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Dear Members of the Health and Human Services Conference Committee:

NAMI Minnesota would like to thank both the House and Senate for their hard work developing omnibus health and human services bills that will continue the work of building the mental health system. There is much to support in both bills, and we hope that the final product will contain many of these provisions. We ask that you remember that the pandemic has led to greater numbers of Minnesotans struggling with their mental health – especially depression, anxiety, and suicidal ideation – resulting in increased needs for mental health services. NAMI Minnesota hopes that you will address the urgent need for additional investments in our mental health system.

Here are the items that NAMI Minnesota supports in both bills:

- **CADI Waiver Suspension:** Temporarily suspends a CADI waiver for up to 121 days if the person requires inpatient or residential treatment. Upon discharge, their CADI Waiver is restored to the previous level. Under current law, someone loses their waiver following a hospitalization or treatment in a residential facility at day 30 and must go through the eligibility process again upon discharge which can take 60 days or more.
- **Sober Home Study:** Creates a study to increase access to sober homes and ensure basic consumer protections for sober home residents. While some sober homes regulate themselves, there is no state or local oversight of sober homes. NAMI Minnesota prefers the House language and its broader representation of stakeholders involved in developing recommendations.
- **Certified Community Behavioral Health Clinics (CCBHC):** Updates policy for CCBHCs as Minnesota transitions from a federal pilot project to an MA benefit.
- **Uniform Service Standards:** Creates a unified licensing framework for community-based mental health services. This will reduce paperwork and simplify the regulatory framework for mental health providers.
- **Housing Supports Absence:** Allows someone using Housing Supports (formerly GRH) to keep their housing if they are temporarily absent because they are receiving inpatient or residential treatment for a health condition, including mental illness.
- **MA Post-Partum Coverage:** Expands Medical Assistance for postpartum women beyond 60 days. This will ensure that more women have access to treatment for postpartum mental illnesses and substance use disorders. This language is in both bills, but NAMI prefers the House language and an extension to 12 months.
- **MA Dental Coverage:** Expands Medical Assistance dental coverage to include nonsurgical periodontal care. This will help people with mental illnesses since some of the medications cause dry mouth which can lead to problems with their gums.
- **Regions Hospital:** Grants an exception to the hospital bed moratorium for regions hospital to add an additional 45 beds without a public interest review. NAMI prefers the House language because it specifies that 5 of the 45 must be psychiatric beds.
- **Family First:** Brings Minnesota into compliance with Federal Family First Language. Includes compromise language between NAMI, the counties, and DHS to create a “third path” for families voluntarily seeking residential treatment for a child’s mental illness in order to avoid going through the child protection “door.”

- **Provider Credentialing:** Establishes standards for the timely credentialing of health care providers by health plans. With a severe mental health workforce shortage, ensuring fast credentialing will improve access to care.
- **Telemedicine:** Removes the weekly cap on telemedicine visits under Medical Assistance and ensures that services provided via telemedicine are reimbursed at the same rate as in-person care. Allows for telehealth services through the telephone and other audio-only tools. NAMI does not support specific networks for telehealth.
- **Crisis Stabilization:** Calls on DHS to develop a rate methodology for smaller crisis stabilization facilities. In rural Minnesota it makes more sense to have small crisis homes so that people do not have to travel far from their communities.
- **Hospital Bed Moratorium:** The House position requires the Commissioner of Health to investigate whether a hospital system is abiding by the terms under which they were granted an exception to the hospital bed moratorium, including developing promised mental health beds. If the system did not develop these beds, then their bed licenses cannot be renewed. Also allows for a health system to add inpatient mental health beds without undergoing a public interest review, so long as they will accept Medical Assistance, not be a stand-alone hospital for people with mental illnesses and substance use disorders and have an emergency room. The Senate position allows a hospital to add mental health and substance use disorder beds without a public interest review so long as they accept Medical Assistance and MinnesotaCare. NAMI believes we must make it easier to add psychiatric beds but also ensure that we do not create new standalone psychiatric hospitals without emergency rooms.

