..... moves to amend H.F. No. 2414, the first division engrossment (DIVH2414-1), as follows:

Page 5, line 22, delete "support" and delete "to ensure" and insert "about"

Page 5, line 23, delete "records are submitted" and insert "record-keeping procedures"

Page 5, after line 26, insert:

"**EFFECTIVE DATE.** This section is effective July 1, 2020."

Page 7, after line 14, insert:

"**EFFECTIVE DATE.** This section is effective September 1, 2019."

Page 23, line 24, delete "abuse" and insert "use"

Page 63, line 15, delete "illegible,"

Page 259, line 16, delete "and enroll in"

Page 259, line 17, before the period, insert "and enroll in the Minnesota Ryan White program"

Page 274, after line 10, insert:

"(iii) for day support services, a unit of service is 15 minutes;"

Page 274, line 11, strike "(iii)" and insert "(iv)"

Page 285, line 15, strike "care" and insert "services" and after the second comma insert "day support services,"

Page 287, line 22, strike "behavior programming" and insert "employment exploration services, employment development services" and after the third comma insert "individualized home supports with family training, individualized home supports with training,"

Page 287, line 23, strike everything after the second comma

Page 287, strike lines 24 and 25

Page 287, line 26, strike "employment support" and insert "and hourly supported living"

Page 446, delete lines 29 and 30

Renumber the clauses in sequence

Page 564, after line 11, insert:

"Sec. .... Minnesota Statutes 2018, section 256B.69, is amended by adding a subdivision to read:

Subd. 38. **Payment rate transparency.** The commissioner shall compare fee-for-service medical assistance, Medicare, and medical assistance managed care and county-based purchasing plan aggregate payment rates for the most frequently used inpatient hospital, primary care, dental care, physician specialist, obstetrics, mental health, substance use disorder, and home health services using available data. The commissioner shall publish this information on the Department of Human Services website and must update the information annually by October 1. The managed care and county-based purchasing plan aggregate payment data must be expressed as the percentage above or below the fee-for-service payment rate for the categories listed in this subdivision.

EFFECTIVE DATE. This section is effective October 1, 2020."

Page 621, delete lines 5 to 8 and insert:

"(f) A pharmacy benefit manager or health carrier must not prohibit an entity authorized to participate in the federal 340B Drug Pricing Program under section 340B of the Public Health Service Act (United States Code, title 42, chapter 6A), or a pharmacy under contract with such an entity to provide pharmacy services from participating in the pharmacy benefit manager's or health carrier's provider network. A pharmacy benefit manager or health carrier must not reimburse an entity or a pharmacy under contract with such an entity participating in the federal 340B Drug Pricing Program differently than other similarly situated pharmacies. A pharmacy benefit manager that contracts with a managed care plan or county-based purchasing plan under contract with the commissioner of human services under chapter 256B or 256L must comply with this paragraph only if the entity or contracted pharmacy can identify all claims eligible for 340B drugs at the time of initial claims submission at the point-of-sale. This paragraph does not preclude a pharmacy benefit manager that contracts with a managed care plan or county-based purchasing plan under contract with the commissioner of human services under chapter 256B or 256L, from reimbursing an entity

or pharmacy identified in this paragraph at a lower rate for any prescription drug purchased by the entity or pharmacy through the federal 340B Drug Pricing Program."

Reletter the paragraphs in sequence

Page 790, line 24, delete "Minnesota premium security plan and" and insert "Prohibiting subtractions from" and before"A" insert "(a)"

Page 790, line 26, after "expenses" insert ": (1)"

Page 790, line 27, after "62E.23" insert "; and (2) all reimbursement payments made by the commissioner under sections 62A.25, subdivision 2, 62A.28, subdivision 2, 62A.3096, and 62A.3097." and before "The" insert "(b)"

Page 791, after line 28, insert:

"(d) The commissioner of commerce shall reimburse health carriers for coverage of ectodermal dysplasias under this section. Reimbursement is available only for coverage that would not have been provided by the health carrier without the requirements of this act. Reimbursement from the commissioner shall be at the medical assistance rate. Health care providers are prohibited from billing an enrollee for any amount in excess of the medical assistance rate. A provider is permitted to bill an enrollee for the applicable co-payment, deductible, or coinsurance."

Page 792, line 2, before "Every" insert "(a)"

Page 792, line 5, before "The" insert "(b)"

Page 792, after line 8, insert:

"(c) The commissioner of commerce shall reimburse health carriers for coverage of ectodermal dysplasias under this section. Reimbursement is available only for coverage that would not have been provided by the health carrier without the requirements of this act. Reimbursement from the commissioner shall be at the medical assistance rate. Health care providers are prohibited from billing an enrollee for any amount in excess of the medical assistance rate. A provider is permitted to bill an enrollee for the applicable co-payment, deductible, or coinsurance."

