

Chapter 70

2023 Regular Session

Subject Health and children and families finance bill

Bill S.F. 2995

Analyst Randall Chun
Elisabeth Klarqvist
Sarah Sunderman
Annie Mach
Danyell A. Punelli

Date June 13, 2023

Table of Contents

Article 1: Health Care	2
Article 2: Health Insurance.....	12
Article 3: Department of Health Policy.....	25
Article 4: Department of Health	39
Article 5: Medical Education and Research Costs and Health Care Workforce	73
Article 6: Health-Related Licensing Boards.....	77
Article 7: Background Studies	84
Article 8: Licensing	90
Article 9: Behavioral Health	100
Article 10: Economic Assistance	107
Article 11: Housing and Homelessness.....	124
Article 12: Children and Families	128
Article 13: Child Care Workforce	135
Article 14: Child Support, Safety, and Permanency.....	139
Article 15: Miscellaneous.....	149
Article 16: Health Care Affordability and Delivery.....	151
Article 17: Human Services Policy.....	158
Article 18: Certified Community Behavioral Health Clinics	167
Article 19: Forecast Adjustments.....	171
Article 20: Appropriations.....	171

Article 1: Health Care

This article contains provisions related to the medical assistance (MA) and MinnesotaCare programs. The article:

- expands MA dental coverage for adults;
- modifies the membership and operation of the DHS Drug Formulary Committee;
- provides MA coverage for expanded nicotine and tobacco cessation services, seizure detection devices, biomarker testing, recuperative care services, and the treatment of rare diseases;
- increases payment rates and provides annual rate adjustments for certain mental health services, and increases payment rates for doula services and family planning services;
- exempts certain services from MinnesotaCare cost-sharing; and
- makes other changes related to MA and MinnesotaCare eligibility, covered services, payment rates, and administration.

Section	Description - Article 1: Health Care
1	<p>Education on contraceptive options.</p> <p>Amends § 256.01, by adding subd. 43. Directs the commissioner to require hospitals and relevant primary care providers serving MA and MinnesotaCare enrollees to develop and implement protocols to provide these enrollees with information on the full range of contraceptive options. Requires this to be done in a medically ethical, culturally competent, and noncoercive manner. Specifies related requirements. Requires hospitals and providers to make the protocols available to the commissioner upon request. Provides a January 1, 2024, effective date.</p>
2	<p>Qualifying overpayment.</p> <p>Amends § 256.0471, subd. 1. Limits the authority for the commissioner to recover overpayments that result from MA and MinnesotaCare benefits provided during a period for which an appeal is pending, to benefits received during an unsuccessful appeal of an adverse eligibility determination. States that this section is effective July 1, 2023.</p>
3	<p>Prompt payment required.</p> <p>Amends § 256.9655, by adding subd. 3. Requires the commissioner to comply with federal regulations for timely payment of MA claims, and specifies the procedure for payment of interest on clean claims not paid within the specified time period. States that this section is effective the day following final enactment.</p>

Section Description - Article 1: Health Care

4 Hospital payment rates.

Amends § 256.969, subd. 2b. Sets the base years for the hospital rebasing that is to be effective July 1, 2023, as calendar years 2018 and 2019. States that this section is effective July 1, 2023.

5 Disproportionate numbers of low-income patients served.

Amends § 256.969, subd. 9. Modifies criteria identifying Hennepin County Medical Center, to allow that entity to continue to receive disproportionate share hospital payments at the same level.

6 Long-term hospital rates.

Amends § 256.969, subd. 25. Requires payments to long-term care hospitals, for admissions occurring on or after July 1, 2023, to be the higher of the per diem amount computed using the cost-based methodology for critical access hospitals, or the per diem rate as of July 1, 2021. States that this section is effective July 1, 2023.

7 Long-acting reversible contraceptives.

Amends § 256.969, by adding subd. 31.

(a) Requires the commissioner to provide separate reimbursement to hospitals for long-acting reversible contraceptives provided immediately postpartum in the hospital setting. States that this payment must be in addition to diagnostic related group reimbursement for labor and delivery, consistent with payment procedures for drugs administered in an outpatient setting.

(b) Directs the commissioner to require managed care and county-based purchasing plans to comply with this subdivision when providing services to MA enrollees. Requires capitation rates to be adjusted if federal approval for this is not received, and specifies procedures for recovery of payments.

States that this section is effective January 1, 2024.

8 Competitive bidding.

Amends § 256B.04, subd. 14. Allows the commissioner to use volume purchase through competitive bidding and negotiation to provide quitline services. States that this section is effective January 1, 2024.

9 Adults who were in foster care at the age of 18.

Amends § 256B.055, subd. 17. The amendment to paragraph (a) provides MA eligibility for persons under age 26, who were in foster care on the date of turning 18, 19, or 20 (current law refers just to turning 18).

Section Description - Article 1: Health Care

A new paragraph (b) allows MA to be paid for a person under age 26 who was in foster care in any state's Medicaid program while in foster care.

A new paragraph (c) requires the commissioner to seek federal waiver approval to cover youth in a state's foster care program.

States that this section is effective the day following final enactment.

10 Medical assistance payment for assertive community treatment and intensive residential treatment services.

Amends § 256B.0622, subd. 8. Effective for rate years beginning on or after January 1, 2024, requires rates for assertive community treatment, adult residential crisis stabilization services, and intensive residential treatment services to be adjusted annually by the Medicare Economic Index. States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

11 Dental services.

Amends § 256B.0625, subd. 9. The amendment to paragraph (a) states that MA covers medically necessary dental services, and strikes language that limits MA coverage of dental services for adults who are not pregnant to specific services. The amendments to paragraphs (b) and (c) make conforming changes.

States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

12 Drugs.

Amends § 256B.0625, subd. 13. Provides an exception to the 34-day supply limit on prescription drugs by requiring medical assistance to cover up to a 12-month supply of a prescription contraceptive. Also defines "prescription contraceptive." Provides a January 1, 2024, effective date.

13 Formulary Committee.

Amends § 256B.0625, subd. 13c. Makes the following changes related to the Formulary Committee:

- modifies the number of members and member qualifications;
- prohibits members from having a personal interest in a pharmaceutical company, PBM, health plan company, or an affiliate;
- specifies procedures related to conflicts of interest, the selection and duties of the chair and vice-chair, and a quorum to transact business;
- requires the committee to meet at least three times a year (current law requires at least two meetings a year);

Section Description - Article 1: Health Care

- provides that the committee is subject to the Open Meeting Law; and
- extends the sunset of the committee to June 30, 2027.

States that this section is effective the day following final enactment.

14 Payment rates.

Amends § 256B.0625, subd. 13e. Provides that the requirement that the commissioner report to the legislature on the cost of dispensing every three years does not expire. States that this section is effective the day following final enactment.

15 Prior authorization.

Amends § 256B.0625, subd. 13f. The amendment to paragraph (d) prohibits medical assistance from requiring prior authorization for liquid methadone, if only one version is available.

A new paragraph (e) allows prior authorization for an oral liquid form of a drug, and specifies related requirements.

Provides a January 1, 2024, effective date.

16 Preferred drug list.

Amends § 256B.0625, subd. 13g. Modifies provisions related to the medical assistance preferred drug list by:

- requiring the commissioner to make public contracts between the commissioner and any vendor participating in the preferred drug list and supplementary rebate program;
- requiring the commissioner to maintain an archive of previous versions of the preferred drug list; and
- specifying that the commissioner must give at least 30 days' notice of any public hearing and disclose specific information about the proposed changes to the preferred drug list that are the topic of the public hearing.

17 Value-based purchasing arrangements.

Amends § 256B.0625, by adding subd. 13k. (a) Allows the commissioner to enter into a value-based purchasing arrangement under MA or MinnesotaCare with a drug manufacturer based on agreed-upon metrics. Allows the commissioner to contract with a vendor. Describes value-based purchasing arrangements and requires such an arrangement to provide at least the same value or discount in the aggregate as would claiming the mandatory federal drug rebate.

Section Description - Article 1: Health Care

(b) States that this section shall not be interpreted as requiring a manufacturer or the commissioner to enter into a value-based purchasing arrangement.

(c) States that this section shall not be interpreted as altering or modifying coverage requirements under the federal Medicaid rebate.

(d) Requires the commissioner to request any state plan amendment necessary to implement a value-based payment arrangement, and allows the commissioner to delay implementation until the amendment is approved.

States that this section is effective July 1, 2023.

18 Abortion services.

Amends § 256B.0625, subd. 16. Strikes language limiting medical assistance coverage of abortion services to situations in which the abortion is a medical necessity to prevent the death of the mother, as certified by two physicians, or is the result of rape or incest. These limitations were found unconstitutional under the state constitution in *Doe v. Gomez*, a 1995 Minnesota Supreme Court case. Requires medical assistance coverage of abortion services determined to be medically necessary by the treating provider and delivered according to state law.

This section is effective the day following final enactment.

19 Doula services.

Amends § 256B.0625, subd. 28b. Directs the commissioner to enroll doula agencies and individual treating doulas and provide direct reimbursement. States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

20 Other clinic services.

Amends § 256B.0625, subd. 30. A new paragraph (k) requires the commissioner to establish an encounter payment rate equivalent to the all inclusive rate (AIR) payment established by the Indian Health Service, and to update this rate annually. Allows FQHCs that are also urban Indian organizations to elect to be paid at this rate, or at the existing alternative payment rate or prospective payment rate. Specifies requirements for FQHCs that choose to be reimbursed at the AIR payment rate. The amendment to paragraph (g) makes a conforming change.

A new paragraph (m) allows, effective July 1, 2023, an enrolled Indian Health Service facility or a Tribal health center operating under a 638 contract to elect to also enroll as a Tribal FQHC, and provides that requirements that apply to FQHCs under this subdivision do not apply unless necessary to comply with federal regulations. Directs the commissioner to establish an alternative payment method for Tribal FQHCs that

Section Description - Article 1: Health Care

uses the same methods and rates applicable to a Tribal facility or health center that does not enroll as a Tribal FQHC.

Provides that this section is effective January 1, 2026, or upon federal approval, whichever is later, except that paragraph (m) is effective July 1, 2023, or upon federal approval, whichever is later.

21 Medical supplies and equipment.

Amends § 256B.0625, subd. 31. Provides that MA covers seizure detection devices as durable medical equipment if the seizure detection device is medically appropriate and the recipient's health care provider has identified that the device would: (i) likely reduce bodily harm or death as a result of a seizure; or (ii) provide data to the provider necessary to appropriately diagnose or treat the health condition that causes the seizure activity. Also defines seizure detection device.

States that the section is effective January 1, 2024, or upon federal approval, whichever is later.

22 Indian health services facilities.

Amends § 256B.0625, subd. 34. Strikes language that is no longer necessary given the amendment to section 256B.0625, subdivision 30, establishing the all inclusive rate payment. States that this section is effective the day following final enactment.

23 Tobacco and nicotine cessation.

Amends § 256B.0625, by adding subd. 68. (a) States that MA covers tobacco and nicotine cessation services, drugs to treat tobacco and nicotine addiction or dependence, and drugs to help individuals discontinue use of tobacco and nicotine products. Provides that MA must cover these services and drugs consistent with evidence-based or evidence-informed best practices.

(b) Requires MA to cover in-person individual and group tobacco and nicotine cessation education and counseling, if provided by a health care provider within scope of practice. Provides a partial list of providers who may provide these services.

(c) Requires MA to cover nicotine cessation counseling services provided through a quitline. Allows quitline services to be provided through audio-only communication, and allows the commissioner to utilize volume purchasing for quitline services.

(d) Requires MA to cover all prescription and over-the-counter drugs approved by the Food and Drug Administration for cessation of tobacco and nicotine use or treatment of tobacco and nicotine dependence, that are part of a Medicaid rebate agreement.

(e) Allows services to be provided by telemedicine.

Section Description - Article 1: Health Care

(f) Prohibits the commissioner from:

- 1) restricting or limiting the type, duration, or frequency of cessation services;
- 2) prohibiting the simultaneous use of multiple cessation services;
- 3) requiring counseling prior to or as a condition of receiving drugs;
- 4) limiting drug dosage amounts or frequency, or imposing duration or quantity limits;
- 5) prohibiting the simultaneous use of multiple drugs;
- 6) requiring or authorizing step therapy; or
- 7) requiring or using prior authorization.

States that this section is effective January 1, 2024.

24 Biomarker testing.

Amends § 256B.0625, by adding subd. 69. Creates a medical assistance benefit for biomarker testing equivalent to the mandated commercial market benefit. States that this section is effective January 1, 2025, or upon federal approval, whichever is later.

25 Recuperative care services.

Amends § 256B.0625, by adding subd. 70. Provides MA coverage for recuperative care. States that this section is effective January 1, 2024.

26 Coverage of services for the diagnosis, monitoring, and treatment of rare diseases.

Amends § 256B.0625, by adding subd. 71. Requires that MA coverage for services related to the diagnosis, monitoring, and treatment of a rare disease or condition meets the requirements set forth in section 62Q.451, subdivisions 1 to 3 and 6. Prohibits denial of coverage solely on the basis that the service was provided, referred for, or ordered by an out-of-network provider. Establishes limits on prior authorization requirements for services of out-of-network providers. Provides a January 1, 2024, effective date.

27 Recuperative care services.

Adds § 256B.0701. Defines recuperative care services and specifies the settings in which recuperative care services may be provided, who is eligible to receive recuperative care services, and the reimbursement rate for the services. Also requires a legislative report on the roll out of the new benefit. States that this section is effective January 1, 2024.

Section Description - Article 1: Health Care

28 Per diem rate.

Amends § 256B.0941, subd. 3. Requires the commissioner to annually adjust psychiatric residential treatment facility services per diem rates by the change in the Centers for Medicare and Medicaid Services Inpatient Psychiatric Facility Market Basket. States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

29 Medical assistance payment and rate setting.

Amends § 256B.0947, subd. 7. Effective for rate years beginning on or after January 1, 2024, requires rates for intensive nonresidential rehabilitative mental health services to be adjusted using the Medicare Economic Index. States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

30 Managed care contracts.

Amends § 256B.69, subd. 5a. Strikes the specific performance targets specified in law that are tied to the withhold of five percent of managed care and county-based purchasing plan capitation payments. The performance targets eliminated are related to: emergency department utilization rates, hospital admission rates, and subsequent hospitalization rates. States that this section is effective January 1, 2024.

31 Limitation on reimbursement; rare disease services provided in Minnesota by out-of-network providers.

Amends § 256B.69, by adding subd. 19a. Requires a provider to accept the established contractual payment for a service as payment in full if a managed care or county-based purchasing plan has an established contractual payment under medical assistance with an out-of-network provider for a service provided in Minnesota related to the diagnosis, monitoring, and treatment of a rare disease or condition. Establishes payment terms for out-of-network providers in the absence of an established contractual payment under medical assistance. Provides a January 1, 2024, effective date.

32 Limitation on reimbursement; rare disease services provided outside of Minnesota by an out-of-network provider.

Amends § 256B.69, by adding subd. 19b. Requires a managed care or county-based purchasing plan to pay the established contractual payment for a service if the plan has an established contractual payment under medical assistance with an out-of-network provider for a service provided in another state related to the diagnosis, monitoring, and treatment of a rare disease or condition. Establishes payment terms for out-of-network providers in the absence of an established contractual payment under medical assistance. Provides a January 1, 2024, effective date.

Section Description - Article 1: Health Care

33 Reimbursement for doula services.

Adds § 256B.758. Increases doula services reimbursement rates by 113 percent to \$100 per prenatal or postpartum visit and by 187 percent to \$1,400 for attending and providing doula services at birth. Provides a January 1, 2024, effective date.

34 Physician and professional services reimbursement.

Amends § 256B.76, subd. 1. Authorizes the commissioner to reimburse physicians and licensed professionals for costs incurred when the physician or licensed professional pays the fee for required metabolic disorder testing of newborns, when the sample is collected outside of an inpatient hospital or freestanding birth center and the cost is not recognized by another payment source.

35 Reimbursement for mental health services.

Amends § 256B.761. A new paragraph (e) increases by three percent the payment rates for certain outpatient behavioral health services effective January 1, 2024, and requires rates to be adjusted by the Medicare Economic Index. Specifies that if the rates paid under this section exceed the upper payment limit, the difference must be paid with state-only funds. These increases do not apply to federally qualified health centers, rural health centers, Indian health services, certified community behavioral health clinics, cost-based rates, and rates negotiated with a county. States that this paragraph expires upon legislative implementation of the new rate methodology.

A new paragraph (f) requires capitation rates to be increased to reflect the increase provided under paragraph (e). Requires managed care and county-based purchasing plans to use the capitation rate increase to increase payment rates to behavioral health services providers. Provides for rates to be adjusted and payments recovered, if federal approval is not received for this paragraph.

States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

36 Critical access mental health rate increase.

Amends § 256B.763. Requires the critical access mental health rate add-on to be reduced according to a specified schedule. States that this section is effective January 1, 2024, or upon federal approval.

37 Reimbursement for family planning services.

Amends § 256B.764. Increases payment rates for family planning and abortion services by 20 percent, for services provided on or after January 1, 2024. States that the increase does not provide to federally qualified health centers, rural health centers, or Indian health services.

Section Description - Article 1: Health Care

38 Covered health services.

Amends § 256L.03, subd. 1. Strikes language limiting public funds used to cover abortions under MinnesotaCare to cases in which the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the fetus were carried to term, or where the pregnancy is the result of rape or incest.

This section is effective the day following final enactment.

39 Cost-sharing.

Amends § 256L.03, subd. 5. Prohibits cost-sharing under MinnesotaCare for:

- additional diagnostic services or testing following a mammogram;
- drugs used for tobacco and nicotine cessation; and
- pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) medications when used for the prevention or treatment of the human immunodeficiency virus (HIV).

States that this section is effective January 1, 2024, or upon federal approval, whichever is later.

40 Response to COVID-19 public health emergency.

Amends Laws 2021, First Special Session chapter 7, article 1, section 36, as amended. Allows the transitional asset disregard provisions related to the unwinding of the public health emergency to be applied to MA-related groups, including Medicare savings individuals and persons enrolled under MA for employed persons with disabilities (MA-EPD). States that this section is effective the day following final enactment.

41 Commissioner of human services; extension of COVID-19 human services program modifications.

Amends Laws 2021, First Special Session chapter 7, article 6, section 26. Extends from July 1, 2023, to July 1, 2025, the expiration date for DHS COVID-19-related modifications expanding access to telemedicine services for the Children's Health Insurance Program, MA, and MinnesotaCare (CV16) and allowing a telemedicine alternative for school-linked mental health services and intermediate school district mental health services. These modifications include allowing reimbursement for audio-only services.

42 Eligibility for Deferred Action for Childhood Arrival enrollees.

Requires the commissioner of human services to make federally funded MA and federally funded MinnesotaCare available to Deferred Action for Childhood Arrival

Section	Description - Article 1: Health Care
---------	--------------------------------------

(DACA) recipients, in accordance with federal regulations. States that this section expires June 30, 2025. States that this section is effective upon the effective date of final federal regulations.

43	Repealer.
----	------------------

(a) Repeals section 256B.763 (critical access mental health rate increase), effective January 1, 2027.

(b) Repeals Minnesota Rules, part 9505.0235 (limitations on MA abortion coverage), effective the day following final enactment.

Article 2: Health Insurance

This article provides for health plan coverage of diagnostic services and testing following a mammogram, modifies notice requirements for facility fees, modifies prescription drug price transparency reporting provisions, provides for enforcement of the federal No Surprises Act, provides for access to services to diagnose and treat rare diseases, provides for health plan coverage of biomarker testing and contraceptive methods and services, and modifies requirements for the all-payer claims database.

Section	Description - Article 2: Health Insurance
---------	---

1	Payment on behalf of enrollees in government health programs.
---	--

Amends § 62A.045. Requires health insurers, as a condition of operating in Minnesota, to comply with the requirements of the Consolidated Appropriations Act of 2022 and related federal regulations, to the extent they impose a state requirement that is not also required by state law.

2	Mammogram; diagnostic services and testing.
---	--

Amends § 62A.30, by adding subd. 5. Provides that if an enrollee requires additional diagnostic services or testing after a mammogram, a health plan must provide coverage for these services and testing with no cost-sharing, including co-payments, coinsurance, or deductibles.

This section is effective January 1, 2024, and applies to health plans offered, issued, or sold on or after that date.

3	Application.
---	---------------------

Amends § 62A.30, by adding subd. 6. Clarifies that section 62A.30, subdivision 5, applies after an enrollee has met their deductible if subdivision 5 would make the

Section Description - Article 2: Health Insurance

enrollee's health savings account or catastrophic health plan ineligible for tax benefits.

This section is effective January 1, 2024, and applies to health plans offered, issued, or sold on or after that date.

4 Definitions.

Amends § 62A.673, subd. 2. Allows audio-only communication between a provider and patient to qualify as telehealth until July 1, 2025 (this provision expires July 1, 2023, under current law).

5 Provider balance billing requirements.

Adds § 62J.811. Requires health care providers and health care facilities to comply with the federal No Surprises Act and associated regulations. Defines provider or facility as any health care provider or facility subject to the No Surprises Act. Requires the commissioner, to the extent possible, to seek cooperation from providers and facilities in complying with this section, and allows the commissioner to provide support and assistance to obtain compliance. Allows people to file complaints with the commissioner regarding compliance with the No Surprises Act, requires the commissioner to conduct compliance reviews and investigate complaints, and allows the commissioner to report violations to other appropriate federal and state agencies. Classifies data collected under this section, and authorizes the commissioner to impose civil penalties for violations of this section on or after January 1, 2024.

6 Facility fee disclosure.

Amends § 62J.824. Clarifies that a provider-based clinic that charges a facility fee must provide notice of the fee to patients served by telehealth.

7 Medical and dental practices; current standard charges.

Adds § 62J.826. Requires hospitals, outpatient surgical centers, and certain other medical and dental practices to make available to the public a list of their current standard charges for items and services provided by the practice.

Subd. 1. Definitions. Defines terms for this section: CDT code, chargemaster, commissioner, CPT code, dental service, diagnostic laboratory testing, diagnostic radiology service, hospital, medical or dental practice, outpatient surgical center, and standard charge.

Subd. 2. Requirement; current standard charges. Requires hospitals, outpatient surgical centers, and any other medical or dental practice that has annual revenue of greater than \$50,000,000 and that derives a majority of its revenue from one or more of the listed services, to make available to the public a list of

Section Description - Article 2: Health Insurance

their current standard charges for all items and services provided by the medical or dental practice.

Subd. 3. Required file format and content. Requires medical and dental practices subject to this section to make available to the public their current standard charges using the format and data elements recommended by the Centers for Medicare and Medicaid Services (CMS), in a manner specified by the commissioner. If CMS modifies or replaces this format, requires the form of the file to be modified or replaced to conform with new CMS specifications. Requires prices included in the file to be expressed as dollar amounts. Requires practices to test their files for compliance with the requirements as to form, before making the file available to the public. Requires hospitals to comply with this section by January 1, 2024, and requires outpatient surgical centers and other medical and dental practices to comply with this section by January 1, 2025.

8 Definitions.

Amends § 62J.84, subd. 2. In a section governing prescription drug price transparency, adds definitions for the following terms: 30-day supply, course of treatment, drug product family, individual salable unit, national drug code, pharmacy or pharmacy provider, pharmacy benefit manager or PBM, pricing unit, rebate, reporting entity, and wholesale drug distributor or wholesaler. Makes technical changes to the definitions of brand name drug and generic drug.

9 Prescription drug price increases reporting.

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

- requiring reporting for biosimilar drugs with a price increase of 50 percent or more over the past 12 months;
- requiring the manufacturer to provide a description of the drug, and to list the following information separately: national drug code, product name, dosage form, strength, and package size;
- clarifying the meaning of introductory price and requiring reporting of the price of the drug on the last day of each of the five calendar years preceding the price increase;
- requiring direct costs incurred and financial assistance provided to be reported for the previous 12-month period;
- clarifying the reporting of the ten highest prices in other countries in the previous calendar year, if the drug is a brand name prescription drug; and

Section Description - Article 2: Health Insurance

- requiring specified information to be reported if the drug was acquired by the manufacturer during the previous 12-month period.

10 New prescription drug price reporting.

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

- clarifying that the tier price threshold also applies to a course of treatment lasting less than 30 days; and
- requiring the manufacturer to provide a description of the drug, and to list the following information separately: national drug code, product name, dosage form, strength, and package size.

11 Public posting of prescription drug price information.

Amends § 62J.84, subd. 6. Expands the information the commissioner must post on the department website, to include a list of prescription drugs of substantial public interest, and information reported by manufacturers, pharmacies, PBMs, and wholesale drug distributors for prescription drugs determined to represent a substantial public interest. Allows any reporting entity to request that certain reported information is withheld from public disclosure, to conform with the establishment of reporting requirements for other entities besides manufacturers.

12 Consultation.

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

13 Enforcement and penalties.

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

14 Legislative report.

Amends § 62J.84, subd. 9. Requires the commissioner of health's annual report to certain members of the legislature on implementation of prescription drug price transparency provisions to include a summary of the information submitted to the commissioner by manufacturers, pharmacies, PBMs, and wholesalers for prescription drugs determined to represent a substantial public interest.

Section Description - Article 2: Health Insurance

- 15 **Notice of prescription drugs of substantial public interest.**
Adds subd. 10 to § 62J.84. By January 31, 2024, and quarterly thereafter, requires the commissioner to post on the department's website a list of prescription drugs that the commissioner determines represent a substantial public interest and for which the commissioner intends to request data. Describes drug product families that the commissioner must consider. Requires the commissioner to provide notice to reporting entities of drugs so designated, and limits this designation to 500 or fewer prescription drugs in any one notice.
- 16 **Manufacturer prescription drug substantial public interest reporting.**
Adds subd. 11 to § 62J.84. Beginning January 1, 2024, requires a manufacturer to submit the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest, which the manufacturer manufactures or repackages, for which the manufacturer sets a wholesale acquisition cost, and for which the manufacturer has not submitted data under this section in the 120 days prior to the notification from the department. Allows the manufacturer to submit any documentation needed to support the information reported.
- 17 **Pharmacy prescription drug substantial public interest reporting.**
Adds subd. 12 to § 62J.84. Beginning January 1, 2024, requires a pharmacy to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the commissioner determines is a drug of substantial public interest. Allows the pharmacy to submit any documentation needed to support the information reported. Allows the commissioner to grant extensions to or exemptions from the reporting requirements for small or independent pharmacies, if compliance by the pharmacy would be a hardship or undue burden.
- 18 **PBM prescription drug substantial public interest reporting.**
Adds subd. 13 to § 62J.84. Beginning January 1, 2024, requires a PBM to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest. Allows the PBM to submit any documentation needed to support the information reported.
- 19 **Wholesale drug distributor prescription drug substantial public interest reporting.**
Adds subd. 14 to § 62J.84. Beginning January 1, 2024, requires a wholesale drug distributor to submit to the commissioner the listed information, in a form and manner specified by the commissioner, for any prescription drug that the department determines is a drug of substantial public interest. Allows the wholesale

Section Description - Article 2: Health Insurance

- drug distributor to submit any documentation needed to support the information reported.
- 20 **Registration requirements.**
Adds subd. 15 to § 62J.84. Beginning January 1, 2024, requires a reporting entity subject to this chapter to register with the department in a form and manner specified by the commissioner. (A reporting entity is defined as a manufacturer, pharmacy, PBM, wholesale drug distributor, or any other entity required to submit data under this section.)
- 21 **Rulemaking.**
Adds subd. 16 to § 62J.84. Allows the commissioner to use the expedited rulemaking process under section 14.389 to adopt rules to implement this section.
- 22 **Network adequacy.**
Amends § 62K.10, subd. 4. Requires the commissioner of health to consider availability of services from psychiatric residential treatment facilities, in addition to service availability from other mental health and SUD treatment providers, when determining health plan network adequacy. Allows the commissioner to establish sufficiency of provider networks by referring to reasonable criteria, including ratios of providers to enrollees by specialty, ratios of primary care professionals to enrollees, geographic accessibility, waiting times for appointments, hours of operation, the ability of the network to meet the needs of enrollees with certain characteristics, other service delivery system options, and the availability of technological and specialty care services available to meet the needs of enrollees. Para. (a) is effective July 1, 2023, and para. (b) is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date. Provides that this section supersedes S.F. 2744, article 2, section 39.
- 23 **No Surprises Act.**
Adds subd. 6b to § 62Q.01. Defines No Surprises Act in chapter 62Q.
- 24 **Compliance with 2021 federal law.**
Adds subd. 3 to § 62Q.021. Requires health plan companies, health providers, and health facilities to comply with the federal No Surprises Act, including any regulations adopted under the act, to the extent it imposes requirements that apply in this state but are not required under state law. Requires enforcement by the commissioner of health for entities regulated by the commissioner of health, and enforcement by the commissioner of commerce for entities regulated by the commissioner of commerce.

Section Description - Article 2: Health Insurance

25 Unrestricted access to services for the diagnosis, monitoring, and treatment of rare diseases.

Adds § 62Q.451.

Subd. 1. Definitions. Defines rare disease or condition for this section.

Subd. 2. Unrestricted access. Para. (a) prohibits a health plan company from restricting an enrollee's choice as to where the enrollee receives services from a licensed provider for the diagnosis, monitoring, and treatment of a rare disease or condition.

Para. (b) provides that once a patient with a disease or condition that meets the criteria in para. (a), cl. (4), is diagnosed with a disease or condition that does not meet the definition of rare disease in para. (a), cl. (1)-(3), any services provided or referred for by an out-of-network provider related to the diagnosis are governed by para. (c) for up to 60 days. After this 60-day period, subsequent services provided or referred for by an out-of-network provider related to the diagnosis are no longer governed by para. (c).

Para. (c) prohibits cost-sharing or benefit or service limitations from placing a greater financial burden on an enrollee than those that apply to in-network care, or being more restrictive than requirements for in-network care.

Para. (d) requires enrollees to be provided with written information about this section.

Subd. 3. Coverage; prior authorization. States that this section does not require a health plan company to cover a medication or treatment that is not covered by the enrollee's health plan; prohibits coverage from being denied solely because it was provided by an out-of-network provider; requires prior authorization requirements for out-of-network providers to be the same as those for in-network providers; and allows a health plan to require use of a specialty pharmacy.

Subd. 4. Payments to out-of-network providers for services provided in this state. Establishes requirements for payments to out-of-network providers when the services are provided in Minnesota. Provides this subdivision does not apply to payments for services provided to medical assistance or MinnesotaCare enrollees.

Subd. 5. Payments to out-of-network providers for services provided outside of the state. Establishes requirements for payments to out-of-network providers when the services are provided outside Minnesota. Provides this subdivision

Section Description - Article 2: Health Insurance

does not apply to payments for services provided to medical assistance or MinnesotaCare enrollees.

Subd. 6. Exclusion. Provides this section does not apply to medications obtained from a retail pharmacy.

This section is effective January 1, 2024, and applies to health plans offered, issued, or renewed on or after that date.

26 Biomarker testing.

Adds § 62Q.473. Defines terms for this section: biomarker, biomarker testing, clinical utility, consensus statement, and nationally recognized clinical practice guideline. Requires a health plan company to cover biomarker testing to diagnose, treat, manage, and monitor illness or disease if the test provides clinical utility. Describes circumstances in which clinical utility can be demonstrated. Requires coverage under this section to be provided in a manner that limits disruption of care, and clarifies that this section does not prohibit a health plan company from requiring prior authorization or imposing other utilization controls when providing the coverage required by this section. This section is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date.

27 Coverage of contraceptive methods and services.

Adds § 62Q.522. Establishes requirements for health plan coverage of contraceptive methods and services; exempts certain organizations with religious objections to covering contraceptive methods and services from these requirements; and establishes accommodations for certain organizations with religious objections to covering contraceptive methods or services.

Subd. 1. Definitions. Defines terms for this section: closely held for-profit entity, contraceptive method, contraceptive service, eligible organization, exempt organization, medical necessity, and therapeutic equivalent version.

Subd. 2. Required coverage; cost sharing prohibited. Requires a health plan to cover contraceptive methods and services, and prohibits a health plan company from imposing cost-sharing requirements, referral requirements, or coverage restrictions or delays for contraceptive methods or services. Requires a health plan to include at least one of each type of FDA-approved contraceptive method in its formulary, and requires a health plan company to list the contraceptive methods and services that are covered by each health plan without cost-sharing. If an enrollee's provider recommends a particular contraceptive method or service due to medical necessity, requires the enrollee's health plan to cover that method or service without cost-sharing.

Section Description - Article 2: Health Insurance

Subd. 3. Exemption. Provides that churches and religious orders are not required to cover contraceptives or contraceptive services if the organization has religious objections to the coverage. Requires exempt organizations that choose to not cover some or all contraceptives or contraceptive services to notify prospective employees during the hiring process and to notify employees at least 30 days before an employee enrolls in a health plan or before the effective date of the health plan. If an exempt organization covers some contraceptive methods or services, requires the organization to provide notice of the methods or services not covered.

Subd. 4. Accommodation for eligible organizations. Allows an eligible organization to not cover contraceptive methods or services if the eligible organization notifies its health plan company. Requires an eligible organization's notice to the health plan company to include the listed information, and requires an eligible organization to provide this notice to prospective employees as part of the hiring process and to employees at least 30 days before the employee enrolls in a health plan or before the effective date of the health plan. Provides that a health plan company receiving notice from an eligible organization under this subdivision must exclude coverage for contraceptive methods and services identified in the notice, and provide separate payments for contraceptive methods and services required to be covered under subdivision 2. Prohibits a health plan company from imposing cost-sharing requirements or other charges for contraceptive methods or services to the eligible organization, health plan, or enrollee. Requires the health plan company to annually notify the commissioner of commerce of the number of eligible organization accommodations granted under this subdivision.

This section is effective January 1, 2024, and applies to coverage offered, sold, issued, or renewed on or after that date.

28 Coverage for prescription contraceptives; supply requirements.

Adds § 62Q.523. Requires a health plan that covers prescription drugs to cover a 12-month supply for a prescription contraceptive, if a 12-month supply is prescribed by the provider.

Subd. 1. Scope of coverage. Except for health plans for exempt organizations and organizations eligible for accommodations under section 62Q.522, subdivision 3 or 4, requires health plans that cover prescription drugs to comply with this section.

Subd. 2. Definition. Defines prescription contraceptive for this section.

Subd. 3. Required coverage. Requires a health plan to cover a 12-month supply for a prescription contraceptive if a 12-month supply is prescribed by the

Section Description - Article 2: Health Insurance

prescribing provider. Requires the prescribing provider to determine the appropriate duration for a prescription for a prescription contraceptive.

This section is effective January 1, 2024, and applies to coverage offered, sold, issued, or renewed on or after that date.

29 Coverage restrictions or limitations.

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

30 Consumer protections against balance billing.

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

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

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

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

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

Section Description - Article 2: Health Insurance

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

31 Change in health plans.

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

32 Definition.

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

33 Standard of review.

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

34 Dental organization.

Adds subd. 5a to § 62U.01. Defines dental organization for chapter 62U.

