MN HOUSE RESEARCH

Act Summary

Chapter 115

2020 Regular Session

Subject	**Health care omnibus**
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Article 1: Department of Health

This article makes changes to a statute regulating the operation of x-ray equipment and sources of ionizing radiation; establishes time periods within which providers must supply patients with requested health information or health records; modifies requirements that apply to manufacturers participating in the medical cannabis program; authorizes the use of money from the drinking water revolving fund for replacement of privately owned drinking water lead service lines; provides that age-related macular degeneration shall not be added to the medical cannabis program as a qualifying medical condition; and modifies an effective date for a section requiring hospitals to provide information on billed charges to discharged patients.

Section	Description – Article 1: Department of Health
1	**Registration; fees.** Amends § 144.121, subd. 1. Changes a term used in a subdivision requiring payment of fees for x-ray equipment and sources of ionizing radiation.
2	**Fees for ionizing radiation-producing equipment.** Amends § 144.121, subd. 1a. Clarifies that a facility with other sources of ionizing radiation must pay an initial or annual renewal registration fee, and specifies that the fee amount added to a facility's base fee is a fee for each x-ray tube. Makes other technical changes.
3	**Handheld dental x-ray equipment.** Adds subd. 1d to § 144.121. Requires a facility that uses handheld dental x-ray equipment according to section 144.1215 to comply with this section.
4	**Inspections.** Amends § 144.121, subd. 2. Makes technical and clarifying changes to a subdivision requiring the commissioner of health to perform periodic radiation safety inspections of x-ray equipment and other sources of ionizing radiation.

Section	Description – Article 1: Department of Health
5	**Examination for individual operating x-ray systems.** Amends § 144.121, subd. 5. Changes a term used (x-ray systems instead of x-ray equipment) in a subdivision requiring individuals to pass an examination in order to operate x-ray systems. Strikes a direction to the commissioner to establish criteria for approval of examinations, and in a new paragraph (b), lists individuals with certain qualifications who are authorized to operate x-ray systems. A new paragraph (c) exempts individuals in a training or education program for most of the occupations listed in paragraph (b) from the examination requirement, for the scope and duration of the training or education program. Paragraph (d) specifies what the Minnesota examination for limited scope x-ray operators must include. A new paragraph (e) specifies what the examination for bone densitometry equipment operators must include. Paragraph (f) specifies that bone densitometry equipment operators are required to submit an application to take the exam required by this subdivision and pay a $25 processing fee. Strikes language requiring persons taking an examination to submit the examination fee to the commissioner and requiring the commissioner to submit the exam fee to the national organization providing the exam. Also makes technical changes.
6	**Limited scope x-ray and bone densitometry equipment operator practice.** Amends § 144.121, subd. 5a. Clarifies that a limited scope x-ray operator and bone densitometry equipment operator may only practice medical radiography on limited regions of the anatomy for which the operator has passed one of the specified examinations, and lists x-ray systems that a limited scope x-ray operator and bone densitometry equipment operator may not operate. Strikes a paragraph exempting individuals with certain qualifications from this subdivision.
7	**Cardiovascular technologist practice.** Adds subd. 5c to § 144.121. Specifies qualifications of a cardiovascular technologist to assist with the operation of fluoroscopy equipment. Exempts a cardiovascular technologist participating in a training or education program from the examination requirement for the scope and duration of the training or education program.

Section	Description – Article 1: Department of Health
8	**Nuclear medicine technologist practice.** Adds subd. 5d to § 144.121. Specifies qualifications of a nuclear medicine technologist to operate fusion imaging devices or certain dual imaging devices, and qualifications to operate a stand-alone computed tomography x-ray system. Exempts a nuclear medicine technologist who is participating in a training or education program to obtain the specified credential from the examination requirement for the scope and duration of the training or education program.
9	**Radiation therapy technologist practice.** Adds subd. 5e to § 144.121. Specifies qualifications for a radiation therapy technologist to operate radiation therapy accelerator and simulator x-ray systems and stand-alone computed tomography x-ray systems. Exempts a radiation therapy technologist who is participating in a training or education program to obtain the specified credential from the examination requirement for the scope and duration of the training or education program.
10	**Patient access.** Amends § 144.292, subd. 2. Current law requires a health care provider to provide a patient with complete and current diagnosis, treatment, and prognosis information for the patient held by that provider. This section requires that information to be supplied within 30 calendar days of the provider receiving a written request for medical records.
11	**Copies of health records to patients.** Amends § 144.292, subd. 5. Current law requires a health care provider to promptly furnish a patient with copies of the patient's health record or the pertinent portion of the patient's health record. This section requires the health record or portion of the health record to be supplied within 30 calendar days of the provider receiving a written request for medical records.
12	**Manufacturer; requirements.** Amends § 152.29, subd. 1. In paragraph (a), authorizes rather than requires a medical cannabis manufacturer to operate eight distribution facilities. A new paragraph (n) provides that, until a state-centralized, seed-to-sale system is implemented, the commissioner must conduct at least one unannounced inspection of each medical cannabis manufacturer per year. Also specifies what must be included in the inspection.

