not be afforded priority over new applicants. Lists services that may be provided by programs receiving grant funds.

Subd. 4. Parental notification. Strikes a subdivision that requires a person providing family planning services funded under this section and advises an unemancipated minor to obtain abortion or sterilization, to notify the minor's parent or guardian, unless the minor is authorized to consent to health services under other law.

Subd. 5. Rules. No changes.

Subd. 6. Public services; individual rights. Changes a term used, from family planning services to sexual and reproductive health services. Strikes a paragraph that allows an employee of an agency providing family planning services, to refuse to offer family planning services if those services are contrary to the employee's personal beliefs. If a person or entity providing services under this section is a provider, requires information provided to, gathered about, or received from a person under this section to be treated as a health record.

Subd. 7. Family planning services; information required. Strikes a subdivision requiring a grant recipient to provide the listed information to a person seeking counseling on family planning methods or procedures.

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Subd. 8. Coercion; penalty. Strikes a subdivision making it a misdemeanor for a person who works for a program funded under this section to coerce a person to undergo abortion or sterilization by threatening the person with loss of state or federal assistance or disqualification from a state or federal program.

Subd. 9. Amount of grant; rules. No changes.

71 **Community solutions for healthy child development grant program.**

Adds § 145.9257. Directs the commissioner of health to establish a community solutions for healthy child development grant program and a Community Solutions Advisory Council to provide advice on issuing grants under the program.

Subd. 1. Establishment. Directs the commissioner of health to establish a community solutions for healthy child development grant program, and lists purposes of the program: improving child development outcomes for children of color and American Indian children from prenatal to grade 3 and their families, reducing racial disparities in children's health and development, and promoting racial and geographic equity.

Subd. 2. Commissioner's duties. Lists duties for the commissioner under this program, including developing a request for proposals; providing outreach, technical assistance, and program development; reviewing responses to the RFP; ensuring communication with other entities in state government; establishing an accountability process; providing grantees with access to data; maintaining outcomes data; and contracting with an independent entity for evaluation.

Subd. 3. Community solutions advisory council; establishment; duties; compensation. Requires the commissioner, in consultation with the listed entities in the department, to appoint 12 members to a community solutions advisory council. Specifies advisory council membership and duties. Requires compensation of advisory council members according to section 15.059, subdivision 3 ($55 per day spent on council activities, plus expenses).

Subd. 4. Eligible grantees. Makes the following organizations eligible to receive grants under this program: organizations that work with communities of color and American Indian communities, Tribal Nations and Tribal organizations, and organizations that focus on supporting healthy child development.

Subd. 5. Strategic consideration and priority of proposals; eligible populations; grant awards. Directs the commissioner, in consultation with the advisory council, to develop a request for proposals for grants, and requires proposals to focus on increasing racial equity and healthy child development and reducing health disparities. In awarding grants, requires the commissioner to consider building on the capacity of communities to promote child and family well-being

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and address social determinants of healthy child development, and requires the commissioner to give priority to proposals from organizations that meet one of the listed criteria.

Subd. 6. Geographic distribution of grants. Requires the commissioner and advisory council to ensure that grants are prioritized and awarded to organizations in counties with a higher proportion of people of color and American Indians than the state average, to the extent possible.

Subd. 7. Report. Requires grant recipients to report program outcomes to the commissioner in the form and manner required by the commissioner.

72 **Lead remediation in school and child care settings grant program.**

Adds § 145.9272. Requires the commissioner to establish a grant program to remediate identified sources of lead in drinking water in schools and licensed child care settings. Requires the commissioner to award grants through a request for proposals process, and lists criteria for schools and child care settings that will be prioritized for grants. Requires grant recipients to use funds to address sources of lead contamination in their facilities.

73 **Testing for lead in drinking water in child care settings.**

Adds § 145.9273. Requires licensed child care providers, by July 1, 2024, to develop a plan to test for the presence of lead in drinking water in child care facilities, and requires the plan to follow Department of Health guidance or EPA guidance. Requires the plan to including testing water fixtures in all buildings where children are served, and requires all taps to be tested at least every five years. Requires the plan to include steps to remediate if lead is present in drinking water and to verify the remediation was successful by retesting. Lists allowable remediation actions. Requires licensed child care providers to report to parents and staff, test results and information on remediation performed. Also requires licensed child care providers to annually report test results and remediation activities to the commissioner.