35 Encounter data.

Amends § 62U.04, subd. 4. In para. (a), requires dental organizations, in addition to health plan companies and third-party administrators as in current law, to submit encounter data to the all-payer claims database (APCD). Requires encounter data submitted to include data on contractual value-based payments, and for claims incurred on or after January 1, 2023, requires the data to include enrollee race and ethnicity to the extent available.

In para. (c), strikes language allowing summary data to be derived from nonpublic data, and allows data on providers collected under this subdivision to be released or published according to subdivision 11.

36 Pricing data.

Amends § 62U.04, subd. 5. In para. (a), requires dental organizations to submit to the APCD, data on contracted prices with dental care providers. (Current law requires

Section Description - Article 2: Health Insurance

health plan companies and third-party administrators to submit to the APCD, data on contracted prices with health care providers.) Requires data on contracted prices to include data on supplemental contractual value-based payments paid to health care providers.

In para. (c), classifies data collected under this subdivision as private data on individuals (in addition to nonpublic data as provided in current law), and allows data on providers collected under this subdivision to be released or published according to subdivision 11.

37 Self-insurers.

Amends § 62U.04, subd. 5a. Requires a third-party administrator to notify self-insurers whose health plans are administered by the third-party administrator that the self-insurer may elect to have the third-party administrator submit encounter data, data on contracted prices, and data on nonclaims-based payments from the self-insurer's health plan to the APCD. Requires third-party administrators to report to the commissioner of health, the self-insured clients that elect to have data on their health plans submitted to the APCD; the self-insured clients that decline to have data on their health plans submitted to the APCD; and certain other data. Classifies data collected under this subdivision as private data on individuals or nonpublic data, allows summary data to be derived from nonpublic data, and requires the commissioner to establish procedures and safeguards to protect the data's integrity and confidentiality.

38 Nonclaims-based payments.

Adds subd. 5b to § 62U.04. Beginning January 1, 2025, requires health plan companies and third-party administrators to submit to the APCD, data on nonclaims-based payments made to health care providers. Defines nonclaims-based payments, and requires nonclaims-based payments to be attributed, to the extent possible, to a health care provider and to be combined with encounter data, data on contracted prices, and data from self-insurer health plans in analyses of health care spending. Classifies this data as private data on individuals or nonpublic data, allows summary data to be derived from this nonpublic data, and requires the commissioner to establish procedures and safeguards to protect the data's integrity and confidentiality. Also requires the commissioner to consult with the listed entities in developing the data reported under this subdivision and standardized reporting forms.

39 Restricted uses of the all-payer claims data.

Amends § 62U.04, subd. 11. In para. (a), allows data from self-insurer health plans and nonclaims-based payment data submitted to the APCD, in addition to encounter data and data on contracted prices under current law, to be used for the purposes in

Section Description - Article 2: Health Insurance

this subdivision and subdivision 13. Strikes language prohibiting public use files from identifying payers.

In paras. (a) and (b), allows public use files of summary data compiled by the commissioner and studies and evaluations by the commissioner using APCD data to identify hospitals, clinics, and medical practices, as long as no individual health professionals are identified and the commissioner finds the data to be accurate and suitable for publication.

Strikes obsolete paragraphs (c) and (e) regarding the use of encounter data for a study due in 2015 and requiring consultation with a work group to create public use files.

Also allows data in the APCD to be used on an ongoing basis to analyze variations in cost, quality, utilization, and illness burden based on geographic area or population (under para. (d), which is being stricken, data may be used for this purpose only until July 1, 2023).

40 Expanded access to and use of the all-payer claims data.

Adds subd. 13 to § 62U.04. Requires the commissioner or the entity under contract with the commissioner to make data submitted to the APCD available to individuals and organizations researching or working to transform health care outcomes, access, quality, disparities, or spending, provided the use of the data serves a public benefit. Prohibits the data from being used for certain purposes. To implement making data available for expanded uses, requires the commissioner to establish requirements for data access, an application process, data use agreements, an oversight process for data access and use, technical assistance, and a fee schedule; and to create a research advisory group to advise the commissioner on applications for data use.

41 Report on transparency of health care payments.

Defines terms for this section: commissioner, nonclaims-based payments, nonpublic data, and primary care services. Requires the commissioner of health to report to the legislature by February 15, 2024, on the volume and distribution of health care spending across payment models used by health plan companies and third-party administrators. Specifies what the report must include, and requires the report to include recommendations on changes needed to gather better data about the use of value-based payments. Lists duties of the commissioner in preparing the report, and requires health plan companies and third-party administrators to comply with data requests from the commissioner within 60 days after the request. Classifies data collected under this section as nonpublic data, and allows summary data prepared under this section to be derived from nonpublic data. Requires the commissioner to establish procedures to protect the integrity and confidentiality of this data.

Section	Description - Article 2: Health Insurance
---------	---

- | | |
|----|--|
| 42 | Statewide health care provider directory.
Requires the commissioner to assess the feasibility of developing and maintaining a statewide electronic directory of health care providers. |
| 43 | Repealer.
Repeals section 62J.84, subd. 5 (reporting requirements under the prescription drug price transparency section for prices of newly acquired drugs). |

Article 3: Department of Health Policy

This article modifies statutes governing retrospective review of major spending commitments by health care facilities or providers, health plan coverage of hearing aids, the Rural Health Advisory Committee, vital records, service lines and connectors, design and construction requirements for hospitals, the cancer reporting system, licensure requirements when a nursing home changes ownership, application of the fair rental value property rate system to certain nursing home construction projects, and requirements for selling prescription and over-the-counter hearing aids. This article also contains changes to the Lead Poisoning Prevention Act, statutes governing home care providers, and medical cannabis statutes.

Section	Description - Article 3: Department of Health Policy
---------	--

- | | |
|---|--|
| 1 | Retrospective review.
Amends § 62J.17, subd. 5a. Requires the commissioner to notify a health care facility or provider of the results of the commissioner's retrospective review of a major spending commitment when the commissioner determines the expenditure was not appropriate (and no longer requires the commissioner to notify facilities and providers if the commissioner determines the expenditure was appropriate). |
| 2 | Hearing aids.
Amends § 62Q.675. Modifies health plan coverage for hearing aids, to require health plans to cover hearing aids for all individuals, rather than only individuals under age 18 as in current law. |
| 3 | Establishment; membership.
Amends § 144.1481. Increases the size of the Rural Health Advisory Committee at the Health Department from 16 to 22 members. Adds the following members: an allied dental personnel; a member of a Tribal Nation; a representative of a local public health agency or community health board; a health professional or advocate who works with people with mental illness (under current law one of the consumer members must be an advocate for persons who have a mental illness); a representative of a community organization working with individuals experiencing |

Section Description - Article 3: Department of Health Policy

health disparities; and an individual with expertise in economic development or an employer outside the seven-county metropolitan area. Modifies the term used for one other member, requires one of the two consumer members to be from a community experiencing health disparities, and moves the consumer who is an advocate for persons with developmental disabilities to its own line.

4 Fetal death record and certificate of birth resulting in stillbirth.

Amends § 144.2151. Updates and clarifies processes for establishing fetal death records and requesting certificates of birth resulting in stillbirth.

Subd. 1. Registration. Requires a fetal death record to be established for each fetal death reported to the state registrar according to section 144.222. Strikes language describing an obsolete process, in which a record of birth resulting in stillbirth must be filed with the state registrar if the parents request to have a record of birth resulting in stillbirth prepared.

Subd. 2. Information to parents. Modifies information that must be provided to parents in cases of stillbirth, to require parents to be informed that they may provide a full name or only a last name for the fetal death record, that they may request a certificate of birth resulting in stillbirth and an informational copy of the fetal death record, and that certain parties may correct or amend the fetal death record.

Subd. 3. Responsibilities of state registrar. Strikes language permitting parents to file a record of birth resulting in stillbirth (other language in this section allows a certificate of birth resulting in stillbirth to be requested after a fetal death record is established). Moves responsibilities of the state registrar related to fetal death records and certificates of birth resulting in stillbirth from subdivision 5 to this subdivision and updates these duties to reflect that fetal death records and certificates of birth resulting in stillbirth are vital records.

Subd. 4. Delayed registration. Strikes language that permits parents to request a record of birth resulting in stillbirth (subdivision 3 requires the state registrar to establish a process for requesting certificates of birth resulting in stillbirth). Allows a parent, medical examiner, or coroner to submit a request for a delayed registration of fetal death with evidence to support the request.

Subd. 5. Responsibilities of state registrar. Strikes this subdivision (updated responsibilities of the state registrar are now in subdivision 3).

5 Fetal death reports and registration.

Amends § 144.222. In subdivision 1, makes technical changes to the requirement that a fetal death must be registered or reported to the state registrar within five days after death, for a fetus of 20 or more weeks of gestation. Strikes subdivision 2, which

Section Description - Article 3: Department of Health Policy

- requires an infant death caused by sudden infant death syndrome to be reported to the state registrar within five days after death (section 144.221, subdivision 1, requires all deaths to be reported to the state registrar within five days after death).
- 6 **Connector.**
Adds subd. 2a to § 144.382. Defines connector in the Safe Drinking Water Act as gooseneck, pigtail, and other service line connectors; a connector is a short section of piping that can be bent and used to connect rigid service piping.
- 7 **Galvanized requiring replacement.**
Adds subd. 3a to § 144.382. Defines galvanized requiring replacement in the Safe Drinking Water Act as a galvanized service line that is or was connected to a lead service line, lead status unknown service line, or lead connector.
- 8 **Galvanized service line.**
Adds subd. 3b to § 144.382. Defines galvanized service line as a service line made of iron or piping dipped in zinc to prevent corrosion and rusting.
- 9 **Lead connector.**
Adds subd. 3c to § 144.382. Defines lead connector in the Safe Drinking Water Act as a connector made of lead.
- 10 **Lead service line.**
Adds subd. 3d to § 144.382. Defines lead service line in the Safe Drinking Water Act as a portion of pipe made of lead that connects the water main to the building inlet.
- 11 **Lead status unknown service line or unknown service line.**
Adds subd. 3e to § 144.382. Defines lead status unknown service line or unknown service line in the Safe Drinking Water Act as a service line that has not been demonstrated to meet or that does not meet the definition of lead free in the federal Safe Drinking Water Act.
- 12 **Nonlead service line.**
Adds subd. 3f to § 144.382. Defines nonlead service line in the Safe Drinking Water Act as a service line determined through an evidence-based record, method, or technique not to be a lead service line or galvanized service line requiring replacement.
- 13 **Service line.**
Adds subd. 4a to § 144.382. Defines service line in the Safe Drinking Water Act as a portion of pipe that connects the water main to the building inlet.

Section Description - Article 3: Department of Health Policy

14 Classification of service lines.

Adds § 144.3835. During a lead service line inventory, allows a water system to classify the actual material of the service line instead of classifying it as a nonlead service line. States that it is not required to physically verify a service line's material composition for its lead status to be identified. For a lead service line inventory and lead service line replacement plan, requires a service line to be classified as a lead service line or a galvanized service line requiring replacement if it has a lead connector. Allows a galvanized service line to be classified as a nonlead service line only if it can be documented that it was never connected to a lead service line or lead connector.

15 Standards for licensure.

Amends § 144.55, subd. 3. For new licenses, new construction, change of use, or change of occupancy for which plan review packages are received on or after January 1, 2024, requires a hospital to meet the minimum standards in the 2022 edition of *Guidelines for Design and Construction of Hospitals* from the Facility Guidelines Institute (FGI). Requires the commissioner of health to review each new edition of the guidelines to determine if the standards will be updated. Establishes a process for the commissioner to update the edition of the guidelines publication with which hospitals must comply, and provides that compliance with the updated edition shall not be required sooner than 12 months after publication of a notice in the State Register. Requires hospitals to comply with state and local laws, ordinances, and codes for fire safety, building, and zoning, and requires the commissioner to develop guidance on how conflicts between the guidelines and state and local laws will be resolved. Strikes language authorizing the commissioner to adopt rules establishing standards for new construction. This section is effective January 1, 2024.

16 Request for variance or waiver.

Amends § 144.6535, subd. 1. Allows a hospital to request a variance or waiver from the standards in the *Guidelines for Design and Construction of Hospitals*, and strikes language authorizing a variance or waiver from Minnesota Rules, chapter 4640 (hospital licensing and operation) or 4645 (hospital construction and equipment). (The standards in the publication are replacing the design and construction standards currently found in rules, and the rules are being repealed.) Also makes conforming changes. This section is effective January 1, 2024.

17 Criteria for evaluation.

Amends § 144.6535, subd. 2. Makes changes to conform with the hospital design and construction standards in the *Guidelines for Design and Construction of Hospitals* replacing the standards in rules, which are being repealed. This section is effective January 1, 2024.

Section Description - Article 3: Department of Health Policy

18 Effect of alternative measures or conditions.

Amends § 144.6535, subd. 4. Makes changes to conform with the hospital design and construction standards in the *Guidelines for Design and Construction of Hospitals* replacing the standards in rules, which are being repealed. This section is effective January 1, 2024.

19 Classification of data on individuals.

Amends § 144.69. Changes the name of the cancer surveillance system to the cancer reporting system. Allows Health Department employees to interview patients named in cancer reports, or their relatives, after notifying the patient's attending health professional, and allows the cancer reporting system to share certain data in the system with other state and national cancer registries.

Subd. 1. Data collected by the cancer reporting system. Changes the name of the cancer surveillance system to the cancer reporting system. Allows Department of Health employees to interview patients named in cancer reports, or their relatives, after notifying an attending health care provider, rather than after obtaining consent from an attending health care provider as in current law. Requires research protections for patients to be consistent with section 13.04, subd. 2 (the Tennessean warning statute); and with federal rules governing protection of human research subjects.

Subd. 2. Transfers of information to state cancer registries and federal government agencies. Allows the cancer reporting system to:

- share information on a non-Minnesota resident that contains personal identifiers and is collected by the cancer reporting system with the statewide cancer registry of the nonresident's home state for purposes consistent with Minnesota's cancer reporting system, provided the receiving registry maintains the classification of the information as private; and
- share information, excluding direct identifiers, collected by the cancer reporting system with the CDC's National Program of Cancer Registries and the National Cancer Institute's cancer registry.

20 Lead hazard reduction.

Amends § 144.9501, subd. 17. Amends the definition of lead hazard reduction in the Lead Poisoning Prevention Act to add swab team services. Also specifies that lead hazard reduction does not include: (1) renovation activity that is primarily intended to repair or restore a structure or dwelling instead of abate or control lead paint hazards; or (2) activities that disturb painted surfaces that total less than 20 square feet on exterior surfaces or less than two square feet in an interior room (an exception similar to the one being added as para. (c) is currently found in the

Section Description - Article 3: Department of Health Policy

definition of regulated lead work, and that exception is being replaced by the exceptions added to this definition and to the definition of renovation).

21 Regulated lead work.

Amends § 144.9501, subd. 26a. Amends the definition of regulated lead work in the Lead Poisoning Prevention Act, to: (1) add lead hazard reduction to the definition; (2) modify who issues lead orders, to allow them to be issued by the commissioner of health in addition to a community health board as in current law; and (3) strike a paragraph listing actions that do not constitute regulated lead work (this exception is being replaced by exceptions added to the definitions of lead hazard reduction and renovation).

22 Renovation.

Amends § 144.9501, subd. 26b. Amends the definition of renovation in the Lead Poisoning Prevention Act, to: (1) specify that it means modification made for compensation; and (2) specify that renovation does not include minor repair and maintenance activities or total demolition of a freestanding structure. Defines minor repair and maintenance as activities, other than window replacement or certain demolition activities, that disturb painted surfaces that total less than 20 square feet on exterior surfaces or less than six square feet in an interior room.

23 Compensation.

Adds subd. 33 to § 144.9501. Defines compensation in the Lead Poisoning Prevention Act as money or other mutually agreed upon payment given or received for regulated lead work.

24 Individual.

Adds subd. 34 to § 144.9501. Defines individual in the Lead Poisoning Prevention Act as a natural person.

25 Licensing, certification, and permitting.

Amends § 144.9505, subd. 1. In para. (d), clarifies that an individual residential property owner, or an adult relative of the property owner, who performs regulated lead work on the residence is exempt from the requirements for licensure and firm certification for regulated lead work (current law allows property owners and relatives to perform any regulated lead work on a property, not just residential property, without being licensed). States this exemption does not apply to renovation performed for compensation, when a child with an elevated blood lead level has been identified in the residence or building, or when the residence is occupied by individuals not related to the property owner. Strikes para. (e), which requires a person that employs individuals to perform regulated lead work outside the person's property to be certified as a certified lead firm and requires an

Section Description - Article 3: Department of Health Policy

- individual who performs certain types of lead work to be employed by a certified lead firm.
- 26 **Certified lead firm.**
Amends § 144.9505, subd. 1g. Expands who must be certified as a lead firm, to include a person who performs regulated lead work (other than renovation). (Current law requires a person who employs individuals to perform regulated lead work other than renovation to be certified as a lead firm.) Also strikes language exempting a person from certification if the regulated lead work is performed on the person's own property; exemptions are instead governed by § 144.9505, subd. 1.
- 27 **Certified renovation firm.**
Amends § 144.9505, subd. 1h. Expands who must be certified as a renovation firm, to include a person who performs renovation. (Current law requires a person who employs individuals to perform renovation to be certified as a renovation firm.) Specifies that the renovation work must be performed for compensation. Strikes language exempting a person from certification if the renovation work is performed on the person's own property; exemptions are instead governed by section 144.9505, subd. 1.
- 28 **Regulated lead work standards and methods.**
Amends § 144.9508, subd. 2. In para. (k), requires rules adopted by the commissioner governing renovation of pre-1978 affected properties to be consistent with rules adopted under the federal Toxic Substances Control Act, and strikes language limiting rules adopted by the commissioner to renovation of pre-1978 properties where a child or pregnant female resides.
- 29 **New license required; change of ownership.**
Amends § 144A.06, subd. 2. Amends the circumstances that constitute a change of ownership of a nursing home to specify a change of ownership occurs, and the new owner must apply for a new license, if within the past 24 months 50 percent or more of the licensee's ownership interest is transferred to multiple different persons (in addition to transfers to one different person as in current law), or to multiple persons (in addition to one person as in current law) who had a less than five percent ownership interest in the facility when the first transaction occurred.
- 30 **Moratorium.**
Amends § 144A.071, subd. 2. Provides that all construction projects approved by the commissioner of health under section 144A.073, subdivision 3, after March 1, 2020, as exceptions to the moratorium on nursing home construction, are subject to the fair rental value property rate (instead of a historical property rate that would otherwise apply). Also changes paragraph lettering and clause and item numbering

Section Description - Article 3: Department of Health Policy

and makes conforming changes. This section is effective retroactively from March 1, 2020.

31 Amendments to approved projects.

Amends § 144A.073, subd. 3b. Modifies criteria used by the commissioner of health to approve amendments to the design of construction projects that were previously approved as exceptions to the moratorium, to make the criteria conform with the fair rental value property rate system. Provides that reimbursement for amendments to approved projects is independent of actual construction costs and shall be based on the allowable appraised value of the completed project, and prohibits a project from being amended to reduce its scope. Removes obsolete dates. This section is effective retroactively from March 1, 2020.

32 Survey process.

Amends § 144A.474, subd. 3. In a subdivision governing the survey process for home care providers, strikes a reference in clause (5) to housing with services establishments (which are no longer registered in the state) and instead refers to the establishment where the provider is providing services; and in clause (9) removes requirements that an exit conference occur on-site and that there must be documentation that the exit conference occurred, and requires the exit conference to occur within one business day after the survey. This section is effective August 1, 2023.

33 Follow-up surveys.

Amends § 144A.474, subd. 9. In a subdivision governing follow-up surveys of home care providers, strikes language requiring a follow-up survey to be conducted if the provider has any violations determined to be widespread. This section is effective August 1, 2023.

34 Reconsideration.

Amends § 144A.474, subd. 12. In a subdivision governing reconsideration of a correction order issued to a home care provider, requires a request for reconsideration to be received by the commissioner within 15 business days after the home care provider received the correction order, rather than 15 calendar days as in current law.

35 Termination of service plan.

Amends § 144A.4791, subd. 10. In a subdivision listing information that must be included in the written notice of termination if a home care provider terminates a client's service plan, adds a requirement that for clients age 18 or older, the written notice must include a statement that the client may contact the Office of Ombudsman for Long-Term Care for an advocate to assist regarding the termination.

Section Description - Article 3: Department of Health Policy

- Also strikes references to housing with services contracts and housing with services establishment, and instead requires a statement, if applicable, that the termination of home care services does not constitute a notice of termination of any housing contract.
- 36 **Hearing aid.**
Amends § 148.512, subd. 10a. Amends the definition of hearing aid in the statutes governing audiologists, to specify that it is a prescribed aid, and strikes enhancing human hearing from the definition.
- 37 **Hearing aid dispensing.**
Amends § 148.512, subd. 10b. Amends the definition of hearing aid dispensing in the audiologist statutes to remove from the definition, the acts of recommending a hearing aid and selling hearing aids at retail. Specifies that hearing aid dispensing does not include selling over-the-counter (OTC) hearing aids. Provides this definition applies to assisting with selecting, and with dispensing, prescription hearing aids.
- 38 **Over-the-counter hearing aid or OTC hearing aid.**
Adds subd. 10c to § 148.512. Defines over-the-counter hearing aid or OTC hearing aid in the audiologist statutes by reference to the definition in federal rules.
- 39 **Prescription hearing aid.**
Adds subd. 13a to § 148.512. Defines prescription hearing aid in the audiologist statutes.
- 40 **Over-the-counter hearing aids.**
Adds subd. 4 to § 148.513. Provides that the statutes governing audiologists do not preclude licensed audiologists from dispensing or selling OTC hearing aids.
- 41 **Dispensing audiologist examination requirements.**
Amends § 148.515, subd. 6. Amends audiologist examination and supervision requirements to specify that the examination and supervision requirements must be satisfied to dispense prescription hearing aids.
- 42 **Temporary licensure.**
Amends § 148.5175. Provides that good cause that permits an audiologist's temporary license to be renewed twice includes not being able to take and complete the required practical examination for dispensing prescription hearing aids.
- 43 **Grounds for disciplinary action by commissioner.**
Amends § 149.5195, subd. 3. In provisions establishing grounds for disciplinary action against audiologists and hearing aid dispensers, changes the title from "hearing

Section Description - Article 3: Department of Health Policy

- instrument dispenser” to “prescription hearing aid dispenser” and provides that grounds for disciplinary action apply to prescribing or dispensing prescription hearing aids. Removes references to recommending hearing aids.
- 44 **Membership.**
Amends § 148.5196. In a subdivision establishing the Speech-Language Pathologist and Audiologist Advisory Council, modifies a term from “hearing instrument” to “hearing aid”; changes a title from “hearing instrument dispenser” to “prescription hearing aid dispenser”; and requires audiologist members of the advisory council to have experience that includes dispensing prescription hearing aids. Removes a reference to recommending hearing aids.
- 45 **Hearing aid dispensing.**
Amends § 148.5197. Modifies provisions governing audiologist and prescription hearing aid dispenser contracts, use of a license number or certificate number, consumer rights information, and liability, to provide this section governs audiologist and dispenser prescribing and dispensing of prescription hearing aids.
- 46 **Restriction on sale of prescription hearing aids.**
Amends § 148.5198. Provides the consumer protections in this section apply to audiologists’ and certified dispensers’ dispensing of prescription hearing aids.
- 47 **Administration of opiate antagonists for drug overdose.**
Amends § 151.37, subd. 12. In a subdivision governing whom certain health care professionals may authorize to administer opiate antagonists, allows any personnel employed by or under contract with a charter, public, or private school to be authorized to administer opiate antagonists. (Under current law, only licensed school nurses and certified public health nurses working for a school may be authorized to administer opiate antagonists.) Also specifies that a licensed practical nurse is authorized to possess and administer opiate antagonists in a school setting.
- 48 **Health care practitioner duties.**
Amends § 152.28, subd. 1. Allows a health care practitioner to use telehealth to conduct patient certifications and recertifications, to determine if a patient has a qualifying medical condition. (Under current law a health care practitioner must see a patient in person before certifying a patient has a qualifying medical condition, and may conduct recertifications via telehealth.)
- 49 **Transportation of medical cannabis; transport staffing.**
Amends § 152.29, subd. 3a. Allows a medical cannabis manufacturer to contract for armored care services to deliver medical cannabis to its distribution facilities. Also

Section Description - Article 3: Department of Health Policy

- allows Department of Health staff to transport medical cannabis to deliver medical cannabis and samples to laboratories for testing and for special investigations.
- 50 **Hearing aid.**
Amends § 153A.13, subd. 3. In the definition of hearing instrument in the chapter governing prescription hearing aid dispensers, changes the term defined, from “hearing instrument” to “hearing aid” and refers to the definition of that term in section 148.512, subd. 10a.
- 51 **Hearing aid dispensing.**
Amends § 153A.13, subd. 4. In the definition of hearing instrument dispensing in the chapter governing prescription hearing aid dispensers, changes the term defined, from “hearing instrument dispensing” to “hearing aid dispensing” and refers to the definition of that term in section 148.512, subd. 10b.
- 52 **Dispenser of hearing aids.**
Amends § 153A.13, subd. 5. In the definition of dispenser of hearing instruments in the chapter governing prescription hearing aid dispensers, changes the term defined to “dispenser of hearing aids” and provides that these dispensers dispense prescription aids.
- 53 **Advisory council.**
Amends § 153A.13, subd. 6. Changes the name of an advisory council from “Minnesota Hearing Instrument Dispenser Advisory Council” to “Minnesota Hearing Aid Dispenser Advisory Council” to conform with other changes in this chapter.
- 54 **ANSI.**
Amends § 153A.13, subd. 7. In the definition of ANSI in the chapter governing prescription hearing aid dispensers, strikes the existing definition of ANSI and instead refers to the definition of the American National Standard Specification for Audiometers in federal rules.
- 55 **Supervision.**
Amends § 153A.13, subd. 9. In the definition of supervision in the chapter governing prescription hearing aid dispensers, changes a term and provides that trainees dispense prescription hearing aids.
- 56 **Direct supervision or directly supervised.**
Amends § 153A.13, subd. 10. In the definition of direct supervision or directly supervised in the chapter governing prescription hearing aid dispensers, changes a term and provides that trainees dispense prescription hearing aids.

Section Description - Article 3: Department of Health Policy

- 57 **Indirect supervision or indirectly supervised.**
Amends § 153A.13, subd. 11. In the definition of indirect supervision or indirectly supervised in the chapter governing prescription hearing aid dispensers, changes a term and provides that trainees dispense prescription hearing aids.
- 58 **Over-the-counter hearing aid or OTC hearing aid.**
Adds subd. 12 to § 153A.13. Defines over-the-counter hearing aid or OTC hearing aid for the chapter governing prescription hearing aid dispensers.
- 59 **Prescription hearing aid.**
Adds subd. 13 to § 153A.13. Defines prescription hearing aid for the chapter governing prescription hearing aid dispensers.
- 60 **Application for certificate.**
Amends § 153A.14, subd. 1. In a subdivision governing applications for a certificate as a prescription hearing aid dispenser, changes terms from “hearing instrument” to “hearing aid” and requires the applicant to provide information on training and experience in testing, fitting, and selling prescription hearing aids.
- 61 **Issuance of certificate.**
Amends § 153A.14, subd. 2. In a subdivision governing issuance of certificates for prescription hearing aid dispensers, changes a term from “dispensers of hearing instruments” to “dispensers of prescription hearing aids.”
- 62 **Certification by examination.**
Amends § 153A.14, subd. 2h. Requires the examination for certification as a prescription hearing aid dispenser to test applicants on prescription hearing aid selling.
- 63 **Continuing education requirement.**
Amends § 153A.14, subd. 2i. Requires continuing education courses for prescription hearing aid dispensers to be directly related to prescription hearing aid dispensing.
- 64 **Required use of certification number.**
Amends § 153A.14, subd. 2j. Provides the requirement that a prescription hearing aid dispenser uses the dispenser’s certification number on certain sales items, applies to the sale of prescription hearing aids.

Section Description - Article 3: Department of Health Policy

- 65 **Dispensing of prescription hearing aids without certificate.**
Amends § 153A.14, subd. 4. Modifies terms used in a subdivision governing criminal penalties, to make it a gross misdemeanor to dispense a prescription hearing aid without a certificate.
- 66 **Trainees.**
Amends § 153A.14, subd. 4a. Changes a title, from “hearing instrument dispenser” to “prescription hearing aid dispenser” and provides the authorization for trainees to dispense prescription hearing aids applies to the dispensing of prescription hearing aids.
- 67 **Prescription hearing testing protocol.**
Amends § 153A.14, subd. 4b. Modifies the hearing testing protocol requirements to make them apply to the dispensing of prescription hearing aids. Also corrects a cross-reference to federal rules.
- 68 **Reciprocity.**
Amends § 153A.14, subd. 4c. Modifies a subdivision governing reciprocity to provide it applies to persons who have dispensed prescription hearing aids in other jurisdictions.
- 69 **Prescription hearing aids; enforcement.**
Amends § 153A.14, subd. 4e. Requires certain investigation costs of the Department of Health to be apportioned among professions that dispense prescription hearing aids.
- 70 **Prescription hearing aids to comply with federal and state requirements.**
Amends § 153A.14, subd. 6. Provides the commissioner’s duties to ensure compliance with state and federal requirements apply to requirements governing dispensing of prescription hearing aids.
- 71 **Consumer rights.**
Amends § 153A.14, subd. 9. Changes a title from “hearing instrument dispenser” to “prescription hearing aid dispenser.”
- 72 **Requirement to maintain current information.**
Amends § 153A.14, subd. 11. Modifies information a dispenser must provide the commissioner, to require dispensers to provide information on certain judgements related to dispensing prescription hearing aids and information on whether the dispenser stops dispensing prescription hearing aids.

Section Description - Article 3: Department of Health Policy

- 73 **Over-the-counter hearing aids.**
Adds subd. 12 to § 153A.14. Provides that chapter 153A does not preclude certified hearing aid dispensers from dispensing or selling OTC hearing aids.
- 74 **Prohibited acts.**
Amends § 153A.15, subd. 1. Changes a title, and provides the grounds for disciplinary action in this subdivision apply to dispensing prescription hearing aids.
- 75 **Enforcement actions.**
Amends § 153A.15, subd. 2. Provides the enforcement actions in this subdivision apply to persons who dispense prescription hearing aids.
- 76 **Penalties.**
Amends § 153A.15, subd. 4. Changes a title.
- 77 **Expenses; fees.**
Amends § 153A.17. Changes a term used. Strikes an obsolete sentence (section 16E.22 has expired).
- 78 **Penalty fees.**
Amends § 153A.175. Changes a title and provides the penalty fee for dispensing without submitting a continuing education report applies to dispensing prescription hearing aids.
- 79 **Consumer Information Center.**
Amends § 153A.18. Provides the Consumer Information Center must provide information about prescription hearing aids to actual and potential purchasers. Changes a title.
- 80 **Hearing Aid Dispenser Advisory Council.**
Amends § 153A.20. Changes the name of the advisory council from “Hearing Instrument Dispenser Advisory Council” to “Hearing Aid Dispenser Advisory Council”; requires advisory council members to be persons who dispense or use prescription hearing aids; changes a title.
- 81 **Construction project rate adjustments effective October 1, 2006.**
Amends § 256B.434, subd. 4f. Updates cross-references to conform with the technical changes to paragraph lettering and clause and item numbering in section 144A.071, subd. 2.

Section Description - Article 3: Department of Health Policy

82 Effective date change.

Modifies an effective date for a provision in H.F. 100 that eliminates the fees for patients to enroll in the medical cannabis program, to make that section effective July 1, 2023.

83 Repealer.

Repeals the following:

- Para. (a): section 144.9505, subd. 3 (requiring the commissioner of health to provide health and safety information on lead abatement and lead hazard reduction to all residential building contractors);
- Para. (b): section 153A.14, subd. 5 (authorizing the commissioner of health to adopt rules to implement chapter 153A governing hearing aid dispensers); and
- Para. (c): Minnesota Rules, parts 4640.1500 to 4640.6400 (hospital licensing and operations rules governing lab and x-ray services; accommodations, furnishings, and equipment for care; food service and food sanitation; physical plant; mental and psychiatric hospitals; and chronic disease hospitals); and Minnesota Rules, parts 4645.0300 to 4645.5200 (hospital construction and equipment rules governing design and construction; facility requirements for general hospitals and for specialized units in general hospitals; facility requirements for chronic disease hospitals; structural work, mechanical work, electrical, elevator, and service facilities requirements for all hospitals; and requirements for plans and specifications for all hospitals) effective January 1, 2024.

Article 4: Department of Health

This article makes changes to existing Department of Health programs and activities and establishes new programs and activities at the Department of Health. The article establishes requirements for installing submerged closed loop heat exchangers, modifies access to birth records of adopted persons, modifies lead testing and remediation requirements, authorizes grants to address several issues, establishes new offices and advisory councils, establishes requirements for screening for health coverage or assistance, and provides funding for the 988 suicide and crisis lifeline system. It also modifies public health statutes and repeals statutes and rules on a number of subjects, including certain statutes regulating the performance of abortions.

Section Description - Article 4: Department of Health

- 1 Implementation.**

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

Amends § 13.10, subd. 5. Updates a reference to statutes governing treatment of adoption records. This section is effective July 1, 2024.
- 3 Adoption records.**

Amends § 13.465, subd. 8. Updates a reference to a statute governing access to adoption records. This section is effective July 1, 2024.
- 4 Exceptions.**

Amends § 16A.151, subd. 2. Section 16A.151, subdivision 1, requires money recovered by the state in litigation or a settlement to be deposited in the general fund, and subdivision 2 establishes exceptions to this requirement. A new paragraph (h) establishes an additional exception, requiring money the state receives from legal action related to alleged violations of laws regarding electronic nicotine delivery systems or other alleged violations of law that contribute to youth nicotine use, to be deposited in a new tobacco use prevention account. Exempts attorney fees and costs awarded to the state or Attorney General's Office, contract attorneys, or other state agency attorneys. This section is effective retroactively from April 1, 2023, and applies to settlement agreements or assurances of discontinuance entered into, or court orders issued, on or after that date.
- 5 Submerged closed loop heat exchanger.**

Amends § 103I.005, subd. 17a. In a chapter regulating wells and borings, replaces a definition of temporary boring with a definition of submerged closed loop heat exchanger. This section is effective the day following final enactment.
- 6 Temporary boring.**

Adds subd. 17b to § 103I.005. Adds a definition of temporary boring to a chapter regulating wells and borings (the definition of this term is being moved from subd. 17a to this subdivision). This section is effective the day following final enactment.
- 7 Water supply well.**

Amends § 103I.005, subd. 20a. Modifies the definition of water supply well in a chapter regulating wells and borings to specify that a water supply well includes wells

Section Description - Article 4: Department of Health

- used to contain a submerged closed loop heat exchanger. This section is effective the day following final enactment.
- 8 **Permit fee.**
Amends § 103I.208, subd. 2. Establishes a permit fee of \$3,250 for a submerged closed loop heat exchanger. This fee is in addition to the notification fee for water supply wells. This section is effective the day following final enactment.
- 9 **Rules.**
Adds subd. 3 to § 103I.208. Requires the commissioner of health to adopt rules governing the permitting and installation of submerged closed loop heat exchangers, and allows the commissioner to use the expedited rulemaking process to adopt these rules if notification is published in the State Register before December 31, 2025. This section is effective the day following final enactment.
- 10 **Submerged closed loop heat exchanger system; requirements.**
Adds § 103I.209. Establishes permit and installation requirements for submerged closed loop heat exchangers.
- Subd. 1. Permit required.** After the effective date of this section, requires a person to have a permit to install a submerged closed loop heat exchanger in a water supply well. Allows a submerged closed loop heater exchanger system approved by a variance before the effective date of this section to continue to operate without obtaining a permit.
- Subd. 2. Construction.** Requires a water supply well constructed for a submerged closed loop heat exchanger, and the submerged closed loop heat exchanger, to be constructed by a licensed well contractor. Allows the commissioner to consider variances to the screen configuration requirements in rules, as long as the screen configuration does not interconnect aquifers or extend through a confining layer. Requires a water supply well to comply with this chapter and with Minnesota Rules, chapter 4725.
- Subd. 3. Heat transfer fluid.** Requires water used as heat transfer fluid to be sourced from a potable supply and allows water to be amended with ANSI/NSF-60 certified additives to prevent corrosion or antimicrobial activity.
- This section is effective the day following final enactment and expires on December 31 of the year permanent rules are adopted under section 103I.208, subdivision 3.