Section	Description – Article 1: Department of Health
13	**Fees; deposit of revenue.** Amends § 152.35. To pay the reduced fee of $50 to enroll in the medical cannabis program, requires a patient to provide evidence of meeting one of the criteria (rather than attesting to meeting one of the criteria as in current law). Corrects the names of two programs, and allows a patient receiving veterans disability or railroad disability payments to pay the $50 enrollment fee. Specifies that a patient is considered to be receiving SSDI if the patient was receiving SSDI when the patient was transitioned to retirement benefits, and specifies that veterans disability payments include VA dependency and indemnity compensation. Requires a patient to pay the $200 enrollment fee unless specifically authorized by this section to pay the $50 fee.
14	**Other uses of fund.** Amends § 446A.081, subd. 9. In a subdivision listing allowable uses of the drinking water revolving fund, a new clause (11) allows money in the fund to be used to provide principal forgiveness or grants for 50 percent of project costs, up to a maximum of $250,000, for projects to replace the privately owned portion of drinking water lead service lines. Also strikes a reference in clause (8) to a rule being repealed; and modifies an existing allowable use in clause (10), to allow principal forgiveness or grants for 80 percent of project costs, up to a maximum of $100,000, for projects to comply with national primary drinking water standards for an existing nonmunicipal community public water system. (Under current law the allowable use under this clause is principal forgiveness or grants for 50 percent of project costs, up to a maximum of $10,000, for projects for an existing community or noncommunity public water system.)
15	**Effective date.** Amends Laws 2019, first special session chapter 9, article 11, § 35, the effective date. Minnesota Statutes, section 144.591 was enacted in 2019, is scheduled to become effective August 1, 2020, and requires hospitals to provide to each discharged patient with an itemized description of billed charges for goods and services received. This section changes the effective date from August 1, 2020 to January 1, 2021, and makes the effective date change effective the day following final enactment.
16	**Age-related macular degeneration; qualifying medical condition.** Provides that age-related macular degeneration shall not be added to the medical cannabis program as a qualifying medical condition. (On December 2, 2019, the commissioner of health proposed adding this condition as a qualifying medical condition. The legislature may by law provide that an addition proposed by the commissioner is not added to the list of qualifying medical conditions.)

Section	Description – Article 1: Department of Health
17	**Repealer.** Paragraph (a) repeals section 144.121, subd. 3 (exempting veterinarians from a requirement to conduct densitometry and sensitometry tests as part of ionizing radiation quality assurance) and subd. 5b (requiring the commissioner to grant a variance to a facility for the scope of practice of an x-ray operator if health care delivery would be compromised if a variance was not granted. Paragraph (b) repeals Minnesota Rules, part 7380.0280 (requiring the Public Facilities Authority to provide supplemental assistance by reducing a loan principal of a public water supply system if the project meets disadvantaged community criteria in rule).

Article 2: Health Related Licensing Boards

This article modifies provisions related to physician assistant practice and licensure and various provisions related to pharmacists and practitioners prescribing and dispensing prescription drugs. It also allows pharmacists to administer COVID-19 vaccines and modifies the Board of Pharmacy's drug repository request for proposal process, licensed traditional midwifery practice, podiatry continuing education requirements, and physical therapy assistant observation.

Section	Description – Article 2: Health-Related Licensing Boards
1	**Requirement** Amends § 62A.307, subd. 2. Modifies cross-reference.
2	**Coverage for drugs prescribed and dispensed by pharmacies.** Proposes coding for § 62Q.529. Requires health plans to provide coverage for self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists for the treatment of an acute opiate overdose prescribed and dispensed by a licensed pharmacist, under the same terms of coverage that would otherwise apply. Specifies that a health plan is not required to cover the drug if the pharmacy is out-of-network, unless the health plan covers such prescriptions.
3	**Administer.** Amends § 147A.01, subd. 3. Modifies definition by removing language regarding authorization to prescribe legend drugs and delivery ordered by a physician.
4	**Collaborating physician.** Amends § 147A.01 by adding subd. 6a. Adds definition of "collaborating physician," who oversees a physician assistant under a collaborative agreement.

Section	Description – Article 2: Health-Related Licensing Boards
5	**Prescription.** Amends § 147A.01, subd. 21. Modifies definition by removing language regarding prescribing authority and delegation agreements.
6	**Therapeutic order.** Amends § 147A.01, subd. 26. Modifies definition by removing language regarding prescribing authority and delegation agreements.
7	**Verbal order.** Amends § 147A.01, subd. 27. Modifies definition by removing language regarding prescribing authority and delegation agreements.
8	**Qualifications for licensure.** Amends § 147A.02. Adds paragraph (c), requiring that a physician assistant must practice for at least 2,080 hours under a collaborative agreement, within a hospital or integrated clinical setting in which physician assistants and physicians work together to care for patients. Requires written evidence of completion of the required collaborative practice experience. Specifies the qualities and requirements for a collaborative agreement between a physician assistant and one or more licensed physicians; specifies that the collaborating physician is not required to be physically present. `
9	**Licensure required.** Amends § 147A.03 by adding subd. 1a. Specifies that unlicensed physician assistant practice is unlawful.
10	**Inactive license.** Amends § 147A.05. Adds paragraph (b), allowing a person with an inactive license to use protected titles, but not to practice as a physician assistant.
11	**Cancellation of license for nonrenewal.** Amends § 147A.06. Removes obsolete dates.