Page 793, line 18, delete everything after "section" and insert ". Reimbursement is available only for coverage that would not have been provided by the health carrier without the requirements of this act. Reimbursement from the commissioner shall be at the medical assistance rate. Health care providers are prohibited from billing an enrollee for any amount

in excess of the medical assistance rate. A provider is permitted to bill an enrollee for the applicable co-payment, deductible, or coinsurance."

Page 794, line 14, delete everything after "section" and insert ". Reimbursement is available only for coverage that would not have been provided by the health carrier without the requirements of this act. Reimbursement from the commissioner shall be at the medical assistance rate. Health care providers are prohibited from billing an enrollee for any amount in excess of the medical assistance rate. A provider is permitted to bill an enrollee for the applicable co-payment, deductible, or coinsurance."

Page 803, after line 32, insert:

"Sec. .... Minnesota Statutes 2018, section 62E.23, subdivision 4, is amended to read:

Subd. 4. **Calculation of reinsurance payments.** (a) Each reinsurance payment must be calculated with respect to an eligible health carrier's incurred claims costs for an individual enrollee's covered benefits in the applicable benefit year. If the claims costs do not exceed the attachment point, the reinsurance payment is $0. If the claims costs exceed the attachment point, the reinsurance payment shall be calculated as the product of the coinsurance rate and the lesser of:

(1) the claims costs minus the attachment point; or

(2) the reinsurance cap minus the attachment point.

(b) The board must ensure that reinsurance payments made to eligible health carriers do not exceed the total amount paid by the eligible health carrier for any eligible claim. "Total amount paid of an eligible claim" means the amount paid by the eligible health carrier based upon the allowed amount less any deductible, coinsurance, or co-payment, as of the time the data are submitted or made accessible under subdivision 5, paragraph (c).

(c) In calculating claims costs incurred for an individual enrollee's covered benefits for a benefit year, an eligible health carrier shall not include claims costs for coverage of ectodermal dysplasias or PANDAS or PANS under section 62A.25, subdivision 2; 62A.28, subdivision 2; 62A.3096; or 62A.3097, and eligible to be reimbursed by the commissioner of commerce.

EFFECTIVE DATE. This section is effective January 1, 2020, and applies to claims costs incurred on or after that date."

Page 835, after line 9, insert:

"Sec. .... **COVERAGE FOR ECTODERMAL DYSPLASIAS AND PANDAS OR PANS.**

A health plan's coverage as of January 1, 2019, must be used by the health carrier as the basis for determining whether coverage would not have been provided by the health carrier pursuant to section 62A.25, subdivision 2, paragraph (d); 62A.28, subdivision 2, paragraph (c); 62A.3096, subdivision 4; or 62A.3097, subdivision 4. Treatments and services covered by the health plan as of January 1, 2019, are not eligible for reimbursement by the commissioner of commerce."

Page 856, line 19, delete "meetings" and insert "recordings"

Page 1000, line 29, delete "8,243,761,000" and insert "8,244,381,000" and delete "8,389,841,000" and insert "8,390,392,000"

Page 1001, line 3, delete "7,408,203,000" and insert "7,408,609,000" and delete "7,543,846,000" and insert "7,544,806,000"

Page 1001, line 6, delete "530,850,000" and insert "531,064,000" and delete "555,959,000" and insert "555,550,000"

Page 1005, line 10, delete "152,112,000" and insert "152,118,000" and delete "149,404,000" and insert "149,405,000"

Page 1008, line 6, delete "$147,039,000" and insert "$147,040,000"

Page 1008, line 7, delete "$148,501,000" and insert "$148,502,000"

Page 1010, line 14, delete "20,330,000" and insert "20,460,000" and delete "17,991,000" and insert "18,096,000"

Page 1010, line 32, delete "$20,486,000" and insert "$20,591,000"

Page 1010, line 33, delete "$18,006,000" and insert "$18,111,000"

Page 1011, line 5, delete "36,128,000" and insert "37,346,000" and delete "36,063,000" and insert "37,238,000"

Page 1011, after line 11, insert:

"(b) **Homeless Management Information System.** $1,000,000 in fiscal year 2020 and $1,000,000 in fiscal year 2021 are from the general fund for support of the Homeless Management Information System (HMIS)."