Section Description - Article 4: Department of Health

11 Submerged closed loop heat exchanger system; temporary permits.

Adds § 103I.210. Provides for applications for and issuance of permits for submerged closed loop heat exchanger systems.

Subd. 1. Definition. Defines permit holder for this section.

Subd. 2. Permit; limitations. Requires the commissioner to issue a permit for the installation of a submerged closed loop heat exchanger system. Requires a property owner or agent to submit a permit application to the commissioner, and lists information that must be included on the application. Requires fees collected to be deposited in the state government special revenue fund, and requires permit holders to allow the commissioner to inspect the system during working hours. Prohibits the commissioner from limiting the number of permits available for submerged closed loop heat exchanger systems or the size of systems, and allows a system to consist of more than one submerged closed loop heat exchanger. Requires permit holders to comply with existing statutes and rules and to inform the Minnesota Duty Officer if a submerged closed loop heat exchanger fails or leaks. Requires a water supply well containing a submerged closed loop heat exchanger to meet the isolation distance requirements in rules, and allows the commissioner to consider variances to the isolation distance requirements in certain circumstances.

Subd. 3. Permit conditions. Requires permit holders to construct, operate, and report on submerged closed loop heat exchanger systems in compliance with permit conditions identified by the commissioner, which must address the listed items.

This section is effective the day following final enactment and expires on December 31 of the year permanent rules are adopted under section 103I.208, subdivision 3.

12 Advisory Council on Water Supply Systems and Wastewater Treatment Facilities.

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

Section Description - Article 4: Department of Health

13 Lead in school drinking water.

Amends § 121A.335. Modifies requirements for testing and remediation of lead in drinking water by schools.

Subd. 1. Model plan. Requires the state model plan developed by the commissioners of health and education to include recommendations for lead remediation efforts when lead levels in water are at or above five parts per billion (ppb).

Subd. 2. School plans. By July 1, 2024, requires a school district or charter school to revise its lead testing plan to include policies and procedures to ensure consistent water quality. Requires the plan to be based on documents from the United States Environmental Protection Agency, and requires the plan to be publicly available upon request.

Subd. 3. Frequency of testing. If a school district or charter school finds lead at a specific location, requires the district or charter school to implement a plan to ensure student exposure to lead is reduced to below five ppb. Requires a school district or charter school to shut off or make a water fixture unavailable when testing shows the presence of lead is at or above five ppb. Requires a district or charter school to test again for the presence of lead after completing remediation activities.

Subd. 4. Ten-year facilities plan. No changes.

Subd. 5. Reporting. Requires school districts and charter schools to send parents an annual notice of the district's or charter school's annual testing or remediation plan and information about how to find test results. Requires districts and charter schools to update online lead testing and remediation information annually. Requires districts and charter schools to remediate the presence of lead when testing shows the presence of lead at or above five ppb. Requires districts and charter schools to annually report test results and remediation efforts to the commissioner of health, beginning July 1, 2024. Requires the commissioner of health to post test results and remediation efforts on the department website, by school site. Requires districts and charter schools to maintain a record of lead testing results and remediation activities for at least 15 years.

Subd. 6. Public water systems. States that a district or charter school is not financially responsible for remediating elevated lead levels if lead in the school's drinking water is caused by lead infrastructure owned by the public water supply utility. Requires a district or charter school to try to coordinate needed replacements of lead service lines with the public water supply utility. Allows a district or charter school to defer remediation activities: (1) until after the

Section Description - Article 4: Department of Health

elevated lead level in the public water's infrastructure is remediated and postremediation testing does not detect an elevated lead level; or (2) if the public water supply exceeds a federal action level or is in violation of the federal Lead and Copper Rule.

Subd. 7. Commissioner recommendations. Requires the commissioner of health to report to certain legislative committees by January 1, 2026, and every five years thereafter on recommended changes to this section, including suggested changes to the level of lead that requires remediation.

14 Minnesota One Health Antimicrobial Stewardship Collaborative.

Adds § 144.0526. Directs the commissioner of health to establish a Minnesota One Health Antimicrobial Stewardship Collaborative. Directs the commissioner to maintain the position of director to lead antimicrobial stewardship initiatives, communicate with professionals and the public about preserving the efficacy of antibiotic medications, consult and collaborate with experts in various fields, ensure veterinary settings have education and strategies to practice appropriate prescribing and prevent transmission of antimicrobial-resistant microbes, and support initiatives to improve understanding of the impact of antimicrobial use and resistance. Every two years, requires the commissioner to report to certain members of the legislature on work accomplished under this section, research conducted, and program goals for the upcoming two years.

15 Comprehensive drug overdose and morbidity prevention act.

Adds § 144.0528. Establishes a program to prevent drug overdoses and morbidity caused by drug overdoses.

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

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

Section Description - Article 4: Department of Health

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

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

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

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

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

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

16 Cultural communications.

Adds § 144.0752. Requires the commissioner of health to establish a cultural communications program to advance culturally and linguistically appropriate communications services for communities most impacted by health disparities, and a position to ensure the department follows certain national standards for culturally and linguistically appropriate services. Requires the commissioner to oversee a program to align department operations with these national standards, ensure services respond to the diversity of Minnesotans, and ensure culturally and linguistically appropriate policies and practices are used in department work. Describes organizations eligible for contracts under this section.

17 Office of African American Health; duties.

Adds § 144.0754. Directs the commissioner to establish an Office of African American Health to address the public health needs and health disparities of African American Minnesotans. Lists duties of the office: convening the African American Health State

Section Description - Article 4: Department of Health

Advisory Council to advise the commissioner on ways to improve the health of African American Minnesotans; developing recommendations to improve health outcomes for African Americans; conducting community engagement activities; conducting data analysis and research; distributing grants and developing programs to improve African American health outcomes; and developing and administering immersion experiences at the Department of Health for students to improve the diversity of the public health workforce. Every two years, requires the commissioner to report to certain members of the legislature on work accomplished by the office during the previous two years and goals of the office for the upcoming two years.

18 African American Health State Advisory Council.

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

Subd. 1. Establishment; members. Directs the commissioner of health to establish an African American Health State Advisory Council. Requires the council to be between 12 and 20 members with representatives from the listed groups. Directs the governor to appoint council members and the commissioner to appoint a chair or chairs.

Subd. 2. Terms. Provides terms of council members are for two years, and allows members to be reappointed for two additional terms.

Subd. 3. Duties of commissioner. Establishes duties for the commissioner: engage with the council, identify department practices that maintain health inequities and disparities and recommend plans to address these, support interagency collaboration, and support member participation in the council.

Subd. 4. Duties of council. Establishes duties for the council: identify health disparities affecting African Americans, recommend review of laws or policies that would address health disparities, recommend policies or strategies to address disparities, form work groups and develop tasks for them, and report to the commissioner on council activities.

Subd. 5. Duties of council members. Establishes duties for council members: attend scheduled meetings, maintain open communications, identify issues that affect timely completion of tasks, participate in activities to advance the council's duties, and participate in work groups.

Subd. 6. Staffing; office space; equipment. Directs the commissioner to provide the advisory council with staff support, office space, and access to equipment and services.

Section Description - Article 4: Department of Health

Subd. 7. Reimbursement. Provides that compensation and reimbursement for travel and expenses for council activities are governed by section 15.059, subdivision 3.

19 African American health special emphasis grant program.

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

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

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

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

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

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

20 Office of American Indian Health.

Adds § 144.0757. Establishes an Office of American Indian Health to address the public health needs and health disparities of American Indian Tribal communities in Minnesota. Lists duties of the office: coordinating with Tribal Nations and urban American Indian organizations to identify causes of health disparities and develop ways to achieve health equity, strengthening capacity of American Indian and community organizations and Tribal Nations to address health disparities, administering state and federal grants, providing leadership to develop health and

Section Description - Article 4: Department of Health

wellness strategies, providing technical assistance to develop culturally appropriate activities to address public health emergencies, developing and administering department immersion experiences for American Indian students, and identifying and promoting workforce development strategies. Allows the office to contract or provide grants to qualifying entities to carry out these duties. Every two years, requires the commissioner to report to certain members of the legislature on work accomplished by the office during the previous two years and goals of the office for the upcoming two years.

21 American Indian health special emphasis grants.

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

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

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

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

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

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

22 Public Health AmeriCorps.

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

Section Description - Article 4: Department of Health

23 License, permit, and survey fees.

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

24 Community health workers; grants authorized.

Adds § 144.1462. Requires the commissioner of health to award grants or enter into contracts to expand and strengthen the community health worker workforce in Minnesota, and requires the grant recipients or contractors to include at least one nonprofit organization serving community health workers statewide. Requires the commissioner to evaluate this program, and requires grant recipients and contractors to report program outcomes to the department on an annual basis.

25 Health professionals clinical training expansion and rural and underserved clinical rotations grant programs.

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

26 Primary care residency training grant program.

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

27 Clinical health care training.

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

Section Description - Article 4: Department of Health

each eligible entity, and requires teaching institutions to provide other information required by the commissioner to evaluate the grant program.

28 Adoption.

Amends § 144.218, subd. 1. Reclassifies the original birth record of an adopted person as private data, rather than confidential data. This section is effective July 1, 2024.

29 Adoption of foreign persons.

Amends § 144.218, subd. 2. Reclassifies the certified copies of court findings and the order or decree of adoption or certificate of adoption for the adoption of a person born in a foreign country as private data, rather than confidential data. This section is effective July 1, 2024.

30 Fetal death report required.

Amends § 144.222, subd. 1. In a subdivision in the Vital Records Act requiring the death of a fetus of 20 weeks or more gestation, not including abortions, to be reported to the commissioner of health, changes the citation to the definition of abortion from section 145.4241 (the abortion definition in that section is being repealed) to section 145.411, subd. 5.

This section is effective the day following final enactment.

31 Data about births.

Amends § 144.225, subd. 2. Makes changes to provisions governing access to adoption and birth records to conform with other changes in this article. This section is effective July 1, 2024.

32 Access to original birth record after adoption.

Amends § 144.2252. Requires the state registrar to provide an adopted person age 18 or older, or a person related to the adopted person, with a copy of the adopted person's original birth record and a contact preference form, if attached to the original birth record, or with the order or decree of adoption or certificate of adoption for persons with replacement birth records. Specifies that a person adopted as an adult may access that person's birth records that existed before the adult adoption. This section is effective July 1, 2024.

33 Birth parent contact preference form.

Adds § 144.2253. Requires the commissioner of health to develop and make available to the public, a contact preference form for use by a birth parent to indicate whether the birth parent would like to be contacted by an adopted person. If a birth parent submits a contact preference form, requires the commissioner to match the form to

Section Description - Article 4: Department of Health

- the adopted person's original birth record. Classifies a contact preference form as private data on individuals, and allows it to be released as provided under section 144.2252. This section is effective August 1, 2023.
- 34 **Previously filed consents to disclosure and affidavits of nondisclosure.**
Adds § 144.2254. Requires the commissioner to inform a person applying for an original birth record of any unrevoked consent to disclosure or affidavit of nondisclosure on file with the department, including the name of the birth parent who filed the consent or affidavit. Makes a birth parent's consent to disclosure or affidavit of nondisclosure expire June 30, 2024. This section is effective July 1, 2024.
- 35 **Birth record surcharge.**
Amends § 144.226, subd. 3. Clarifies that the state registrar or local office issuing a certified birth or stillbirth record or statement that a record cannot be found, must forward the birth record surcharge amounts collected each month following collection to the commissioner of management and budget, for deposit as required under law.
- 36 **Vital records surcharge.**
Amends § 144.226, subd. 4. Clarifies that the state registrar or local office issuing a vital record or statement that a record cannot be found, must forward the vital record surcharge amounts collected each month following collection to the commissioner of management and budget, for deposit as required under law.
- 37 **Nonresidential mental health services.**
Adds § 144.3431. Allows a minor who is 16 or older to consent to nonresidential mental health services, and provides that this section does not preclude a minor from consenting to mental health services or other health services under the authority in other law.
- 38 **Labor trafficking services grant program.**
Adds § 144.3885. Requires the commissioner of health to establish a labor trafficking services grant program to provide services to victims of labor trafficking or labor exploitation. Lists organizations and entities eligible for grants under this section and requires entities seeking a grant to apply in a form and manner specified by the commissioner. Requires grant recipients to submit to the commissioner, information on how grant funds were spent and how many individuals were served; and requires the commissioner to annually report to certain members of the legislature on grant recipients, how grant funds were spent, and how many individuals were served.

Section Description - Article 4: Department of Health

39 Tobacco use prevention account; establishment and uses.

Adds § 144.398. Defines the following terms for this section: electronic delivery device, tobacco, tobacco-related devices, and nicotine delivery product. Creates a tobacco use prevention account in the special revenue fund, and requires the commissioner of management and budget to deposit in the account any money the state receives from legal action related to alleged violations of laws regarding electronic nicotine delivery systems or other alleged violations of law that contribute to youth nicotine use. Appropriates the money in the account each fiscal year to the commissioner of health for:

- tobacco and electronic delivery device use prevention and cessation projects;
- a public information program to promote nonsmoking;
- the development of health promotion and education materials about tobacco and electronic delivery device use prevention and cessation;
- tobacco and electronic delivery device use prevention activities; and
- statewide tobacco cessation services.

This section is effective the day following final enactment.

40 Requirements for screening for eligibility for health coverage or assistance.

Adds § 144.587.

Subd. 1. Definitions. Defines terms for this section, and for sections 144.588 and 144.589: charity care, hospital, insurance affordability program, navigator, presumptive eligibility, revenue recapture, uninsured service or treatment, and unreasonable burden.

Subd. 2. Screening. Requires a hospital participating in the hospital presumptive eligibility program to determine whether a patient who is uninsured, or whose insurance coverage status is not known, is eligible for presumptive eligibility coverage. Requires hospitals to schedule an appointment for uninsured patients and patients whose insurance coverage status is not known with a certified application counselor or MNSure-certified navigator, or provide contact information for MNSure-certified navigators. Also requires a hospital to screen certain patients for eligibility for charity care.

Subd. 3. Charity care. After the screening process, requires a hospital to evaluate patient eligibility for charity care and to assist patients in applying for charity care. Prohibits application procedures for charity care that place an unreasonable burden on individual patients.

Section Description - Article 4: Department of Health

Subd. 4. Prohibited actions. Prohibits a hospital from taking one or more of the following actions until the hospital determines the patient is ineligible for charity care or denies a charity care application: enrolling the patient in a payment plan, changing terms of a payment plan, offering the patient a loan or line of credit, referring a patient's debt for collections, denying health care services to the patient or a family member because of outstanding medical debt, or accepting a credit card payment of more than \$500 for medical debt owed to the hospital.

Subd. 5. Notice. Establishes requirements for posting notice of the availability of charity care and for making available the hospital's charity care policy and application form.

Subd. 6. Patient may decline services. States that a patient may decline services under this section.

Subd. 7. Enforcement. Allows the attorney general to enforce this section under section 8.31.

This section is effective November 1, 2023, and applies to services and treatments provided on or after that date.

41 Certification of expert review.

Adds § 144.588. In an action to collect medical debt or garnish wages or bank accounts to collect medical debt, or in order to refer a patient's account to a third-party debt collection agency, requires the hospital to serve on the defendant an affidavit of expert review certifying the listed elements. Establishes penalties for noncompliance with this section, and provides immunity for a collection agency for inaccuracies in the affidavit of expert review. This section is effective November 1, 2023, and applies to actions and referrals for services and treatments provided on or after that date.

42 Billing of uninsured patients.

Adds § 144.589. Prohibits a hospital from charging a patient with annual income of less than \$125,000 for an uninsured service or treatment, an amount that is more than the lowest total amount the provider would be reimbursed by a nongovernmental third-party payer. Provides this section supersedes the Minnesota Attorney General Hospital Agreement. Allows the attorney general to enforce this section. This section is effective November 1, 2023, and applies to services and treatments provided on or after that date.

Section Description - Article 4: Department of Health

43 Limitation of services.

Amends § 144.615, subd. 7. Strikes language prohibiting an abortion from being administered at a birth center.

This section is effective the day following final enactment.

44 Designated support person for pregnant patient.

Adds subd. 10a to § 144.651. Requires a health care provider or facility to allow at least one designated support person of a pregnant patient's choosing to be physically present while the patient is receiving health care services, except that a facility may restrict or prohibit the presence of a designated support person in certain settings or if the support person is acting in a violent or threatening manner. Provides that certified doulas and traditional midwives do not count toward the limit of one designated support person.

45 Elevated blood lead level.

Amends § 144.9501, subd. 9. Modifies the definition of elevated blood lead level in the Lead Poisoning Prevention Act, from a blood lead test with a result equal to or greater than 10 micrograms of lead or greater per deciliter of whole blood, to 3.5 micrograms of lead or greater per deciliter of whole blood. (The standard in this act is also lower than the standard established by order of the commissioner of health, of 5 micrograms of lead or greater per deciliter of whole blood.)

46 Advancing health equity through capacity building and resource allocation.

Adds § 144.9821. Establishes a program to award capacity-building grants to organizations serving diverse communities, and directs the commissioner to create a framework for equitable grantmaking by the department. Lists duties of the commissioner, and provides that organizations eligible for grants include organizations that work with diverse communities. Requires the commissioner to ensure that grant funds are awarded to organizations and entities in counties with a higher proportion of certain communities, to the extent possible. Requires grant recipients to report grant program outcomes to the commissioner as specified by the commissioner.

47 Fines and penalties.

Amends § 144G.16, subd. 7. Provides that fines and penalties collected from assisted living facilities for failing to provide the required notice when terminating an assisted living contract shall be deposited in a dedicated special revenue account, and annually appropriates money in the account to the commissioner to implement recommendations of the Home Care and Assisted Living Program Advisory Council.

Section Description - Article 4: Department of Health

48 Notification of changes in information.

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

49 Fines and penalties.

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

50 Long COVID and related conditions; assessment and monitoring.

Adds § 145.361. Establishes a program for the commissioner of health to conduct community needs assessments and epidemiologic investigations to monitor and address the impacts of long COVID and related conditions. Defines long COVID and related conditions. Lists purposes of this program. Also requires the commissioner to identify priority actions to support long COVID survivors and their families, implement evidence-informed priority actions, and award grants and contracts to organizations to serve communities disproportionately impacted by COVID-19, long COVID, or related conditions and to organizations to support survivors of long COVID or related conditions and their families.

51 Terms.

Amends § 145.411, subd. 1. Modifies a reference to the sections to which the definitions in section 145.411 apply, by replacing a reference to a section being repealed.

This section is effective the day following final enactment.

52 Abortion.

Amends § 145.411, subd. 5. Amends the definition of abortion by replacing the term “pregnant woman” with “individual” and adding a requirement that the instrument, medicine, or drug must be supplied, prescribed, or administered with the intention of terminating a pregnancy.

This section is effective the day following final enactment.

Section Description - Article 4: Department of Health

53 Forms.

Amends § 145.4131, subd. 1. Modifies the information on abortions performed in the previous calendar year that physicians and facilities performing abortions must annually report to the commissioner of health, to no longer require reporting of data on reasons for abortions, number of prior induced or spontaneous abortions, how the abortion was paid for, information about insurance coverage, and whether the abortion resulted in a born alive infant.

54 Submission.

Amends § 145.4131, subd. 2. Changes the date by which physicians performing abortions or facilities at which abortions are performed must submit data on abortions performed in the previous calendar year to the commissioner of health, from April 1 each year to September 30 each year.

55 Commissioner's public report.

Amends § 145.4134. Changes the date by which the commissioner must publish a public report with statistics on abortions performed in the previous calendar year, from July 1 each year to December 31 each year. Removes obsolete dates and strikes references to statutes being repealed. This section is effective the day following final enactment.

56 Recognition; care.

Amends § 145.423, subd. 1. Modifies a subdivision governing the recognition of and treatment provided to a born alive infant as a result of an abortion, to instead state that an infant who is born alive must be fully recognized as a human person and require medical personnel to take reasonable measures to care for the infant. Strikes language requiring medical personnel to take reasonable measures to preserve the life and health of the born alive infant. This section is effective the day following final enactment.

57 988 suicide and crisis lifeline.

Adds § 145.561. Requires the commissioner of health to administer the designation of and oversight for a 988 Lifeline Center or network of centers; establishes requirements for the designated centers and specifies Health Department duties; and establishes a 988 telecommunications fee, deposits the fees in a special revenue account, and appropriates money from the account to the commissioner for activities related to the 988 suicide and crisis lifeline.

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

Section Description - Article 4: Department of Health

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

Subd. 3. 988 special revenue account. Establishes a 988 special revenue account to fund operation of the 988 suicide and crisis lifeline system; lists money contained in the account; lists allowable uses of money in the account; and appropriated money to the commissioner for purposes of this subdivision. Requires the commissioner to annually report to the legislature and the FCC on deposits to and expenditures from the account.

Subd. 4. 988 telecommunications fee. Beginning January 1, 2024, requires the commissioner to impose a monthly fee of not more than 25 cents on each subscriber of a wireline, wireless, or IP-enabled voice service. Provides for the collection and deposit of these fees in the 988 special revenue account, prohibits fee revenue from being used to supplant existing funding for suicide prevention activities, requires the fee amount to be adjusted as needed to provide for continuous operation of the Lifeline Centers and the 988 hotline, and requires the commissioner to annually report to the FCC on revenue generated by the fee.

Subd. 5. 988 fee for prepaid wireless telecommunications services. Provides the 988 telecommunications fee authorized under subdivision 4 does not apply to prepaid wireless telecommunications services; these services are instead subject to a prepaid wireless 988 fee.

Subd. 6. 988 Lifeline operating budget; data to legislature. Requires the commissioner to provide the legislature with a biennial report for maintaining the 988 system as part of the biennial departmental earnings report process under section 16A.1285, subdivision 3.

Subd. 7. Waiver. Allows a wireless or wireline telecommunications service provider to petition the commissioner to waive all or portions of this section, and allows the commissioner to grant waivers of requirements demonstrated to be economically infeasible.

Section Description - Article 4: Department of Health

58 Administration.

Amends § 145.87, subd. 4. Strikes language authorizing the commissioner to use up to seven percent of the annual appropriation for the home visiting program for pregnant women and families with young children for training, technical assistance, and administration (the commissioner's authority to provide training and technical assistance and to administer the program is maintained).

59 School-based health centers.

Adds § 145.903. Authorizes grants to school districts and school-based health centers to support existing school-based health centers and support the growth of school-based health centers.

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

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

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

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

60 HIV prevention grants.

Amends § 145.924. Requires the commissioner to administer a grant program to provide funds to organizations to assist with HIV outbreaks. Updates terminology for populations at risk of acquiring HIV.

Section Description - Article 4: Department of Health

61 Sexual and reproductive health services grants.

Amends § 145.925. Renames family planning grants as sexual and reproductive health services grants, modifies requirements for distribution of grants, eliminates certain requirements for grant recipients and uses of grant funds, and eliminates a criminal penalty for certain acts by a grant recipient.

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

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

Subd. 2. Prohibition. Strikes a subdivision prohibiting the commissioner from making grants under this section to nonprofit corporations, other than hospitals and HMOs, that perform abortions and prohibiting a grant recipient from contracting with a nonprofit corporation that performs abortions.

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

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

Subd. 4. Parental notification. No changes.

Subd. 5. Rules. Strikes a subdivision requiring the commissioner to adopt rules to implement this section.

Section Description - Article 4: Department of Health

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

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

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

Subd. 9. Amount of grant; rules. Strikes a subdivision prohibiting the commissioner from adopting rules that limit the grant amount that may be allocated to an organization.

62 Testing for lead in drinking water in child care settings.

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

63 Lead remediation in school and child care settings grant program.

Adds § 145.9275. Requires the commissioner to establish a grant program to remediate identified sources of lead in drinking water in schools and licensed child care settings. Requires the commissioner to award grants through a request for proposals process, and lists criteria for schools and child care settings that will be prioritized for grants. Requires grant recipients to use funds to address sources of

Section Description - Article 4: Department of Health

- lead contamination in their facilities and to implement best practices for water management in their buildings.
- 64 **Healthy Beginnings, Healthy Families Act.**
Adds § 145.9571. Provides that sections 145.9571 to 145.9576 are the Healthy Beginnings, Healthy Families Act.
- 65 **Minnesota perinatal quality collaborative.**
Adds § 145.9572. Establishes a Minnesota perinatal quality collaborative to improve pregnancy outcomes for pregnant people and newborns, by taking steps to promote evidence-based and evidence-informed care, reviewing data on best practices to prioritize quality improvement initiatives, identifying ways to incorporate antiracism into the delivery of perinatal health care, supporting initiatives that address substance use disorders in pregnant people, providing a forum to discuss quality improvement efforts, reaching providers and institutions to reinforce a continuum of care model, and monitoring interventions and applying systems changes to promote improved perinatal care. Requires the commissioner, within available appropriations, to issue a grant to a nonprofit organization to establish a network of organizations to improve outcomes for pregnant persons and infants.
- 66 **Minnesota partnership to prevent infant mortality.**
Adds § 145.9573. Establishes the Minnesota partnership to prevent infant mortality program as a statewide program to improve birth outcomes and eliminate preventable infant mortality. Lists goals for the program.
- 67 **Grants.**
Adds § 145.9574. Requires the commissioner of health, within available appropriations, to make a grant to a nonprofit organization to sustain a multidisciplinary network to improve pregnancy and infant outcomes. Also requires the commissioner to award grants to entities to implement strategies to improve infant health; lists entities eligible for grants and allowable grantee activities; provides for evaluation of grant applications; and requires grant recipients to report their activities to the commissioner in a format and at a time specified by the commissioner.
- 68 **Developmental and social-emotional screening with follow-up.**
Adds § 145.9575. Requires the commissioner to work with the commissioners of human services and education to identify young children at risk for developmental and behavioral concerns and provide follow-up services to connect families and children with resources and programs. Lists duties of the commissioner of health related to developmental and social-emotional screening and follow-up: increasing awareness of screening and follow-up services, expanding existing systems to

Section Description - Article 4: Department of Health

administer screenings, providing screenings for developmental and social-emotional delays, reviewing and sharing results, providing referrals to appropriate services and resources, and establishing performance measures and analyzing and sharing program data. Requires the commissioner to award grants:

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

69 Model jail practices.

Adds § 145.9576. Allows the commissioner to make grants to counties and groups of counties to implement model jail practices to benefit children of incarcerated parents. Also allows the commissioner to make grants to county governments, Tribal governments, and nonprofit organizations in corresponding geographic areas to build partnerships with county jails to support children of incarcerated parents and their caregivers. Defines model jail practices. Lists allowable grantee activities. Allows the commissioner to provide content expertise, training, and advice on evidence-based strategies for the model jail practices for incarcerated parents program, and to award contracts to appropriate entities to assist with these activities. Lists areas in which technical assistance and training may be provided.

70 Health Equity Advisory and Leadership (HEAL) Council.

Adds § 145.987. Requires the commissioner of health to establish a Health Equity Advisory and Leadership (HEAL) Council to guide the commissioner on improving the health of communities most impacted by health inequities. Provides the council consists of 18 members who represent the listed groups. Provides that terms, compensation, and removal of members are governed by section 15.059, subdivisions 2 to 4, except terms shall be for two years. Provides that the advisory council shall not expire. Requires meetings to comply with the Open Meeting Law. Lists council duties: advising the commissioner on health equity issues and priorities, assisting the agency in efforts to advance health equity, and assisting the agency in developing and monitoring performance measures to advance health equity. Provides that the advisory council shall remain in existence until health inequities in the state are eliminated and provides a reference to the health disparities that must be considered when determining whether health inequities have been eliminated. Requires the commissioner or a designee to annually report to certain members of the legislature summarizing work of the advisory council over the previous year and setting goals for the upcoming year.

Section Description - Article 4: Department of Health

- 71 Help Me Connect resource and referral system for children.**
Adds § 145.988. Requires the commissioner of health to establish the Help Me Connect resource and referral system for children as a resource and referral system for children from prenatal to age eight and their families. Requires the Help Me Connect system to facilitate collaboration across sectors, provide access to local resources for early detection and intervention services, identify and provide access to early childhood and family support navigation specialists, and link children and families to community-based services. Requires the Help Me Connect system to provide community outreach, including providing information on the system and maintaining a resource directory; to maintain a central access point for parents and professionals to obtain information, resources, and services; and to collect data on the current system of support and resources.
- 72 Funding formula for community health boards.**
Amends § 145A.131, subd. 1. Amends a subdivision governing funding for community health boards, to specify that funding for foundational public health responsibilities must be distributed based on a formula established by the commissioner in consultation with the State Community Health Services Advisory Committee.
- 73 Local match.**
Amends § 145A.131, subd. 2. Updates a cross-reference to conform with the amendment to section 145A.131, subdivision 1.
- 74 Use of funds.**
Amends § 145A.131, subd. 5. Requires community health boards to use funding for foundational public health responsibilities to fulfill those foundational responsibilities, as defined by the commissioner in consultation with the State Community Health Services Advisory Committee. Allows a community health board to use these funds for local priorities if the board can demonstrate that foundational responsibilities are fulfilled.
- 75 Local and Tribal public health emergency preparedness and response grant program.**
Adds § 145A.135. Requires the commissioner to establish a local and Tribal public health emergency preparedness and response grant program in which funds for emergency preparedness and response activities are distributed to community health boards and Tribal public health departments according to a formula determined by the commissioner in consultation with the State Community Health Services Advisory Committee. Requires grant recipients to report to the commissioner on how grant funds were spent, and requires the commissioner to

Section Description - Article 4: Department of Health

- annually report to certain members of the legislature on how grant funds were distributed and used at the local and Tribal levels.
- 76 **Grants to Tribes.**
Adds subd. 2b to § 145A.14. Requires the commissioner to distribute grants to Tribal governments for foundational public health responsibilities as defined by each Tribal government.
- 77 **Grounds listed.**
Amends § 148.261, subd. 1. Strikes language making it a ground for disciplinary action for a nurse to perform an act prohibited by section 145.412, to conform with the repeal of section 145.412.

This section is effective the day following final enactment.
- 78 **Duties of commissioner of health.**
Amends § 256B.692, subd. 2. Strikes section 62Q.145 from the list of sections a county-based purchasing plan must assure the commissioner of health it will meet; this section is being stricken to conform with the repeal of section 62Q.145. Section 62Q.145 in turn is being repealed to conform with the repeal of section 145.412.

This section is effective the day following final enactment.
- 79 **Services provided.**
Amends § 259.83, subd. 1. Requires an adoption agency to inform an adoptive parent of a minor, a birth parent, or an adopted person age 18 or older, about the right of an adopted person to obtain a copy of their original birth record and the right of a birth parent to file a contact preference form with the state registrar. This section is effective July 1, 2024.
- 80 **Social and medical history.**
Amends § 259.83, subd. 1a. Changes the age at which an adopted person may request a social and medical history of the adopted person's birth family, from age 19 or older to age 18 or older. This section is effective July 1, 2024.
- 81 **Genetic siblings.**
Amends § 259.83, subd. 1b. Changes the age at which an adopted person may request and be advised of any genetic siblings who were adopted or placed under guardianship, from age 19 or older to age 18 or older. This section is effective July 1, 2024.

Section Description - Article 4: Department of Health

82 Birth parent identifying information.

Adds subd. 3a to § 259.83. For adoptions where the adopted person does not have a record of live birth registered in Minnesota, requires the agency responsible for the adoption to provide the adopted person who is age 18 or older, upon request, with information about the adopted person's birth parents. Provides the agency is not liable for such disclosures, if acting in good faith and in a lawful manner. This section is effective July 1, 2024.

83 Rights of terminated parent.

Amends § 260C.317, subd. 4. Requires a court, when issuing an order to terminate parental rights of a birth parent, to notify the birth parent of the right to file with the state registrar a contact preference form. Strikes language requiring the court to provide other notices about the right to file a consent to disclosure or an affidavit that the information on the original birth record shall not be disclosed. This section is effective July 1, 2024.

84 Fees imposed.

Amends § 403.161, subd. 1. Amends a subdivision imposing fees on retail transactions for prepaid wireless telecommunications services, to impose a prepaid wireless 988 fee on each transaction in the amount of the monthly charge for the 988 telecommunications fee.

85 Fee collected.

Amends § 403.161, subd. 3. Requires prepaid wireless 988 fees to be collected by the seller from the consumer for each retail transaction in the state for prepaid wireless telecommunications services.

86 Remittance.

Amends § 403.161, subd. 5. Provides that prepaid wireless 988 fees are the liability of the consumer purchasing prepaid wireless telecommunications services.

87 Exclusion for calculating other charges.

Amends § 403.161, subd. 6. Prohibits prepaid wireless 988 fees from being included in the base used to calculate other taxes, fees, or surcharges imposed by a governmental entity.

88 Fee changes.

Amends § 403.161, subd. 7. Requires the prepaid wireless 988 fee to be modified based on any change made to the 988 telecommunications fee.

Section Description - Article 4: Department of Health

89 Remittance.

Amends § 403.162, subd. 1. Requires prepaid wireless 988 fees collected by sellers of prepaid wireless telecommunications services to be submitted to the commissioner of revenue according to the procedures for submission of the general sales and use tax.

90 Seller's fee retention.

Amends § 403.162, subd. 2. Allows a seller of prepaid wireless telecommunications services to retain three percent of the prepaid wireless 988 fees collected from consumers.

91 Fees deposited.

Amends § 403.162, subd. 5. Requires the commissioner of revenue to deposit the proportion of collected fees attributable to prepaid wireless 988 fees in the 988 special revenue account. Allows the commissioner of revenue to deduct up to two percent of collected fees, to be used for the commissioner's direct costs of collecting and remitting prepaid wireless 988 fees.

92 Modification.

Amends § 518A.39, subd. 2. In a subdivision governing modifications of child support orders, strikes a reference to section 256B.40 to conform with the repeal of that section.