Section	Description – Article 2: Health-Related Licensing Boards
12	**Scope of practice.** Amends § 147A.09. Removes language regarding delegation agreements and the requirements for physician supervision, replacing them with established "practice agreements." Makes corresponding changes throughout the section to allow for direct patient services outside of immediate physician supervision. Modifies patient services in subdivision 2 by adding review of diagnostic procedures, and specifying that interpretation of certain diagnostic scans is not a permitted service. Specifies permitted and prohibited anesthetic administration. Adds subdivision 3, which outlines the requirements and annual review for the practice agreement between the physician assistant and a licensed physician. Adds subdivision 4, limiting physician assistant scope of practice to allow spinal injections for acute and chronic pain symptoms only upon referral and in collaboration with a licensed physician. Adds subdivision 5, limiting physician assistant scope of practice to allow for ongoing psychiatric treatment only in collaboration with a licensed physician, under a practice agreement specifying the collaboration and appropriate consultation or referral to psychiatry.
13	**Grounds listed.** Amends § 147A.13, subd. 1. Removes and modifies language related to delegation; removes "doctor" from prohibited title usage.
14	**Licensed professionals.** Amends § 147A.14, subd. 4. Changes terminology from "physician" to "provider."
15	**Forms of disciplinary action.** Amends § 147A.16. Removes language related to supervision, makes clarifying changes.
16	**Prescribing drug and therapeutic devices.** Proposes coding for § 147A.185. **Subd. 1. Diagnosis, prescribing, and ordering.** Lists physician assistant authority for diagnosis, prescribing, and ordering of therapies, drugs, medical devices, and other supportive and therapeutic services. **Subd. 2. Drug Enforcement Administration requirements.** Lists Drug Enforcement Administration requirements for physician assistants.

Section	Description – Article 2: Health-Related Licensing Boards

Subd. 3. Other requirements and restrictions. Specifies what each prescription initiated by a physician assistant must include, and that physician assistants must comply with chapters 151 and 152.

17 **Responding to disaster situations.**

Amends § 147A.23. Removes language related to physician supervision and delegation agreements.

18 **Scope of practice.**

Amends § 147D.03, subd. 2. Allows licensed traditional midwives to order standard prenatal laboratory tests and imaging, including ultrasounds, and allows them to provide point-of-care testing, within the standard prenatal protocol of the midwife's standard of care.

19 **Practitioner.**

Amends § 151.01, subd. 23. Removes language related to physician assistants as practitioners who may prescribe drugs, related to changes made in this act in chapter 147A. Adds a pharmacist authorized to prescribe self-administered hormonal contraceptives, nicotine replacement medications, or opiate antagonists under section 151.37, subdivision 14, 15, or 16 to definition of practitioner.

20 **Practice of Pharmacy.**

Amends § 151.01, subd. 27. Adds the prescribing of self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists for the treatment of an acute opiate overdose, pursuant to statute, to list of what constitutes the practice of pharmacy. Updates terminology and adds approved COVID-19 or SARS-CoV-2 vaccines to those that a pharmacist may administer.

21 **Self-administered hormonal contraceptive.**

Amends § 151.01 by adding subd. 42. Adds definition of "self-administered hormonal contraceptive" to pharmacy practice act definitions.

22 **Prescribing and filling.**

Amends § 151.37, subd. 2. Allows a required patient evaluation and examination to be completed through the use of telemedicine, for purposes of prescribing phosphodiesterase type 5 inhibitor drugs to treat erectile dysfunction.

23 **Self-administered hormonal contraceptives.**

Amends § 151.37 by adding subd. 14. Paragraph (a) allows a pharmacist to prescribe self-administered hormonal contraceptives in specified circumstances. Requires the board of pharmacy to develop a standardized protocol for prescribing such drugs by

Section	Description – Article 2: Health-Related Licensing Boards
	January 1, 2021. Specifies with whom the board must consult when developing the protocol, and specifies what the protocol must include. Paragraph (b) requires a pharmacist to complete a relevant training program before prescribing a self-administered hormonal contraceptive; requires continuing education. Paragraph (c) specifies the circumstances under which a pharmacist may prescribe a self-administered hormonal contraceptive. Paragraph (d) requires the pharmacist to provide to the patient a written record of the prescription, counseling, and a fact sheet with information about self-administered hormonal contraceptives. Paragraph (e) prohibits a pharmacist from prescribing a refill under this subdivision unless the patient has evidence of a clinical visit within the previous three years. Paragraph (f) prohibits a pharmacist authorized to prescribe under this subdivision from delegating prescribing to any other person. Specifies procedure for pharmacist intern self-administered hormonal contraceptives prescription preparation. Paragraph (g) specifies that nothing in this subdivision prohibits a pharmacist from participating in permitted activities under another protocol or collaborative agreement.
24	**Nicotine replacement medications.** Amends § 151.37 by adding subd. 15. Paragraph (a) allows a pharmacist to prescribe FDA-approved nicotine replacement medications. Requires the Board of Pharmacy to develop a standardized protocol for prescribing such drugs by January 1, 2021. Specifies with whom the board must consult when developing the protocol. Paragraph (b) requires a pharmacist to complete a relevant training program before prescribing a nicotine replacement medication; requires continuing education. Paragraph (c) requires a pharmacist to follow the protocol developed under paragraph (a) before prescribing a nicotine replacement medication; allows a pharmacist to dispense such a medication if appropriate. Paragraph (d) requires the pharmacist to provide to the patient a written record of the prescription, counseling, and a fact sheet with information about nicotine replacement medications.

Section	Description – Article 2: Health-Related Licensing Boards

Paragraph (e) prohibits a pharmacist authorized to prescribe under this subdivision from delegating prescribing to any other person. Specifies procedure for pharmacist intern nicotine replacement medication prescription preparation.

Paragraph (f) specifies that nothing in this subdivision prohibits a pharmacist from participating in permitted activities under another protocol or collaborative agreement.