74 **Healthy beginnings, healthy families act.**

Adds § 145.987. Establishes a Minnesota perinatal quality collaborative, authorizes grants to improve infant health, authorizes a universal screening program to identify young children at risk for developmental and behavioral concerns, and permits grants to implement model jail practices to benefit children of incarcerated parents.

Subd. 1. Purposes. Lists purposes of the act.

Subd. 2. Minnesota perinatal quality collaborative. Establishes a Minnesota perinatal quality collaborative to improve pregnancy outcomes for pregnant people and newborns, by taking steps to promote evidence-based and evidence-

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informed care, reviewing data on best practices to prioritize quality improvement initiatives, identifying ways to incorporate antiracism into the delivery of perinatal health care, supporting initiatives that address substance use disorders in pregnant people, providing a forum to discuss quality improvement efforts, reaching providers and institutions to reinforce a continuum of care model, and monitoring interventions and applying systems changes to promote improved perinatal care.

Subd. 3. Eligible organizations. Requires the commissioner to issue a grant to a nonprofit organization to establish a network of organizations to improve outcomes for pregnant persons and infants.

Subd. 4. Grants authorized. Requires the commissioner to award a grant to a nonprofit organization to improve maternal and infant health outcomes, and requires the commissioner to give preference to an organization that can provide these services statewide.

Subd. 5. Minnesota partnership to prevent infant mortality program. Establishes the Minnesota partnership to prevent infant mortality program as a statewide program to improve birth outcomes and eliminate preventable infant mortality. Lists goals for the program.

Subd. 5a. Grants authorized. Requires the commissioner to issue grants for activities to improve infant health by reducing preterm births, sleep-related deaths, and congenital malformations and by addressing the social and environmental determinants of health. Lists entities eligible for grants and lists allowable uses of grant funds. Lists criteria to be used to evaluate grant applications, and requires grant recipients to report activities to the commissioner in a format and manner specified by the commissioner.

Subd. 5b. Technical assistance. Requires the commissioner to provide content expertise, technical expertise, training, and advice on data-driven strategies for the program to prevent infant mortality. Allows the commissioner to award contracts to appropriate entities to provide technical assistance. Lists areas in which technical assistance and training may be provided.

Subd. 6. Developmental and social-emotional screening with follow-up. Requires the commissioner to work with the commissioners of human services and education to identify young children at risk for developmental and behavioral concerns and provide follow-up services to connect families and children with resources and programs.

Subd. 6a. Duties. Lists duties of the commissioner of health related to developmental and social-emotional screening and follow-up: increasing

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awareness of screening and follow-up services, expanding existing systems to administer screenings, providing screenings for developmental and social-emotional delays, reviewing and sharing results, providing referrals to appropriate services and resources, and establishing performance measures and analyzing and sharing program data.

Subd. 6b. Grants authorized. Requires the commissioner to award grants:

- to community-based organizations, community health boards, and Tribal nations to support follow-up services for children with developmental or social-emotional concerns identified through screening; and
- to community-based organizations to train cultural liaisons to help families navigate the screening and follow-up process.

Subd. 7. Model jail practices for incarcerated parents. Allows the commissioner to make special grants to counties and groups of counties to implement model jails practices to benefit children of incarcerated parents. Also allows the commissioner to make special grants to county governments, Tribal governments, and nonprofit organizations in corresponding geographic areas to build partnerships with county jails to support children of incarcerated parents and their caregivers. Defines model jails practices.

Subd. 7a. Grants authorized; model jail practices. Authorizes grants and allows grant recipients to use grant funds for activities that include the listed activities. Requires grant recipients to report their activities to the commissioner in a format and at a time specified by the commissioner.

Subd. 7b. Technical assistance and oversight; model jail practices. Requires the commissioner to provide content expertise, training, and advice on evidence-based strategies for the model jail practices for incarcerated parents program, and to award contracts to appropriate entities to assist with these activities. Lists areas in which technical assistance and training may be provided.

75 **Health equity advisory and leadership (HEAL) council.**

Adds § 145.987. Requires the commissioner of health to establish a Health Equity Advisory and Leadership (HEAL) Council to guide the commissioner on improving the health of communities most impacted by health inequities. Provides the council consists of 18 members who represent the listed groups. Requires the council to be organized and administered under section 15.059. Requires meetings to comply with the open meeting law. Lists council duties: advising the commissioner on health equity issues and priorities, assisting the agency in efforts to advance health equity, and assisting the agency in developing and monitoring performance measures to advance health equity. Provides that the advisory council shall remain in existence

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until health inequities in the state are eliminated and specifies what that means for this subdivision.