This section is effective the day following final enactment.

93 Moratorium on conversion transactions.

Amends Laws 2017, First Special Session ch. 6, art. 5, § 11, as amended. Extends the date for the expiration of the moratorium on conversion transactions by nonprofit service plan corporations or nonprofit health maintenance organizations to July 1, 2026. (In current law the moratorium expires July 1, 2023.) This section is effective the day following final enactment.

94 Mental health grants for health care professionals.

Amends Laws 2022, ch. 99, art. 1, § 46. Amends a section authorizing the distribution of grants to improve mental health of health care professionals, to make the following an allowable use of grant funds: identifying and changing structural barriers in health care delivery that create unnecessary workplace stress. A new subd. 2a allows encumbrances for grants under this program issued by June 30 of each year to be certified for up to three years after the year the funds were appropriated.

Section Description - Article 4: Department of Health

95 Appropriation; mental health grants for health care professionals.

Amends Laws 2022, ch. 99, art. 3, § 9. Makes the fiscal year 2023 appropriation for mental health grants for health care professionals available until June 30, 2027. This section is effective the day following final enactment.

96 Climate resiliency.

Adds § 144.9981. Requires the commissioner of health to implement a climate resiliency program to increase awareness of climate change, track public health impacts of climate change and extreme weather events, provide technical assistance and tools to support climate resiliency, and coordinate with other state agencies on climate resiliency-related planning and implementation.

97 Critical access dental infrastructure program.

Requires the commissioner of health to award grants and forgivable loans to critical access dental providers for eligible dental infrastructure projects.

Subd. 1. Definitions. Defines terms for this section: commissioner, critical access dental provider, and dental infrastructure.

Subd. 2. Grant and loan program established. Requires the commissioner of health to award grants and forgivable loans to critical access dental providers for eligible dental infrastructure projects.

Subd. 3. Eligible projects. To be eligible for a grant or forgivable loan, requires a dental infrastructure project to be proposed by a critical access dental provider and to allow the provider to maintain or expand capacity to serve MA and MinnesotaCare enrollees.

Subd. 4. Application. Requires the commissioner to develop forms and procedures to solicit and review applications and award grants and forgivable loans. Requires a critical access dental provider seeking a grant or forgivable loan to apply to the commissioner in a time and manner specified by the commissioner. Lists criteria on which applications must be reviewed.

Subd. 5. Program oversight. Allows the commissioner to require and collect from grant and loan recipients, information needed to evaluate the program.

98 Membership terms; Palliative Care Advisory Council.

Provides that the membership terms for members of the Palliative Care Advisory Council appointed after February 1, 2022, shall be three years. (Because the advisory council is set to sunset on January 1, 2025, under current law, members appointed after February 1, 2022, would serve terms of less than three years before the advisory council expires. This act removes the sunset, so members appointed after

Section Description - Article 4: Department of Health

February 1, 2022, are able to serve three-year terms as provided in section 144.059, subd. 3.)

99 Psychedelic Medicine Task Force.

Establishes a Psychedelic Medicine Task Force to advise the legislature on legal, medical, and policy issues associated with the legalization of psychedelic medicine. For purposes of this section, defines psychedelic medicine as MDMA, psilocybin, and LSD. Specifies task force membership, and requires members to be designated or appointed by July 15, 2023. Requires the commissioner of health to provide support and meeting space for the task force. Establishes task force duties: surveying existing studies on the efficacy of psychedelic medicine in treating mental health conditions, comparing the efficacy of psychedelic medicine with that of current treatments, and developing a plan that addresses changes to state law needed to legalize psychedelic medicine; state and local regulation of psychedelic medicine; federal law issues; and public education. Requires reports to certain members of the legislature by February 1, 2024, and January 1, 2025.

100 Study of the development of a statewide registry for provider orders for life-sustaining treatment.

Requires the commissioner of health, in consultation with an advisory committee, to develop recommendations for a statewide registry of provider order for life-sustaining treatment (POLST) forms to ensure the treatment preferences of patients with advanced, serious illness who are nearing the end of life are honored by health care providers. Lists subjects on which the commissioner must develop recommendations. Requires the commissioner to submit recommendations on establishing the statewide registry to certain members of the legislature by February 1, 2024.

101 Direction to the commissioner; Alzheimer's public information program.

Requires the commissioner of health to design and make available materials for a statewide public information program that promotes early detection and awareness of Alzheimer's disease and other dementias. Requires the program materials to include messages directed at the general population and culturally specific messages. If funds remain available for this purpose, requires the commissioner to implement an initial statewide public information campaign using the developed materials; also allows the commissioner to contract with third parties to implement a public information campaign. Requires the commissioner to report to certain members of the legislature by June 30, 2026, on development of the materials and implementation of the public information campaign.

Section Description - Article 4: Department of Health

102 Moratorium on green burials; study.

Provides that green burials shall not be performed in Minnesota between July 1, 2023, and July 1, 2025, except in a cemetery that permits green burials and in which green burials are allowed under applicable ordinances or regulations. Also requires the commissioner of health to study the environmental and health impacts of green burials and natural organic reduction and develop recommendations on ways to perform these dispositions that will prevent environmental harm and protect health workers, mourners, and the public. Requires the study and recommendations to be submitted to certain members of the legislature by February 1, 2025.

103 Adoption law changes; public awareness campaign.

Requires the commissioner of human services, in consultation with child-placing agencies and the commissioner of health, to provide information to adopted persons and birth parents about changes in this act to statutes governing access to birth records. Requires notice of changes in the law to be posted on the Department of Health and Department of Human Services websites, and requires implementation of a public awareness campaign.

104 Emmett Louis Till Victims Recovery Program.

Establishes the Emmett Louis Till Victims Recovery Program, in which the commissioner of health awards grants for projects to address the health and wellness needs of victims who experienced trauma from certain events and their families and heirs.

Subd. 1. Short title. Provides this section shall be known as the Emmett Louis Till Victims Recovery Program.

Subd. 2. Program established; grants. Requires the commissioner of health to establish a program to address the health and wellness needs of victims who experienced trauma from certain events and of their families and heirs who experienced trauma. The commissioner, in consultation with victims, families, and heirs who experienced trauma, must award competitive grants to applicants to provide health and wellness services, remembrance and legacy preservation activities, cultural awareness services, and community resources.

Subd. 3. Evaluation. Requires grant recipients to provide the commissioner with information required by the commissioner to evaluate the grant program.

Subd. 4. Reports. Requires the commissioner to submit a status report and an additional report to certain members of the legislature on the operation and results of the grant program, and lists information the reports must include.

Section Description - Article 4: Department of Health

105 Equitable Health Care Task Force.

Establishes an Equitable Health Care Task Force of up to 20 members, appointed by the commissioner of health and including representatives of the listed communities and organizations. Requires the task force to be organized and administered under section 15.059; requires the commissioner to convene meetings at least quarterly; and provides the task force expires on June 30, 2025. Requires the task force to examine inequities in how people access and receive health care based on certain characteristics and to identify strategies to ensure Minnesotans receive health care that is respectful and ensures optimal health outcomes.

106 Transition.

Requires a person with a temporary permit for a submerged closed loop heat exchanger system to comply with certain statutes governing submerged closed loop heat exchangers, until rules on this topic are published in the State Register.

107 Closed loop heat exchanger system monitoring and reporting.

Requires a closed loop heat exchanger system owner to implement a closed loop water monitoring plan, to analyze the closed loop water for certain content and characteristics, and to report the results of this analysis to the commissioner of health after receiving a laboratory report. Requires the commissioner to require semiannual sampling, between July 1, 2023, and December 31, 2024, of circulating closed loop heat exchanger fluids to determine whether additional permit conditions are needed to prevent adverse impacts on the state's groundwater. Also requires closed loop heat exchanger owners to report to the commissioner, by July 31, 2025, on the status and operations of the closed loop heat exchanger system. This section is effective the day following final enactment and expires December 31, 2025.

108 Vaccines for uninsured and underinsured adults.

Requires the commissioner of health to administer a program to provide vaccines to uninsured and underinsured adults. Requires the commissioner to determine eligibility and enroll clinics to participate in the program, and requires the commissioner to address racial and ethnic disparities in vaccine coverage rates.

109 Workplace safety grants; health care entities.

Directs the commissioner of health to administer a program to award workplace safety grants to increase safety in health care settings and fund programs to train health care setting staff on de-escalation and positive support services. Lists entities eligible for grants and requires entities seeking a grant to provide the specified information to the commissioner. Requires the commissioner to evaluate applications and award grants according to a process established by the commissioner. Provides a grant award shall not exceed \$50,000.

Section Description - Article 4: Department of Health

110 Task Force on Pregnancy Health and Substance Use Disorders.

Establishes a Task Force on Pregnancy Health and Substance Use Disorders to recommend protocols for when health care providers should order toxicology testing for a birthing parent and newborn and protocols for reporting prenatal exposure to a controlled substance to a local welfare agency. Specifies task force membership, and requires appointments to be made by October 1, 2023. Requires the first meeting to occur by October 15, 2023, and provides that task force meetings are subject to the Open Meeting Law. Requires the commissioner of health to provide administrative support and meeting space. Requires the task force to submit a written report to certain members of the legislative committees with jurisdiction over health and human services by December 1, 2024. Provides the task force expires December 1, 2024, or upon submission of the required report, whichever is later.

111 Skin-lightening products public awareness and education grant.

Requires an organization receiving a grant for public awareness and education activities regarding skin-lightening products to use grant funds to increase public awareness and provide education on the health dangers of using skin-lightening products containing mercury or hydroquinone, identify products containing mercury or hydroquinone, develop a curriculum to increase community knowledge, build self-esteem of young people using skin-lightening products, and build capacity of community-based organizations.

112 Revisor instruction.

Para. (a) directs the revisor of statutes to change “cancer surveillance system” to “cancer reporting system” in statutes and rules.

Para. (b) directs the revisor of statutes to change the headnote for Minnesota Statutes, section 145.423, to read "Recognition of Infant Who Is Born Alive."

113 Repealer.

Para. (a) repeals the following statutes, effective July 1, 2024:

- section 144.212, subd. 11 (definition of consent to disclosure for statutes governing vital records);
- section 259.83, subd. 3 (requirements for adoption agencies to provide certain notices to birth parents); and
- section 260C.637 (allowing an adopted person to ask the commissioner of health to disclose information on the adopted person’s original birth record).

Para. (b) repeals the following statutes:

Section Description - Article 4: Department of Health

- section 62U.10, subds. 6, 7, 8 (requiring the commissioner of health to annually report on projected and actual public and private spending for Minnesota residents for specified health indicators and requiring certain transfers based on these reports);
- section 144.059, subd. 10 (sunset for Palliative Care Advisory Council); and
- section 145.4235 (positive abortion alternatives grant program).

Para. (c) repeals the following statutes effective the day following final enactment:

- section 62Q.145 (requirement for health plan company policies on scope of practice for performing abortions);
- section 145.411, subds. 2, 4 (definitions of viable and abortion facility);
- section 145.412 (requirements for performing abortions, criminal penalty for violations);
- section 145.413, subds. 2, 3 (requiring reports to the commissioner of health if a woman who had an abortion dies within a certain period after the abortion, criminal penalty for violations);
- sections 145.4132, 145.4133, 145.4135, and 145.4136 (requirements for reporting abortion complications and abortions performed out of state to the commissioner of health; enforcement and penalties; severability);
- section 145.415 (recognition of potentially viable fetus that is live born after attempted abortion as a human person);
- section 145.416 (requiring the commissioner of health to license and adopt rules for abortion facilities);
- section 145.423, subds. 2 to 9 (Born Alive Infants Protection Act);
- sections 145.4241 to 145.4249 (informed consent and waiting period before the performance of an abortion);
- section 256B.011 (statement that Minnesota gives preference to childbirth over abortion); and
- sections 256B.40, 261.28, 393.07, subd. 11 (prohibits state and local funds from being used for abortions that are not eligible for funding under other state law).

Para. (d) repeals the following rule effective the day following final enactment: part 4615.3600 (requiring ambulatory facilities to report statistical data on pregnancy terminations to the commissioner of health).

Para. (e) repeals the following rules: parts 4700.1900 to 4700.2500 (family planning special project grants application and distribution requirements).

Article 5: Medical Education and Research Costs and Health Care Workforce

This article modifies the medical education and research costs (MERC) program to comply with federal rules. It adds a rate factor to medical assistance fee-for-service rates paid to hospitals that qualify for MERC funds and removes MERC costs from managed care rates, requires the commissioner of human services to adjust rates for critical access hospitals, and directs the commissioner of health to distribute money to eligible training sites that do not qualify for a rate factor. This article also modifies existing grant programs and establishes new programs to modify eligibility for health professional loan forgiveness, increase availability of training for mental health professionals, and establish apprenticeship programs at federally qualified health centers.

Section	Description - Article 5: Medical Education and Research Costs and Health Care Workforce
----------------	--

1	Definitions.
----------	---------------------

	Amends § 62J.692, subd. 1. Amends the definition of clinical medical education program for a section governing the medical education and research costs (MERC) program to specify that training doctor of pharmacy practitioners includes training students and residents and that training dentists includes training dental students and residents. Also amends the definition of eligible trainee FTEs to cover training that occurs as part of or under the scope of a patient care setting, and specifies that training that occurs in a rural health clinic or federally qualified health center is not eligible for MERC funding under this section.
--	---

2	Application process.
----------	-----------------------------

	Amends § 62J.692, subd. 3. In a subdivision governing the process for clinical medical education programs to apply for MERC funds, strikes language requiring applications to be submitted by October 1 of the year prior to the year of distribution and listing information that must be included in an application. Instead requires an application to be submitted according to a timeline established by the commissioner of health, and to include information the commissioner deems necessary to determine program eligibility.
--	---

3	Distribution of funds.
----------	-------------------------------

	Amends § 62J.692, subd. 4. In a subdivision governing distribution of MERC funds by the commissioner of health, strikes language used to determine training site level grants and requiring distribution of funds based on the public program volume factor. Requires money for medical education and research costs distributed under this section to be awarded only to eligible training sites that do not qualify for a medical education and research cost rate factor, and requires distribution of this money according to a formula determined by the commissioner that considers the listed criteria. Allows an accredited sponsoring institution to disqualify a training site,
--	---

Section Description - Article 5: Medical Education and Research Costs and Health Care Workforce

rather than withhold payments, if contract requirements are not met. Allows the commissioner to develop a methodology to determine eligible costs for which MERC funds may be used, and to distribute undistributed money in a subsequent distribution cycle. Strikes para. (g), which allows the commissioner to use up to \$150,000 in MERC funds for administrative expenses.

4 Report.

Amends § 62J.692, subd. 5. In para. (a), strikes language requiring a sponsoring institution to return funds received if the sponsoring institution fails to submit the grant verification report by the deadline. Removes language requiring grant verification reports to include information on the number of trainee FTEs, name of each funded program, and amount distributed to each training site. Strikes para. (c), which requires an annual summary report to the legislature on implementation of section 62J.692.

5 Federal financial participation.

Amends § 62J.692, subd. 8. Directs the commissioner of human services to seek federal financial participation for revenue from cigarette taxes that are credited to the medical education and research costs account. Strikes language requiring the commissioner to use physician clinic rates to maximize federal financial participation.

6 Creation of account.

Amends § 144.1501, subd. 2. Modifies eligibility for loan forgiveness under the health professional education loan forgiveness program, to extend eligibility to nurses working in assisted living facilities. Also strikes obsolete language and makes technical changes.

7 Consideration of expansion grant applications.

Amends § 144.1506, subd. 4. Amends the primary care residency expansion grant program, to increase the number of psychiatry residents that must be supported with grants under this section from four psychiatry residents to five.

8 Pediatric primary care mental health training grant program.

Adds § 144.1509. Establishes a pediatric primary care mental health training grant program to provide grants to develop child mental health training programs located in outpatient primary care clinics.

Subd. 1. Establishment. Directs the commissioner of health to establish a pediatric primary care mental health training grant program, in which the commissioner awards grants to develop child mental health training programs in

Section Description - Article 5: Medical Education and Research Costs and Health Care Workforce

outpatient primary care clinics. Lists requirements a training program must meet to be eligible for a grant.

Subd. 2. Child mental health training grant program. Allows grants to be awarded to eligible primary care training programs to plan and implement new programs or expand existing programs in child mental health training. Specifies how grant funds may be used.

Subd. 3. Applications for child mental health training grants. Requires eligible primary care training programs seeking a grant to apply to the commissioner, and lists information an application must include.

Subd. 4. Consideration of child mental health training grant applications. Requires the commissioner to review applications and award grants to up to four applicants.

Subd. 5. Program oversight. During the grant period, allows the commissioner to collect from grantees, information needed to evaluate the training program.

9 Mental health cultural community continuing education grant program.

Adds § 144.1511. Establishes the mental health cultural community continuing education grant program at the Department of Health to provide grants for continuing education needed for social workers, marriage and family therapists, psychologists, and professional clinical counselors to become supervisors of individuals seeking licensure in a mental health profession. To be eligible for a grant, requires an applicant to be a member of a community of color or an underrepresented community, and to work for a community mental health provider and agree to deliver at least 25 percent of yearly patient encounters to state public program enrollees or patients receiving sliding fee discounts through a sliding fee schedule.

10 Clinical dental education innovation grants.

Adds § 144.1913. Requires the commissioner to award clinical dental education innovation grants to teaching institutions and clinical training sites for projects to increase dental access for underserved populations and promote innovative clinical training of dental professionals. Lists criteria for the commissioner to consider in awarding grants. Requires the commissioner to periodically evaluate the priorities in awarding grants to ensure they meet the changing workforce needs of the state. (Similar language is found in section 62J.692, subd. 7a, and that subdivision is being repealed.)

Section Description - Article 5: Medical Education and Research Costs and Health Care Workforce

- 11 Federally qualified health centers registered apprenticeship grant program.**
Adds § 145.9272. Directs the commissioner of health to distribute a grant to a nonprofit organization of community health centers to fund registered apprenticeship programs in federally qualified health centers operating in Minnesota. Requires grant money to be used to establish new programs and fund existing programs for medical assistants, dental assistants, and other health care occupations at FQHC service delivery sites in Minnesota.
- 12 Allowable uses of grant funds.**
Amends § 245.4663, subd. 4. Adds preceptorships for students and training for workers to become supervisors to the allowable uses of funds under the mental health provider supervision grant program.
- 13 Hospital payment rates.**
Amends § 256.969, subd. 2b. For discharges on or after January 1, 2024, modifies payment rates for hospitals, other than critical access hospitals, under the medical assistance program for inpatient services, by adding a rate factor that is specific for each hospital that qualifies for a MERC distribution.
- 14 Hospital outpatient reimbursement.**
Amends § 256B.75. For services delivered on or after January 1, 2024, adjusts rates paid to critical access hospitals for outpatient, emergency, and ambulatory surgery services to include the amount of any MERC distributions made that were not included in the rate adjustment made by requiring addition of a rate factor under section 256.969, subd. 2b.
- 15 Tax and use tax on cigarettes.**
Amends § 297F.10, subd. 1. Reduces the amount of revenue from cigarette taxes annually credited to the MERC account for distribution, from \$3,937,000 to \$3,788,000.
- 16 Repealer.**
Repeals:
- section 62J.692, subdivisions 4a (establishes an alternative distribution formula for MERC funds), 7 (requires the commissioner of human services to transfer certain amounts to the named entities for clinical medical education, medical education, and dental innovation grants), and 7a (requires the commissioner to award clinical medical education innovation grants to teaching institutions and clinical training sites);

Section	Description - Article 5: Medical Education and Research Costs and Health Care Workforce
---------	---

- section 137.38, subdivision 1 (requires the Board of Regents to use funds transferred to it for medical education; the statute requiring the transfer of those funds is being repealed); and
- section 256B.69, subdivision 5c (requires the commissioner of human services to transfer an amount of state general fund money used to make capitated payments under the prepaid medical assistance program to the medical education and research fund).

Article 6: Health-Related Licensing Boards

This article modifies statutes governing ambulance services and ambulance service personnel, physicians, physician assistants, acupuncture practitioners, dietitians and nutritionists, marriage and family therapists, individuals and entities regulated by the Board of Pharmacy, alcohol and drug counselors, and individuals regulated by the Board of Dentistry. It also makes changes to statutes governing the prescription monitoring program, the medication repository, and the urgent-need and continuing need insulin programs.

Section	Description - Article 6: Health-Related Licensing Boards
---------	--

- | | |
|---|---|
| 1 | Scope.
Amends § 144E.001, subd. 1. Makes a technical change, to provide the definitions in section 144E.001 apply to chapter 144E. |
| 2 | Medical resource communication center.
Adds subd. 8b to § 144E.001. Defines medical resource communication center for chapter 144E. |
| 3 | Basic life support.
Amends § 144E.101, subd. 6. Requires a basic life support ambulance to administer opiate antagonists according to protocols established by the ambulance service's medical director. |
| 4 | Advanced life support.
Amends § 144E.101, subd. 7. Requires an advanced life support ambulance service to provide administration of opiate antagonists. |
| 5 | Mutual aid agreement.
Amends § 144E.101, subd. 12. Modifies requirements for ambulance service mutual aid agreements, to allow an ambulance service to provide service in a neighboring primary service area for up to 24 hours per day, up to a maximum of 108 hours per |

Section Description - Article 6: Health-Related Licensing Boards

- week (under current law the limit is 12 hours per day). Requires an ambulance service to file an informational copy of a mutual aid agreement with the EMS Regulatory Board.
- 6 **General requirements.**
Amends § 144E.103, subd. 1. Adds opiate antagonists to the required supplies and equipment an ambulance must carry.
- 7 **Reimbursement to ambulance services for volunteer education costs.**
Amends § 144E.35. Increases the maximum amounts that an ambulance service may be reimbursed by the Emergency Medical Services Regulatory Board for costs for volunteer ambulance attendants to complete EMT education courses, from \$600 to \$900 for an initial education course, and from \$275 to \$375 for a continuing education course.
- 8 **Medical resource communication center grants.**
Adds § 144E.53. Requires the EMS Regulatory Board to distribute grants on an annual basis to the two medical resource communication centers in operation in Minnesota before January 1, 2000.
- 9 **United States or Canadian medical school graduates.**
Amends § 147.02, subd. 1. In a paragraph requiring applicants for a license to practice medicine to present evidence of completion of one year of clinical medical training, strikes language allowing this training to be graduate training not accredited by a national accrediting organization but approved by the board.
- 10 **Endorsement; reciprocity.**
Amends § 147.03, subd. 1. Makes technical and clarifying changes to a subdivision governing licensure to practice medicine by endorsement or reciprocity, including removing the minimum score of 75 for the Special Purpose Examination of the Federation of State Medical Boards, and adding references to the Comprehensive Osteopathic Medical Licensing Examination to conform with other laws.
- 11 **Requirements.**
Amends § 147.037, subd. 1. Makes clarifying changes to a subdivision establishing licensure requirements to practice medicine for foreign medical school graduates, and lists acceptable osteopathic licensing examinations.
- 12 **Forms of disciplinary action.**
Amends § 147.141. Makes technical changes to a section governing disciplinary action against physicians.

Section Description - Article 6: Health-Related Licensing Boards

13 Forms of disciplinary action.

Amends § 147A.16. Makes technical changes to a section governing disciplinary action against licensed physician assistants.

14 Exceptions.

Amends § 147B.02, subd. 4. Removes language requiring an acupuncture student's formal course of study to be approved by the Acupuncture Advisory Council in order for the student to practice acupuncture without a license. With this change, an acupuncture student may practice without a license if the student is studying in a formal course of study and if the student's practice is supervised.

15 Licensure requirements.

Amends § 147B.02, subd. 7. Makes technical and clarifying changes to a subdivision governing requirements for licensure as an acupuncture practitioner, including removing the requirement for a notarized copy of an applicant's National Certification Commission for Acupuncture and Oriental Medicine certification.

16 Fee.

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

17 Licensure and application fees.

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

- application fee for the national examination, \$150 (\$110 in current law);
- application for the LMFT state examination, \$150 (\$110 in current law);
- initial LMFT license fee cannot exceed \$225 (\$125 in current law);
- annual renewal fee for LMFT license, \$225 (\$125 in current law);
- late fee for LMFT license renewal, \$100 (\$50 in current law);
- application fee for LMFT licensure by reciprocity, \$300 (\$220 in current law);
- fee for initial LAMFT license, \$100 (\$75 in current law);
- annual renewal fee for LAMFT license, \$100 (\$75 in current law);
- late fee for LAMFT renewal, \$50 (\$25 in current law);
- fee for emeritus status, \$225 (\$125 in current law).

Section Description - Article 6: Health-Related Licensing Boards

18 Grounds.

Amends § 150A.08, subd. 1. Makes a technical change to a subdivision establishing grounds for disciplinary action against dentists, dental hygienists, dental therapists, and dental assistants.

19 Medical examinations.

Amends § 150A.08, subd. 5. Makes a technical change to a subdivision authorizing the Board of Dentistry to require a licensee or applicant to submit to a mental or physical examination or assessment in certain circumstances.

20 Mailing list services.

Adds subd. 23 to § 150A.091. Requires a licensee of the Board of Dentistry to pay a nonrefundable \$5 fee to obtain a mailing address list of licensees.

21 Failure to report.

Amends § 150A.13, subd. 10. Strikes an obsolete date in a subdivision authorizing civil penalties against certain persons and entities that fail to comply with requirements to report to the Board of Dentistry.

22 Application fees.

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

- pharmacist licensed by examination, \$225 (\$175 in current law);
- pharmacist licensed by reciprocity, \$300 (\$275 in current law);
- pharmacy intern, \$75 (\$50 in current law);
- pharmacy technician, \$60 (\$50 in current law);
- pharmacy, \$450 (\$260 in current law);
- drug wholesaler, legend drugs only, \$5,500 (\$5,260 in current law);
- drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,500 (\$5,260 in current law);
- drug wholesaler, legend and nonlegend drugs, \$5,500 (\$5,260 in current law);
- drug wholesaler, medical gases, \$5,500 for the first facility and \$500 for each additional (\$5,260 and \$260 in current law);
- third-party logistics provider, \$300 (\$260 in current law);
- drug manufacturer, nonopiate legend drugs only, \$5,500 (\$5,260 in current law);
- drug manufacturer, nonopiate legend and nonlegend drugs, \$5,500 (\$5,260 in current law);

Section Description - Article 6: Health-Related Licensing Boards

- drug manufacturer, nonlegend or veterinary legend drugs, \$5,500 (\$5,260 in current law);
- drug manufacturer, medical gases, \$5,500 for the first facility and \$500 for each additional (\$5,260 and \$260 in current law);
- drug manufacturer, also licensed as a pharmacy, \$5,500 (\$5,260 in current law);
- drug manufacturer of opiate-containing controlled substances, \$55,500 (\$55,260 in current law);
- controlled substance researcher, \$150 (\$75 in current law).

23 Original license fee.

Amends § 151.065, subd. 2. Changes the pharmacist original licensure fee from \$175 to \$225.

24 Annual renewal fees.

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

- pharmacist, \$225 (\$175 in current law);
- pharmacy technician, \$60 (\$50 in current law);
- pharmacy, \$450 (\$260 in current law);
- drug wholesaler, legend drugs only, \$5,500 (\$5,260 in current law);
- drug wholesaler, legend and nonlegend drugs, \$5,500 (\$5,260 in current law);
- drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,500 (\$5,260 in current law);
- drug wholesaler, medical gases, \$5,500 for the first facility and \$500 for each additional (\$5,260 for the first facility and \$260 for each additional in current law);
- third-party logistics provider, \$300 (\$260 in current law);
- drug manufacturer, nonopiate legend drugs only, \$5,500 (\$5,260 in current law);
- drug manufacturer, nonopiate legend and nonlegend drugs, \$5,500 (\$5,260 in current law);
- drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,500 (\$5,260 in current law);
- drug manufacturer, medical gases, \$5,500 for the first facility and \$500 for each additional (\$5,260 for the first facility and \$260 for each additional in current law);

Section Description - Article 6: Health-Related Licensing Boards

- drug manufacturer, also licensed as a pharmacy, \$5,500 (\$5,260 in current law);
- drug manufacturer of opiate-containing controlled substances, \$55,500 (\$55,260 in current law);
- controlled substance researcher, \$150 (\$75 in current law);
- pharmacy professional corporation, \$150 (\$100 in current law).

25 Miscellaneous fees.

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

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

26 Reinstatement fees.

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

27 Medication repository program.

Amends § 151.555. The amendment to subdivision 2 specifies criteria for the contract between the Board of Pharmacy and the central repository. These criteria include requirements that:

- 1) the board pay to the central repository any amount appropriated for the operation and administration of the medication repository program;
- 2) the central repository report to the board the listed performance measures; and
- 3) the board annually audit expenditures of state money by the central repository.

Amendments throughout the section change the name of the program from the prescription drug repository program to the medication repository program, change the term “drug” to “medication,” and remove references to “prescription” drugs.

A new subdivision 15 allows the central repository to seek grants or other money from nonprofit charitable organizations, the federal government, and other sources, to fund the operation of the medication repository program.

Section Description - Article 6: Health-Related Licensing Boards

28 Access to urgent-need insulin.

Amends § 151.74, subd. 3. Allows an individual tax identification number to be used as identification indicating Minnesota residency, for purposes of eligibility for the urgent need insulin program.

29 Continuing safety net program; general.

Amends § 151.74, subd. 4. Allows an individual tax identification number to be used as identification indicating Minnesota residency, for purposes of eligibility for the continuing need insulin program.

30 Reporting requirements; notice.

Amends § 152.126, subd. 4. Modifies requirements for the prescription monitoring program, to provide that a dispenser is not required to report data to the PMP when prescriptions are being delivered to another state; allow a dispenser to provide notice about the reporting requirements to a patient's authorized representative; and require dispensers to submit the required information within timeframes specified by the board, submit accurate information, and correct errors.

31 Use of data by board.

Amends § 152.126, subd. 5. Makes technical and clarifying changes to a subdivision governing use of PMP data by the Board of Pharmacy and permissible users.

32 Access to reporting system data.

Amends § 152.126, subd. 6. Allows licensed dispensing practitioners and licensed pharmacists to access data held by the PMP to determine whether corrections made to data reported to the PMP are accurate. Also allows personnel under contract with the state and approved by the board to access PMP data for purposes related to PMP operations; allows personnel of a health-related licensing board to obtain utilization data; and allows personnel of the Board of Pharmacy to access PMP data, including utilization data, as part of an investigation of a licensee or registrant.

33 Children's residential facility substance use disorder treatment programs.

Adds § 245A.245. For alcohol and drug counseling services provided by a former student at a children's residential facility substance use disorder treatment program, requires an alcohol and drug counselor to supervise and be responsible for services provided by the former student and to review and sign assessments, individual treatment plans, progress notes, and treatment plan reviews by the former student. Also requires a former student to receive orientation and training required of permanent staff members.

Section	Description - Article 6: Health-Related Licensing Boards
---------	--

34	Former student.
----	------------------------

	Adds subd. 13c to § 245G.01. Defines former student for the chapter governing licensure to provide substance use disorder treatment.
--	--

35	Student interns and former students.
----	---

	Amends § 245G.11, subd. 10. For alcohol and drug counseling services provided by a former student at a facility licensed to provide substance use disorder treatment, requires an alcohol and drug counselor to supervise and be responsible for services provided by the former student and to review and sign assessments, individual treatment plans, and treatment plan reviews by the former student. Requires former students to receive the orientation and training required for student interns, and adds former students to the requirement that no more than 50 percent of treatment staff may be students or candidates for licensure.
--	--

36	Repealer.
----	------------------

	Repeals Minn. Rules, parts 5610.0100, 5610.0200, and 5610.0300 (physician professional corporation rules: requirements for sworn statements to the board; suspension or revocation of license of shareholder, member, director, officer, employee, or agent of a corporation; requiring professional corporations to notify the board of certain events).
--	---

Article 7: Background Studies

This article establishes requirements for maltreatment and state licensing checks for guardians and conservators, changes the classification of certain disqualification data from public to private data and makes corresponding statutory changes, provides for electronic access to notices and documents through NETStudy 2.0 and an applicant portal, modifies disqualification timelines for certain conduct, extends reconsideration timelines, and modifies fees for a range of health and human services background studies.

Section	Description - Article 7: Background Studies
---------	---

1	Licensing data.
---	------------------------

	Amends § 13.46, subd. 4. Changes classification from public data to private data for the reason for a disqualification and decision not to grant a set aside, for a licensure applicant, license holder, or controlling individual who has requested reconsideration of the disqualification.
--	---

Section Description - Article 7: Background Studies

- 2 **Conservator.**
Amends § 245C.02 by adding subd. 7a. Defines “conservator” in DHS background studies chapter.
- 3 **Guardian.**
Amends § 245C.02 by adding subd. 11f. Defines “guardian” in DHS background studies chapter.
- 4 **NETStudy 2.0.**
Amends § 245C.02, subd. 13e. Adds providing electronic access to notices for entities and background study subjects to list of NETStudy 2.0 functions.
- 5 **Licensed programs.**
Amends § 245C.03, subd. 1. Deletes “contractors” from list of persons for whom the commissioner must conduct a background study; adds to list of entities and individuals for whom the commissioner must conduct background studies, licensed treatment programs for persons with sexual psychopathic personality or sexually dangerous persons. Provides effective dates for specified clauses and paragraphs.
- 6 **Procedure.**
Amends § 245C.03, subd. 1a. Specifies that all data obtained by the commissioner for background studies is classified as private data.
- 7 **Alternative background studies.**
Amends § 245C.031, subd. 1. Specifies that all data obtained by the commissioner for alternative background studies is classified as private data.
- 8 **Guardians and conservators; maltreatment and state licensing agency checks.**
Proposes coding for § 245C.033. Establishes requirements for maltreatment and state licensing agency checks for guardians or conservators.

 Subd. 1. Maltreatment data. Outlines requirements for maltreatment data requests when a guardian or conservator has been a perpetrator of substantiated maltreatment of a minor or a vulnerable adult.

 Subd. 2. State licensing agency data. Requires the commissioner to provide the court with state licensing agency data for licenses directly related to the responsibilities of a guardian or conservator; lists agencies or entities from which data must be provided and specifies the data to be provided.

Section Description - Article 7: Background Studies

Subd. 3. Procedure; maltreatment and state licensing agency data. Outlines procedural requirements for guardian and conservator maltreatment and state licensing agency data check requests and for completion of the checks.

Subd. 4. Classification of maltreatment and state licensing agency data; access to information. Specifies that all data obtained by the commissioner for guardian and conservator maltreatment and state licensing agency data checks is private data.

9 Licensed programs; other child care programs.

Amends § 245C.04, subd. 1. Specifies background study requirements for legal nonlicensed providers at reauthorization or when a new study is needed for CCAP. This section is effective April 28, 2025.

10 Individual studied.

Amends § 245C.05, subd. 1. Adds requirement for when an individual does not have a driver's license or state identification card; adds criminal history disclosure form to required submissions. Requires background study subjects and entities to update contact information via NETStudy 2.0.

11 Privacy notice to background study subject.

Amends § 245C.05, subd. 2c. Removes language so that the commissioner will not notify the agency that initiated the study of the reason for the disqualification or that information about the decision to set aside the disqualification will be available without the individual's consent. Provides an April 1, 2024, effective date.