25 **Opiate antagonists for the treatment of an acute opiate overdose.**

Amends § 151.37 by adding subd. 16. Paragraph (a) allows a pharmacist to prescribe opiate antagonists for the treatment of an acute opiate overdose. Requires the Board of Pharmacy to develop a standardized protocol for prescribing such drugs by January 1, 2021. Specifies with whom the board must consult when developing the protocol.

Paragraph (b) requires a pharmacist to complete a relevant training program before prescribing opiate antagonists for the treatment of an acute opiate overdose; requires continuing education.

Paragraph (c) requires a pharmacist to follow the protocol developed under paragraph (a) before prescribing opiate antagonists for the treatment of an acute opiate overdose; allows a pharmacist to dispense if appropriate.

Paragraph (d) requires the pharmacist to provide to the patient a written record of the prescription, counseling, and a fact sheet with information about the opiate antagonist.

Paragraph (e) prohibits a pharmacist authorized to prescribe under this subdivision from delegating prescribing to any other person. Specifies procedure for pharmacist intern prescription preparation.

Paragraph (f) specifies that nothing in this subdivision prohibits a pharmacist from participating in permitted activities under another protocol or collaborative agreement.

26 **Central repository requirements.**

Amends § 151.555, subd. 3. Makes it optional for the board of pharmacy to publish a request for proposal for drug repository program participants who are interested in acting as the central repository. Allows the board to work directly with the University of Minnesota to establish a central repository. Makes this section effective the day following final enactment.

Section	Description – Article 2: Health-Related Licensing Boards

27 **Prescribing, dispensing, administering controlled substances in Schedules II through V.**

Amends § 152.12, subd. 1. Adds physician assistants to individuals permitted to prescribe, administer, and dispense controlled substances included in Schedules II through V of section 152.02.

28 **Drugs.**

Amends § 256B.0625, subd. 13. Specifies that medical assistance covers self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed pharmacist, pursuant to statutory requirements.

29 **Medication therapy management services.**

Amends § 256B.0625, subd. 13h. Adds pharmacist prescribing of self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists used for the treatment of an acute opiate overdose to medication therapy management services covered under medical assistance.

30 **Issuance of prescriptions to treat substance use disorders.**

Subd. 1. Applicability during peacetime emergency. Specifies that this section applies during the COVID-19 peacetime emergency declared by the governor.

Subd. 2. Use of telemedicine allowed. Allows a prescribing practitioner to use a telemedicine examination in order to meet the examination requirement for issuing a prescription drug order for treatment of a substance use disorder.

Subd. 3. Expiration. Specifies that this section expires 60 days after the peacetime emergency ends.

Makes this section effective the day following final enactment.

31 **License renewal for podiatrists; continuing education.**

Allows podiatrist continuing education hours for licensure renewal to be obtained through live online continuing education from March 13, 2020, until the section expires on December 31, 2020, or the day after the COVID-19 peacetime emergency is terminated, whichever is later.

Makes this section effective the day following final enactment.

Section	Description – Article 2: Health-Related Licensing Boards
32	**Observation of physical therapist assistants.** **Subd. 1. Applicability during a peacetime emergency.** Specifies that this section applies during the COVID-19 peacetime emergency declared by the governor. **Subd. 2. On-site requirements.** Allows required on-site treatment observation for physical therapy assistants to be met via telemedicine. **Subd. 3. Expiration.** Specifies that this section expires 60 days after the peacetime emergency ends. Makes this section effective the day following final enactment.
33	**Therapeutic interchange.** **Subd. 1. Applicability during a peacetime emergency.** Specifies that this section applies during the COVID-19 peacetime emergency declared by the governor. **Subd. 2. Therapeutic interchange.** Allows a pharmacist to dispense a therapeutically equivalent prescribed drug or biological product without a protocol in place, under listed circumstances. **Subd. 3. Expiration.** Specifies that this section expires 60 days after the peacetime emergency ends. Makes this section effective the day following final enactment.
34	**Repealer.** Repeals statutory provisions related to physician assistant licensure and practice, including physician supervision, delegation agreements, and temporary licenses.

Article 3: Health Care

This article makes changes to the administration of the Medical Assistance (MA) and MinnesotaCare programs. Many of the changes modify state law to reflect current practice, update state laws and eliminate obsolete language, and incorporate federal requirements into state law. The article also modifies provisions related to opioid-related fees and designates the opiate epidemic response account as a fund. The article also includes provisions related to breast and cervical cancer screening, dental reimbursement for services provided under a treatment plan, coverage of services not related to a clinical trial, and the insulin safety net program.

Section	Description – Article 3: Health Care
1	**Exceptions.** Amends § 16A.151, subd. 2. Renames the opiate epidemic response account the opiate epidemic response fund. This change is made in a number of sections. Provides an immediate effective date.
2	**Payment restructuring; care coordination payments.** Amends § 62U.03. Makes a conforming change related to the commissioner of health certifying health care homes (see the amendment to § 256B.0751). Provides an immediate effective date.
3	**Restricted uses of the all-payer claims data.** Amends § 62U.04, subd. 11. Strikes a cross-reference to a section related to health care home reporting requirements that is repealed in the article. Provides an immediate effective date.
4	**Application fees.** Amends § 151.065, subd. 1., as amended by Laws 2020, chapter 71, article 2, section 5. Increases the Board of Pharmacy application fee for opiate manufacturers from $55,000 to $55,260. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. Provides an immediate effective date.
5	**Annual renewal fees.** Amends § 151.065, subd. 3., as amended by Laws 2020, chapter 71, article 2, section 6. Increases the Board of Pharmacy renewal fee for opiate manufacturers from $55,000 to $55,260. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. Provides an immediate effective date.
6	**Reinstatement fee.** Amends § 151.065, subd. 6. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. This change is made in a number of sections. Provides an immediate effective date.

