

**Comparison of House File 2115 (second engrossment)
and both House File 2115 (first unofficial engrossment) and SF 2669 (third engrossment)**

**House Article 1 – Aging and Disability Services
Senate Article 1 of UEH2115-1 – Aging and Disability Services Policy**

House section (Art. 1)	Senate section (Art. 1)	Description	Comparison	Amdts	Proposed motion	Adopted
1		Modifies positive support analyst qualifications	House only			
	1	Prohibits HCBS providers regulated by chapter 245D from requiring a client to have or acquire a guardian or conservator to receive or continue to receive 245D HCBS services, and prohibits a provider from disseminating personally identifiable information about an individual without consent for the purposes of researching autism as a preventable disease.	Senate only			
2 and 3	2 to 8	DHS policy proposals related to day services and DT&H rates.	Senate includes technical changes and related statutory cleanup			
4 and 14		Establishes a review process upon notice of agency denial, reduction, suspension, or termination of long-term care services and supports	House only			
5 and 7	9 and 11	DHS policy proposals related to informed choice training requirements for waiver case managers.	Same			
6 and 8	10 and 12	DHS technical corrections related to implementation of the residential support services criteria.	Different effective dates. Staff recommends Senate			

House section (Art. 1)	Senate section (Art. 1)	Description	Comparison	Amdts	Proposed motion	Adopted
9		Expands services parents are allowed to provide under CDCS to include certain personal assistance services to a minor child while temporarily out-of-state	House only			
10 and 11	13 and 14	Retroactively delays until 2029 the implementation and enforcement of the current law requirement that wavier service providers reimbursed under DWRS devote specified percentages of MA revenue to direct care staff compensation, and exempts from this requirement all MA revenue for services provided in licensed assisted living facilities. (SF 2168, Fateh)	Technical differences Staff recommends Senate			
	15	Requires DHS to consult with existing groups of interested parties regarding how requests for DWRS rate exceptions are submitted to lead agencies and the department. (SF 401, Utke)	Senate only			
12 and 13	16 and 17	Makes technical changes to the nursing facility reimbursement statutes. (SF 2750, Hoffman)	Same			
	18 - 21	Makes various changes to the waiver reimagine session laws, including requiring greater consultation with interested parties and requiring more detailed information be made public about the intended waiver plan to be submitted to CMS.				

House Article 2 – Department of Health Policy

Senate Article 2 of UEH2115-1 – Department of Health Policy

House section (Art. 2)	Senate section (Art. 2)	Description	Comparison	Amdts	Proposed motion	Adopted
1-4	1-6	Modifies MDH statutes related to nursing home case mix classifications (related to federal conformity)	Technical differences			

House section (Art. 2)	Senate section (Art. 2)	Description	Comparison	Amdts	Proposed motion	Adopted
			Staff recommends Senate language with section 1 from UEH2434			
	7, 15, 16, 18, 28, and 34	MDH policy proposals specifying permitted uses of restraints in assisted living facilities	Senate only			
5, 21		Provides residents of long-term care facilities with the right to a designated support person	House only			
	8, 23 and 33	Nursing home and assisted living licensing exceptions for former state hospital in Fergus Falls	Senate only			
	9 and 24	Prohibits assisted living facilities and nursing homes from requiring a resident to have or acquire a guardian or conservator to reside in an assisted living facility	Senate only			
6, 7, and 22		Requires the commissioner to approve medication administration curricula for unlicensed personnel	House only			
8-10 and 13-15	10-12, 20-22, and 35	Modifies assisted living ownership provisions and other various assisted living provisions	Same, except technical differences in House 10/Senate 12 and House 13/Senate 20 and Senate only 35 Staff recommends House 8, 9, 14, and 15 and Senate 12, 20, and 35			
11	13	Makes a technical correction to supplemental nursing services agency oversight	Same			
	14	Adds new rights under the hospice bill of rights: to immediately available appropriate pain medications; to revoke hospice election at any time; and to receive curative treatment for any condition unrelated to the condition that qualifies the individual for hospice.	Senate only			

House section (Art. 2)	Senate section (Art. 2)	Description	Comparison	Amdts	Proposed motion	Adopted
12, 20, and 23	19, 32	Modifies assisted living fire safety requirements	Technical differences Staff recommends House			
	25	Prohibits an assisted living facility from requiring a resident or potential resident to sign a contract containing a provision for binding arbitration as a condition of admission to, or as a requirement for, continued care at a facility.	Senate only			
16-18	26, 27	Prohibits termination or nonrenewal of assisted living contracts on certain grounds	Different			
19	17 and 29	Modifies requirements for comprehensive reassessments and monitoring for assisted living facility residents	Technical differences Staff recommends House			
	30-31	Clarifies responsibility for preparation of a medication management service plan.	Senate only			
24	36	Repeals the resident quality of care and improvement task force	Same			