12 Electronic transmission.

Amends § 245C.05, subd. 4. Deletes a reference to legal nonlicensed child care providers for purposes of the department submitting background study results to county agencies. Requires background study subjects to access documents electronically in the applicant portal; allows a study subject to request a variance to this requirement and request paper documentation. Provides effective dates for specified paragraphs and clauses.

13 Background studies conducted by Department of Human Services.

Amends § 245C.08, subd. 1. Adds clause stating that background studies for licensed treatment programs for persons with sexual psychopathic personality or sexually dangerous persons must only include a review of certain listed information. Provides a January 1, 2024, effective date.

Section Description - Article 7: Background Studies

14 State; national criminal history record check fees.

Amends § 245C.10, subd. 1d. Allows the commissioner to increase background study fees commensurate with any increase in fees by the state Bureau of Criminal Apprehension. DHS can currently increase fees commensurate with national criminal history record check fees. Strikes language requiring the commissioner to report fee increases to the legislature.

15- 33 Background study fee increases.

Sections 15 to 33 amend subdivisions of section 245C.10 to raise background study fees by \$2, for the following:

- supplemental nursing services agencies;
- occupations regulated by the commissioner of health;
- personal care provider organizations;
- temporary personnel agencies, educational programs, and professional services agencies;
- adult foster care and family adult day services;
- unlicensed home and community-based waiver providers;
- children's therapeutic services and supports providers;
- human services licensed programs;
- child care programs;
- community first services and supports organizations;
- providers of housing support;
- child protection workers or social services staff with responsibilities for child protective duties;
- providers of special transportation service;
- children's residential facilities;
- guardians and conservators (*fee adjusted from \$110 to \$50);
- providers of housing support services;
- early intensive developmental and behavioral intervention providers;
- Professional Educators Licensing Standards Board; and
- Board of School Administrators.

34 15-year disqualification.

Amends § 245C.15, subd. 2. Strikes language that included all felony-level drug crimes under chapter 152 and felony-level convictions involving alcohol or drug use in the 15-year disqualification category. Inserts specific first- and second-degree drug crimes. Provides an August 1, 2024, effective date.

Section Description - Article 7: Background Studies

35 5-year disqualification.

Proposes coding for § 245C.15, subd. 4b. Creates new category of five-year background study disqualifications. Paragraph (a) lists felony-level drug offenses under chapter 152 that were previously included in the 15-year disqualification category, as follows:

- 152.021, subdivision 2 or 2a (controlled substance possession crime in the first degree; methamphetamine manufacture crime);
- 152.022, subdivision 2 (controlled substance possession crime in the second degree);
- 152.023, subdivision 2 (controlled substance crime in the third degree);
- 152.024, subdivision 2 (controlled substance crime in the fourth degree);
- 152.025 (controlled substance crime in the fifth degree);
- 152.0261 (importing controlled substances across state borders);
- 152.0262 (possession of substances with intent to manufacture methamphetamine);
- 152.027, subdivision 6, paragraph (c) (sale of synthetic cannabinoids);
- 152.096 (conspiracy to commit controlled substance crime); and
- 152.097 (simulated controlled substances).

Paragraphs (b), (c), and (d) include language from other categories relating to aiding and abetting, attempt, or conspiracy, offenses in other jurisdictions, and disqualification period start dates when a disqualification is based on a judicial determination other than a conviction. Makes this section effective for background studies requested on or after August 1, 2024.

36 Disqualification notice sent to subject.

Amends § 245C.17, subd. 2. Removes language so that a disqualification notice will not include statements indicating that entities or individuals other than the study subject will be informed of the reason for the disqualification or factors in a decision to set aside the disqualification. Provides an April 1, 2024, effective date.

37 Disqualification notification.

Amends § 245C.17, subd. 3. Removes language requiring an entity to obtain a copy of an individual's disqualification notice explaining the reasons for disqualification; removes exception to the prohibition on the commissioner notifying individuals or entities about information contained in a background study. Provides an April 1, 2024, effective date.

Section Description - Article 7: Background Studies

- 38 Notice to county agency.**
Amends § 245C.17, subd. 6. Deletes a reference to legal nonlicensed providers for purposes of the department providing a notice of background study results to county agencies. This section is effective April 28, 2025.
- 39 Submission of reconsideration request.**
Amends § 245C.21, subd. 1a. Removes reference to time frames specified in subdivision 2 that are shorter than 30 days. Provides a July 1, 2024, effective date.
- 40 Time frame for requesting reconsideration.**
Amends § 245C.21, subd. 2. Extends reconsideration request time frames from 15 days to 30 days for certain disqualified individuals. Provides a July 1, 2024, effective date.
- 41 Classification of certain data.**
Amends § 245C.22, subd. 7. Makes changes related to reclassification of information on reasons for disqualification from public to private data. Makes such information private for an individual who has received a set aside or when the commissioner has granted a variance to a license holder related to the disqualified individual. Removes requirement for child care providers to provide notices. Provides an April 1, 2024, effective date.
- 42 Disqualification that is rescinded or set aside.**
Amends § 245C.22, subd. 1. Removes language related to reclassification of information on reasons for disqualification from public to private data. Adds paragraph requiring the commissioner to inform the applicant, license holder, or other entity, in response to a reconsideration request, that the reason for the individual's disqualification and the information about reconsideration factors are not public data. Provides an April 1, 2024, effective date.
- 43 Commissioner's notice of disqualification that is not set aside.**
Amends § 245C.23, subd. 2. Deletes a reference to legal nonlicensed providers for purposes of the department notifying a county agency about the results of a reconsidered background study. This section is effective April 28, 2025.
- 44 Disclosure of reason for disqualification.**
Amends § 245C.30, subd. 2. Removes language so that when the commissioner grants a variance for an individual providing services in the individual's home, disclosure of the reason for disqualification will not occur without the individual's consent. Provides an April 1, 2024, effective date.

Section	Description - Article 7: Background Studies
---------	---

45	Use.
----	-------------

Amends § 245C.32, subd. 2. Allows the commissioner to use the department's background study systems to share background study documentation electronically with entities and individuals who are background study subjects; makes conforming change related to fees.

46	Maltreatment and state licensing agency checks; criminal history check.
----	--

Amends § 524.5-118. Updates terminology to "maltreatment and state licensing agency checks and criminal history check" for guardians and conservators. Updates required data checks; modifies procedural requirements for guardian and conservator checks. Requires the commissioner to provide the court with maltreatment data within 25 working days of receiving a request.

47	Repealer.
----	------------------

Repeals §§ 245C.02, subd. 14b (definition of public law background study); 245C.11, subd. 3 (criminal history data); 245C.031, subds. 5, 6, 7 (guardian and conservator alternative background studies); 245C.032 (public law background studies); and 245C.30, subd. 1a (public law background study variances). Provides effective dates for repealers.

Article 8: Licensing

This article establishes a licensing and provider hub for programs licensed or certified by the Department of Human Services and identifies various licensing and certification activities that are to be carried out through the hub once it is completed. This article also makes technical, clarifying, and policy changes to provisions governing licensed child care providers and foster care providers.

Section	Description - Article 8: Licensing
---------	------------------------------------

1	Fair hearing allowed for providers.
---	--

Amends § 119B.16, subdivision 1a. Allows a child care provider who receives child care assistance to request a fair hearing if a county agency or the commissioner denies or revokes the provider's child care assistance authorization, unless the provider is entitled to a contested case hearing or an administrative reconsideration under section 245.095.

2	Limits on receiving public funds.
---	--

Amends § 245.095.

Section Description - Article 8: Licensing

Subd. 1. Prohibition. Provides that if a provider, vendor, or individual is excluded from a DHS program, then the commissioner may prohibit any associated entities and individuals from participating in any DHS programs. Provides that if a provider, vendor, or individual is excluded from any program administered by a Minnesota state or federal agency, then the commissioner may prohibit the provider, vendor, individual, or associated entities and individuals from participating in any DHS program.

Subd. 2. Definitions. Defines terms used in the section.

Subd. 3. Notice. Requires that if the commissioner takes action under subdivision 1, the commissioner must notify the provider, vendor, individual, or associated entity or individual of the action taken against them within five days and specifies the information that must be included in the notice.

Subd. 4. Appeal. Provides that a provider, vendor, individual, or associated entity or individual receiving a notice under subdivision 3 may request a contested case hearing by filing a written request of appeal with the commissioner. Requires that the appeal request is received no later than 30 days after the date the notice was mailed and specifies the information that must be included in the request. Provides that the commissioner's action is considered final and binding on the effective date of the action as stated in the notice under subdivision 3, unless the commissioner receives a timely and proper appeal request.

Subd. 5. Withholding of payments. Allows the commissioner to withhold payments, except as otherwise provided by state or federal law, to a provider, vendor, individual, or associated entity or individual in any DHS program if the commissioner determines there is a credible allegation of fraud being investigated for a program administered by a Minnesota state or federal agency. Defines "credible allegation of fraud" as an allegation which has been verified by the commissioner from any source. Directs the commissioner to send notice of the withholding of payments within five days of taking the action. Provides that a provider, vendor, individual, or associated individual or entity has a right to request administrative reconsideration if the commissioner withholds payments under this subdivision and requires that the commissioner stop withholding payments if the commissioner determines there is insufficient evidence of fraud or when legal proceedings related to the alleged fraud are complete, unless the commissioner has sent the notice required under subdivision 3. Provides that the withholding action is temporary and not subject to appeal.

Section Description - Article 8: Licensing

- 3 Annual or annually; family child care.**
Amends § 245A.02, subd. 2c. Provides that for purposes of statute governing requirements for licensed family child care providers, the terms “annual” and “annually” mean each calendar year. Makes the section effective January 1, 2025.
- 4 Cradleboard.**
Adds a subdivision to § 245A.02. Defines the term “cradleboard.” Makes the section effective January 1, 2024.
- 5 Experience.**
Amends § 245A.02, subdivision 6b. Expands the definition of “experience,” which is used to determine an individual’s qualifications for employment in a licensed child care center. The expanded definition of “experience” includes: (1) caring for children as a teacher, assistant teacher, aide, or student intern in specified settings; (2) caring for children as a staff person or unsupervised volunteer in a certified, license-exempt child care center; or (3) providing direct contact services in a home or residential facility serving children with disabilities that requires a background study. Makes the section effective October 1, 2023.
- 6 Exclusion from licensure.**
Amends § 245A.03, subd. 2. Provides that Head Start programs that serve only three- to five-year-old children are exempt from child care licensure requirements. Makes the section effective January 1, 2024.
- 7 Application for licensure.**
Amends § 245A.04, subd. 1. Provides that applicants and license holders must use the licensing hub as directed by the commissioner once the hub is implemented. Makes the section effective immediately.
- 8 Inspections; waiver.**
Amends § 245A.04, subd. 4. Requires that the commissioner inspect licensed child care providers “once each calendar year” rather than “annually.” Makes the section effective immediately.
- 9 Notification required.**
Amends § 245A.04, subd. 7a. Directs license holders to make required notifications to the commissioner through the hub once the hub is implemented. Makes the section effective immediately.
- 10 Denial of application.**
Amends § 245A.05. Allows the commissioner to provide notice of a denied license to an applicant through the hub. Modifies the circumstances under which the

Section Description - Article 8: Licensing

- commissioner may deny a license to an applicant for a family foster setting by providing that a license may be denied if an individual who is living in the household where the licensed services are provided or is otherwise subject to a background study has nondisqualifying background study information that reflects on the applicant's ability to safely provide care to foster children. Makes the section effective immediately.
- 11 **Reconsideration of closure.**
Amends § 245A.055, subd. 2. Adds the use of the hub to the process by which a provider may request reconsideration of a closed license. Makes the section effective immediately.
- 12 **Contents of correction orders and conditional licenses.**
Amends § 245A.06, subd. 1. Allows the commissioner to issue a correction order and an order of conditional license through the hub. Makes the section effective immediately.
- 13 **Reconsideration of correction orders.**
Amends § 245A.06, subd. 2. Adds the use of the hub to the process by which a provider may request reconsideration of correction orders. Makes the section effective immediately.
- 14 **Notice of conditional license; reconsideration of conditional license.**
Amends § 245A.06, subd. 4. Adds the use of the hub to the process by which a license holder must be notified about a conditional license and may request a reconsideration of a conditional license. Makes the section effective immediately.
- 15 **Sanctions; appeal; license.**
Amends § 245A.07, subd. 1. Allows the commissioner to suspend or revoke a license, impose a fine, or secure an injunction against the continuing operation of a program of a license holder if an individual who is living in the household where the licensed services are provided or is otherwise subject to a background study has nondisqualifying background study information that reflects on the license holder's ability to safely provide care to foster children. Makes the section effective immediately.
- 16 **License suspension, revocation, or fine.**
Amends § 245A.07, subd. 3. Allows the commissioner to suspend or revoke a license or impose a fine for a family foster setting if a license holder or an individual who is living in the household where the licensed services are provided or is otherwise subject to a background study has nondisqualifying background study information that reflects on the license holder's ability to safely provide care to foster children.

Section Description - Article 8: Licensing

- Adds the use of the hub to the process by which a commissioner must notify a license holder that a license has been suspended or revoked or that a fine must be paid.
Makes the section effective immediately.
- 17 License holder qualifications for child foster care.**
Adds a new subdivision to § 245A.11. Provides that child foster care license holders must maintain the ability to provide a safe home environment for children placed in their care. Requires that license holders notify the licensing agency of changes to the license holder's or a household member's physical or behavioral health and changes to the care of a child or vulnerable adult for whom the license holder is a parent or legally responsible.

Allows the licensing agency to request that a license holder or household member undergo an evaluation by a specialist in areas such as physical or behavioral health to evaluate the license holder's ability to provide a safe environment for a foster child. Directs the licensing agency to tell the license holder or household member why a specialist evaluation was requested and to request a release of information from the license holder or household member prior to assigning a specialist to evaluate.
Makes the section effective January 1, 2024.
- 18 Special family child care homes.**
Amends § 245A.14, subd. 4. Makes technical changes related to applicability of the Minnesota State Fire Code to special family child care homes.
- 19 Reduction of risk of sudden unexpected infant death in licensed programs.**
Amends § 245A.1435. Requires that a pacifier placed in a crib with an infant in a licensed child care program is free from any sort of attachment. Provides that when a license holder puts a child under the age of one year down to sleep, the child's sleepwear must not have weighted materials, a hood, or a bib. Allows a license holder to place a child under the age of one down to sleep wearing a helmet if the license holder has signed documentation from a specified medical professional on a form developed by the commissioner. Adds a definition of a "swaddle" and provides requirements about how it may be used by a child care license holder. Allows a license holder to request a variance to permit the use of a cradleboard when requested by a parent or guardian for cultural accommodation. Provides that only the commissioner may issue such a variance, and the request must be submitted on a form developed by DHS in partnership with Tribal welfare agencies and MDH. Makes the section effective January 1, 2024.
- 20 License holder documentation of cribs.**
Amends § 245A.146, subd. 3. Deletes the requirement that the mattress floor board in every mesh-sided or fabric-sided play yard, pack and play, or playpen used in a licensed family child care program is waterproof. Provides that if a cradleboard is

Section Description - Article 8: Licensing

- used in a licensed setting, the license holder must check the cradleboard at least monthly and maintain written documentation of doing so. Makes the section effective January 1, 2024.
- 21 **Delegation of authority to agencies.**
Amends § 245A.16, subd. 1. Provides that only the commissioner may issue a variance for the use of a cradleboard for cultural accommodation. Makes the section effective January 1, 2024.
- 22 **Licensed family foster settings.**
Amends § 245A.16, subd. 9. Makes conforming changes related to allowing the commissioner to take specified licensing actions against applicants and license holders for family foster care based on nondisqualifying background study information received for the license holder, applicant, or an individual who is living in the household where the licensed services are provided or who is otherwise subject to a background study.
- 23 **Licensing and reporting hub.**
Adds a subdivision to § 245A.16. Directs county staff who perform licensing functions to use the hub once it is implemented. Makes the section effective immediately.
- 24 **Electronic checklist use by family child care licensors.**
Adds a new subdivision to § 245A.16. Provides that county staff who perform family child care licensing functions must use the commissioner's electronic licensing checklist.
- 25 **Child passenger restraint systems; training requirement.**
Amends § 245A.18, subd. 2. Makes technical changes to requirements governing training in the proper use of child restraint systems for programs licensed by DHS under chapter 245A.
- 26 **Child care center hiring practices.**
Creates § 245A.42. Clarifies that, as part of hiring, a child care center license holder or staff person may observe how a prospective employee interacts with children in the licensed facility. The prospective employee is not required to have a background study, provided the prospective employee is under continuous direct supervision by a staff person. The observation period cannot be longer than two hours, and the prospective employee cannot be counted in staff-to-child ratios. Makes the section effective October 1, 2023.

Section Description - Article 8: Licensing

- 27 **First aid.**
Amends § 245A.50, subd. 3. Provides that licensed family child care providers, second adult caregivers, and substitutes cannot let first aid training expire. Makes the section effective January 1, 2025.
- 28 **Cardiopulmonary resuscitation.**
Amends § 245A.50, subd. 4. Provides that licensed family child care providers, second adult caregivers, and substitutes cannot let CPR training expire. Makes the section effective January 1, 2025.
- 29 **Sudden unexpected infant death and abusive head trauma training.**
Amends § 245A.50, subd. 5. Deletes specificity as to the date by which licensed family child care providers must retake sudden unexpected infant death reduction training and abusive head trauma training. Makes the section effective January 1, 2025.
- 30 **Child passenger restraint systems; training requirement.**
Amends § 245A.50, subd. 6. Deletes specificity as to the date by which licensed family child care providers must retake training related to child passenger restraint systems. Makes the section effective January 1, 2025.
- 31 **Supervising for safety; training requirement.**
Amends § 245A.50, subd. 9. Deletes specificity as to the date by which licensed family child care providers must retake health and safety training. Makes the section effective January 1, 2025.
- 32 **Means of escape.**
Amends § 245A.52, subd. 1. Makes changes to requirements governing emergency escape routes in licensed family child care homes.
- 33 **Heating and venting systems.**
Amends § 245A.52, subd. 3. Makes changes to requirements governing heating and venting systems in licensed family child care homes.
- 34 **Carbon monoxide and smoke alarms.**
Amends § 245A.52, subd. 5. Makes changes to requirements governing carbon monoxide and smoke alarms in licensed family child care homes.

Section Description - Article 8: Licensing

35 Fire code variances.

Adds a subdivision to § 245A.52. Requires that a licensed family child care home submit written approval from the state fire marshal and alternative safety measures when submitting specified variance requests.

36 Ongoing training requirement.

Adds a subdivision to § 245A.66. Requires that children's residential facility and private child-placing agency license holders must, in addition to other specified training requirements, annually provide training to mandatory reporters on the maltreatment of minors reporting requirements and related definitions. Requires that all family child care license holders, caregivers, foster residence setting staff, and volunteers that are mandatory reporters complete training each year on the maltreatment of minors reporting requirements and related definitions. Makes the section effective January 1, 2024.

37 Appeal of department action.

Amends § 245E.06, subd. 3. Adds a cross-reference.

38 License requirements.

39 Staff development.

Amends § 245G.13, subd. 2. Adds requirement for a substance use disorder treatment license holder to ensure that each mandatory reporter staff member is trained on the reporting of maltreatment of minors requirements under chapter 260E before the staff member has direct contact with a person served by the program. Makes the section effective January 1, 2024.

40 Authorized agent.

Adds a subdivision to § 245H.01. Defines "authorized agent" for purposes of certified, license-exempt child care centers. Makes the section effective immediately.

41 Center operator or program operator.

Amends § 245H.01, subd. 3. Prohibits a certified, license-exempt child care center from having more than one designated center operator or program operator. Makes the section effective immediately.

42 Certified license-exempt child care center.

Amends § 245H.01, subd. 5. Provides that "certified, license-exempt child care center" includes a Head Start program that serves only three- to five-year-old children. Makes the section effective January 1, 2024.

Section Description - Article 8: Licensing

43 Who must be certified.

Amends § 245H.02. Provides that a Head Start program that serves only three- to five-year-old children must be a certified, license-exempt child care center to receive child care assistance payments. Makes the section effective January 1, 2024.

44 Application submission.

Amends § 245H.03, subd. 2. Provides that an applicant for certification of a license-exempt child care center must use the hub once it is implemented. Makes the section effective immediately.

45 Reconsideration of certification denial.

Amends § 245.03, subd. 4. Adds the use of the hub to the process by which an applicant for certification of a license-exempt child care center may request reconsideration of a denial. Makes the section effective immediately.

46 Notification required.

Adds a subdivision to § 245H.03. Requires the authorized agent of a certified, license-exempt child care center to obtain the commissioner's approval before making any of the specified changes. Provides actions the certification holder must take if unable to provide the commissioner with the required prior notice. Makes the section effective August 1, 2023.

47 Monitoring and inspections.

Amends § 245H.05. Requires that the commissioner inspect certified, license-exempt child care centers "once each calendar year" rather than "annually." Makes the section effective immediately.

48 Correction order requirements.

Amends § 245H.06, subd. 1. Allows the commissioner to issue a correction order to an applicant or certification holder through the hub (for purposes of certified, license-exempt child care centers). Makes the section effective immediately.

49 Reconsideration request.

Amends § 245H.06, subd. 2. Adds the use of the hub to the process by which an applicant or certification holder may request reconsideration of the commissioner's correction order (for purposes of certified, license-exempt child care centers). Makes the section effective immediately.

Section Description - Article 8: Licensing

- 50 **Generally.**
Amends § 245H.07, subd. 1. Allows the commissioner to issue a decertification order to a certification holder through the hub (for purposes of certified, license-exempt child care centers). Makes the section effective immediately.
- 51 **Reconsideration of decertification.**
Amends § 245H.07, subd. 2. Adds the use of the hub to the process by which a certification holder may request reconsideration of decertification (for purposes of certified, license-exempt child care centers). Makes the section effective immediately.
- 52 **Maximum group size.**
Amends § 245H.08, subd. 4. Allows a certified, license-exempt child care center to continue to serve a child 14 years or older under specified circumstances. Makes the section effective August 1, 2023.
- 53 **Ratios.**
Amends § 245H.08, subd. 5. Allows a certified, license-exempt child care center to continue to serve a child 14 years or older under specified circumstances.
- 54 **Administration of medication.**
Amends § 245H.13, subd. 3. Modifies requirements governing administration of medicine in certified, license-exempt child care centers. Makes the section effective August 1, 2023.
- 55 **Risk reduction plan.**
Amends § 245H.13, subd. 7. Requires a certified, license-exempt child care center that enrolls both middle-school-age and elementary-school-age children to establish policies and procedures to ensure adequate supervision when the children are grouped together. Makes the section effective August 1, 2023.
- 56 **Certification required.**
Amends § 245I.011, subd. 3. Specifies that if a clinic is certified according to chapter 245I and is part of a certified community behavioral health clinic (CCBHC), that clinic must comply with CCBHC licensing requirements in order to be licensed under chapter 245I.
- 57 **Application procedures.**
Amends § 245I.20, subd. 10. Requires applicants for certification of a mental health clinic to use the hub in a manner prescribed by the commissioner once the hub is implemented. Makes the section effective immediately.

Section Description - Article 8: Licensing

58 Correction orders.

Amends § 245I.20, subd. 13. Adds the use of the hub to the process by which the commissioner may issue a correction order to an applicant or certification holder (for purposes of certified mental health clinics). Makes the section effective immediately.

59 Decertification.

Amends § 245I.20, subd. 14. Adds the use of the hub to the decertification process for certified mental health clinics. Makes the section effective immediately.

60 Notifications required and noncompliance.

Amends § 245I.20, subd. 16. Requires certified mental health clinics to enter and update required information in the hub once the hub is implemented. Makes the section effective immediately.

61 Reporting requirements.

Amends § 260E.09. Allows, once the hub is implemented, an individual who has a hub account and is required to report suspected maltreatment as a licensed program under section 260E.06, subdivision 1, to submit a written report in the hub instead of making an oral report. Makes the section effective immediately.

62 Disclosure to commissioner of human services.

Amends § 270B.14, subd. 1. Allows the commissioner of revenue, at the request of the commissioner of human services and when authorized in writing by the taxpayer, to match specified information for an applicant for a DHS license or certification and share the matching with the commissioner of human services. Specifies that only the commissioner of human services may use the matching information for stated purposes. Provides that these actions may take place only if the commissioner of human services and the commissioner of revenue enter into an interagency agreement.

63 Direction to commissioner; amending staff distribution rules for child care centers.

Temporarily modifies staff distribution rules in licensed child care centers to allow an aide to substitute for a teacher during morning arrival and afternoon departure times, provided the aide meets specified criteria. Makes the section expire July 1, 2025.

Article 9: Behavioral Health

This article modifies grant program requirements and codifies the cultural and ethnic minority infrastructure grant program; clarifies and outlines mental health provider qualifications,

documentation, and service provision requirements, and local agency allocations for substance use disorder treatment; modifies eligible vendors of comprehensive assessments; establishes start-up and capacity-building grants; adds children's residential facilities to the behavioral health fund room and board rate schedule; and increases adult day treatment reimbursement rates.

Section	Description - Article 9: Behavioral Health
---------	--

- | | |
|---|---|
| 1 | Mental health practitioner.
Amends § 245.462, subd. 17. Modifies mental health practitioner definition by inserting cross-reference to definition in chapter 245I. |
| 2 | Grant program established.
Amends § 245.4663, subd. 1. Adds preceptorships and funding training for workers to become supervisors to mental health provider supervision grant program purposes. |
| 3 | Establishment and authority.
Amends § 245.4889, subd. 1. Adds child-, youth-, and family-specific mobile response and stabilization services models to services eligible for children's mental health grants. Adds paragraph authorizing the commissioner to establish and design a pilot program to expand the mobile response and stabilization services model for children, youth, and families. |
| 4 | Data collection and outcome measurement.
Amends § 245.4901, subd. 4. Specifies that school-linked mental health grantees must provide data to the commissioner no more than twice per year; specifies data that must be reported. Requires the commissioner to consult with grantees to develop ongoing outcome measures for program capacity and performance. |
| 5 | Consultation; grant awards.
Amends § 245.4901 by adding subd. 5. For the school-linked behavioral health grant program, requires the commissioner to consult with school districts that have not received grants but wish to collaborate with a community mental health provider. Requires the commissioner to work with culturally specific providers and to consider provider consistency when awarding grants. |
| 6 | Cultural and ethnic minority infrastructure grant program.
Proposes coding for § 245.4907. Codifies the cultural and ethnic minority infrastructure grant program (CEMIG). Requires the commissioner of human services to establish a cultural and ethnic minority infrastructure grant program, to ensure that behavioral health supports and services are culturally specific and culturally responsive. |

Section Description - Article 9: Behavioral Health

Outlines grant applicant eligibility and allowable grant activities; adds allowable grant activities for children's residential facility interpreter services and case-specific consultation; requires the commissioner to assist grantees with meeting third-party credentialing requirements; requires grantees to obtain all available third-party reimbursement sources; and specifies that grantees must serve individuals from cultural and ethnic minority communities regardless of health coverage or ability to pay for services.

Requires grantees to provide regular data to the commissioner, to evaluate grant program effectiveness; lists evaluation criteria.

Provides an immediate effective date.

7 Mental health rehabilitation worker qualifications.

Amends § 245I.04, subd. 14. Adds requirements for mental health rehabilitation workers to have initial training required under section 245I.05, subd. 3; exempts mental health rehabilitation workers who exclusively staff overnight shifts from certain qualification requirements.

8 Mental health behavioral aide qualifications.

Amends § 245I.04, subd. 16. Adds requirement for level 1 and level 2 mental health behavioral aides to have initial training under section 245I.05, subd. 3.

9 Initial training.

Amends § 245I.05, subd. 3. Strikes "clinical trainee" from initial training requirements for direct contact mental health services.

10 Documentation standards.

Amends § 245I.08, subd. 2. Clarifies client record and personnel file documentation requirements.

11 Documenting approval.

Amends § 245I.08, subd. 3. Extends time from five to ten days for a treatment supervisor to document approval of assessments and treatment plans completed by clinical trainees or mental health practitioners.

12 Progress notes.

Amends § 245I.08, subd. 4. Removes requirement to list the service modality within the documentation of the scope of a service in progress notes.

Section Description - Article 9: Behavioral Health

- 13 **Generally.**
Amends § 245I.10, subd. 2. Modifies diagnostic assessment requirements by allowing an update to a client's diagnostic assessment rather than only a new assessment, removing the annual requirement based on client need, and adding that a client can request an update or new assessment. Simplifies written update requirements.
- 14 **Continuity of services.**
Amends § 245I.10, subd. 3. Extends expiration of subdivision extending validity of diagnostic assessments completed before July 1, 2022, from July 1, 2023, to October 17, 2023.
- 15 **Brief diagnostic assessment; required elements.**
Amends § 245I.10, subd. 5. Removes language so that a brief diagnostic assessment may be used for a client who is under six years old.
- 16 **Standard diagnostic assessment; required elements.**
Amends § 245I.10, subd. 6. Removes specified assessment instruments for child clients, and allows information from other providers or prior assessments to be used in a diagnostic assessment if the information source is documented.
- 17 **Individual treatment plan.**
Amends § 245I.10, subd. 7. Makes clarifying change.
- 18 **Individual treatment plan; required elements.**
Amends § 245I.10, subd. 8. Makes clarifying changes for when a licensed provider receives a diagnostic assessment from a different provider.
- 19 **Storing and accounting for medications.**
Amends § 245I.11, subd. 3. Modifies requirements so that only specific Schedule II drugs must be separately locked by a license holder; removes requirement for documentation procedures on each shift.
- 20 **Medication orders.**
Amends § 245I.11, subd. 4. Removes requirement for a license holder to obtain psychotropic medication prescription renewals for each client every 90 days and annually for other prescription renewals.
- 21 **Treatment supervision specified.**
Amends § 245I.20, subd. 5. Strikes paragraph (b), containing treatment supervision case review requirements for mental health professionals supervising mental health practitioners and clinical trainees.

Section Description - Article 9: Behavioral Health

- 22 Additional policy and procedure requirements.**
Amends § 245I.20, subd. 6. Adds paragraph (d), requiring psychiatry billed as evaluation and management services to be documented in accordance with current procedural terminology published by the American Medical Association.
- 23 Local agency allocation.**
Amends § 254B.02, subd. 5. Modifies administrative adjustment payments to local agencies to allocations for supporting individuals with substance use disorders; modifies cap on payments so that payments must not be less than 133 percent of the local agency payment for the 2009 fiscal year.

Provides an immediate effective date.
- 24 Licensure required.**
Amends § 254B.05, subd. 1. Adds paragraph specifying that hospitals, federally qualified health centers, and rural clinics are eligible vendors of a comprehensive assessment, completed by an alcohol and drug counselor who is individually enrolled with the commissioner.

Makes this section effective upon federal approval.
- 25 Room and board provider requirements.**
Amends § 254B.05, subd. 1a. Adds programs providing children's residential mental health services, except for child protection or voluntary foster care for treatment placements, to list of vendors eligible for room and board payments from the behavioral health fund. Provides July 1, 2023, effective date.
- 26 Purpose and establishment.**
Amends § 256.478, subd. 1. Modifies transition to community initiative terminology; adds access to services supporting short- and long-term needs for developmental growth and individualized treatment; makes clarifying changes.
- 27 Eligibility.**
Amends § 256.478, subd. 2. Modifies transition to community initiative eligibility criteria to include a demonstration that current services are not able to meet community-based treatment or service needs. Expands list of residential or hospital-level care settings; adds criteria for needs beyond current service designs. Makes section effective July 1, 2023.

Section Description - Article 9: Behavioral Health

- 28 **Assertive community treatment program size and opportunities.**
Amends § 256B.0622, subd. 7b. Removes requirement for a minimum of 8-hour shift coverage for assertive community treatment team staff.
- 29 **Assertive community treatment program organization and communication requirements.**
Amends § 256B.0622, subd. 7c. Removes minimum weekly client services for assertive community treatment teams; requires services at a frequency that meets client needs.
- 30 **Provider entity standards.**
Amends § 256B.0623, subd. 4. Removes adult rehabilitative mental health services requirement for noncounty providers to obtain additional certification from each county in which services would be provided.
- 31 **Crisis assessment and intervention staff qualifications.**
Amends § 256B.0624, subd. 5. Adds that at least 6 hours of the required ongoing training for crisis assessment and intervention staff must be specific to working with families and providing crisis stabilization services to children; lists topics that must be included in such training.
- 32 **Crisis stabilization staff qualifications.**
Amends § 256B.0624, subd. 8. Adds that at least 6 hours of the required ongoing training for mental health crisis stabilization staff must be specific to working with families and providing crisis stabilization services to children; lists topics that must be included in such training.
- 33 **Behavioral health home services staff qualifications.**
Amends § 256B.0757, subd. 4c. Modifies behavioral health home services integration specialist language to allow a licensed practical nurse to serve in the role.
- 34 **Sleeping hours.**
Amends § 256B.0941, subd. 2a. For psychiatric residential treatment facilities, requires at least one staff member present during sleeping hours to be trained and certified to provide emergency medical response; requires a registered nurse to be available on call and available within 60 minutes during sleeping hours.
- 35 **Shared site.**
Amends § 256B.0941 by adding subd. 2b. Allows for services related to but distinctly separate from psychiatric residential treatment services to be delivered in the same

Section Description - Article 9: Behavioral Health

- facility. Specifies that shared site staff must only provide services within the program with which they are officially affiliated.
- 36 **Start-up and capacity-building grants.**
Amends § 256B.0941 by adding subd. 5. Specifies the allowable uses for start-up grants to prospective psychiatric residential treatment facility sites; specifies that start-up and capacity-building grants to prospective and current psychiatric residential treatment facilities may be used to support providers who treat and accept individuals with complex support needs.

Makes this section effective July 1, 2023.
- 37 **Service delivery payment requirements.**
Amends § 256B.0946, subd. 4. Increases amount of time for functional and level of care assessment and individual treatment plan updates from 90 to 180 days for children's intensive behavioral health services.
- 38 **Direction to commissioner; changes to residential adult mental health program licensing requirements.**
Directs the commissioner to consult with stakeholders to determine the changes to residential adult mental health program licensing requirements necessary to: (1) update requirements for category I programs to align with current mental health practices, client rights for similar services, and health and safety needs of clients receiving services; (2) remove category II classification and requirements; and (3) add licensing requirements to the rule for the Forensic Mental Health Program.
- 39 **Local agency substance use disorder allocation.**
Directs the commissioner to evaluate the ongoing need for local agency substance use disorder allocations. Specifies what the evaluation must include; allows the commissioner to contract with a vendor to support the evaluation.

Provides an immediate effective date.
- 40 **Rate increase for mental health adult day treatment.**
Directs the commissioner to increase the adult day treatment reimbursement rates by 50 percent over the June 30, 2023, rates.

Makes this section effective January 1, 2024, or upon federal approval, whichever is later.
- 41 **Room and board costs in children's residential facilities.**
Requires the commissioner to update the behavioral health fund room and board rate schedule to include specified children's residential facility services; requires

Section	Description - Article 9: Behavioral Health
---------	--

rates to be commensurate with current room and board rates for adolescent SUD treatment programs.