Section	Description – Article 3: Health Care

7 **Deposit of fees.**

Amends § 151.065, subd. 7., as amended by Laws 2020, chapter 71, article 2, section 7. Requires $55,000 of each application or renewal fee paid to the Board of Pharmacy by opiate manufacturers to be deposited in the opiate epidemic response fund; the fee balance of $260 would be deposited into the state government special revenue fund. Under current law, the entire fee would be deposited in the opiate epidemic response fund. Also changes terminology.

Provides an immediate effective date.

8 **Grounds for disciplinary action.**

Amends § 151.071, subd. 2. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. Makes a technical change.

Provides an immediate effective date.

9 **Temporary suspension of license for pharmacies, drug wholesalers, drug manufacturers, medical gas manufacturers, and medical gas dispensers.**

Amends § 151.071, subd. 8. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. Makes a technical change.

Provides an immediate effective date.

10 **Sale of federally restricted medical gases.**

Amends § 151.19, subd. 3. Changes terminology used to refer to medical gas distributors, by renaming these entities medical gas dispensers. Also makes conforming and technical changes.

Provides an immediate effective date.

11 **Requirements.**

Amends § 151.252, subd. 1. Renames the opiate epidemic response account the opiate epidemic response fund.

Provides an immediate effective date.

Section	Description – Article 3: Health Care
12	**State medical review team.** Amends § 256.01, subd. 29. Requires the commissioner, to ensure timely processing of disability determinations by the state medical review team, to review all medical evidence (current law refers to medical evidence submitted by county agencies with a referral). Also makes technical changes. Provides an immediate effective date.
13	**Membership.** Amends § 256.042, subd. 2. Allows the Minnesota Hospital Association to appoint its representative on the Opiate Epidemic Response Advisory Council. Also reduces the term length of council members from four to three years. Provides an immediate effective date.
14	**Grants.** Amends § 256.042, subd. 4. Renames the opiate epidemic response account the opiate epidemic response fund. Provides an immediate effective date.
15	**Opiate epidemic response fund.** Amends § 256.043. Establishes the opiate epidemic response fund as a replacement for the opiate epidemic response account. Converts existing transfers to the Board of Pharmacy and the commissioner of public safety into appropriations and makes conforming changes. Provides an immediate effective date.
16	**Income and assets generally.** Amends § 256B.056, subd. 1a. Specifies that for individuals whose eligibility for MA is determined using modified adjusted gross income (MAGI), current monthly income and household size is used to determine eligibility for the 12-month eligibility period, except that predicted income for that period may be used if an individual's income is expected to vary from month to month. Also updates a federal law citation, to refer to the U.S. Code rather than the Affordable Care Act. Provides an immediate effective date.
17	**Income.** Amends § 256B.056, subd. 4. Strikes an obsolete provision related to the conversion to a MAGI income methodology, and an obsolete date. Provides an immediate effective date.

Section	Description – Article 3: Health Care
18	**Period of eligibility.** Amends § 256B.056, subd. 7. Provides that a person who is covered under an insurance affordability program (MA, MinnesotaCare, a Basic Health Plan, or a program that provides premium tax credits or cost-sharing reductions), who reports a change in income that makes them eligible for MA, is eligible for MA for the month the change is reported and for the three prior months, if the person was eligible during those months. Provides an immediate effective date.
19	**Periodic renewal of eligibility.** Amends § 256B.056, subd. 7a. Provides that persons eligible for MA through spenddown shall be subject to a review of eligibility every six months (current law requires eligibility renewal every six months). Provides an immediate effective date.
20	**Eligibility verification.** Amends § 256B.056, subd. 10. A new paragraph (e) requires persons who are elderly, blind, or have disabilities, and any other person subject to an MA asset test, to authorize the commissioner to obtain information from financial institutions to identify unreported accounts, as required under implementation of the asset verification system. Specifies related requirements. A new paragraph (f) requires county and tribal agencies to comply with the standards established by the commissioner for appropriate use of the asset verification system. The amendment to paragraph (b) is a conforming change. Provides an immediate effective date.
21	**Periodic data matching.** Amends § 256B.0561, subd. 2. A new paragraph (d) provides that persons whose MA or MinnesotaCare eligibility was terminated through implementation of periodic data matching may be eligible for MA no earlier than the first day of the month in which the recipient provides information that demonstrates eligibility. The amendment to paragraph (a) strikes an obsolete date. Provides an immediate effective date.
22	**Infants and pregnant women.** Amends § 256B.057, subd. 1. The amendment to paragraph (a) converts the MA income standard for infants under age two from the state specific standard to the MAGI standard; this has the effect of raising the income standard specified in law from 275 to 283 percent of FPG. Also specifies that the cost of services for infants with incomes above 275 percent but not exceeding 283 percent of FPG may be paid with federal funding under the Children's Health Insurance Program (this reflects the current funding for these individuals).

Section	Description – Article 3: Health Care

A new paragraph (b) specifies the MA income standard for pregnant women based on MAGI; this has the effect of raising the income standard specified in law from 275 (see current law of paragraph (a)) to 278 percent of FPG.

Provides an immediate effective date.

23 **Certain persons needing treatment for breast or cervical cancer.**

Amends § 256B.057, subd. 10. Allows MA to pay for services for persons who have been screened by any breast or cervical cancer control program funded by the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), when program funds have been used to pay for the person's screening. Under current law, MA payment is limited to persons screened by the Minnesota breast and cervical cancer control program (also referred to as SAGE). Also makes a conforming change to clause (3); this does not change the program income limit of 250 percent of the federal poverty guidelines which is set by the CDC program.