Page 1011, line 12, delete "(b)" and insert "(c)"

Page 1011, line 13, delete "$35,683,000" and insert "$36,783,000"

Page 1011, line 14, delete "$35,383,000" and insert "$36,483,000"

Page 1012, line 31, delete "5,654,780,000" and insert "5,654,457,000" and delete "5,714,720,000" and insert "5,714,974,000"

Page 1012, line 32, delete "454,459,000" and insert "454,673,000" and delete "472,470,000" and insert "472,061,000"

Page 1017, line 17, delete "24,575,000" and insert "23,175,000" and delete "24,315,000" and insert "22,915,000"

Page 1017, delete lines 23 to 34

Page 1018, delete lines 1 to 6 and insert:

"(b) **Replicable Homeless Youth Drop-In Program Model.** $100,000 in fiscal year 2020 and $100,000 in fiscal year 2021 are for a grant to an organization in Anoka County providing services and programming through a drop-in program to meet the basic needs, including mental health needs, of homeless youth in the northern metropolitan suburbs, to develop a model of its homeless youth drop-in program that can be shared and replicated in other communities throughout Minnesota. This is a onetime appropriation."

Page 1018, line 24, delete "$23,565,000" and insert "$22,065,000"

Page 1018, line 25, delete "$23,565,000" and insert "22,065,000"

Page 1021, line 2, delete "10,264,000" and insert "10,764,000" and delete "11,364,000" and insert "11,864,000"

Page 1021, delete lines 3 to 7 and insert:

"(a) **Homeless Youth Act.** $750,000 in fiscal year 2020 and $750,000 in fiscal year 2021 are to provide grants under Minnesota Statutes,

section 256K.45. This appropriation is added to the base.

(b) **Emergency Services Grants.** $500,000 in fiscal year 2020 and $500,000 in fiscal year 2021 are to provide emergency services grants under Minnesota Statutes, section 256E.36. This appropriation is added to the base.

(c) **Long-Term Homeless Supportive Services.** $250,000 in fiscal year 2020 and $250,000 in fiscal year 2021 are to provide integrated serviced needed to stabilize individuals, families, and youth living in supportive housing under Minnesota Statutes, section 256K.26. This appropriation is added to the base."

Page 1023, line 5, delete "25,826,000" and insert "25,726,000" and delete "25,826,000" and insert "25,726,000"

Page 1023, delete lines 18 to 29

Page 1023, line 30, delete "(c)" and insert "(b)"

Page 1024, line 2, delete "2,136,000" and insert "2,636,000" and delete "2,136,000" and insert "2,636,000"

Page 1024, line 4, before "Problem" insert "(a)"

Page 1024, after line 14, insert:

"(b) **Grant to Proof Alliance.** (1) $500,000 in fiscal year 2020 and $500,000 in fiscal year 2021 are from the general fund for a grant to Proof Alliance. These appropriations are in addition to base level funding for this purpose. Of this appropriation, Proof Alliance shall make grants to eligible regional collaboratives for the purposes specified in clause (3).

(2) "Eligible regional collaboratives" means a partnership between at least one local

government and at least one community-based organization and, where available, a family home visiting program. For purposes of this clause, a local government includes a county or multicounty organization, a tribal government, a county-based purchasing entity, or a community health board.

(3) Eligible regional collaboratives must use grant funds to reduce the incidence of fetal alcohol spectrum disorders and other prenatal drug-related effects in children in Minnesota by identifying and serving pregnant women suspected of or known to use or abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services to chemically dependent women to increase positive birth outcomes.

(4) Proof Alliance must make grants to eligible regional collaboratives from both rural and urban areas of the state.

(5) An eligible regional collaborative that receives a grant under this paragraph must report to Proof Alliance by January 15 of each year on the services and programs funded by the grant. The report must include measurable outcomes for the previous year, including the number of pregnant women served and the number of toxic-free babies born. Proof Alliance must compile the information in these reports and report that information to the commissioner of human services by February 15 of each year."

Page 1026, line 5, delete "47,523,000" and insert "47,398,000" and delete "47,732,000" and insert "47,657,000"

Page 1026, line 16, delete "251,090,000" and insert "250,590,000" and delete "254,068,000" and insert "253,568,000"

Page 1026, line 19, delete "141,680,000" and insert "141,180,000" and delete "143,897,000" and insert "143,397,000"

Page 1026, line 29, delete "102,195,000" and insert "101,695,000" and delete "100,795,000" and insert "100,295,000"

Page 1029, delete lines 29 to 34

Page 1030, delete lines 1 to 34

Page 1031, delete lines 1 and 2

Page 1033, line 8, delete "$99,351,000" and insert "$98,851,000"

Page 1033, line 9, delete "$99,401,000" and insert "$98,901,000"