76 **Comprehensive and collaborative resource and referral system for children.**

Adds § 145.988.

Subd. 1. Establishment; purpose. Requires the commissioner of health to establish the Comprehensive and Collaborative Resource and Referral System for Children to support a resource and referral system for children from prenatal to age eight and their families.

Subd. 2. Duties. Requires the Help Me Connect system to facilitate collaboration to provide access to local resources for early detection and intervention services, identify and provide access to early childhood and family support navigation specialists, and link children and families to community-based services. Requires the Help Me Connect system to provide community outreach, including providing information on the system and maintaining a resource directory; to maintain a central access point for parents and professionals to obtain information, resources, and services; and to collect data on the current system of support and resources.

77 **Funding formula for community health boards.**

Amends § 145A.131, subd. 1. Amends a subdivision governing funding for community health boards, to specify that funding for foundational public health responsibilities must be distributed based on a formula established by the commissioner in consultation with the State Community Health Services Advisory Committee. Allows some of these funds to fund new organizational models.

78 **Use of funds.**

Amends § 145A.131, subd. 5. Requires a community health board to use funding distributed for foundational public health responsibilities to fulfill foundational public health responsibilities, except that if all foundational public health responsibilities are fulfilled, the funding distributed for foundational public health responsibilities may be used for local priorities. By July 1, 2028, community health boards must use all local public health funds to first fulfill foundational public health responsibilities, and then use these funds for local priorities.

79 **Grants to Tribes.**

Adds subd. 2b to § 145A.14. Requires the commissioner to distribute grants to Tribal governments for foundational public health responsibilities as defined by each Tribal government.

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80 **Prepaid wireless fees imposed; collection; remittance.**

Amends § 403.161.

Subd. 1. Fees imposed. Amends a subdivision imposing fees on retail transactions for prepaid wireless telecommunications services, to impose a prepaid wireless 988 fee on each transaction, in the amount of the monthly charge for the 988 telecommunications fee.

Subd. 2. Exemption. No changes.

Subd. 3. Fee collected. Requires prepaid wireless 988 fees to be collected by the seller from the consumer for each retail transaction in the state for prepaid wireless telecommunications services.

Subd. 4. Sales and use tax treatment. No changes.

Subd. 5. Remittance. Provides that prepaid wireless 988 fees are the liability of the consumer purchasing prepaid wireless telecommunications services

Subd. 6. Exclusion for calculating other charges. Prohibits prepaid wireless 988 fees from being included in the base used to calculate other taxes, fees, or surcharges imposed by a governmental entity.

Subd. 7. Fee changes. Requires the prepaid wireless 988 fee to be increased or reduced upon any change made to the 988 telecommunications fee.

81 **Administration of prepaid wireless E911 fees.**

Amends § 403.162.

Subd. 1. Remittance. Requires prepaid wireless 988 fees collected by sellers of prepaid wireless telecommunications services to be submitted to the commissioner of revenue according to the procedures for submission of the general sales and use tax.

Subd. 2. Seller's retention fee. Allows a seller of prepaid wireless telecommunications services to retain three percent of the prepaid wireless 988 fees collected from consumers.

Subds 3-4. No changes.

Subd. 5. Fees. Requires the commissioner of revenue to deposit the proportion of collected fees attributable to the prepaid wireless 988 fee in the 988 special revenue account. Allows the commissioner of revenue to deduct a percentage of

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collected fees, to be used for the commissioner's direct costs of collecting and remitting prepaid wireless 988 fees.

82 **Mental health grants for health care professionals.**

Amends Laws 2022, ch. 99, art. 1, § 46. Amends the program establishing mental health grants for health care professionals, to require programs to meet all of the listed criteria to be eligible for a grant and adding to the list of the criteria, identifying and modifying structural barriers in health care delivery that create unnecessary stress in the workplace. A new subd. 2a allows encumbrances for grants under this program issued by June 30 of each year to be certified for up to three years after the year the funds were appropriated.

83 **Appropriation; mental health grants for health care professionals.**

Amends Laws 2022, ch. 99, art. 3, § 9. Amends the section appropriating money for mental health grants for health care professionals, to make the appropriation available until June 30, 2027.

84 **COVID-19 pandemic delayed preventive care.**

Directs the commissioner of health to develop a program to increase access and utilization of preventive care and ongoing disease management. Lists purposes of the program. Requires the commissioner to consult with the listed organizations and agencies to assess, prioritize, and implement strategies that will improve health. Requires the commissioner to collaborate with partners to implement health improvement strategies, and to award grants and contracts to organizations to reduce barriers to implementation of chronic disease prevention and management programs. Requires the commissioner to evaluate grants awarded to assess changes in access and use of screening and disease management services.