24 **Income deductions.**

Amends § 256B.0575, subd. 1. Specifies that the amount that may be retained (and not applied to the cost of institutional care) by a veteran who does not have a spouse of child, or the surviving spouse of a veteran with no child, is either the amount of the personal needs allowance or the amount of an improved pension from the Veterans Administration, whichever is greater.

25 **Reasonable expenses.**

Amends § 256B.0575, subd. 2. Excludes private room fees for an assisted living client from the definition of "reasonable expenses" that may be deducted from the income, prior to paying for the cost of institutional care. Provides an immediate effective date.

26 **Inpatient hospital services.**

Amends § 256B.0625, subd. 1. Provides that MA covers inpatient hospital services performed by hospitals holding Medicare certifications for the services performed. Strikes language requiring a second medical opinion for certain elective surgeries. Provides an immediate effective date.

27 **Organ and tissue transplants.**

Amends § 256B.0625, subd. 27. States that organ and tissue transplants are covered services. Strikes the requirement that all organ transplants be performed at organ transplant centers meeting specified criteria. Provides an immediate effective date.

Section **Description – Article 3: Health Care**

28 **Investigational drugs, biological products, and devices.**

Amends § 256B.0625, subd. 64. Clarifies that MA and the early periodic screening, diagnosis, and treatment (EPSDT) program do not cover the cost of treatment that is part of an approved clinical trial, as defined in section 62Q.526. States that participation of an enrollee in an approved clinical trial does not preclude MA coverage of medically necessary covered services that are not related to the approved clinical trial.

29 **Health care homes.**

Amends § 256B.0751. The amendment to subdivision 1 defines commissioner for purposes of the regulation of health care homes as the commissioner of health, rather than the commissioner of human services. Strikes the definition of "commissioners" (defined as the commissioners of human services and health acting jointly). These changes are made throughout the section. Also strikes the definition of "state health care program" (defined as MA and MinnesotaCare). Also limits the applicability of the definitions in subdivision 1 to the section.

The amendment to subdivision 2 replaces references to the commissioners of health and human services with references to the commissioner of health. Also requires that commissioner to develop and implement certification standards for health care homes generally by striking a reference to health care homes for state health care programs. Eliminates the option for the commissioner to satisfy the requirement to consult with national and local organizations by continuing the provider directed care coordination advisory committee.

The amendments to subdivisions 3 to 6 change references to both commissioners to the commissioner of health and make conforming and technical changes.

The amendments to subdivision 7 specify that it is the commissioner of human services who must encourage state health care program enrollees to select health care homes, and strikes an obsolete date.

The amendment to subdivision 8 makes a technical change.

The amendments to subdivision 9 specify that it is the commissioner of human services who is to implement a pediatric care coordination service for certain children.

The amendments to subdivision 10 change references to both commissioners to the commissioner of health.

Provides an immediate effective date.

Section	Description – Article 3: Health Care

30 **Development.**

Amends § 256B.0753, subd. 1. Strikes an obsolete date. Provides an immediate effective date.

31 **Dental services.**

Amends § 256B.69, by adding subd. 6e. (a) Prohibits a managed care or county-based purchasing plan, or the plan's subcontractor, from requiring completion of a treatment plan requiring more than one visit, as a condition of payment to the dental provider. Requires the plan or subcontractor to reimburse the dental provider for all services performed, regardless of whether the treatment plan is completed, as long as the enrollee was covered by the plan at the time the service was performed.

(b) Provides that paragraph (a) does not prevent a plan or its subcontractor from using a bundled payment method. If the plan or subcontractor uses a bundled payment method and the treatment plan is not completed, the plan or subcontractor must reimburse the dental provider for all services performed, as long as the enrollee was covered by the plan at the time the service was performed.

32 **Hospital outpatient reimbursement.**

Amends § 256B.75. Changes from 2016 to 2017 the hospital fiscal year upon which the payment rate for outpatient hospital services will begin to be computed using information from the hospital's Medicare cost report filed for the year that is two years before the year that the rate is being computed. Provides an immediate effective date.

33 **Covered health services.**

Amends § 256L.03, subd. 1. Adds behavioral health home services to the list of MA covered services that are not also covered under MinnesotaCare.

Provides an immediate effective date.

34 **Premium determination for MinnesotaCare.**

Amends § 256L.15, subd. 1. Strikes obsolete language related to MinnesotaCare premiums.

Provides an immediate effective date.

35 **Appropriations.**

Amends Laws 2019, chapter 63, article 3, section 1. Renames the opiate epidemic response account the opiate epidemic response fund.

Provides an immediate effective date.

Section	Description – Article 3: Health Care
36	**Transfer.** Amends Laws 2019, chapter 63, article 3, section 2. Renames the opiate epidemic response account the opiate epidemic response fund. Provides an immediate effective date.
37	**Access to urgent-need insulin.** Amends Laws 2020, chapter 73, section 4, subd. 3. Adds a tribal identification card to the list of valid forms of identification that an individual may use to demonstrate Minnesota residency, in order to obtain insulin on an urgent need basis under the insulin safety net program.
38	**Continuing safety net program; general.** Amends Laws 2020, chapter 73, article 4, subd. 4. Adds a tribal identification card to the list of valid forms of identification that an individual may use to demonstrate Minnesota residency, in order to be eligible to receive insulin on an ongoing basis under the insulin safety net program.
39	**Revisor instruction.** Directs the revisor to recodify health care home provisions in section 256B.0751 as sections in chapter 62U.03, and to make related changes. Provides an immediate effective date.
40	**Repealer.** Repeals sections 62U.15, subd. 2 (obsolete language related to development of a health care home learning collaborative curriculum related to dementia), 256B.057, subd. 8 (MA for children under age two; updated language is included in the act), 256B.0752 (health care home reporting requirements), and 256L.04, subd. 13 (MinnesotaCare application procedures for relative caretakers, foster parents, or legal guardians with children). Provides an immediate effective date.