House Article 3 – Direct Care and Treatment

Senate Article 3 of UEH2115-1– Direct Care and Treatment Policy

House section (Art. 3)	Senate section (Art. 3)	Description	Comparison	Amdts	Proposed motion	Adopted
1-7, 13-25, 26-29, 33, 36-39, 41-43, 47, 55-89		Updates statutes to account for new agency—adds Direct Care and Treatment and Direct Care and Treatment executive board where necessary, and makes technical changes (H.F. 2115, amended).	Same, except section 28 is House only, technical difference in sections 77 and 87 (staff recommends House)			

House section (Art. 3)	Senate section (Art. 3)	Description	Comparison	Amdts	Proposed motion	Adopted
8-12		Modifies definition of residential program in patient bill of rights, to include additional facilities and programs serving children; technical changes (H.F. 2115, amended).	Technical differences (staff recommends House)			
	26	Updates statute to account for new agency. Outlines requirements for unmarked vehicles used by the Direct Care and Treatment Office of Special Investigations' staff and unmarked vehicles used by the Minnesota Sex Offender Program's (MSOP) executive director and the executive director's staff.	Senate only			
30		Updates and clarifies state-operated crisis services technical assistance language.				
31		Exempts the Direct Care and Treatment executive board from the 18-month time limit on rulemaking.				
32		Requires the Direct Care and Treatment executive board to establish standard admission and continued-stay criteria for state-operated services facilities.				
34		Allows for reimbursement for travel expenses to and from interviews arranged by the Direct Care and Treatment executive board for certain recruited positions.				
35		Authorizes the executive board to contract with specified federal agencies to receive federal grants for the welfare and relief of Minnesota Indians.				
40	40 and 41	Extends expiration for two years, until July 1, 2027, for provision specifying that individuals who meet the criteria in the priority admissions (or "48-hour") law must be admitted to a state-operated treatment program within 48 hours of when a medically appropriate bed is available.	Structured differently			
44-46, 48-54		Remove requirement for a special review board hearing, review, and recommendations when committed individuals in MSOP petition for a reduction in custody; replaces with judicial appeal panel hearing and review; makes conforming technical changes.	44-46 House only 48-49 Different – House carries special review board changes; Senate does not. 50 House only			

House section (Art. 3)	Senate section (Art. 3)	Description	Comparison	Amdts	Proposed motion	Adopted
			51-52 Different – House carries special review board changes; Senate does not. 53-54 House only			

House Article 4 – Behavioral Health

Senate Article 4 of UEH2115-1– Substance Use Disorder Treatment Policy and Senate Article 9 of SF 2669-3 – Behavioral Health Policy

House section (Art. 4)	Senate section	Description	Comparison	Amdts	Proposed motion	Adopted
1		Modifying definitions related to opioid settlements and release of opioid-related claims.	House only			
2	S2669-3, A9 sec 1	Exempts IRTS and residential crisis stabilization residents from certain rights in health care bill of rights.	Same			
	UEH2115-1, A4 sec 1, 2 and 6	Expands the membership of the Opioids, Substance Use, and Addiction Subcabinet, and transfers the responsibility for the state’s comprehensive substance use and addiction plan from the commissioner of human services to the subcabinet	Senate only			
3		Prohibits court from ordering person convicted of DWI or DUI to pay costs if SUD assessment covered under MA or behavioral health fund.	House only			
4	S2669-3, A9 sec 2	Adult mental health case management service provider training and qualifications.	Similar – different on 113.21 and technical differences			
	S2669-3, A9 sec 3	Allows the purchase and renovation of vehicles by mobile crisis teams to provide protected transport to be eligible for adult mental health grants.	Senate only			