Makes this section effective July 1, 2023.

42	School-linked behavioral health contract dates.
----	--

Requires the commissioner to ensure that contracts executed during fiscal year 2024 with school-linked behavioral health grantees have a start date retroactive to July 1, 2023. Provides a July 1, 2024, expiration date and July 1, 2023, effective date for the section.

Article 10: Economic Assistance

This article makes changes to economic assistance programs to repeal the diversionary work program (DWP), modify reporting periods to go from monthly reporting to six-month reporting, modify program budgeting to go from retrospective budgeting to prospective budgeting, increase the GA standard of assistance, modify drug testing requirements, create income exclusions for census income and recipient engagement income, modify MFIP sanctions, modify the FAIM program, establish an American Indian food sovereignty funding program, and provide for SNAP outreach.

Section	Description - Article 10: Economic Assistance
---------	---

1	Application.
---	---------------------

Amends § 119B.011, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

2	Income.
---	----------------

Amends § 119B.011, subd. 15. Modifies the definition of “income” under the chapter of statutes governing the child care assistance programs by making conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

3	Universal application form.
---	------------------------------------

Amends § 119B.02, subd. 4. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

Section Description - Article 10: Economic Assistance

- 4 Changes in eligibility.**
Amends § 119B.025, subd. 4. Clarifies a cross-reference.

Provides a March 1, 2025, effective date.
- 5 Eligible participants.**
Amends § 119B.03, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 6 Temporary reprioritization.**
Amends § 119B.03, subd. 4a. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 7 Eligible participants.**
Amends § 119B.05, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 8 Date of eligibility for assistance.**
Amends § 119B.09, subd. 7. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 9 Maintain steady child care authorizations.**
Amends § 119B.095, subd. 2. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 10 Assistance for persons who are homeless.**
Amends § 119B.095, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

Section Description - Article 10: Economic Assistance

- 11 Assistance for persons seeking and retaining employment.**
Amends § 119B.10, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 12 Assistance for persons attending an approved education or training program.**
Amends § 119B.10, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 13 Extended eligibility and redetermination.**
Amends § 119B.105, subd. 2. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 14 Retrieval of contents.**
Amends § 168B.07, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 15 Hearing authority.**
Amends § 256.046, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date, and specifies it applies to acts of wrongfully obtaining assistance or intentional program violations that occur on or after that date.
- 16 Disqualification from program.**
Amends § 256.98, subd. 8. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date, and specifies it applies to acts of wrongfully obtaining assistance that occur on or after that date.
- 17 Disqualification.**
Amends § 256.987, subd. 4. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date, and specifies it applies to purchases made on or after that date.

Section Description - Article 10: Economic Assistance

- 18 **Standards.**
Amends § 256D.01, subd. 1a. Increases the GA standard of assistance by making the standard equal to \$350 per month. Requires the standard to be adjusted annually for inflation beginning October 1, 2025.

Provides an October 1, 2024, effective date.
- 19 **Person convicted of drug offenses.**
Amends § 256D.024, subd. 1. Modifies requirements related to drug testing of individuals receiving GA benefits who have been convicted of a drug offense. Requires counties to provide information about substance use disorder treatment programs to a person who tests positive for an illegal controlled substance.

Provides an August 1, 2023, effective date.
- 20 **Budgeting and reporting.**
Amends § 256D.03, by adding subd. 2b. Requires county agencies to determine eligibility and calculate benefit amounts for general assistance according to the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2025, effective date.
- 21 **Eligibility requirements.**
Amends § 256D.06, subd. 5. Increases the amount of time a GA recipient has to apply for federal disability benefits.

Provides an August 1, 2023, effective date.
- 22 **Special needs.**
Amends § 256D.44, subd. 5. Modifies the MSA fee for representative payee services.
- 23 **SNAP reporting requirements.**
Amends § 256D.0516, subd. 2. Removes an exception to SNAP simplified reporting requirements for households receiving food benefits under MFIP.

Provides a March 1, 2025, effective date.
- 24 **Supplemental nutrition assistance outreach program.**
Creates § 256D.65.

Section Description - Article 10: Economic Assistance

Subd. 1. SNAP outreach program. Requires the commissioner of human services to implement a SNAP outreach program that meets USDA requirements to inform low-income households about the availability and benefits of SNAP.

Subd. 2. Duties of commissioner. Lists the duties of the commissioner in administering the SNAP outreach program.

Subd. 3. Program funding. Requires grantees to submit allowable costs for approved SNAP outreach activities to the commissioner to receive federal reimbursement. Requires the commissioner to disburse federal reimbursement funds for allowable costs for approved SNAP outreach activities to the state agency or grantee that incurred the costs being reimbursed.

25 Use of money.

Amends § 256E.34, subd. 4. Allows money distributed to food shelf programs to be used to purchase personal hygiene products including diapers and toilet paper.

26 American Indian food sovereignty funding program.

Creates § 256E.342.

Subd. 1. Establishment. Establishes the American Indian food sovereignty funding program to improve access and equity to food security programs within Tribal and urban American Indian communities. Requires the commissioner of human services to administer the program and provide outreach, technical assistance, and program development support to increase food security for American Indians.

Subd. 2. Distribution of funding. Requires the commissioner to: (1) provide funding to support food system changes and equitable access to existing and new methods of food support for American Indians; and (2) determine the funding formula, timing, and form of the application for the program. Lists eligible funding recipients.

Subd. 3. Allowable uses of funds. Lists allowable uses of funds.

Subd. 4. Reporting. Requires funding recipients to report to the commissioner annually on the use of American Indian food sovereignty funding. Lists the information that must be included in the report. Requires the commissioner to determine the form required for reports and allows the commissioner to specify additional reporting requirements.

Section Description - Article 10: Economic Assistance

27 Establishment.

Amends § 256E.35, subd. 1. Allows family assets for independence (FAIM) to be accrued for emergencies.

28 Definitions.

Amends § 256E.35, subd. 2. Modifies the definition of “fiduciary organization” under FAIM to include a federally recognized Tribal Nation or a nonprofit organization and modifies the definition of “permissible use” to include contributions to an emergency savings account or a Minnesota 529 savings plan.

29 Grants awarded.

Amends § 256E.35, subd. 5. Allows a portion of funds appropriated for FAIM to be used on evaluating the initiative.

30 Financial coaching.

Amends § 256E.35, subd. 4a. Makes conforming changes.

31 Withdrawal; matching; permissible uses.

Amends § 256E.35, subd. 6. Increases the maximum FAIM match from \$6,000 to \$12,000 and makes conforming changes.

32 Program reporting.

Amends § 256E.35, subd. 7. Makes conforming changes to FAIM reporting requirements related to the additional permissible uses of FAIM savings.

33 Countable income.

Amends § 256I.03, subd. 7. Modifies the definition of “countable income” under the chapter of statutes governing housing support to reduce the amount of countable income for SSI recipients living in certain supportive housing settings from 100 percent of the SSI benefit limit to 30 percent of SSI benefits received. Also sets countable income for SSI recipients who do not live in certain supportive housing settings at the SSI limit in effect at the time the recipient is receiving housing support, less the personal needs allowance. Sets countable income for recipients of unearned income other than SSI who live in certain supportive housing settings at 30 percent of total income after applicable exclusions and disregards. Specifies the MA personal needs allowance does not apply to SSI and unearned income recipients who live in the specified supportive housing settings.

Provides an October 1, 2024, effective date.

Section Description - Article 10: Economic Assistance

- 34 Prospective budgeting.**
Amends § 256I.03, subd. 13. Modifies the definition of “prospective budgeting” under the housing support program.

Provides a March 1, 2025, effective date.
- 35 Reports.**
Amends § 256I.06, subd. 6. Modifies housing support recipient reporting requirements to allow for six-month reporting.

Provides a March 1, 2025, effective date.
- 36 When to terminate assistance.**
Amends § 256I.06, by adding subd. 6a. Requires an agency to terminate housing support benefits when the assistance unit fails to submit the household report form before the end of the month in which it is due. Specifies the effective date of the termination and requirements related to reinstatement of benefits.

Provides a March 1, 2025, effective date.
- 37 Amount of housing support payment.**
Amends § 256I.06, subd. 8. Makes conforming changes related to prospective budgeting.

Provides a March 1, 2025, effective date.
- 38 Implementation of MFIP.**
Amends § 256J.01, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 39 Use of money.**
Amends § 256J.02, subd. 2. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 40 Participant.**
Amends § 256J.08, subd. 65. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

Section Description - Article 10: Economic Assistance

- 41 Prospective budgeting.**
Amends § 256J.08, subd. 71. Modifies the definition of “prospective budgeting” under the chapter of statutes governing MFIP.

Provides a March 1, 2025, effective date.
- 42 Recurring income.**
Amends § 256J.08, subd. 79. Modifies the definition of “recurring income” under the chapter of statutes governing MFIP to make conforming changes related to prospective budgeting.

Provides a March 1, 2025, effective date.
- 43 Ineligibility for MFIP.**
Amends § 256J.09, subd. 10. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 44 General citizenship requirements.**
Amends § 256J.11, subd. 1. Modifies citizenship requirements for MFIP by allowing noncitizens who are victims of a severe form of trafficking or who have suffered substantial physical or mental abuse as a result of having been a victim of criminal activity to be eligible for MFIP.

Provides a March 1, 2024, effective date.
- 45 Initial income test.**
Amends § 256J.21, subd. 3. Makes conforming changes to MFIP initial income tests related to six-month reporting and prospective budgeting.

Provides a March 1, 2025, effective date.
- 46 Income test and determination of assistance payment.**
Amends § 256J.21, subd. 4. Makes conforming changes to the MFIP income test and determination of assistance payments related to six-month reporting and prospective budgeting.

Provides a March 1, 2025, effective date.
- 47 Person convicted of drug offenses.**
Amends § 256J.26, subd. 1. Modifies requirements related to drug testing of individuals receiving MFIP and SNAP benefits who have been convicted of a drug

Section Description - Article 10: Economic Assistance

- offense. Requires counties to provide information about substance use disorder treatment programs to a person who tests positive for an illegal controlled substance.
- Provides an August 1, 2023, effective date.
- 48 **Determination of eligibility.**
Amends § 256J.33, subd. 1. Modifies MFIP determination of eligibility provisions to be consistent with prospective budgeting. Specifies that an assistance unit is not eligible when countable income equals or exceeds the MFIP standard of need or the family wage level for the assistance unit.
- Provides a March 1, 2025, effective date, except the amendment making a conforming cross-reference change is effective July 1, 2024.
- 49 **Prospective eligibility.**
Amends § 256J.33, subd. 2. Makes conforming changes related to prospective budgeting under MFIP.
- Provides a March 1, 2025, effective date.
- 50 **Amount of assistance payment.**
Amends § 256J.35. Provides an annual inflationary adjustment for MFIP housing assistance grants.
- Provides an October 1, 2024, effective date.
- 51 **Earned income of wage, salary, and contractual employees.**
Amends § 256J.37, subd. 3. Makes conforming changes related to six-month reporting.
- Provides a March 1, 2025, effective date.
- 52 **Rental subsidies; unearned income.**
Amends § 256J.37, subd. 3. Makes a conforming cross-reference change related to prospective budgeting.
- Provides a March 1, 2025, effective date.
- 53 **Fair hearings.**
Amends § 256J.40. Makes conforming changes related to the repeal of DWP.
- Provides a March 1, 2026, effective date.

Section Description - Article 10: Economic Assistance

54 Exemption for certain families.

Amends § 256J.42, subd. 5. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

55 Eligibility.

Amends § 256J.425, subd. 1. Modifies eligibility for a hardship extension under MFIP by removing the requirement that a participant be in compliance with program requirements.

Provides a May 1, 2026, effective date.

56 Employed participants.

Amends § 256J.425, subd. 4. Modifies eligibility for a hardship extension for employed participants under MFIP by removing the requirement that a participant be in compliance with program requirements for a specified amount of time prior to receiving the hardship extension. Removes language related to permanent disqualification under MFIP.

Provides a May 1, 2026, effective date.

57 Accrual of certain exempt months.

Amends § 256J.425, subd. 5. Removes language related to sanctions for extended cases (the subdivision governing sanctions for extended cases is repealed in this bill).

Provides a May 1, 2026, effective date.

58 Status of closed cases.

Amends § 256J.425, subd. 7. Removes language related to disqualifying participants and permanent disqualifications under MFIP.

Provides a May 1, 2026, effective date.

59 Participants not complying with program requirements.

Amends § 256J.46, subd. 1. Limits the application of sanctions under MFIP to noncompliance with requirements for orientation or employment and training services. Specifies a good cause exemption may only be granted for the month for which the good cause reason applies. Modifies sanctions for noncompliance with MFIP requirements including removing language requiring vendor payment of shelter costs. Modifies how occurrences of noncompliance are counted. Specifies the process for counties to follow when processing an application from a participant whose case was closed and who reapplies within 30 calendar days.

Section Description - Article 10: Economic Assistance

- Provides a May 1, 2026, effective date.
- 60 **Sanctions for refusal to cooperate with support requirements.**
Amends § 256J.46, subd. 2. Modifies sanctions for MFIP caregivers who do not cooperate with child support requirements under MFIP.

Provides a May 1, 2026, effective date.
- 61 **Dual sanctions.**
Amends § 256J.46, subd. 2a. Removes reference to vendor payment of shelter and utility costs. Modifies dual sanctions under MFIP.

Provides a May 1, 2026, effective date.
- 62 **Participant.**
Amends § 256J.49, subd. 9. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 63 **Employment and training services component of MFIP.**
Amends § 256J.50, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 64 **Assessments.**
Amends § 256J.521, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 65 **Program characteristics.**
Amends § 256J.621, subd. 1. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 66 **Allowable expenditures.**
Amends § 256J.626, subd. 2. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

Section Description - Article 10: Economic Assistance

- 67 **Eligibility for services.**
Amends § 256J.626, subd. 3. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 68 **Quarterly comparison report.**
Amends § 256J.751, subd. 2. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.
- 69 **Census income.**
Amends § 256P.01, by adding subd. 2b. Defines “census income” in the chapter of statutes governing economic assistance program eligibility verification.
- 70 **Lived-experience engagement.**
Amends § 256P.01, by adding subd. 5a. Defines “lived-experience engagement” in the chapter of statutes governing economic assistance program eligibility and verification.

Provides an August 1, 2023, effective date.
- 71 **Prospective budgeting.**
Amends § 256P.01, by adding subd. 9. Defines “prospective budgeting” under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2025, effective date.
- 72 **Exemption.**
Amends § 256P.02, subd. 1a. Exempts census income from the CCAP asset limit.
- 73 **Personal property limitations.**
Amends § 256P.02, subd. 2. Excludes FAIM accounts, recipient engagement income, and census income when determining the equity value of personal property under the chapter of statutes governing economic assistance program eligibility and verification.

Makes the recipient engagement income exclusion effective August 1, 2023.

Section Description - Article 10: Economic Assistance

- 74 Health and human services recipient engagement income.**
Amends § 256P.02, by adding subd. 4. Excludes income received from lived-experience engagement when determining the equity value of personal property for economic assistance programs.
- 75 Account exception.**
Amends § 256P.02, by adding subd. 5. Excludes FAIM accounts when determining the equity value of personal property under the chapter of statutes governing economic assistance program eligibility and verification.
- 76 Census income.**
Amends § 256P.02, by adding subd. 6. Excludes census income when determining the equity value of personal property.
- 77 Factors to be verified.**
Amends § 256P.04, subd. 4. Removes from the list of items that county agencies must verify at application the use of nonrecurring income.

Provides a July 1, 2024, effective date.
- 78 Recertification.**
Amends § 256P.04, subd. 8. Requires county agencies to verify specified information during reporting in addition to during recertification.

Provides a March 1, 2025, effective date.
- 79 Income inclusions.**
Amends § 256P.06, subd. 3. Modifies the list of items that must be included in determining the income of an assistance unit under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a September 1, 2024, effective date, except the removal of nonrecurring income is effective July 1, 2024, and the removal of Tribal per capita payments is effective January 1, 2024.
- 80 Recipient engagement income.**
Amends § 256P.06, by adding subd. 4. Excludes income received from lived-experience engagement from being counted as income for purposes of determining or redetermining eligibility or benefits under the chapter of statutes governing economic assistance program eligibility and verification.

Provides an August 1, 2023, effective date.

Section Description - Article 10: Economic Assistance

81 Census income.

Amends § 256P.06, by adding subd. 5. Excludes census income from income calculations for purposes of determining or redetermining economic assistance eligibility or benefits.

82 Exempted programs.

Amends § 256P.07, subd. 1. Exempts participants who receive SSI and qualify for MSA or housing support from reporting requirements under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2025, effective date.

83 Child care assistance programs.

Amends § 256P.07, by adding subd. 1a. Exempts participants who qualify for CCAP from certain reporting requirements.

Provides a March 1, 2025, effective date.

84 Reporting requirements.

Amends § 256P.07, subd. 2. Modifies participant reporting requirements under the chapter of statutes governing economic assistance program eligibility and verification.

Provides a March 1, 2025, effective date.

85 Changes that must be reported.

Amends § 256P.07, subd. 3. Modifies the list of changes that must be reported by an assistance unit.

Provides a March 1, 2025, effective date, except the removal of lump sum payments is effective July 1, 2024.

86 MFIP-specific reporting.

Amends § 256P.07, subd. 4. Modifies the list of changes an MFIP assistance unit must report and removes language requiring the assistance unit to report changes within ten days of the change.

Provides a March 1, 2025, effective date.

87 Child care assistance programs-specific reporting.

Amends § 256P.07, subd. 6. Modifies the list of changes a CCAP assistance unit must report by adding a change in address or residence, a change in household

Section Description - Article 10: Economic Assistance

composition, a change in citizenship or immigration status, and a change in family status.

Provides a March 1, 2025, effective date.

88 Minnesota supplemental aid-specific reporting.

Amends § 256P.07, subd. 7. Modifies the list of changes an MSA assistance unit must report. Requires assistance units not receiving SSI to report a change in unearned income of \$50 per month or greater and a change in earned income of \$100 per month or greater. Lists the changes an assistance unit receiving housing assistance must report.

Provides a March 1, 2025, effective date.

89 Housing support-specific reporting.

Amends § 256P.07, by adding subd. 8. Paragraph (a) lists the changes a housing support assistance unit that is not receiving SSI must report.

Paragraph (b) lists the changes a housing support assistance unit, including an assistance unit receiving SSI, must report.

Provides a March 1, 2025, effective date.

90 General assistance-specific reporting.

Amends § 256P.07, by adding subd. 9. Lists the changes an assistance unit receiving general assistance must report.

Provides a March 1, 2025, effective date.

91 Prospective budgeting of benefits.

Creates § 256P.09

Subd. 1. Exempted programs. Exempts assistance units that qualify for CCAP, assistance units that receive housing support and are not subject reporting under the statutes governing economic assistance program eligibility and verification, and assistance units that qualify for MSA from prospective budgeting.

Subd. 2. Prospective budgeting of benefits. Requires any agency subject to the economic assistance program eligibility and verification chapter of statutes to use prospective budgeting to calculate the assistance payment amount.

Subd. 3. Initial income. Specifies how an agency must determine initial income for purposes of determining the assistance unit's level of benefits.

Section Description - Article 10: Economic Assistance

Subd. 4. Income determination. Requires agencies to use prospective budgeting when determining the amount of an assistance unit's benefits for the eligibility period based on the best information available at the time of approval. Specifies how anticipated income must be treated.

Subd. 5. Income changes. Prohibits an increase in income from affecting an assistance unit's eligibility or benefit amount until the next review unless otherwise required to be reported. Requires a decrease in income to be effective on the date the change occurs if the change is reported by the tenth of the month following the month when the change occurred. Requires a change in income to be effective on the date the change was reported if the assistance unit does not report the change in income by the tenth of the month following the month when the change occurred.

Provides a March 1, 2025, effective date.

92 **Six-month reporting.**

Creates § 256P.10.

Subd. 1. Exempted programs. Exempts assistance units that qualify for CCAP, assistance units that receive housing support and also receive SSI, and assistance units that qualify for MSA from six-month reporting.

Subd. 2. Reporting. Paragraph (a) subjects an assistance unit that qualifies for MFIP, an assistance unit that qualifies for GA with an earned income of \$100 per month or greater, and an assistance unit that qualifies for housing support with an earned income of \$100 per month or greater to six-month reviews. Allows the initial reporting period to be shorter than six months to align with other programs' reporting periods.

Paragraph (b) requires MFIP assistance units and GA assistance units with an earned income of \$100 per month or greater to complete household report forms as required by the commissioner for redetermination of benefits.

Paragraph (c) requires housing support assistance units with an earned income of \$100 per month or greater to complete household report forms to provide information about earned income.

Paragraph (d) subjects an assistance unit that qualifies for housing support and also receives MFIP to the MFIP six-month reporting requirements.

Section Description - Article 10: Economic Assistance

Paragraph (e) requires assistance units to submit household report forms in compliance with the requirements of the chapter of statutes governing economic assistance program eligibility and verification.

Paragraph (f) allows an assistance unit to choose to report changes at any time.

Subd. 3. When to terminate assistance. Specifies when an agency must terminate benefits and when benefits may be reinstated.

Provides a March 1, 2025, effective date.

93 Tax levy for social services; board duty; penalty.

Amends § 261.063. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

94 Access to certain items.

Amends § 514.972, subd. 5. Makes conforming changes related to the repeal of DWP.

Provides a March 1, 2026, effective date.

95 Benefit eligibility.

Amends § 609B.425, subd. 2. Modifies requirements related to drug testing of individuals receiving GA and MSA benefits who have been convicted of a drug offense. Requires counties to provide information about substance use disorder treatment programs to a person who tests positive for an illegal controlled substance.

Provides an August 1, 2023, effective date.

96 Drug offenders; random testing; sanctions.

Amends § 609B.435, subd. 2. Modifies requirements related to drug testing of individuals applying for MFIP benefits who have been convicted of a drug offense. Requires counties to provide information about substance use disorder treatment programs to a person who tests positive for an illegal controlled substance.

Provides an August 1, 2023, effective date.

97 Revisor instruction.

Instructs the revisor of statutes to: (1) remove references to DWP in sections of statute related to property exempt from summary executions and garnishment; and (2) make any necessary grammatical changes related to the removal of terms.

Section Description - Article 10: Economic Assistance

Provides a March 1, 2026, effective date.

98 Repealer.

Paragraph (a) repeals Minnesota Statutes, sections 256.9864 (reports by recipient); 256J.08, subds. 10 (budget month), 61 (monthly income test), 81 (retrospective budgeting), and 83 (significant change); 256J.30, subds. 5 (Monthly MFIP household reports), 7 (due date of MFIP household report form), and 8 (late MFIP household report forms); 256J.33, subds. 3 (retrospective eligibility), 4 (monthly income test), and 5 (when to terminate assistance); and 256J.34, subds. 1 (prospective budgeting), 2 (retrospective budgeting), 3 (additional uses of retrospective budgeting), and 4 (significant change in gross income), effective March 1, 2025.

Paragraph (b) repeals Minnesota Statutes, section 256J.425, subd. 6 (sanctions for extended cases), effective May 1, 2026.

Paragraph (c) repeals Minnesota Statutes, sections 119B.011, subd. 10a (diversionary work program); 256J.08, subd. 24b (diversionary work program or DWP); 256J.95 (diversionary work program); and 256P.07, subd. 5 (DWP-specific reporting), effective March 1, 2026.

Paragraph (d) repeals Minn. Stat. § 256D.63, subd. 1 (expiration of SNAP benefits), effective the day following final enactment.

Paragraph (e) repeals Minn. Stat. § 256.8799 (SNAP outreach program), effective July 1, 2023.

Paragraph (f) repeals Minn. Stat. § 256J.08, subd. 53 (lump sum) and 62 (nonrecurring income); and 256J.37, subd. 10 (treatment of lump sums) effective July 1, 2024.

Article 11: Housing and Homelessness

This article makes changes to the Homeless Youth Act and safe harbor, housing support eligibility and supplementary service rates, and establishes a homeless youth cash stipend pilot project and emergency shelter facilities grants.

Section Description - Article 11: Housing and Homelessness

1 Youth eligible for services.

Amends § 145.4716, subd. 3. Makes a conforming change related to the establishment of the safe harbor shelter and housing grant program.

Section Description - Article 11: Housing and Homelessness

2 Housing stabilization services.

Amends § 256B.051, subd. 5. Makes housing transition costs available to persons transitioning from a provider-controlled setting to the person's own home. Lists allowable costs. Makes this section effective January 1, 2024, or upon federal approval, whichever is earlier.

3 Individual eligibility requirements.

Amends § 256I.04, subd. 1. Modifies housing support eligibility requirements by expanding eligibility to individuals who have a certified disability or disabling condition and lack a fixed, adequate, nighttime residence upon discharge from a correctional facility. Allows individuals who meet this criteria to be eligible for up to three months. Specifies individuals who meet the disabling condition criteria will not have any countable income for the duration of eligibility.

Provides a November 1, 2024, effective date.

4 Moratorium on development of housing support beds.

Amends § 256I.04, subd. 3. Modifies the housing support bed moratorium exception for the metro demo project by adding additional counties to the exception.

5 Supplementary service rates.

Amends § 256I.05, subd. 1A. Increases the maximum housing support supplementary service rate, updates references to MA waiver services, adds a reference to CFSS, and removes obsolete language.

Provides a January 1, 2024, effective date.

6 Monthly rates; exemptions.

Amends § 256I.05, subd. 2. Modifies the housing support rate exemption for Andrew Residence by removing language applying any statewide supplementary service rate adjustment to Andrew Residence.

7 Street and community outreach and drop-in eligibility.

Amends § 245K.45, subd. 3. Modifies the Homeless Youth Act street and community outreach and drop-in eligibility by adding specialized services for youth at risk of discrimination based on sexual orientation or gender identity.

8 Provider repair or improvement grants.

Amends § 256K.45, subd. 7. Modifies provider repair or improvement grants under the Homeless Youth Act by increasing the maximum grant amount and removing a prohibition on a grantee receiving grant funds for two consecutive years.

Section Description - Article 11: Housing and Homelessness

9 Awarding of grants.

Amends § 256K.45, by adding subd. 8. Permits Homeless Youth Act grant recipients who receive two-year grant contracts to carry over any unexpended amount from the first contract year to the second contract year.

10 Safe harbor shelter and housing.

Creates § 256K.47.

Subd. 1. Grant program established. Requires the commissioner of human services to: (1) establish a safe harbor shelter and housing grant program; and (2) award grants to providers who are committed to serving sexually exploited youth and youth at risk of sexual exploitation. Requires grantees to use grant money to provide street and community outreach programs, emergency shelter programs, or supportive housing programs to address the specialized outreach, shelter, and housing needs of sexually exploited youth and youth at risk of sexual exploitation.

Subd. 2. Youth eligible for services. Specifies youth 24 years of age or younger are eligible for all shelter, housing beds, and services provided under this section and all services, support, and programs provided by the commissioner of health to sexually exploited youth and youth at risk of sexual exploitation.

Subd. 3. Street and community outreach. Requires street and community outreach programs to locate, contact, and provide information, referrals, and services to eligible youth. Lists the activities that may be included in information, referrals, and services provided by street and community outreach programs.

Subd. 4. Emergency shelter program. Requires emergency shelter programs to provide eligible youth with referral and walk-in access to emergency short-term residential care. Lists the services that may be provided at emergency shelters.

Subd. 5. Supportive housing programs. Requires supportive housing programs to help eligible youth find and maintain safe and dignified housing and provide related supportive services and referrals. Allows supportive housing programs to provide rental assistance. Lists the services that may be included in supportive housing programs.

Subd. 6. Funding. Specifies funds appropriated for safe harbor shelter and housing may be expended on street and community outreach, emergency shelter, and supportive housing programs, technical assistance, and capacity building to meet the greatest need on a statewide basis.

Section Description - Article 11: Housing and Homelessness

11 Housing transition cost.

Amends Laws 2021, First Special Session ch. 7, art. 15, § 5, subd. 1. Removes the expiration date for housing transition cost and clarifies eligibility for housing transition cost payments. Provides that this section is effective upon federal approval.

12 Housing support supplementary service rate study.

Requires the commissioner of human services, in consultation with others, to analyze housing support supplementary service rates and recommend a rate setting methodology to the legislative committees with jurisdiction over human services policy and finance by January 15, 2026.

13 Homeless youth cash stipend pilot project.

This bill establishes a homeless youth cash stipend pilot project to provide a direct cash stipend to homeless youth in Hennepin and St. Louis Counties.

Subd. 1. Pilot project established. Requires the commissioner of human services to establish a homeless youth cash stipend pilot project to provide a direct cash stipend to homeless youth in Hennepin and St. Louis Counties and design the pilot project to meet the needs of homeless youth, including underserved communities.

Subd. 2. Definitions. Defines “commissioner” and “homeless youth.”

Subd. 3. Administration. Requires the commissioner to contract with Youthprise to administer the pilot project. Lists duties that must be included in the contract with Youthprise.

Subd. 4. Eligibility. Specifies eligible pilot project participants are homeless youth who are 18 to 24 years of age who live in Hennepin or St. Louis Counties at the time of initial enrollment in the project.

Subd. 5. Cash stipend. Requires the commissioner, in consultation with Youthprise and Hennepin and St. Louis Counties, to establish a stipend amount for eligible homeless youth who participate in the pilot project.

Subd. 6. Stipends not to be considered income. Prohibits a cash stipend under this section from being considered income, assets, or personal property for purposes of determining eligibility or recertifying eligibility for various public assistance programs and MA.

Subd. 7. Report. Requires the commissioner, in cooperation with Youthprise and Hennepin and St. Louis Counties, to submit an annual report on Youthprise’s findings regarding the efficacy and cost-effectiveness of the homeless youth cash

Section Description - Article 11: Housing and Homelessness

stipend pilot project to the chairs and ranking minority members of the legislative committees with jurisdiction over homeless youth policy and finance by January 15, 2024, and each January 15 thereafter.

Subd. 8. Expiration. Makes this section expire June 30, 2027.

14 Emergency shelter facilities.

Subd. 1. Definitions. Defines the terms “commissioner,” “eligible applicant,” and “emergency shelter facility.”

Subd. 2. Project criteria. Requires the commissioner to prioritize grants for projects that improve or expand emergency shelter facility options.

Limits grant to up to \$10 million per project. Requires the commissioner to give priority to projects in which the eligible applicant will provide at least ten percent of total project funding for applicants seeking funding for the acquisition and construction of new emergency shelter facilities.

Requires all projects funded with an emergency shelter facility grant to meet all applicable state and local building codes at the time of project completion.

Requires the commissioner to use a competitive request for proposal process to identify potential projects and eligible applicants on a statewide basis. Requires at least 40% of grant funds to be awarded to projects in greater Minnesota.

Allows grant recipients to incur eligible expenses based on an agreed upon predesign and design work plan and budget prior to an encumbrance being established in the accounting system and grant execution.

Article 12: Children and Families

This article establishes a new state agency, the Department of Children, Youth, and Families, effective July 1, 2024. The article makes changes to the child care assistance program (CCAP), including expanding the definition of “family” for purposes of CCAP eligibility, making changes to the basic sliding fee (BSF) program waiting list, and increasing CCAP payment rates. The article directs the commissioner of human services to develop a cost estimation model for use in the child care and early education field, to develop and implement a plan to transform and modernize the IT systems that support programs impacting children and families, to establish a prepared meal grant program, and to establish a diaper distribution grant program. The article directs the commissioner of health to establish a community solutions for healthy child development grant program.

Section Description - Article 12: Children and Families

- 1 Children’s Cabinet.**
Amends § 4.045. Adds the commissioner of children, youth, and families to the list of commissioners that comprise the Children’s Cabinet and removes the director of the Office of Strategic and Long-Range Planning (which was abolished in 2003). This section is effective July 1, 2024.
- 2 Definitions.**
Amends § 10.65, subdivision 2. Adds the Department of Children, Youth, and Families to the definition of “agency” for purposes of statute governing state and Tribal government relationships. This section is effective July 1, 2024.
- 3 Department of the state.**
Amends § 15.01. Adds the Department of Children, Youth, and Families to the list of agencies designated as departments of state government. This section is effective July 1, 2024.
- 4 Applicability.**
Amends § 15.06, subdivision 1. Applies requirements that apply to commissioners of state agencies to the commissioner of children, youth, and families. This section is effective July 1, 2024.
- 5 Group I salary limits.**
Amends § 15A.0815, subdivision 2. Adds the commissioner of children, youth, and families to the list of positions with salary limits that cannot exceed 133 percent of the governor’s salary. This section is effective July 1, 2024.
- 6 Additional unclassified positions.**
Amends § 43A.08, subdivision 1a. Adds the Department of Children, Youth, and Families to the list of agencies that may designate additional unclassified positions. This section is effective July 1, 2024.
- 7 Applicant.**
Amends § 119B.011, subd. 2. Changes the definition of “child care fund applicants” to include foster care families, relative custodians, and successor custodians or guardians receiving Northstar kinship assistance. This section is effective August 25, 2024.
- 8 Child care.**
Amends § 119B.011, subd. 5. Changes the definition of “child care” to include care provided by foster care families, relative custodians, and successor custodians or

Section Description - Article 12: Children and Families

- guardians receiving Northstar kinship assistance. This section is effective August 25, 2024.
- 9 **Family.**
Amends § 119B.011, subd. 13. Changes the definition of “family” to include care provided by foster care families, relative custodians, and successor custodians or guardians receiving Northstar kinship assistance. This section is effective August 25, 2024.
- 10 **Funding priorities.**
Amends § 119B.03, subd. 4a. Makes permanent the temporary changes the 2021 legislature made to the BSF assistance waiting list, which include shifting transition year extension families—those that are receiving MFIP assistance while they are on the waiting list for BSF assistance—from the second priority group to the last priority group and establishing a new priority group for eligible families who are not in any other priority groups.
- 11 **Subsidy restrictions.**
Amends § 119B.13, subd. 1. Increases maximum CCAP rates paid to child care providers and the maximum registration fee paid under the program to the 75th percentile of the most recent child care provider rate survey, beginning October 30, 2023.
- 12 **Family, friend, and neighbor grant program.**
Creates § 119B.196.
- Subd. 1. Establishment.** Directs the commissioner of human services to establish a family, friend, and neighbor (FFN) grant program.
- Subd. 2. Grant awards.** Provides that grants may be awarded to the following entities that work with FFN caregivers: community-based organizations, nonprofit organizations, local or regional libraries, local public health agencies, and Indian Tribes and Tribal organizations. Identifies the activities for which the grant money may be used.
- Subd. 3. Administration.** Provides that applicants must apply for the grants using the forms and according to timelines established by the commissioner.
- Subd. 4. Reporting requirements.** Requires grantees to provide data and program outcomes to the commissioner for the purposes of evaluating the grant program and directs the commissioner to report to the legislature on program outcomes every two years beginning February 1, 2024.

Section Description - Article 12: Children and Families

13 Definitions.

Creates § 143.01. Defines “commissioner” and “department” for use in the new chapter 143. This section is effective July 1, 2024.