Article 4: Advance Practice Registered Nurses

In Minnesota statutes, physicians are specifically given certain rights, duties, and protections and the authority to perform certain acts. This article adds advanced practice registered nurses (APRNs) to many of those statutes, and gives the rights, duties, protections, and authority in those statutes to APRNs. In certain sections, the term advanced practice registered nurse replaces the term nurse practitioner, and in certain statutes the term provider is used. The following table lists the statutory sections amended in this article and the subject of each section.

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
1	62D.09, subd. 1	HMO marketing materials; requires disclosure of services that can only be provided by referral from certain providers
2	62E.06, subd. 1	Requirements for health plan certification as a number three plan, to provide that certain services and prescriptions are covered when prescribed by certain providers, and certain services are not covered unless specific criteria are met as determined by certain providers
3	62J.17, subd. 4a	Lists types of health care facilities required to annually report to the commissioner of health on major spending commitments
4	62J.23, subd. 2	Certain conduct does not violate federal antikickback laws
5	62J.495, subd. 1a	Definition of qualified electronic health record, in section requiring hospitals and health care providers to have in place interoperable health record system
6	62J.52, subd. 2	Certain services must be billed using the uniform billing form CMS 1500
7	62J.823, subd. 3	Certain participants in the health care system may request a written estimate of a cost of a specific service or stay from a hospital or outpatient surgical center
8	62Q.184, subd. 1	Requirements for step therapy protocol
9 - 10	62Q.43, subds. 1, 2	Access requirements for closed-panel health plan
11	62Q.54	Referrals for residents of health care facilities to skilled nursing unit or other appropriate care setting
12	62Q.57, subd. 1	Designation of primary care provider by enrollee
13	62Q.73, subd. 7	External review of adverse determination by health plan company; evidence that must be considered
14	62Q.733, subd. 3	Provider contracts with a health plan company (definition of health care provider)
15	62Q.74, subd. 1	Network shadow contracting by health plan companies prohibited

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
16	62S.08, subd. 3	Mandatory format outline for long-term care coverage
17	62S.20, subd. 5b	Required disclosure provisions for long-term care insurance policies; benefit triggers
18	62S.21, subd. 2	Long-term care insurance; prohibition against post-claims underwriting; information regarding medications
19	62S.268, subd. 1	Long-term care insurance; additional standards for benefit triggers
20	144.3345	Eligibility for interconnected electronic health records grants from commissioner of health
21	144.3352	Hepatitis B maternal carrier data
22	144.34	Making reports to the commissioner of health of occupational diseases
23 - 25	144.441, subds. 4, 5; 144.442, subd. 1	Tuberculosis screening in schools and testing in school clinics
26 - 33	144.4803, subds. 1, 1a, 4, 10; 144.4806; 144.4807, subds. 1, 2, 4	Tuberculosis health threat act
34	144.50, subd. 2	Health care setting not included in definition of hospital for purposes of licensure by commissioner of health
35	144.55, subd. 2	Health care setting not included in definition of outpatient surgical center for purposes of licensure by commissioner of health
36	144.55, subd. 6	Commissioner of health authorized to take action against facility license for certain conduct by facility employees
37	144.6501, subd. 7	Nursing home admission contract; consent to treatment clause

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
38 - 46	144.651, subds. 7, 8, 9, 10, 12, 14, 31, 33; 144.652, subd. 2	Health care bill of rights for patients and residents of certain facilities; provider identity, relationship with other health services, information about treatment, participation in planning treatment, right to refuse care, freedom from maltreatment, isolation and restraints, exception to compliance with health care bill of rights in emergencies
47	144.69	Commissioner's ability to interview patient named in a report to the cancer surveillance system
48 – 52	144.7402, subd. 2; 144.7406, subd. 2; 144.7407, subd. 2; 144.7414, subd. 2; 144.7415, subd. 2	Protocols that apply when emergency medical services personnel are exposed to a bloodborne pathogen
53	144.9502, subd. 4	Lead poisoning prevention act; content of blood lead analysis report
54 – 55	144.966, subds. 3, 6	Early hearing detection and intervention program operated by a hospital; program requirements, civil and criminal immunity
56	144A.135	Appeal of transfer or discharge of a resident of a nursing home or boarding care home
57 – 60	144A.161, subds. 5, 5a, 5e, 5g	Nursing home or boarding care home resident relocation requirements
61 – 63	144A.75, subds. 3, 6; 144A.752, subd. 1	Hospice provider licensing
64	145.853, subd. 5	Uniform duties to disabled persons; duty of law enforcement officer
65	145.892, subd. 3	Maternal and child nutrition act; definition of pregnant woman
66	145.94, subd. 2	Exposure to hazardous substances; disclosure of information
67	145B.13	Living wills; decision to administer, withdraw, or withhold medical treatment