85 **Repealer.**

Para. (a) repeals §§ 62J.84, subd. 5 (reporting requirements for prices of newly acquired drugs) and 62U.10, subds. 6, 7 (requiring the commissioner of health to annually report on the projected impact on spending from specified health indicators; requiring the commissioner to annually determine total private and public health care and long-term care spending for Minnesota residents related to health indicators for the most recent calendar year available).

Para. (b) repeals §§ 145.4235 (positive abortion alternatives program), 145.4241 to 145.4249 (establishing informed consent requirements before the performance of an abortion), and 145.925, subds. 1a (family planning grants program, definition of family planning services), 3 (prohibiting family planning grants from being used for services for an unemancipated minor in a school), 4 (requiring parental notification if a person providing family planning services funded under this section recommends an abortion or sterilization to an unemancipated minor), 7 (requiring certain

Section	Description - Article 2: Health Department Policy

information to be provided to a person requesting counseling on family planning), and 8 (makes it a misdemeanor for a person who receives compensation with funds provided under this section to coerce a person to receive an abortion or sterilization by threatening the person with a loss of state or federal benefits or disqualification from a state or federal program).

Article 3: Health Boards Policy

Section	Description - Article 3: Health Boards Policy

1 **Fee.**

Adds § 148.635. Establishes a $20 licensure verification fee for dieticians and nutritionists, and provides that the fee is nonrefundable.

2 **Licensure and application fees.**

Amends § 148B.392, subd. 2. Modifies licensure and application fees collected by the Board of Marriage and Family Therapy to provide fees established by the board cannot exceed the following amounts:

- application fee for the national examination, $150 ($110 in current law);
- application for the LMFT state examination, $150 ($110 in current law);
- annual renewal fee for LMFT license, $225 ($125 in current law);
- late fee for LMFT license renewal, $100 ($50 in current law);
- application fee for LMFT licensure by reciprocity, $300 ($220 in current law);
- fee for initial LAMFT license, $100 ($75 in current law);
- annual renewal fee for LAMFT license, $100 ($75 in current law);
- late fee for LAMFT renewal, $50 ($25 in current law);
- fee for emeritus status, $225 ($125 in current law).

3 **Application fees.**

Amends § 151.065, subd. 1. Modifies the following application fees for licensure and registration collected by the Board of Pharmacy:

- pharmacist licensed by examination, $210 ($175 in current law);
- pharmacist licensed by reciprocity, $300 ($275 in current law);
- pharmacy intern, $75 ($50 in current law);
- pharmacy technician, $60 ($50 in current law);
- pharmacy, $300 ($260 in current law);
- drug wholesaler, legend drugs only, $5,300 ($5,260 in current law);

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- drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, $5,300 ($5,260 in current law);
- drug wholesaler, legend and nonlegend drugs, $5,300 ($5,260 in current law);
- drug wholesaler, medical gases, $5,300 for the first facility and $300 for each additional ($5,260 and $260 in current law);
- third-party logistics provider, $300 ($260 in current law);
- drug manufacturer, nonopiate legend drugs only, $5,300 ($5,260 in current law);
- drug manufacturer, nonopiate legend and nonlegend drugs, $5,300 ($5,260 in current law);
- drug manufacturer, nonlegend or veterinary legend drugs, $5,300 ($5,260 in current law);
- drug manufacturer, medical gases, $5,300 for the first facility and $300 for each additional ($5,260 and $260 in current law);
- drug manufacturer, also licensed as a pharmacy, $5,300 ($5,260 in current law);
- drug manufacturer of opiate-containing controlled substances, $55,300 ($55,260 in current law);
- controlled substance researcher, $150 ($75 in current law).

4 **Original license fee.**

Amends § 151.065, subd. 2. Changes the pharmacist original licensure fee from $175 to $210.