Here are the items in the House bill that NAMI supports:

- **Expanding the Mental Health Workforce:** This provision is a major priority for NAMI Minnesota in order to expand our workforce to meet the needs of all Minnesotans and to have a more diverse and culturally informed workforce. Strategies include expanding the loan-forgiveness program to LADCs, setting aside loan forgiveness funding for BIPOC mental health professionals, requiring health plans to reimburse for services provided by clinical trainees, requiring a task force to make recommendations for cross-licensure supervision and a task force to consider alternative pathways to licensure, requiring four continuing education hours for all mental health professionals on cultural awareness and humility, funding to pay for BIPOC mental health professionals to become supervisors, funding for cultural healers, and requiring all the mental health licensing boards to represent the state in terms of geography, from a community of color or from an underrepresented community (defined as a group that is not represented in the majority with respect to race, ethnicity, national origin, sexual orientation, gender identity, or physical ability).
- **Permanent Supportive Housing:** Allows for the development of 274 additional permanent supportive housing units in the metro demonstration project and expands the eligible counties to include Carver, Scott, and Washington counties.
- **Homelessness / Emergency Shelter:** Makes a significant investment of $25 million over the biennium to invest in emergency shelter and other supports for people experiencing homelessness.
- **MFIP:** Simplifies the process for families on the Minnesota Family Investment Program (MFIP) and includes a cost-of-living adjustment to ensure that MFIP continues to meet the needs of people with very low incomes. Also makes a one-time payment of $750 to 32,000 parents and children on the MFIP program.
- **Homeless Youth:** Appropriates funding to help homeless youth obtain birth records and photo IDs.
- **Mandatory reporting:** Exempts health care or social services professional from reporting prenatal or postpartum women who are using drugs or alcohol to child protection, so long as the mother continues to receive regular prenatal or postpartum care. This will ensure that health care professionals and pregnant or postpartum women can have honest conversations about substance use.

- **Customized Living:** Grandparents in customized living providers like Touchstone's Rising Cedars residence. Without these changes, programs would have to become licensed as an assisted living program which would disrupt their successful model.
- **Hospital Closure:** Before closing a hospital, the health system must hold a public hearing explaining the reasons for the closure, what the system is doing to ensure access to health care and grant the community the right of first refusal. If a health system decides to close a hospital with inpatient mental health beds, the system must replace these mental health beds before they use their "banked" beds for another purpose.
- **Managed Care:** Requires information on managed care plan reimbursement rates, especially for mental health, to be public.
- **Drug Formularies**: Requires plans to make drug formularies available 30 days before renewal date and they can't remove drugs during the contract period. People often choose plans based on the drug formulary and it isn't fair to change the formulary in the middle of the contract period.

Here are the items in the Senate Bill that NAMI supports:

- **Youth ACT:** Expands the eligibility for Youth ACT services to children as young as eight and adults up to the age of 26. Youth ACT Teams must specialize and treat either younger or older patients. This will ensure a smooth transition to adulthood and provide a more intensive service to younger children.
- **FEP / Emerging Mood Disorder:** Leverages federal mental health block grant dollars to develop four additional First Episode Psychosis (FEP) programs and a new emerging mood disorder program for people with bipolar disorder or major depression. There has been an increase in calls and young people experiencing psychosis to the current FEP programs.
- **Housing Supports Rate Increase:** Increases the Housing Supports rate by $100 a month.
- **Permanent Supportive Housing:** Authorizes the development of 42 additional supportive housing beds in Olmsted county and 46 additional supportive housing beds in Blue Earth County to support people with substance use disorders.
- **School-Linked Mental Health:** Leverages federal mental health block grant dollars to increase funding for school-linked mental health programs.
- **School-Linked Substance Use Disorder Treatment:** Leverages federal dollars to create a school-linked substance use disorder program.

There are also two items in the Senate bill that NAMI has concerns with:

- **HCBS Caseload growth:** Saves money by placing a cap on the number of Home and Community Based Services (HCBS) waivers. We are concerned because we do have people who are "stuck" in community and state hospitals who need this level of care and this could make the problem worsen.
- **Tobacco surcharge:** Charges MinnesotaCare enrollees an additional surcharge for tobacco use. People with mental illnesses have the highest smoking rates and yet struggle with obtaining appropriate smoking cessation services.

Thank you for your hard work this session and support of people with mental illnesses. NAMI Minnesota urges you to make the investments necessary to continue building our mental health system.

Sincerely,

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