House section (Art. 4)	Senate section	Description	Comparison	Amdts	Proposed motion	Adopted
5	S2669-3, A9 sec 4	Prohibits county boards from charging for emergency services provided to clients experiencing emotional crisis or mental illness; requires promotion of 988 Lifeline.	Same			
6		Clarifies statute citations for mental health services fees.	House only			
7	S2669-3, A9 sec 5	Children's mental health case management service provider training and qualifications.	Technical differences (staff recommends House)			
8	S2669-3, A9 sec 6	Defines clinical supervision in Children's Mental Health Act.	Technical difference (staff recommends House)			
9, 10	S2669-3, A10 sec 25, 29	Children's mental health terminology; adds professional home-based family treatment service coordination requirement and modifies county board screening duties.	Technical differences (staff recommends Senate); 10 and 26 are same			
11	S2669-3, A9 sec 7	Adds a written functional assessment to the duties of a children's mental health case manager.	Technical differences (staff recommends House)			
12	S2669-3, A9 sec 8	Adds accessing caregiver mental health services to school-linked behavioral health grant allowable grant activities.	Technical difference (staff recommends House)			
13	S2669-3, A9 sec 9	Codifies intermediate school district behavioral health grant program.	Technical differences (staff recommends Senate)			
	S2669-3, A9 secs 11, 12	Allows persons on probation or parole access to certain mental health, chemical health, or detoxification services.	Senate only			
15		Allows a certified community behavioral health clinic to enroll as a provider of mental health crisis response services.	House only			

House section (Art. 4)	Senate section	Description	Comparison	Amdts	Proposed motion	Adopted
16, 17, 24	UEH2115-1, A4 sec 3, 4, 7, 8	Expands professionals who may conduct a substance use disorder comprehensive assessment; conforming changes.	Same Technical difference in 16 (staff recommends House) Senate 8 is an additional conforming change			
18	UEH2115-1, A4 sec 5	Modifies treatment coordination provider qualifications.	Similar			
19, 20, 22	S2669-3, A9 sec 13, 14, 16	Adds tardive dyskinesia to medication-related sections in chapter 245I.	Same			
21	S2669-3, A9 sec 15	Modifies direct observation progress note requirement for mental health behavioral aides and mental health rehabilitation workers.	Different – House adds approval requirements, Senate does not			
23	S2669-3, A9 sec 17	Adds client grievance right in chapter 245I mental health uniform service standards.	Same			
	S2669-3, A9 sec 18	Modifies the time in which a level of care assessment for intensive residential treatment services needs to be completed from within five days of a client's admission to ten days.	Senate only			
25	UEH2115-1, A4 sec 9	Requires eligible vendor recovery community organizations to comply with transfer of records procedures upon program closure. Requires RCOs to be certified by the Minnesota Alliance of Recovery Community Organizations to be eligible vendors of peer recovery support services.	Different – House makes changes to vendor eligibility and timelines; Senate does not			
26	UEH2115-1, A4 sec 10	Excludes weekends and holidays from mental health diagnostic assessment ten-day timeline.	Same			
27		Peer support specialist program providers certification	House only			

House section (Art. 4)	Senate section	Description	Comparison	Amdts	Proposed motion	Adopted
28, 29	S2669-3, A9 sec 19, 20	Peer support and family peer support clarifying changes; initial training and continuing education provision.	Same. Technical difference in 29 (staff recommends House)			
30, 31	S2669-3, A9 sec 21, 22	Modifies assertive community treatment (ACT) team supervision and team leader requirements.	Same. Technical difference (staff recommends Senate sec. 22)			
32	UEH2115-1, A4 sec 11	Specifies county of financial responsibility for withdrawal management services.	Same			
33	S2669-3, A9 sec 23	Specifies that co-payments, coinsurance, and deductibles do not apply to mobile crisis intervention or crisis assessment services.	Similar			
34		Revisor instruction to update SUD assessment terminology.	House only			

House Article 5 – Department of Human Services Office of Inspector General

Senate Article 15 of SF 2669-3 – Department of Human Services Office of Inspector General Policy

House section (Art. 5)	Senate section (Art. 15)	Description	Comparison	Amdts	Proposed motion	Adopted
1-3, 27, 28, 31	1-2, 11-12, 14	DHS illegal remuneration (“anti-kickback”) proposals and criminal penalty.	Different – same intent.			
4		Health care bill of rights expansion to include patients in children’s residential SUD treatment, nonresidential SUD treatment, IRTS or residential crisis stabilization, and withdrawal management programs.	House only			
5	3	Requiring training about a program’s drug and alcohol policy before a person has direct contact with persons served by the program.	Same			