14 Creation of the Department of Children, Youth, and Families.

Creates § 143.02.

Subd. 1. Department. Establishes the Department of Children, Youth, and Families.

Subd. 2. Transfer and restructuring provisions. Provides that transfers among agencies must be conducted in accordance with statutory requirements for transferring power and restructuring.

Subd. 3. Successor and employee protection clause. Establishes timelines for transferring personnel to the department. Provides various employment-related protections for transferred employees.

This section is effective July 1, 2024.

15 Commissioner.

Creates § 143.03.

Subd. 1. General. Provides that the department is under the administrative control of the commissioner, who is appointed by the governor with the advice and consent of the Senate. Sets out the commissioner’s powers and salary.

Subd. 2. Duties of the commissioner. Lists the commissioner’s duties.

This section is effective July 1, 2024.

16 State and county systems.

Creates § 143.04.

Subd. 1. Establishment of systems. Directs the commissioner to establish and enhance computer systems needed for the operation of the programs administered by the department. Outlines how costs incurred for developing, maintaining, and operating needed computer systems may be distributed. Allows the commissioner to enter into contractual agreements with Indian Tribes with reservations in the state to participate in state-operated computer systems related to administration of specified programs.

Subd. 2. State systems account created. Creates a state systems account for the department in the state treasury. Provides that money collected for the

Section Description - Article 12: Children and Families

programs in subdivision 1 must be deposited in the account, and money in the account and any federal matching money are appropriated to the commissioner for the purposes of this section.

This section is effective July 1, 2024.

17 Rulemaking.

Creates § 143.05. Gives the commissioner rulemaking authority and directs the commissioner to amend Minnesota Rules, with approval from specified state agencies, to make conforming changes related to transferring programs to the department. This section is effective July 1, 2024.

18 Community solutions for healthy child development grant program.

Creates § 145.9285. Establishes the community solutions for healthy child development grant program in the Department of Health to improve child development outcomes, reduce racial disparities, and promote racial and geographic equity.

19 Establishment of systems.

Amends § 256.014, subdivision 1. Makes conforming changes related to directing the commissioner of children, youth, and families to establish and enhance computer systems needed for the operation of the programs administered by the department. This section is effective July 1, 2024.

20 State systems account created.

Amends § 256.014, subdivision 2. Makes conforming changes related to a state systems account being established in the state treasury for the Department of Children, Youth, and Families. This section is effective July 1, 2024.

21 Diaper distribution grant program.

Creates § 256E.38. Establishes a diaper distribution grant program for eligible applicants to provide diapers to under-resourced families statewide.

22 Office of restorative practices.

Amends § 299A.95. Strikes the requirement for the Office of Restorative Practices, under the administration of the Department of Public Safety, to transfer to the Department of Children, Youth, and Families six months after its establishment. Under a different section of this article, the office is transferred to the Department of Children, Youth, and Families effective when the department is established.

Section Description - Article 12: Children and Families

- 23 Quality rating and improvement system.**
Makes a technical correction to the 2024 and 2025 appropriations for the state's quality rating and improvement system (which is also known as Parent Aware).
- 24 Direction to commissioner; allocating basic sliding fee money.**
Directs the commissioner to allocate additional basic sliding fee money for calendar year 2025 to counties and Tribes to account for the change in the definition of "family" for purposes of the program. Specifies factors the commissioner must consider when allocating the money among counties and Tribes.
- 25 Direction to commissioner of human services; cost estimation model for early care and learning programs.**
Directs the commissioner of human services to develop, in consultation with relevant entities and stakeholders, a cost estimation model for providing early care and learning in the state. Requires that the commissioner contract with an organization with experience and expertise in cost estimation modeling to develop the model. Provides that the commissioner must contract with First Children's Finance, if practicable. Provides that the model must be able to estimate variation in the cost of early care and learning by specified variables. Requires that the commissioner report to the legislature by January 30, 2025, on the development of the cost estimation model, including recommendations for how the model could be used in conjunction with a wage scale to set payment rates for CCAP and great start scholarships and a plan for seeking federal approval to use the model for CCAP.
- 26 Direction to commissioner; increase for maximum child care assistance rates.**
Directs the commissioner to allocate additional basic sliding fee money for calendar year 2024 to counties for updated maximum CCAP rates. Specifies factors the commissioner must consider when allocating the money among counties.
- 27 First appointments and terms for the community solutions advisory council.**
Requires the commissioner of health to appoint members to the Community Solutions Advisory Council by July 1, 2023, and must convene the first meeting by September 15, 2023. Provides other requirements for member terms and who may be appointed.
- 28 Appointment of commissioner of children, youth, and families.**
Directs the governor to appoint a commissioner-designee of the Department of Children, Youth, and Families and provides that the appointed person becomes the governor's appointee for commissioner on July 1, 2024.

Section Description - Article 12: Children and Families

29 Data practices.

Establishes data sharing rules for the new department and the Departments of Education, Human Services, and Public Safety. Makes the rules expire July 1, 2027.

30 Transfers from other agencies.

Subd. 1. General. Provides timelines and procedures for transferring the responsibilities and related unexpended balances of appropriations identified in the section to the Department of Children, Youth, and Families. Allows the commissioner of children, youth, and families or the commissioner of management and budget to make a request to the governor to extend or cancel the transfer of any responsibilities. Excepts the Department of Children, Youth, and Families from the statutory requirement providing that a state agency must be in existence for at least one year before being eligible to receive a transfer of personnel, power, or duties.

Subd. 2. Department of Human Services. Transfers, according to the timelines established in subdivision 1, specified department responsibilities to the Department of Children, Youth, and Families.

Subd. 3. Department of Education. Transfers, according to the timelines established in subdivision 1, specified department responsibilities to the Department of Children, Youth, and Families.

Subd. 4. Department of Public Safety. Transfers, according to the timelines established in subdivision 1, specified department responsibilities to the Department of Children, Youth, and Families.

This section is effective July 1, 2024.

31 Transition report to the legislature.

Directs the commissioner of management and budget to report to the legislature on the status of work related to setting up the new Department of Children, Youth, and Families by March 1, 2024.

32 Modernizing information technology for programs impacting children and families.

Directs the commissioner of human services to develop and implement, to the extent of funding available, a plan to transform and modernize the IT systems that support programs impacting children and families. Allows the commissioner to contract for the work.

Requires that the commissioner report to the legislature by February 1 each year on the status of the plan's development and implementation. Provides that the responsibilities and authorities given to the commissioner of human services under

Section	Description - Article 12: Children and Families
----------------	--

- this section may transfer to the commissioner of children, youth, and families when the Department of Children, Youth, and Families is operational.
- 33 **Prepared meals food relief grants.**
Establishes a prepared meals grant program to provide hunger relief to Minnesotans experiencing food insecurity and who have difficulty preparing meals due to limited mobility, disability, age, or limited resources to prepare their own meals.
- 34 **Direction to commissioner; administration of great start scholarships program.**
Requires the commissioner of human services to administer the great start scholarships program until the Department of Children, Youth, and Families is operational.
- 35 **Revisor instruction.**
Directs the revisor of statutes to work with specified state agencies to identify any needed changes to statutes or rules related to the establishment of the Department of Children, Youth, and Families. Requires the revisor of statutes to submit draft legislation with the needed changes to the legislature by February 1, 2024.
- 36 **Repealer.**
Repeals § 119B.03, subdivision 4 (funding priorities for the basic sliding fee program), effective July 1, 2023, and repeals § 245C.11, subdivision 3 (criminal history data for legal, nonlicensed child care providers), effective April 28, 2025.

Article 13: Child Care Workforce

This article makes changes to the child care assistance program (CCAP), including centralizing CCAP registration functions within the Department of Human Services (DHS) and changing how legal, nonlicensed (LNL) child care providers interact with CCAP. It also extends currently available financial supports for child care providers and establishes new forms of support.

Section	Description - Article 13: Child Care Workforce
----------------	---

- 1 **Registration.**
Amends § 119B.011, subd. 19a. Changes the definition of “registration” for purposes of CCAP to provide that the registration process is commissioner-administered rather than county-administered. Directs the commissioner to create a statewide registration process for CCAP by April 28, 2025.

Section Description - Article 13: Child Care Workforce

2 Eligible participants.

Amends § 119B.05, subd. 1. Allows MFIP child-only families to receive MFIP child care assistance for up to 20 hours per week for children ages six and under, as recommended by a parent's treating mental health professional, if the primary caregiver has a mental illness diagnosis. This section is effective May 12, 2025.

3 Authorization.

Amends § 119B.125, subd. 1. Provides that the commissioner, and not a county agency, must authorize child care providers to receive CCAP payments. Strikes CCAP reauthorization requirements for LNL providers from the subdivision. This section is effective April 28, 2025.

4 Background study required.

Amends § 119B.125, subd. 1a. Specifies background study requirements for LNL providers and provides that the commissioner, not a county agency, is required to perform background studies on LNL providers. This section is effective April 28, 2025.

5 Training required.

Amends § 119B.125, subd. 1b. Provides that an LNL provider must submit training verification and documentation to the commissioner rather than to a county agency. Deletes obsolete language. This section is effective April 28, 2025.

6 Persons who cannot be authorized.

Amends § 119B.125, subd. 2. Requires child care providers to submit required background study information to the commissioner rather than to a county agency. Modifies the circumstances under which an LNL provider cannot be authorized to receive CCAP payments. This section is effective April 28, 2025.

7 Authorization exception.

Amends § 119B.125, subd. 3. Provides that the commissioner, rather than a county agency, administers authorization of LNL providers to receive CCAP payments. This section is effective April 28, 2025.

8 Unsafe care.

Amends § 119B.125, subd. 4. Provides that the commissioner, rather than a county agency, may deny or rescind a provider's authorization to receive CCAP payments when a county or the commissioner determines a provider's care is unsafe for a child. Directs the commissioner to introduce statewide criteria for unsafe care. This section is effective April 28, 2025.

Section Description - Article 13: Child Care Workforce

- 9 **Record-keeping requirement.**
Amends § 119B.125, subd. 6. Modifies the actions a county agency or the commissioner may take when there is reason to believe that a child care provider has not complied with CCAP record-keeping requirements. This section is effective April 28, 2025.
- 10 **Failure to comply with attendance record requirements.**
Amends § 119B.125, subd. 7. Provides that either the commissioner or a county agency may periodically audit child care providers to determine compliance with attendance record-keeping requirements. This section is effective April 28, 2025.
- 11 **Rates charged to publicly subsidized families.**
Amends § 119B.13, subdivision 4. Clarifies that child care providers receiving CCAP payments are not prohibited from providing discounts, scholarships, or other financial assistance to any clients. This section is effective immediately.
- 12 **Provider payments.**
Amends § 119B.13, subd. 6. Makes conforming changes related to the commissioner, rather than county agencies, administering CCAP authorization for child care providers. This section is effective April 28, 2025.
- 13 **Notice to providers.**
Amends § 119B.16, subd. 1c. Makes technical changes related to the department's or a county agency's notification to a provider regarding action taken against the provider. This section is effective April 28, 2025.
- 14 **Fair hearing stayed.**
Amends § 119B.16, subd. 3. Makes conforming changes related to the commissioner, rather than a county agency, administering CCAP authorization for child care providers. This section is effective April 28, 2025.
- 15 **Notice.**
Amends § 119B.161, subd. 2. Provides that the commissioner, and not a county agency, must mail written notice to a child care provider regarding the right to an administrative review under specified circumstances. This section is effective April 28, 2025.
- 16 **Duration.**
Amends § 119B.161, subd. 3. Provides that the commissioner, and not a county agency, has a role in determining whether to pursue specified action against a provider. This section is effective April 28, 2025.

Section Description - Article 13: Child Care Workforce

- 17 Reconsideration of correction orders.**
Creates § 119B.162. Allows a child care provider to ask DHS to reconsider the contents of a correction order that the provider alleges to be in error. Provides that the request for reconsideration does not stay any provisions or requirements of the correction order and makes the commissioner's decision on a request for reconsideration final and not subject to appeal under chapter 14.
- 18 Child care resource and referral programs.**
Amends § 119B.19, subd. 7. Directs child care resource and referral programs to administer the child care one-stop regional assistance network for child care providers and to provide supports to enable economically challenged individuals to begin careers in child care.
- 19 Early childhood registered apprenticeship grant program.**
Creates § 119B.252. Establishes the early childhood registered apprenticeship grant program to provide employment-based training and mentoring opportunities for early childhood workers.
- 20 Great start compensation support payments.**
Creates § 119B.27. Establishes the great start compensation support payment program to provide ongoing payments to child care and early learning programs.
- 21 Shared services grants.**
Creates § 119B.28. Establishes a grant program to provide money to organizations to operate shared services alliances for family child care providers. Defines "shared services alliances" as networks of licensed family child care providers that share services to reduce costs and achieve efficiencies.
- 22 Child care provider access to technology grants.**
Creates § 119B.29. Directs the commissioner to award grants to one or more organizations to offer grants or other supports to child care providers for technology intended to improve the providers' business practices.
- 23 Administrative disqualification of child care providers caring for children receiving child care assistance.**
Amends § 256.046, subd. 3. Provides that the department, and not a local agency, can pursue an administrative disqualification of a child care provider receiving CCAP payments. This section is effective April 28, 2025.

Section Description - Article 13: Child Care Workforce

24 Child care providers; financial misconduct.

Amends § 256.983, subd. 5. Provides that a county or Tribal agency may recommend that the commissioner take specified actions rather than the county or Tribal agency taking the actions. This section is effective April 28, 2025.

25 Direction to commissioner of human services; child care and early education professional wage scale.

Directs the commissioner of human services, in consultation with DEED, MDE, the Children's Cabinet, and relevant stakeholders, to develop a child care and early education professional wage scale that meets specified requirements. Requires the commissioner to report to the legislature by January 30, 2025, on how the wage scale can be used to inform payment rates for CCAP and the great start scholarships program.

26 Direction to commissioner; transition child care stabilization grants.

Extends the child care stabilization grants to eligible programs through no later than December 31, 2023. Under current law, the grants expire June 30, 2023.

Article 14: Child Support, Safety, and Permanency

This article contains provisions related to foster youth and family grants and programs, child welfare allocations to Tribes, prevention services, child safety and permanency policy, child welfare technology and maltreatment guidelines updates, out-of-state children's residential placements, family community resource centers, and foster care federal cash assistance benefits preservation. It also adds sex trafficking to various statutes relating to child protection and maltreatment reporting, makes clarifying changes, and adds a noncaregiver sex trafficking assessment to the possible local welfare agency responses to a report of child maltreatment alleging sex trafficking by someone who is not a child's caregiver.

The article also modifies provisions related to the treatment of Social Security or veterans' benefits received on behalf of a joint child, circumstances under which a parent may be considered voluntarily unemployed or underemployed, the treatment of disability payments when computing child support obligations, and medical support requirements. It also adds the receipt of MFIP benefits to the circumstances under which a parent shall have no imputed potential income, and adds an exception to ability to pay requirements if a parent receives a general assistance grant, TANF, or MFIP benefits. The article also modifies provisions related to driver's license suspension for child support enforcement by making driver's license suspension orders discretionary, rather than mandatory, based on listed circumstances and factors.

Section Description - Article 14: Child Support, Safety, and Permanency

- 1 Quality parenting initiative grant program.**
Proposes coding for § 245.0962. Establishes the quality parenting initiative grant program to implement quality parenting initiative principles and practices to support children and families experiencing foster care placements. Specifies eligible applicants, grant activities, and application requirements.
- 2 Family First Prevention Services Act support and development grant program.**
Proposes coding for § 256.4793. Requires the commissioner to establish a grant program to support prevention and early intervention services provided by community-based agencies, as part of efforts to implement and build upon Minnesota's Family First Prevention Services Act Title IV-E Prevention Services plan. Lists allowable uses of grant funds and specifies that appropriated funds must be transferred to a special revenue account. Requires the commissioner to submit an annual report to the legislature regarding the funds transferred to the special revenue account.
- 3 Family First Prevention Services Act kinship navigator program.**
Proposes coding for § 256.4794. Requires the commissioner to establish a grant program for kinship navigator programs under the Family First Prevention Services Act. Lists allowable uses of grant funds and specifies that appropriated funds must be transferred to a special revenue account. Requires the commissioner to submit an annual report to the legislature regarding the funds transferred to the special revenue account.
- 4 Approval of initial assessments, special assessments, and reassessments.**
Amends § 256N.24, subd. 12. Modifies effective dates for Northstar Care for Children rates for initial assessments (effective based on emergency foster care rate), special assessments (effective the date of finalized permanency decree or transfer), and postpermanency assessments (effective when commissioner signs amendment to Northstar adoption or kinship agreement).
- 5 Family first prevention and early intervention allocation program.**
Proposes coding for § 260.014. Requires the commissioner to establish a program to allocate money to counties and Tribes for prevention and early intervention services. Specifies allowable uses for allocated money and requirements for allocation payments; prohibits money allocated under this section from supplanting any existing expenditures.
- 6 Notice to Tribes of services or court proceedings involving an Indian child.**
Amends § 260.761, subd. 2, as amended by Laws 2023, ch. 16, § 16. Adds “noncaregiver sex trafficking assessment” to provision requiring local social services agency notification provided to an Indian child’s Tribe. Specifies that notification

Section Description - Article 14: Child Support, Safety, and Permanency

- must be made within seven days of receiving information that the child may be an Indian child; makes clarifying changes. Provides a July 1, 2024, effective date.
- 7 **Child welfare staff allocation for Tribes.**
Proposes coding for § 260.786. Requires the commissioner to annually allocate \$80,000 to the federally recognized Tribes that have not joined the American Indian Child welfare initiative. Lists eligible Tribes, allowable uses of funds, reporting requirements, and the procedure for redistributing funds if a Tribe becomes an initiative Tribe.
- 8 **Egregious harm.**
Amends § 260C.007, subd. 14. Amends the definition of “egregious harm” by making technical and clarifying changes and adding sex trafficking to conduct that constitutes egregious harm.
- 9 **Qualified residential treatment program.**
Amends § 260C.007, subd. 26d. Modifies definition of “qualified residential treatment program” to specify that aftercare support may include clinical care consultation and mental health certified family peer specialist services.
- 10 **Relative search requirements.**
Amends § 260C.221, subd. 1. Adds cross-reference to definition of “relative.”
- 11 **Order; retention of jurisdiction.**
Amends § 260C.317, subd. 3. Updates cross-reference.
- 12 **Office of the Foster Youth Ombudsperson.**
Amends § 260.80, subd. 1. Deletes language stating that the Ombudsperson serves at the pleasure of the governor; specifies that the Ombudsperson may only be removed for just cause.
- 13 **Policy.**
Amends § 260E.01. Modifies child protection policy statement by adding clause on the provision of protective, family support, and family preservation services and removing paragraph (b), which outlines additional policy statements.
- 14 **Establishment of team.**
Amends § 260E.02, subd. 1. Adds representatives of agencies providing specialized services or responding to youth who experience or are at risk of experiencing sex trafficking or sexual exploitation, to the multidisciplinary child protection team.

Section Description - Article 14: Child Support, Safety, and Permanency

- 15 **Noncaregiver sex trafficker.**
Amends § 260E.03 by adding subd. 15a. Defines “noncaregiver sex trafficker.”

Makes this section effective July 1, 2024.
- 16 **Noncaregiver sex trafficking assessment.**
Amends § 260E.03 by adding subd. 15b. Defines “noncaregiver sex trafficking assessment,” and specifies when the local welfare agency must perform such an assessment.

Makes this section effective July 1, 2024.
- 17 **Substantial child endangerment.**
Amends § 260E.03, subd. 22. Modifies definition of “substantial child endangerment” by adding sex trafficking and making clarifying changes.
- 18 **Sexual abuse.**
Amends § 260E.14, subd. 2. Makes clarifying change.

Makes this section effective July 1, 2024.
- 19 **Law enforcement.**
Amends § 260E.14, subd. 5. Makes clarifying changes; adds a report alleging child sex trafficking to circumstances under which agencies must coordinate responses.

Makes this section effective July 1, 2024.
- 20 **Local welfare agency.**
Amends § 260E.17, subd. 1. Adds noncaregiver sex trafficking assessment to the local welfare agency responses; makes clarifying changes. Requires the local welfare agency to conduct a noncaregiver sex trafficking assessment when a maltreatment report alleges sex trafficking by a noncaregiver; requires an immediate investigation if there is reason to believe a caregiver, parent, or household member is engaged in child sex trafficking or other conduct warranting an investigation.

Makes this section effective July 1, 2024.
- 21 **Notice to child’s Tribe.**
Amends § 260E.18. Makes clarifying change; adds noncaregiver sex trafficking assessment to Tribal notice section.

Makes this section effective July 1, 2024.

Section Description - Article 14: Child Support, Safety, and Permanency

22 Face-to-face contact.

Amends § 260E.20, subd. 2. Makes clarifying changes; exempts noncaregiver sex trafficking assessments from requirements regarding face-to-face contact, informing or interviewing the alleged offender, and the alleged offender's opportunity to make a statement.

Makes this section effective July 1, 2024.

23 Determination after family assessment or a noncaregiver sex trafficking assessment.

Amends § 260E.24, subd. 2. Adds noncaregiver sex trafficking assessment to subdivision regarding local welfare agency determinations after assessments.

Makes this section effective July 1, 2024.

24 Notification at conclusion of family assessment or a noncaregiver sex trafficking assessment.

Amends § 260E.24, subd. 7. Adds noncaregiver sex trafficking assessment to subdivision regarding notification of a parent or guardian at the conclusion of an assessment.

Makes this section effective July 1, 2024.

25 Following a family assessment or a noncaregiver sex trafficking assessment.

Amends § 260E.33, subd. 1. Specifies that administrative reconsideration does not apply to a noncaregiver sex trafficking assessment.

Makes this section effective July 1, 2024.

26 Data retention.

Amends § 260E.35, subd. 6. Adds noncaregiver sex trafficking assessment cases to data retention requirements.

Makes this section effective July 1, 2024.

27 Social security or veterans' benefit payments received on behalf of the child.

Amends § 518A.31. Specifies that upon a motion to modify child support, any regular or lump sum payment of Social Security or apportioned veterans' benefit received by an obligee for the benefit of the joint child under certain circumstances may be used to satisfy arrears that remain due for the period for which the benefit was received. Specifies that this paragraph applies only if the benefit was not considered in the guidelines calculation of the previous child support order.

Section Description - Article 14: Child Support, Safety, and Permanency

Makes this section effective January 1, 2025.

28 Parent not considered voluntarily unemployed, underemployed, or employed on a less than full-time basis.

Amends § 518A.32, subd. 3. Specifies that a parent is not considered voluntarily unemployed, underemployed, or employed on a less than full-time basis if an authorized governmental agency has determined that the parent is eligible to receive general assistance or supplemental Social Security income. Specifies that any actual income earned by the parent may be considered for the purpose of calculating child support.

Makes this section effective January 1, 2025.

29 TANF or MFIP recipient.

Amends § 518A.32, subd. 4. Adds the receipt of comparable state-funded Minnesota family investment program (MFIP) benefits to circumstances under which no potential income is to be imputed to that parent.

Makes this section effective January 1, 2025.

30 Computation of child support obligations.

Amends § 518A.34. Specifies that any benefit received by the obligee for the benefit of the joint child based upon the obligor's disability or past earnings in any given month in excess of the child support obligation must not be treated as an arrearage payment or a future payment.

Makes this section effective January 1, 2025.

31 Medical support.

Amends § 518A.41.

Subd. 1. Definitions. Modifies definitions of “health care coverage,” “health plan,” “medical support,” “uninsured health-related expenses,” and “unreimbursed health-related expenses.” Removes definitions of “health carrier” and “public coverage.” Adds definition of “public health care coverage.”

Subd. 2. Order. Makes changes related to modified terms and definitions; modifies provisions related to joint child health care coverage and availability of coverage.

Subd. 3. Determining appropriate health care coverage. States that public health care coverage is presumed appropriate. Makes changes related to

Section Description - Article 14: Child Support, Safety, and Permanency

modified terms and definitions. Modifies provisions related to when dependent private health care coverage is presumed affordable.

Subd. 4. Ordering health care coverage. Modifies required order for health care coverage so that if a child is presently enrolled in health care coverage, the court must order that the parent who currently has the joint child enrolled in health care coverage continue that enrollment if the health care coverage is appropriate. Modifies provisions related to public health care coverage; adds dental benefits; makes clarifying changes.

Subd. 5. Medical support costs; unreimbursed and uninsured health-related expenses. Makes clarifying changes; prohibits charging for the contribution toward private health care coverage in any month in which the party ordered to carry private health care coverage fails to maintain private coverage. Adds paragraph (g), outlining requirements related to public health care coverage.

Subd. 6. Notice or court order sent to party's employer, union, or health carrier. Makes clarifying changes related to modified terms and definitions.

Subdivisions 7 to 16 make clarifying changes.

Subd. 16a. Suspension or reinstatement of medical support contribution. Adds new subdivision outlining requirements for when a party with primary physical custody of a child who is ordered to carry private health care coverage for the child fails to do so; allows the public authority to suspend and reinstate the other party's medical support contribution under specified circumstances; provides procedural requirements.

Subdivisions 17 and 18 make clarifying changes.

Makes this section effective January 1, 2025.

32 Ability to pay.

Amends § 518A.42, subd. 1. Specifies that if Social Security or apportioned veterans' benefits are received by the obligee as a representative payee for a joint child or are received by the child attending school, based on the other parent's eligibility, the court shall subtract the amount of benefits from the obligor's parental income for determining child support (PICS) before subtracting the self-support reserve.

Makes this section effective January 1, 2025.

Section Description - Article 14: Child Support, Safety, and Permanency

33 Exception.

Amends § 518A.42, subd. 1. Adds exception to ability to pay requirements if a parent is a recipient of a general assistance grant, TANF, or MFIP benefits.

Makes this section effective January 1, 2025.

34 Increase in income of custodial parent.

Amends § 518A.43, subd. 1b. Removes two income-related factors allowing the court to deviate from the presumptive support obligation in a modification of child support, so that the court may do so when the only change in circumstances is an increase to the custodial parent's income and the basic support increases. Makes this section effective the day following final enactment.

35 Driver's license suspension.

Amends § 518A.65. Modifies provisions related to driver's license suspension for child support enforcement. Makes driver's license suspension order discretionary, rather than mandatory; lists circumstances and factors for the court to consider when determining whether driver's license suspension is an appropriate remedy for nonpayment of child support.

Specifies January 1, 2026, effective dates for new paragraphs (b) and (e).

36 Guidelines review.

Amends § 518A.77. Adds Code of Federal Regulations citation and deletes expiration date.

37 Direction to commissioner of human services; foster care federal cash assistance benefits preservation.

Requires the commissioner to develop a plan to preserve and make available the income and resources attributable to a child in foster care to meet the best interests of the child. Requires recommendations to include:

- policies for youth and caregiver access to preserved federal cash assistance benefit payments;
- representative payees for children in voluntary foster care for treatment; and
- family preservation and reunification.

Lists individuals, agencies, organizations, and other entities with which the commissioner must engage when developing the plan. Requires each county to provide specified data for fiscal years 2018 to 2022 to the commissioner, in a form

Section Description - Article 14: Child Support, Safety, and Permanency

prescribed by the commissioner. Requires counties to provide other specified data from fiscal years 2018 to 2022 to the commissioner by December 15, 2023.

Requires the commissioner to submit a report to the legislature by January 15, 2025, outlining the plan developed under this section; specifies what the report must include.

Allows the commissioner to contract with an individual or entity to collect and analyze financial data reported by counties.

38 Direction to the commissioner of human services; child protection information technology system review.

Directs the commissioner of human services to contract with an independent consultant to perform a thorough evaluation of the social services information system (SSIS), and specifies recommendations the consultant must make. Also requires the consultant to assist the commissioner with selecting a platform for future development of an information technology system for child protection.

Additionally requires the commissioner to conduct a study and develop recommendations for improving SSIS data entry requirements for child protection cases, and requires a status report to the legislature by June 30, 2024.

39 Direction to the commissioner of human services; maltreatment screening updates.

Requires the commissioner to send a formal communication to all hospital systems and children's residential facilities located in Minnesota informing them that the 2023 Minnesota child maltreatment intake, screening, and response path guidelines have been updated to address situations in which parents or legal guardians of a child are actively seeking services needed to keep the child safe but are unable to access the necessary services. Specifies requirements for the communication; requires the commissioner to consult with stakeholders to assess and suggest updates to the guidelines for situations described above.

40 Direction the commissioner of human services; survey of out-of-state children's residential facility placements.

Requires the commissioner, by September 1, 2023, to develop and make available a survey of all county social services agencies to gather data on the number of children placed in residential facilities out of state and the costs of such placements for fiscal years 2018 to 2022. Requires county agencies to respond to the survey by January 31, 2024. By March 1, 2024, requires the commissioner to submit to the legislature the survey responses and a list of the counties that complied and the counties that failed to comply with the requirements.

Section Description - Article 14: Child Support, Safety, and Permanency

41 Independent living skills for foster youth grants.

Establishes direct grants to local social service agencies, Tribes, and other organizations to provide independent living services to eligible foster youth. Outlines grant award determinations, program reporting, and undistributed fund reallocation.

42 Community resource centers.

Establishes community resource centers grants to provide culturally responsive, relationship-based service navigation and supports for expecting and parenting families.

Subd. 1. Definitions. Defines “commissioner,” “communities and families furthest from opportunity,” “community resource center,” “culturally responsive, relationship-based service navigation,” “expecting and parenting family,” and “protective factors.”

Subd. 2. Community resource centers established. Establishes grants for community resource centers.

Subd. 3. Commissioner’s duties; related infrastructure. Lists duties of the commissioner related to community resource centers grants.

Subd. 4. Grantee duties. Lists requirements for community resource center grantees.

Subd. 5. Eligibility. Lists organizations eligible to receive community resource center grants.

Subd. 6. Community Resource Center Advisory Council; establishment and duties. Requires the commissioner to appoint members to the Community Resource Advisory Council; specifies membership requirements and duties of the Council.

Subd. 7. Grantee reporting. Requires grantees to report program data and outcomes in a manner determined by the commissioner and the Council.

Subd. 8. Evaluation. Requires the commissioner and the Council to develop an outcome and evaluation plan for community resource center grants.

43 Repealer.

Repeals § 518A.59 (notice of interest on late child support). Makes this section effective the day following final enactment.

Article 15: Miscellaneous

This article contains miscellaneous provisions related to home care nursing services, the child care and development block grant, expungement of records, remote overnight supervision for community residential settings, information technology projects, outcomes and evaluation consultation requirements, and various technical corrections.

Section	Description - Article 15: Miscellaneous
---------	---

- | | |
|---|---|
| 1 | <p>Anoka-Metro Regional Treatment Center.</p> <p>Amends § 246.54, subd. 1a, as amended by 2023 S.F. No. 2934, article 8, section 5, if enacted. Clarifies that a client is not responsible for payment of the cost of care at Anoka-Metro Regional Treatment Center.</p> |
| 2 | <p>Authorization; home care nursing services.</p> <p>Amends § 256B.0652, subd. 5. Modifies home care nursing services authorizations by allowing the commissioner to authorize home care nursing services in combination with community first services and supports.</p> <p>Makes this section effective July 1, 2023, or upon federal approval if required. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p> |
| 3 | <p>Direction to commissioner of human services; federal fund and child care and development block grant allocations.</p> <p>Amends Laws 2021, First Special Session chapter 7, article 2, section 84. Allows the commissioner of human services to repurpose any federal CCDBG funds provided under the American Rescue Plan Act of 2021 that the commissioner determines by June 30, 2023, will not be expended by the end of the federal award.</p> |
| 4 | <p>Direction to commissioner of human services; federal fund and child care and development block grant allocations.</p> <p>Amends Laws 2021, First Special Session chapter 7, article 14, section 23. Allows the commissioner of human services to repurpose any federal CCDBG funds provided under the American Rescue Plan Act of 2021 that the commissioner determines by June 30, 2023, will not be expended by the end of the federal award.</p> |
| 5 | <p>Automatic expungement of records.</p> <p>Amends Laws 2023, chapter 52, article 7, section 12. For section 609A.015, subdivisions 1, 2, and 3, clarifies that service requirements do not apply to expungements ordered under each subdivision; specifies that expungement orders do not apply to records held by the commissioners of health and human services. Makes clarifying changes in subdivision 4 by adding the Department of Health and specifying that a person can file a petition to expunge records held by the</p> |

Section Description - Article 15: Miscellaneous

- commissioners of health and human services and the Professional Educator Licensing and Standards Board. Provides a January 1, 2025, effective date.
- 6 **Limitations of order effective January 1, 2015, and later.**
Amends Laws 2023, chapter 52, article 7, section 16. Adds August 1, 2023, effective date.
- 7 **Provider requirements for remote overnight supervision; commissioner notification.**
Amends § 245D.261, subd. 3. Modifies requirements related to documenting and evaluating the need for the physical presence of a staff member after being notified that an incident has occurred that jeopardizes the health, safety, or rights of a resident. If it is determined that a physical presence is needed that requires a response time less than the maximum response time included in the person's support plan addendum, requires the plan for dispatching emergency response personnel to the site to be deployed.
- 8 **Grant programs; disabilities grants.**
Amends Laws 2023, art. 9, § 2, subd. 16. Corrects a cross-reference.
- 9 **Direction to commissioner of human services; child care and development block grant allocations.**
Directs the commissioner to allocate federal funding from the child care and development block grant for specified activities in fiscal years 2024 to 2027.
- 10 **Information technology projects for service delivery transformation.**
Provides that amounts appropriated to the commissioner of human services for transforming service delivery, integrating services for children and families, Medicaid Management Information system modernization, the provider licensing and reporting hub, and improving the Minnesota Eligibility Technology System functionality must be expended only to achieve the outcomes identified in this section.
- 11 **Outcomes and evaluation consultation requirements.**
Directs state agencies to consult with MMB on program evaluation and outcome metrics for any new program created under the act that includes such metrics and has a budget of \$750,000 or more per year. Requires that the consultation is completed within 30 days after the consultation is requested and requires that state agencies incorporate agreed-upon measures into grant applications, requests for proposals, contracts, and any reports to the legislature.

Section	Description - Article 15: Miscellaneous
----------------	--

12	Effective date changes.
-----------	--------------------------------

Paragraph (a) modifies the effective date for a nonemergency medical transportation provision.

Paragraph (b) modifies the effective date for changes to statutory appropriations from the opioid registration and license fee account.

Paragraph (c) modifies the effective date for changes to statutory appropriations from the opioid settlement account.

Article 16: Health Care Affordability and Delivery

This article contains provisions related to health care affordability and delivery. The article:

- establishes a Health Subcabinet;
- establishes a Center for Health Care Affordability within the Minnesota Department of Health;
- requires the MNSure board to establish the easy enrollment health insurance outreach program;
- requires the commissioner of human services to develop an implementation plan for a direct payment system;
- provides continuous eligibility under MA for children;
- eliminates recipient cost-sharing under MA;
- allows undocumented noncitizens to be eligible for MinnesotaCare;
- requires the commissioner of health to analyze the benefits and costs of a universal health care financing system;
- requires the commissioner of human services to contract for actuarial and economic analyses of public option models, and requires the commissioner of commerce to present a recommendation for a public option and an implementation plan to the legislature; and
- makes other related changes.