5 **Annual renewal fees.**

Amends § 151.065, subd. 3. Modifies the following annual licensure and registration renewal fees collected by the Board of Pharmacy:

- pharmacist, $210 ($175 in current law);
- pharmacy technician, $60 ($50 in current law);
- pharmacy, $300 ($260 in current law);
- drug wholesaler, legend drugs only, $5,300 ($5,260 in current law);
- drug wholesaler, legend and nonlegend drugs, $5,300 ($5,260 in current law);
- drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, $5,300 ($5,260 in current law);
- drug wholesaler, medical gases, $5,300 for the first facility and $300 for each additional ($5,260 for the first facility and $260 for each additional in current law);
- third-party logistics provider, $300 ($260 in current law);

Section	Description - Article 3: Health Boards Policy

- drug manufacturer, nonopiate legend drugs only, $5,300 ($5,260 in current law);
- drug manufacturer, nonopiate legend and nonlegend drugs, $5,300 ($5,260 in current law);
- drug manufacturer, nonlegend, veterinary legend drugs, or both, $5,300 ($5,260 in current law);
- drug manufacturer, medical gases, $5,300 for the first facility and $300 for each additional ($5,260 for the first facility and $260 for each additional in current law);
- drug manufacturer, also licensed as a pharmacy, $5,300 ($5,260 in current law);
- drug manufacturer of opiate-containing controlled substances, $55,300 ($55,260 in current law);
- controlled substance researcher, $150 ($75 in current law);
- pharmacy professional corporation, $150 ($100 in current law).

6 **Miscellaneous fees.**

Amends § 151.065, subd. 4. Modifies the following fees collected by the Board of Pharmacy:

- intern affidavit, $30 ($20 in current law);
- duplicate small license, $30 ($20 in current law).

7 **Reinstatement fees.**

Amends § 151.065, subd. 6. Modifies the fee collected by the Board of Pharmacy for a pharmacy technician to reinstate a registration following a lapse in registration, from $90 to $250.

Article 4: MNsure Policy

Section	Description - Article 4: MNsure Policy

1 **Annual open enrollment periods; special open enrollment periods.**

Amends § 62K.15. Requires a health carrier offering individual health plans through MNsure to provide a special enrollment period as required under the easy enrollment health insurance outreach program. This section is effective for taxable years beginning after December 31, 2023, and applies to health plans offered, issued, or sold on or after January 1, 2024.

Section	Description - Article 4: MNsure Policy

2 **Easy enrollment health insurance outreach program.**

Adds § 62V.12. Directs the MNsure board, in cooperation with the commissioner of revenue, to establish an easy enrollment health insurance outreach program to reduce the number of uninsured Minnesotans.

Subd. 1. Establishment. Directs the MNsure board, in cooperation with the commissioner of revenue, to establish an easy enrollment health insurance outreach program to reduce the number of uninsured Minnesotans, including allowing the commissioner of revenue to share return information with MNsure at the taxpayer's request, and allowing MNsure to assist interested taxpayers in applying for and enrolling in a health plan through MNsure.

Subd. 2. Screening for eligibility for insurance assistance. Based on return information provided by the commissioner of revenue, allows MNsure to determine whether a household may qualify for financial assistance for health coverage.

Subd. 3. Outreach letter and special enrollment period. Requires MNsure to notify a taxpayer in writing that the taxpayer may be eligible for financial assistance for health coverage. Requires MNsure to allow a special enrollment period of 65 days for taxpayers who receive the written notice and are determined to be eligible to enroll in a qualified health plan through MNsure, to allow these taxpayers to enroll in a qualified health plan. Provides that certain taxpayers are not eligible for the special enrollment period.

Subd. 4. Appeals. Provides that projected eligibility assessments for financial assistance provided by MNsure are not appealable, and that qualification for the special enrollment period under this section may be appealed to MNsure under this chapter and applicable rules.

This section is effective for taxable years beginning after December 31, 2023, and applies to health plans offered, issued, or sold on or after January 1, 2024.

3 **Disclosure to MNsure board.**

Adds subd. 22 to § 270B.14. Allows the commissioner of revenue to disclose a tax return or return information to the MNsure board if the taxpayer authorizes the disclosure on the taxpayer's income tax return filed with the commissioner. Limits the information that may be disclosed to the data necessary to determine potential eligibility for financial assistance. This section is effective the day following final enactment.

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4	**Easy enrollment health insurance outreach program checkoff.** Adds § 290.433. Allows a taxpayer who files an income tax return to request that the commissioner of revenue provide the taxpayer's return information to the MNsure board, so the board is able to provide the taxpayer with information on potential eligibility for financial assistance and health insurance enrollment options. Requires the commissioner to notify filers of the ability to make the designation on their income tax return. This section is effective for taxable years beginning after December 31, 2023.
5	**Direction to MNsure board and commissioner.** Requires the MNsure board and the commissioner of revenue to develop systems, policies and procedures to implement the data sharing, eligibility assessment, and notice to taxpayers for the easy enrollment health insurance outreach program.