House section (Art. 5)	Senate section (Art. 15)	Description	Comparison	Amdts	Proposed motion	Adopted
6, 7	4, 5	Adult foster care, family adult day services, child foster residence setting, and community residential services licensing provisions.	Same			
8	6	Requires staff training on the use of opiate antagonists before having direct contact with persons served by the program.	Same			
9	7	Allows for electronic signatures for purposes of human services background studies.	Same			
10	8	Updates language in list of entities from which the commissioner may review arrest and investigative information for background studies.	Same			
11	9	Adds financial management services, community first services and supports, unlicensed home and community-based organizations, and consumer-directed community supports organizations for purposes of limited set-asides.	Same			
12	10	Specifies that community residential setting services are provided to adults.	Same			
13		Clarifies comprehensive SUD assessment requirement.	House only			
14		Reduces time for an opioid treatment program to complete an individual treatment plan from 21 to 14 days.	House only			
15		SUD treatment guest speaker documentation requirements.	House only			
16, 26		Allowing ten-week timeframe for nonresidential opioid treatment program services treatment plan review and therapy services to include previous time in another program.	House only			
17		Requiring peer recovery support services to be provided one-on-one and face-to-face, including via the Internet.	House only			
18		SUD treatment program documentation system for schedule II to V drugs.	House only			
19		SUD treatment program client records requirements.	House only			

House section (Art. 5)	Senate section (Art. 15)	Description	Comparison	Amdts	Proposed motion	Adopted
20		Specifies services an individual with a temporary permit from the Board of Behavioral Health and Therapy may provide in SUD treatment programs.	House only			
21		Modifies training requirements for licensed alcohol and drug counselors providing treatment services to adolescents.	House only			
22, 23		Provides exception to additional licensing requirements for substance use disorder treatment license holders to provide child care for short time periods.	House only			
24		Requires an opioid treatment program to meet statutory and regulatory requirements for dispensing by a practitioner, if not licensed by the Board of Pharmacy.	House only			
25		For opioid treatment programs, removes requirement to submit a client's government-issued photo ID and driver's license number to the state central registry.	House only			
	13	Allows the attorney general or county attorney to represent the state agency or agency for prosecutions under the new human services programs crimes statute.	Senate only			
29		Modifying background study requirements for housing support providers.	House only			
30		Adds Department of Human Services Appeals Division judges and current employees to definition of "judicial official."	House only			
32	15	Amends 2023 session law effective date related to changes to background disqualifications for drug offenses.	Same			
33	16	Allows commissioner to change definitions in statutes and rules for purposes of implementing the provider licensing and reporting hub until August 31, 2028. House modifies joint rulemaking applicability.	Simliar – House adds para (b) related to commissioner of corrections joint rulemaking authority			
34	17	Repeals community residential setting license provider standards; House repeals outdated HCBS licensing standards.	Similar – House adds para (b) repealers			

House Article 6 – Assertive Community Treatment and Intensive Residential Treatment Services Recodification**Senate Article 11 of SF 2669-3 – Assertive Community Treatment and Intensive Residential Treatment Services Recodification**

House section (Art. 6)	Senate section (Art. 11)	Description	Comparison	Amdts	Proposed motion	Adopted
1-6	1-6	Recodifying section 256B.0622 to separate assertive community treatment (ACT) and intensive residential treatment services (IRTS).	Same except House retains part of para (c) starting on 180.13; technical differences (staff recommends House)			

House Article 7 – Assertive Community Treatment and Intensive Residential Treatment Services Recodification Conforming Changes**Senate Article 12 of SF 2669-3 – Assertive Community Treatment and Intensive Residential Treatment Services Recodification Conforming Changes**

House section (Art. 7)	Senate section (Art. 12)	Description	Comparison	Amdts	Proposed motion	Adopted
1-10	1-10	Conforming changes from ACT/IRTS recodification.	Same			

House Article 8 – Children’s Mental Health Terminology**Senate Article 10 of SF 2669-3 – Children’s Mental Health Terminology**

Senate section (Art. 8)	House section (Art. 10)	Description	Comparison	Amdts	Proposed motion	Adopted
1-86	1-88	Updates terminology by deleting the terms “emotional disturbance” and “severe emotional disturbance” and replacing them with “mental illness” and “serious mental illness,” and deleting the term “out-of-home placement” and replacing it with “residential treatment and therapeutic foster care” where appropriate. Makes conforming changes where necessary.	Same, except technical differences. Staff recommends House except take Senate sections 62, 73, 82.			

House Article 9 – Miscellaneous**Senate Article 22 of SF 2669-3 – Miscellaneous**

House section (Art. 9)	Senate section (Art. 22)	Description	Comparison	Amdts	Proposed motion	Adopted
	UEH2115-1, Art. 5, section 1	Provides an additional six months for the resubmission of a claim when a prior claim for the same service was subject to an adjustment or recoupment.	Senate only			
1	8	Clarifies notice to the public of federal approval of legislative enactments	Different			
2		Repeals Minnesota Rules governing MA payment for clinic services	House only			