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
68 – 72	145C.02; 145C.05, subd. 2; 145C.06; 145C.07, subd. 1; 145C.16	Health care directives
73	148.6438, subd. 1	Occupational therapy; prior authorization
74	151.19, subd. 4	Licensure of certain health care providers to dispense drugs
75	151.21, subd. 4a	Pharmacy signage regarding substitution of prescribed drug with generic equivalent
76	152.32, subd. 3	Discrimination against medical cannabis patients prohibited
77	245A.143, subd. 8	Family adult day services licensing; nutritional services
78	245A.1435	Reduction of risk of SIDS in DHS-licensed programs
79 – 80	245C.02, subd. 18; 245C.04, subd. 1	DHS background study requirements; definition of serious maltreatment, background studies for licensed programs
81 – 84	245D.02, subd. 11; 245D.11, subd. 2; 245D.22, subd. 7; 245D.25, subd. 2	Home and community-based services requirements; definition of incident, health and welfare policies, telephone and posted numbers, special dietary needs
85 – 89	245G.08, subds. 2, 3, 5; 245G.21, subds. 2, 3	Chemical dependency licensed treatment facilities; procedures for medical intervention, standing order protocols, medication administration, visitors, client property management
90	245H.11	Reporting requirements for certified license-exempt child care centers
91 – 95	246.711, subd. 2; 246.715, subd. 2; 246.716, subd. 2; 246.721; 246.722	Blood-borne pathogen protocols for employees of a secure treatment facility exposed to a blood-borne pathogen
96	251.043, subd. 1	Care of persons with tuberculosis if persons are employees at certain facilities

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
97 – 99	252A.02, subd. 12; 252A.04, subd. 2; 252A.20, subd. 1	Protection of persons with developmental disabilities; definition of comprehensive evaluation, medication and treatment, witness and attorney fees
100 - 103	253B.03, subd. 4; 253B.03, subd. 6d; 253B.06, subd. 2; 253B.23, subd. 4	Civil commitment; visit with spiritual advisor, adult mental health treatment, immunity
104	254A.08, subd. 2	Detoxification center program requirements
105 – 107	256.9685, subds. 1a, 1b, 1c	Inpatient hospital payment rates under MA; administrative reconsideration, appeal, judicial review
108 - 109	256.975, subds. 7a, 11	Board on aging: preadmission screening to Medicare-certified nursing facility, regional and local dementia grants
110	256B.04, subd. 14a	Level of need determination for nonemergency medical transportation
111	256B.043, subd. 2	Evaluating current system of community health clinics to ensure access to care
112	256B.055, subd. 12	MA eligibility for children with disabilities
113	256B.0622, subd. 2b	Assertive community treatment services; continuing stay and discharge criteria
114	256B.0623, subd. 2	Adult rehabilitative mental health services covered under MA; definition of medical education services
115 – 120	256B.0625, subds. 12, 13, 17, 26, 28, 60a	MA covered services; coverage of prosthetic and orthotic devices, transportation, special education services, APRN services, community medical response emergency medical technician services
121 – 124	256B.0654, subds. 1, 2a, 3, 4	MA coverage of home care nursing services; definition of home care nursing, requirements for use of home care nursing, shared home care nursing option, hardship criteria
125 – 128	256B.0659, subds. 2, 4, 8, 11	Personal care assistance services; covered services, assessment for services, communication with recipient’s provider, personal care assistant requirements

Section	Statute Amended	Description – Article 4: Advance Practice Registered Nurses
129	256B.0913, subd. 8	Alternative care program; requirements for coordinated service and support plan
130	256B.73, subd. 5	Demonstration project for uninsured low-income persons; enrollee benefits
131	256J.08, subd. 73a	Minnesota family investment program definition of qualified professional
132	256R.44	Nursing facility rate adjustment for private room for medical necessity
133 – 134	256R.54, subds. 1, 2	Payment for and use of therapy services in a nursing facility, certification of appropriateness of treatment
135	257.63, subd. 3	Evidence relating to paternity of a child; medical privilege
136 – 139	257B.01, subds. 3, 9, 10; 257B.06, subd. 7	Standby custodian; definitions of attending APRN, debilitation, determination of incapacity; authority of custodian and designator's restored capacity
140		Repeals Minnesota Rules, part 9505.0365, subp. 3, governing MA coverage of ambulatory aids

Article 5: Controlled Substances Schedules

This article makes changes to Schedules I, II, and III of the controlled substances schedules.

Section	Description
1	**Schedule I.** Amends § 152.02, subd. 2. Adds substances to Schedule I of the statutory controlled substances schedules. The substances added include opioid and fentanyl analogs, synthetic cannabinoids, and some benzodiazepines. Schedule I drugs are those that have a high potential for abuse, no currently accepted medical use, and a lack of accepted safety for use under medical supervision.
2	**Schedule II.** Amends § 152.02, subd. 3. Adds to Schedule II, the FDA-approved medication dronabinol. This medication is synthetic THC that has been approved for loss of appetite and weight loss in patients with AIDS; and for nausea and vomiting associated with cancer chemotherapy. Also corrects the name of a drug listed on

Section	Description
	Schedule II. Schedule II drugs are those that have a high potential for abuse and currently accepted medical uses, and the abuse of which may lead to severe psychological or physical dependence.
3	**Schedule III.** Amends § 152.02, subd. 4. Exempts from inclusion on Schedule III, a product containing chorionic gonadotropin that is expressly intended for administration to cattle or species other than humans and that is approved by the FDA for that use. Schedule III drugs are those with a potential for abuse less than that of the substances listed in Schedule I or Schedule II and the abuse of which may lead to moderate to low physical or psychological dependence.

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