Section	Description - Article 16: Health Care Affordability and Delivery
----------------	---

1	Health Subcabinet.
----------	---------------------------

Adds § 4.407. Establishes the Health Subcabinet, comprised of the commissioners of human services, commerce, management and budget, and health, and the executive director of MNSure. Requires an executive director to be hired to manage the activities of the subcabinet and serve as chair. Requires the commissioner of management and budget to provide staffing and support to the executive director

Section Description - Article 16: Health Care Affordability and Delivery

- and subcabinet. Requires the subcabinet to coordinate state agency and, where applicable, private sector efforts related to health care delivery and payment, health care spending, the availability of health coverage and care, quality of care, and reducing disparities and inequities in care.
- 2 **Health care entity.**
Amends § 62J.03, by adding subd. 11. Provides a definition of “health care entity” for purposes of chapter 62J.
- 3 **Identify strategies for reduction of administrative spending and low-value care.**
Adds § 62J.0416. Requires the commissioner of health to develop recommendations for strategies to reduce administrative spending by health care organizations and group purchasers and to reduce low-value care delivered to Minnesota residents. Lists specific actions to develop these recommendations. Requires the commissioner to deliver these recommendations to the legislature by March 31, 2025.
- 4 **Payment mechanisms in rural health care.**
Adds § 62J.0417. Requires the commissioner to develop a plan to assess the ability of rural communities and rural health care providers to adopt alternative payment systems, and to recommend steps to implement them. Also allows the commissioner to develop recommendations for pilot projects to ensure the financial viability of rural health care entities. Requires the commissioner to include the plan, recommendations, and related findings in the reports to the legislature submitted by the center for health care affordability.
- 5 **Center for health care affordability.**
Adds § 62J.312.
Subd. 1. Center establishment; research and analysis. Requires the commissioner to establish a center for health care affordability within the department, and to carry out through the center the duties assigned in this section. Requires the commissioner to conduct research on and analyze the drivers of health care spending growth, in order to increase transparency; identify strategies to reduce waste and low-value care; identify delivery system, payment, and health care market reforms; and accomplish other specified goals. Specifies additional duties for the commissioner.
Subd. 2. Public input. Requires the commissioner to obtain public feedback on the research agenda and activities of the center. Allows the commissioner to convene an advisory body or bodies. Requires the commissioner to hold public hearings at least annually to share analyses, solicit community input, and hear testimony.

Section Description - Article 16: Health Care Affordability and Delivery

Subd. 3. Reporting. Requires the commissioner to report periodically to the legislature, describing the analyses conducted under this section and making recommendations to address unsustainable rates of health care spending growth.

Subd. 4. Contracting. Allows the commissioner to contract with entities with expertise in health economics, health care finance, accounting, and actuarial science, in carrying out duties under this section.

Subd. 5. Access to information. Allows the commissioner to request data from state agencies, and requires the data to be de-identified. Also allows the commissioner to use data collected under section 62U.04 (collection of encounter and pricing data) to carry out required duties. Specifies that health care entities that fail to provide data under this section are subject to fines. Provides that data submitted retains its original classification under chapter 13.

Subd. 6. 340B covered entity report. Beginning April 1, 2024, requires each 340B covered entity to report specified data related to 340B drug spending and reimbursement to the commissioner, and requires the commissioner to report this data in aggregated form to the legislature annually.

6 Annual open enrollment periods; special enrollment periods.

Amends § 62K.15. Requires health carriers offering individual health plans through MNsure to provide a special enrollment period as required under the easy enrollment health insurance outreach program established under § 62V.13. States that the section is effective for taxable years beginning after December 31, 2023, and applies to health plans offered, issued, or sold on or after January 1, 2024.

7 Easy enrollment health insurance outreach program.

Adds § 62V.13. Requires the Board of Directors of MNsure, in cooperation with the commissioner of revenue, to establish the easy enrollment health insurance outreach program. Under the program, MNsure may make a projected assessment on whether the interested taxpayer's household may qualify for a financial assistance program for health insurance coverage, based on return information received from the commissioner of revenue. Eligible taxpayers may enroll during a special enrollment period required under this section. States that the section is effective for taxable years beginning after December 31, 2023, and applies to health plans offered, issued, or sold on or after January 1, 2024.

8 Incentive program.

Amends § 256.962, subd. 5. Increases from \$70 to \$100 the bonus paid to organizations or licensed insurance producers for each applicant who is successfully

Section Description - Article 16: Health Care Affordability and Delivery

enrolled in MinnesotaCare or medical assistance. Provides a July 1, 2023, effective date.

9 Direct payment system for medical assistance and MinnesotaCare.

Adds § 256.9631.

Subd. 1. Direction to the commissioner. Requires the commissioner to develop an implementation plan for a direct payment system, to deliver services to MA enrollees eligible as families and children and adults without children. Under the direct payment system, these individuals would receive services through fee-for-service, county-based purchasing plans, or county-owned HMOs. Requires the commissioner to present the implementation plan to the legislature by January 15, 2026. Allows the commissioner to contract for technical assistance in developing the implementation plan and conducting related studies and analyses. Specifies assumptions related to the direct payment system.

Subd. 2. Definitions. Defines “eligible individuals” and “qualified hospital provider.”

Subd. 3. Implementation plan. Specifies requirements for the implementation plan. Assigns duties to the commissioner related to the development of the implementation plan, including to consider allowing eligible individuals to opt out of managed care, assessing the feasibility of an MA outpatient prescription drug carve-out of managed care, and the assessing the feasibility of allowing MinnesotaCare enrollees and persons insured in the private sector to be included in this drug carve-out.

10 Disenrollment under medical assistance and MinnesotaCare.

Amends § 256B.04, by adding subd. 26. Requires the commissioner to regularly update contact information for MA and MinnesotaCare enrollees in cases of returned mail and nonresponse, using information available from other sources. Prohibits the commissioner from disenrolling these enrollees in cases of returned mail unless the commissioner made two attempts to contact the enrollee and waited at least 30 days for an enrollee to respond.

11 Period of eligibility.

Amends § 256B.056, subd. 7. Provides continuous eligibility under MA for 12 months for children under age 19.

Provides continuous eligibility under MA for 12 months for children age 19 and older, but under age 21.

Section Description - Article 16: Health Care Affordability and Delivery

Provide continuous eligibility for children under age six, through the month in which the child reaches age six.

Allows continuous eligibility to be terminated if: the child or the child's representative requests voluntary termination; the child ceases to be a resident; the child dies; the child attains the maximum age; or the agency determines eligibility was erroneously granted due to agency error, or fraud, abuse, or perjury.

States that the section is effective July 1, 2025, or upon federal approval, whichever is later, except that the provision of 12-month continuous eligibility for children under age 19 is effective January 1, 2024, or upon federal approval and implementation of the required administrative and systems changes, whichever is later.

12 Cost-sharing.

Amends § 256B.0631, subd. 1. Provides that current MA cost-sharing requirements apply only through December 31, 2023.

13 Prohibition on cost-sharing and deductibles.

Amends § 256B.0631, by adding subd. 1a. Prohibits a medical assistance benefit plan from including cost-sharing or deductibles for any MA recipient or benefit, effective January 1, 2024.

14 Collection.

Amends § 256B.0631, subd. 3. Makes a conforming change related to the elimination of MA cost-sharing. States that this section is effective January 1, 2024.

15 Citizenship requirements.

Amends § 256L.04, subd. 10. Allows undocumented noncitizens to be eligible for MinnesotaCare. Provides an effective date of January 1, 2025.

16 Disclosure to MNsure board.

Amends § 270B.14, by adding subd. 22. Authorizes the commissioner of revenue to disclose a return or return information to the MNsure board if a taxpayer makes an easy enrollment designation. States that this section is effective the day following final enactment.

17 Easy enrollment health insurance outreach program checkoff.

Adds § 290.433. Provides that any individual filing an income tax return may designate on their original return a request that the commissioner of revenue provide their return information to the MNsure board for purposes of providing the individual with information about potential eligibility for financial assistance and

Section Description - Article 16: Health Care Affordability and Delivery

- health insurance enrollment options. Provides that this section is effective for taxable years beginning after December 31, 2023.
- 18 **Direction to MNsure board and commissioner.**
Requires the MNsure board and commissioner of the Department of Revenue to develop systems and procedures that facilitate and streamline data sharing, projected eligibility assessments, and notice to taxpayers to achieve the purpose of the easy enrollment health insurance outreach program for operation beginning with tax year 2024.
- 19 **Analysis of benefits and costs of a universal health care financing system.**
 Subd. 1. Definitions. Defines terms.

 Subd. 2. Initial assumptions. Specifies assumptions to govern the analysis of the universal health care financing proposal.

 Subd. 3. Contract for analysis of proposal. Directs the commissioner of health to contract with one or more independent entities to analyze the benefits and costs of a legislative proposal for a universal health care financing system and a similar analysis of the current system. Specifies related requirements.

 Subd. 4. Access to information. Specifies requirements related to obtaining data from other agencies, data collection, and the sharing of relevant findings from any analyses of a MinnesotaCare public option and a direct payment system.

 Subd. 5. Proposal. Requires the commissioner of health to submit to the contractor for analysis the legislative proposal for the Minnesota Health Plan.

 Subd. 6. Proposal analysis. Requires the analysis to contrast the impact of the Minnesota Health Plan and the current system on: coverage, benefit completeness, underinsurance, system capacity, and health care spending. Allows the commissioner to provide interim reports and updates to the legislature, and requires the commissioner to submit a final report to the legislature by January 15, 2026. Specifies report requirements.

States that this section is effective the day following final enactment.
- 20 **Actuarial and economic analyses for public option implementation plan and waiver.**
 Subd. 1. Contracting requirement; consultation. Requires the commissioner of human services to contract with one or more actuarial firms (one of which may include the firm that develops and certifies MinnesotaCare rates), to perform and certify actuarial and economic analyses of different public option models.

Section Description - Article 16: Health Care Affordability and Delivery

Requires the commissioner to consult with the commissioners of commerce and health and the MNsure board.

Subd. 2. Content of analyses; state-specific impacts. Requires the analyses to include conclusions, data, and assumptions related to:

- 1) estimated 1332 waiver pass-through funding;
- 2) changes to existing federal funding and federal financing options;
- 3) impact on the state budget;
- 4) impacts on enrollment, stratification of enrollee risk, premiums, cost-sharing and other enrollee costs, enrollee plan options, network adequacy, provider reimbursement rates, and other material considerations;
- 5) projected impacts on the individual health insurance markets; and
- 6) impact on the risk rating of the MinnesotaCare population, expected public option population, and individual health market.

Subd. 3. Content of analyses; health and affordability. Requires the analyses to include the estimated affordability of premiums and cost-sharing, and the estimated impact on racial and ethnic disparities in insurance coverage and access to care.

Subd. 4. Content of analyses; MinnesotaCare public option. Requires the analyses to include sufficient information to evaluate different public option models, including a MinnesotaCare public option.

Subd. 5. Content of analyses; 1332 waiver requirements. Requires the analyses to include sufficient information to evaluate different public option models that would receive approval under a 1332 waiver.

Subd. 6. Content of analyses; commissioner discretion. Requires the analyses to include sufficient information to allow for modifications of the public option models in order to improve outcomes listed in subdivision 2 or 3.

Subd. 7. Contract exemption. Exempts the commissioner of human services from the requirements of chapters 16A and 16C, when entering into a new contract or amending an existing contract.

Subd. 8. Consultation with governmental entities. Allows the commissioners of human services and commerce to consult with other governmental entities.

States that this section is effective the day following final enactment.

Section	Description - Article 16: Health Care Affordability and Delivery
----------------	---

- | | |
|----|--|
| 21 | <p>Report to legislature on implementation plan and waiver for public options.</p> <p>Requires the commissioner of commerce, by February 1, 2024, and in consultation with the commissioners of human services and health and the MNsure board, to report specified information about the analyses of public option models to the legislature. The information reported must include the commissioner's final recommendation for a public option and the final implementation plan. States that this section is effective the day following final enactment.</p> |
| 22 | <p>Waiver submittal.</p> <p>(a) Authorizes the commissioner of commerce to perform the steps necessary to submit a 1332 waiver application, based on the final recommendations under section 21, if the legislature does not enact a law by June 1, 2024, modifying the recommendation or the commissioner's authority under this section.</p> <p>(b) Upon receipt of a federal waiver and the enactment of any necessary legislation, requires the commissioner of commerce to implement a public option to be made available to consumers beginning January 1, 2027.</p> <p>(c) Requires the commissioner of commerce to consult with the commissioners of human services and health, and the MNsure board, in implementing this section.</p> <p>States that this section is effective the day following final enactment.</p> |
| 23 | <p>Repealer.</p> <p>Repeals § 256B.0631, subdivisions 1, 2, and 3 (MA cost-sharing requirements), effective January 1, 2025.</p> |

Article 17: Human Services Policy

This article makes technical, clarifying, and policy changes to provisions governing licensing and background studies conducted by the Department of Human Services, medical assistance program integrity and review procedures, mental health services, grant programs, general assistance, supportive housing, and economic assistance programs.

Section	Description - Article 17: Human Services Policy
----------------	--

- | | |
|---|--|
| 1 | <p>Background study required.</p> <p>Amends § 62V.05, subd. 4a. Modifies MNsure navigator background study requirements related to the board's duties to evaluate disqualification notifications from the Department of Human Services; makes clarifying changes.</p> |
|---|--|

Section Description - Article 17: Human Services Policy

2 Background studies.

Amends § 122A.18, subd. 8. Makes clarifying changes related to background studies for educator and administrator licenses.

3 Services and programs.

Amends § 245.4661, subd. 9. Removes intensive community rehabilitative mental health services from list of services eligible for adult mental health grants.

4 Mental health crisis services.

Amends § 245.469, subd. 3. Adds reference to crisis response services section. Provides an immediate effective date.

5 Mental health certified peer specialist grant program.

Proposes coding for § 245.4906. Codifies the mental health certified peer specialist grant program, to provide funding for mental health certified peer specialist training. Provides information on mental health certified peer specialist services and qualifications. Specifies eligible grant activities and outcome evaluation requirements.

Provides an immediate effective date.

6 Mental health certified family peer specialist grant program.

Proposes coding for § 245.4907. Codifies the mental health certified family peer specialist grant program, to provide funding for mental health certified family peer specialist training. Provides information on mental health certified family peer specialist services and qualifications. Specifies eligible grant activities and outcome evaluation requirements.

Provides an immediate effective date.

7 Projects for assistance in transition from homelessness program.

Proposes coding for § 245.991. Establishes the projects for assistance in transition from homelessness program, to prevent or end homelessness for people with serious mental illness or co-occurring substance use disorder, and meet the commissioner's housing mission statement goals. Lists eligible grant activities, program eligibility requirements, and outcome evaluation requirements; specifies that the commissioner must comply with all federal aid or grant requirements.

Provides an immediate effective date.

Section Description - Article 17: Human Services Policy

- 8 Housing with support for adults with serious mental illness program.**
Proposes coding for § 245.992. Establishes the housing with support for adults with serious mental illness program, to prevent or end homelessness for people with serious mental illness, increase availability of housing with support, and meet the commissioner's housing mission statement goals. Lists eligible grant activities, program eligibility requirements, and outcome evaluation requirements.

Provides an immediate effective date.
- 9 Controlling individual.**
Amends § 245A.02, subd. 5a. Expands the definition of "controlling individual" for purposes of DHS licensing to include the president and treasurer of the board of directors of a nonprofit corporation.
- 10 Owner.**
Amends § 245A.02, subd. 10b. Modifies the definition of "owner" for purposes of DHS licensing. Provides that the "owner of an employee stock ownership plan" means the president and treasurer of the entity and provides that a nonprofit corporation issued a licensed under the chapter is designated as an owner.
- 11 Application for licensure.**
Amends § 245A.04, subd. 1. Paragraph (a) corrects a statutory cross-reference. Paragraphs (f), (g), and (h) provide that specified applicants for licenses under the chapter must provide an email address that will be made public. Provides an immediate effective date.
- 12 Grant of license; license extension.**
Amends § 245A.04, subd. 7. Paragraph (a) adds "public email address of the program" to the list of information that must be stated on a license issued under the chapter. Paragraph (b) makes technical changes. Paragraph (d) provides that the commissioner cannot issue or reissue a license if an applicant, license holder, or controlling individual fails to submit specified information related to the child and adult care food program. Provides an immediate effective date.
- 13 First date of direct contact; documentation requirements.**
Amends § 245A.041 by adding subd. 6. Requires that license holders document the first date that a background study subject has direct contact with a person served by the license holder's program and either maintain documentation of the first contact in personnel files or provide the documentation to the commissioner upon request. Exempts family child care, family foster care for children, and family adult day services from the requirement. Provides a January 1, 2024, effective date.

Section Description - Article 17: Human Services Policy

14 Immediate suspension expedited hearing.

Amends § 245A.07, subd. 2a. Modifies the commissioner's process for determining licensing sanctions after a final order affirming an immediate suspension.

15 License suspension, revocation, or fine.

Amends § 245A.07, subd. 3. Allows the commissioner to suspend a license if persons served by a program are at imminent risk of harm while investigations or judicial proceedings that are necessary for determining a final licensing sanction are ongoing.

16 Application fee for initial license or certification.

Amends § 245A.10, subd. 3. Makes technical conforming changes. Provides an immediate effective date.

17 License or certification fee for certain programs.

Amends § 245A.10, subd. 4. Makes technical conforming changes. Provides an immediate effective date.

18 Delegation of authority to agencies.

Amends § 245A.16, subd. 1. Removes language related to family child care background studies performed by county or private agencies; removes obsolete language about background study requirements. Provides an immediate effective date.

19 Prone restraint prohibition.

Creates § 245A.211.

Subd. 1. Applicability. Applies the section to all programs licensed or certified under the specified chapters of statute.

Subd. 2. Definitions. Defines "mechanical restraint," "prone restraint," and "restraint."

Subd. 3. Prone restraint prohibition. Prohibits a license or certification holder from using a prone restraint on any person receiving services in a program, except in the specified circumstances.

Subd. 4. Contraindicated physical restraints. Prohibits a license or certification holder from implementing a restraint on a person receiving services in a program in a way that is contraindicated for any of the person's known medical or psychological conditions. Requires that a license or certification holder assess and document a determination of any medical or psychological conditions for which restraints are contraindicated prior to using restraints on a person.

Section	Description - Article 17: Human Services Policy
20	Child care background study subject. Amends § 245C.02, subd. 6a. Clarifies that a child care contractor is a background study subject if the contractor is providing services for hire in the program.
21	Entity. Amends § 245C.02, subd. 11c. Adds license holder to the definition of “entity” for background study purposes.
22	Employee. Amends § 245C.02 by adding subd. 11f. Adds definition of “employee” for background study purposes and provides that the definition does not apply to child care background study subjects.
23	Volunteer. Amends § 245C.02 by adding subd. 22. Adds definition of “volunteer” for background study purposes and provides that the definition does not apply to child care background study subjects.
24	Procedure. Amends § 245C.03, subd. 1a. Adds reference to Bureau of Criminal Apprehension consent and self-disclosure.
25	Personnel pool agencies; temporary personnel agencies; educational program; professional services agencies. Amends § 245C.03, subd. 4. Adds paragraph requiring personnel pool agencies, temporary personnel agencies, and professional services to employ the individuals providing direct care services; requires those individuals to be affiliated in NETStudy 2.0 and subject to oversight and direct supervision by the entity.
26	Other state agencies. Amends § 245C.03, subd. 5. Strikes “contractors.”
27	Facilities serving children or adults licensed or regulated by the Department of Health. Amends § 245C.03, subd. 5a. Makes clarifying change; states that the Department of Human Services is not liable for conducting background studies that have been submitted or not removed from the roster.
28	Alternative background studies. Amends § 245C.031, subd. 1. Adds reference to Bureau of Criminal Apprehension consent and self-disclosure.

Section Description - Article 17: Human Services Policy

- 29 **Applicants, licensees, and other occupations regulated by the commissioner of health.**
Amends § 245C.031, subd. 4. Adds criminal history disclosure form to alternative background study requirements.
- 30 **Study submitted.**
Amends § 245C.05 by adding subd. 8. Specifies that an entity with which the background study subject is seeking affiliation must initiate the NETStudy 2.0 background study.
- 31 **Study subject affiliated with multiple facilities.**
Amends § 245C.07. Makes clarifying change; adds temporary personnel agencies.
- 32 **Board determines disciplinary or corrective action.**
Amends § 245C.31, subd. 1. Removes paragraph that exempts individuals submitting a study for child foster care, adult foster care, or family child care licensure, from the requirement that the commissioner notify a health-related licensing board of a finding of substantiated maltreatment.
- 33 **Information commissioner reviews.**
Amends § 245C.33, subd. 4. Removes language requiring the submission of the dates of adoption-related background studies and the names of the agencies that conducted the studies.
- 34 **Behavior guidance.**
Amends § 245H.13, subd. 9. Prohibits certified, license-exempt child care centers from using prone restraints, as prohibited by section 245A.211, on children.
- 35 **Authorized uses of grant funds.**
Amends § 256.478, by adding subd. 3. Lists allowable uses of transition to community initiative grant funds.

Provides an immediate effective date.
- 36 **Outcomes.**
Amends § 256.478, by adding subd. 4. Lists program outcomes for the transition to community initiative.

Provides an immediate effective date.

Section Description - Article 17: Human Services Policy

37 Administrative reconsideration.

Amends § 256.9685, subd. 1a. Provides that the commissioner must receive a request for reconsideration of a decision that inpatient hospital services are not medically necessary within 45 calendar days after the date of the notice of the decision was mailed. Specifies that a request for reconsideration must be reviewed by an independent medical review agent who shall make a recommendation to the commissioner. Provides that the commissioner's decision on reconsideration is final and not subject to appeal.

38 Appeal of reconsideration.

Amends § 256.9685, subd. 1b. Removes language regarding appeals of reconsideration decisions for inpatient hospital services determined to be medically unnecessary; specifies that the commissioner's decision is appealable only by petition for writ of certiorari under chapter 606.

39 Medical review agent.

Amends § 256.9685 by adding subd. 7a. Adds definition of "medical review agent" and specifies requirements.

40 Utilization review.

Amends § 256B.04, subd. 15. Makes clarifying change.

41 Medical assistance room and board rate.

Amends § 256B.056, by adding subd. 5d. Defines "medical assistance room and board rate" in the chapter of statutes governing medical assistance. This language is moved from section 256I.03, subdivision 6.

42 Medical assistance payment for assertive community treatment and intensive residential treatment services.

Amends § 256B.0622, subd. 8. Makes technical change related to medical assistance room and board rate.

43 Gender-affirming services.

Amends § 256B.0625, subd. 3a. Modifies terminology and specifies that medical assistance covers gender-affirming services.

44 Sanctions; monetary recovery.

Amends § 256B.064. Makes clarifying changes; expands individuals against whom the commissioner may impose sanctions, to include any individual or entity that receives medical assistance payments or provides goods or services for which medical assistance payment is made; specifies meaning of "goods or services." In subdivision

Section Description - Article 17: Human Services Policy

- 2, allows the commissioner to issue fines in place of or in addition to full monetary recovery of the value of the claims submitted under subdivision 1c.
- 45 **Excluded services.**
Amends § 256B.0946, subd. 6. Makes technical change related to medical assistance room and board rate.
- 46 **Noncovered services.**
Amends § 256B.0947, subd. 7a. Makes technical change related to medical assistance room and board rate.
- 47 **Access to medical records.**
Amends § 256B.27, subd. 3. Specifies that the commissioner's access to medical records for fraud investigations must be in the manner and within the time prescribed by the commissioner. Specifies admissibility of records for evidentiary purposes.
- 48 **Date of application.**
Amends § 256D.02, by adding subd. 20. Defines "date of application" in the chapter of statutes governing general assistance.
- 49 **Time of payment of assistance.**
Amends § 256D.07. Removes certain general assistance application requirements and requires applications to be submitted according to the chapter of statutes governing economic assistance program eligibility and verification. Modifies the timeline for which the first month's grant must cover.
- 50 **Supportive housing.**
Amends § 256I.03, subd. 15. Modifies the definition of "supportive housing" in the chapter of statutes governing housing support to specify supportive housing does not include licensed assisted living facilities.
- 51 **Date of application.**
Amends § 256I.03, by adding subd. 16. Defines "date of application" in the chapter of statutes governing housing support.
- 52 **Date of eligibility.**
Amends § 256I.04, subd. 2. Modifies the date of eligibility for housing assistance to conform to changes in application requirements under the chapter of statutes governing economic assistance eligibility and verification.

Section Description - Article 17: Human Services Policy

- 53 **Filing of application.**
Amends § 256I.06, subd. 3. Modifies application requirements for housing support to conform to changes related to applications in the chapter of statutes governing economic assistance eligibility and verification.
- 54 **Community living infrastructure.**
Amends § 256I.09. Allows the commissioner to award community living infrastructure grants to multi-Tribal collaboratives.
- 55 **Date of application.**
Amends § 256J.08, subd. 21. Modifies the definition of “date of application” in the chapter of statutes governing MFIP to conform to changes related to application requirements in the chapter of statutes governing economic assistance eligibility and verification.
- 56 **Submitting application form.**
Amends § 256J.09, subd. 3. Makes conforming changes to MFIP application requirements to align with changes in the chapter of statutes governing economic assistance eligibility and verification.
- 57 **Submitting application form.**
Amends § 256J.95, subd. 5. Makes conforming changes to DWP application requirements to align with changes in the chapter of statutes governing economic assistance eligibility and verification.
- 58 **Date of application.**
Amends § 256P.01, by adding subd. 2c. Defines “date of application” in the chapter of statutes governing economic assistance eligibility and verification.
- 59 **Application submission.**
Amends § 256P.04, by adding subd. 1a. Lays out application requirements for programs governed by the economic assistance eligibility and verification chapter of statutes.
- 60 **Procedure; state licensing agency data.**
Amends § 524.5-118, subd. 2a. Removes Department of Education from list of agencies for which the commissioner of human services must provide a court with specified licensing agency data for guardianship and conservatorship purposes.
- 61 **Revisor instruction.**
Instructs the revisor to reorganize section 245C.02 as necessary.

Section	Description - Article 17: Human Services Policy
---------	---

62	Revisor instruction.
----	-----------------------------

Instructs the revisor of statutes to: (1) renumber the subdivisions in the statutes containing definitions for the general assistance and housing support programs so that the definitions are in alphabetical order; and (2) correct any cross-references that change as a result of the renumbering.

63	Repealer.
----	------------------

Repeals §§ 245A.22 (independent living assistance for youth); 256.9685, subdivisions 1c and 1d (inpatient hospital services judicial review; transmittal of record); 256D.63, subdivision 1 (expiration of SNAP benefits); and 256I.03, subdivision 6 (medical assistance room and board rate). Provides an immediate effective date.

Repeals §§ 245C.02, subdivision 9 (definition of “contractor”); and 245C.301 (child care; notification of set-aside or variance). Makes the repeal effective July 1, 2023.

Repeals Minnesota Rules, parts 9505.0505, subpart 18 (definition of “medical review agent”); and 9505.0520, subpart 9b (reconsideration; physician advisers appointed by medical review agent). Provides an immediate effective date.

Article 18: Certified Community Behavioral Health Clinics

This article clarifies and outlines additional certified community behavioral health clinic (CCBHC) administrative, staffing, and service requirements, and requires the commissioner to reenter section 223 of the federal Protecting Access to Medicare Act demonstration program. The article also requires the commissioner to transition certain mental health services from certification to licensure by January 1, 2026.

Section	Description - Article 18: Certified Community Behavioral Health Clinics
---------	---

1	Definitions.
---	---------------------

Amends § 245.735 by adding subd. 1a. Defines the following terms for sections governing CCBHCs: “alcohol and drug counselor;” “care coordination;” “community needs assessment;” “comprehensive evaluation;” “designated collaborating organization;” “functional assessment;” “initial evaluation;” “integrated treatment plan;” “mental health professional;” “mobile crisis services;” and “preliminary screening and risk assessment.”

2	Establishment.
---	-----------------------

Amends § 245.735 by adding subd. 2a. Describes the functions and intended outcomes of the CCBHC service delivery model.

Section	Description - Article 18: Certified Community Behavioral Health Clinics
3	<p>Certified community behavioral health clinics.</p> <p>Amends § 245.735, subd. 3. Outlines and modifies CCBHC certification and recertification processes, certification requirements and reviews, and required services. Deletes language that is moved to different subdivisions.</p>
4	<p>Designated collaborating organizations.</p> <p>Amends § 245.735 by adding subd. 3a. Outlines requirements for a CCBHC to contract with a designated collaborating organization to provide specified services.</p>
5	<p>Exemptions to host county approval.</p> <p>Amends § 245.735 by adding subd. 3b. Allows a CCBHC that meets the requirements under section 245.735 to receive the prospective payments for services without a county contract or county approval.</p>
6	<p>Variances.</p> <p>Amends § 245.735 by adding subd. 3c. Allows the commissioner to grant a variance to CCBHC requirements if the variance does not conflict with federal requirements for MA reimbursement. Requires the commissioner to consult with stakeholders before granting variances.</p>
7	<p>Evidence-based practices.</p> <p>Amends § 245.735 by adding subd. 3d. Requires the commissioner to issue a list of required evidence-based practices to be delivered by CCBHCs. Allows the commissioner to issue a list of recommended evidence-based practices and to update the list. Requires the commissioner to provide stakeholders with an opportunity to comment, at least 30 days before issuing the list or any revisions.</p>
8	<p>Recertification.</p> <p>Amends § 245.735 by adding subd. 3e. Requires CCBHCs to apply for recertification every 36 months.</p>
9	<p>Notice and opportunity for correction.</p> <p>Amends § 245.735 by adding subd. 3f. Requires the commissioner to provide a formal written notice outlining a CCBHC certification determination and the process for corrective action required, within 45 calendar days of a site visit. Allows the commissioner to reject an application if all corrective actions are not taken within 60 calendar days. Requires the commissioner to send a final decision on the corrected application within 45 calendar days of the entity's notice to the commissioner of corrective actions taken.</p>

Section	Description - Article 18: Certified Community Behavioral Health Clinics
10	Decertification process. Amends § 245.735 by adding subd. 3g. Requires the commissioner to establish a decertification process for CCBHCs.
11	Minimum staffing standards. Amends § 245.735 by adding subd. 3h. Requires a CCBHC to meet minimum staffing requirements required by the most recently issued Certified Community Behavioral Health Clinic Certification Criteria published by the Substance Abuse and Mental Health Services Administration.
12	Functional assessment requirements. Amends § 245.735 by adding subd. 4a. Outlines functional assessment requirements for CCBHCs.
13	Requirements for comprehensive evaluations. Amends § 245.735 by adding subd. 4b. Requires a CCBHC to complete a comprehensive evaluation for all new clients within 60 calendar days of the preliminary screening and risk assessment. Outlines requirements for conducting comprehensive evaluations.
14	Requirements for initial evaluations. Amends § 245.735 by adding subd. 4c. Requires a CCBHC to complete either an initial evaluation or comprehensive evaluation as required by the most recently issued Certified Community Behavioral Health Clinic Certification Criteria published by the Substance Abuse and Mental Health Services Administration.
15	Requirements for integrated treatment plans. Amends § 245.735 by adding subd. 4d. Requires a CCBHC to complete an integrated treatment plan within 60 calendar days of the preliminary screening and risk assessment. Requires updates to the plan at least every six months, or when the client's circumstances change. Outlines requirements for completing integrated treatment plans.
16	Additional licensing and certification requirements. Amends § 245.735 by adding subd. 4e. Outlines requirements for programs and clinics that are part of a CCBHC and are licensed as substance use disorder treatment programs under chapter 245G or mental health clinics under section 245I.20. Provides that the Department of Human Services licensing division will review, inspect, and investigate for compliance with the requirements in subdivisions 4b to 4d.

Section	Description - Article 18: Certified Community Behavioral Health Clinics
17	<p>Information systems support.</p> <p>Amends § 245.735, subd. 5. Adds data reporting compliance to CCBHC information systems support to be provided.</p>
18	<p>Section 223 of the Protecting Access to Medicare Act entities.</p> <p>Amends § 245.735, subd. 6. Requires the commissioner to request federal approval to participate in the federal section 223 demonstration program and, if approved, to continue to participate in the program as long as federal funding is available. Adds paragraphs (b) and (c), requiring the commissioner to follow federal CCBHC payment guidance and outlining additional payment requirements under the federal demonstration program.</p> <p>Provides immediate effective date for paragraphs (b) and (c), and makes paragraph (a) effective upon federal approval.</p>
19	<p>Addition of CCBHCs to section 223 state demonstration programs.</p> <p>Amends § 245.735 by adding subd. 7. Requires the commissioner to follow all federal guidance on the addition of CCBHCs to the federal demonstration program, if approved. Requires a CCBHC to meet demonstration certification criteria and prospective payment system guidance, and be certified by the state, prior to participating in the federal demonstration; specifies additional compliance and reporting requirements for CCBHCs participating in the demonstration.</p> <p>Makes this section effective upon federal approval.</p>
20	<p>Grievance procedures required.</p> <p>Amends § 245.735 by adding subd. 8. Requires CCBHCs and designated collaborating organizations to allow all service recipients access to grievance procedures that meet specific minimum requirements.</p>
21	<p>Certified community behavioral health clinic services.</p> <p>Amends § 256B.0625, subd. 5m. Specifies that an entity that receives a CCBHC daily bundled rate that overlaps with another federal Medicaid rate is not eligible for the CCBHC rate methodology; adds paragraph (g), specifying that medically necessary peer services provided by a CCBHC are covered under MA.</p> <p>Makes this section effective January 1, 2024, or upon federal approval, whichever is later.</p>
22	<p>Direction to commissioner of human services; transition to licensure.</p> <p>Directs the commissioner to transition the following services from certification to licensure by January 1, 2026, in accordance with Chapter 245I:</p>

Section Description - Article 18: Certified Community Behavioral Health Clinics

- CCBHCs
- adult rehabilitative mental health services
- mobile mental health crisis response services
- children's therapeutic services and supports
- community mental health centers

Requires the commissioner to consult with stakeholders and submit to the legislature any proposed legislation necessary to implement the transition to licensure by January 1, 2025.

Article 19: Forecast Adjustments

This article adjusts fiscal year 2023 appropriations to the commissioner of human services for the forecasted programs listed in this article and administered by the Department of Human Services, to conform with the February 2023 forecast.

Article 20: Appropriations

This article appropriates money from the specified funds in fiscal years 2024 and 2025 to the commissioner of human services; commissioner of health; health-related licensing boards; Emergency Medical Services Regulatory Board; Ombudsperson for Families; Ombudsperson for American Indian Families; Office of the Foster Youth Ombudsperson; Board of Directors of MNsure; Rare Disease Advisory Council; commissioner of revenue; commissioner of management and budget; commissioner of children, youth, and families; commissioner of commerce; and commissioner of labor and industry for the specified purposes. It also modifies certain prior appropriations.



Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.

www.house.mn/hrd | 651-296-6753 | 155 State Office Building | St. Paul, MN 55155