

HOUSE RESEARCH

Bill Summary

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Article 1: Continuing Care

Overview

This article makes changes to various continuing care provisions and to MA estate recovery and spousal impoverishment provisions.

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- 1 **Additional notice to applicants.** Adds § 62V.055. Requires the MNsure board, in consultation with the commissioner of human services, to include in the combined application for MA, MinnesotaCare, and qualified health plan coverage available through the MNsure portal, information and notice on: (1) the order in which eligibility for health care programs will be determined; (2) that persons eligible for MA are not eligible for MinnesotaCare, and that persons eligible for MA or MinnesotaCare are not eligible for advanced premium tax credits and cost-sharing subsidies; and (3) that the state may claim repayment from the estates of MA enrollees, for the cost of medical care or premiums paid for that care.
- 2 **Exceptions for replacement beds after June 30, 2003.** Amends § 144A.071, subd. 4c. Moves payment rate adjustments for certain exception projects approved by the commissioner of health from the property rate to the external fixed costs rate. Modifies a project in Goodhue County to consolidate two nursing facilities into one newly renovated 64-bed facility resulting in the delicensure of 85 beds (the current language results in the delicensure of 69 beds). Modifies the calculation of the rate adjustment for the project in Goodhue County.

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Makes this section effective for rate years beginning on or after January 1, 2017, except that the transfer of the rate adjustment for the Goodhue County project from the property rate to the external fixed costs rate is effective for rate years beginning on or after January 1, 2017, or upon completion of the closure and new construction, whichever is later.

- 3 Consolidation of nursing facilities.** Amends § 144A.071, subd. 4d. Modifies rate adjustments for consolidation of nursing facilities by moving the adjustment from the property rate to the external fixed costs rate. Makes this section effective for rate years beginning on or after January 1, 2017.
- 4 Moratorium exception funding.** Amends § 144A.073, subd. 13. Clarifies that the commissioner of health may approve moratorium exception projects, in fiscal year 2013, for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.
- 5 Moratorium exception funding.** Amends § 144A.073, subd. 14. Clarifies that the commissioner of health may approve moratorium exception projects, in fiscal year 2015, for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.
- 6 Moratorium exception funding.** Amends § 144A.073, by adding subd. 15. In fiscal year 2017, allows the commissioner of health to approve moratorium exception projects for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.
- 7 Additional notice to applicants.** Amends § 256B.042, by adding subd. 1a. Requires applications for MA to include a statement, prominently displayed, that the state may claim repayment from the estates of MA enrollees for the cost of medical care or premiums paid for care.
- 8 Asset availability.** Amends Minnesota Statutes 2015 Supplement, § 256B.059, subd. 5. Allows an institutionalized spouse to maintain medical assistance eligibility when excess assets owned by the community spouse are retirement funds or funds protected for post-secondary education of a child under age 25. Provides that the retirement accounts are protected until the community spouse is eligible to withdraw funds without penalty. Requires that denial of eligibility must cause an undue hardship to the family. Provides that there shall not be an assignment of spousal support or a cause of action against the spouse for funds protected in retirement and college savings accounts.
Provides a June 1, 2016, effective date.
- 9 Estates subject to claims.** Amends § 256B.15, subd. 1a. Limits claims against the estate of a person over 55 years of age who did not receive institutional services to the amount of medical assistance correctly paid on behalf of the individual prior to January 1, 2014. Clarifies that claims against the estates of individuals age 55 or older who received nursing facility services, home and community-based services, or related hospital and prescription drug benefits on or after January 1, 2014, are allowed.
Provides that this section is effective upon federal approval and applies to services rendered on or after January 1, 2014.

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- 10** **Limitations on claims.** Amends § 256B.15, subd. 2. Paragraph (a) adds language to clarify that this paragraph applies to services rendered prior to January 1, 2014.
- Paragraph (b) provides that claims for services rendered on or after January 1, 2014, must only include nursing facility services, home and community-based services, or related hospital and prescription drug benefits provided for individuals age 55 or older. States that claims must not include interest.
- Provides that this section is effective upon federal approval and applies to services rendered on or after January 1, 2014.
- 11** **External fixed costs.** Amends § 256B.441, subd. 13. Adds consolidation rate adjustments to the definition of “external fixed costs.”
- 12** **Calculation of payment rate for external fixed costs.** Amends § 256B.441, subd. 53. Adds consolidation rate adjustments to the calculation of the external fixed costs payment rate.
- 13** **Nursing facilities in border cities.** Amends § 256B.441, subd. 66. Modifies the provision governing nursing facility operating rates in border cities. Under current law, the commissioner must increase operating payment rates for nonprofit nursing facilities in Breckenridge to be equal to the rates for a nonprofit nursing facility in an adjacent city in another state and in cities contiguous to the adjacent city. Expands this provision to nonprofit facilities located in Moorhead, effective for the rate year beginning January 1, 2020.
- Specifies that the commissioner must compare the rates in Minnesota border cities with other cities on October 1 each year, with the rate adjustments to be effective on January 1 of the following year.
- Existing language stipulates that rate adjustments under this border city subdivision are not subject to the limits in 256B.441, subdivision 50 and subdivision 51. Clarifies that the rate adjustments under the border cities subdivision are not subject to the total care-related limit in subdivision 50 and are not limited to the other operating price in subdivision 51.
- 14** **Amending notices or liens arising out of notice.** Instructs state agencies to amend notices of potential claims and liens for notices filed on or after January 1, 2014, for medical assistance services provided to individuals age 55 and older who were not institutionalized.
- Provides that this section is effective the day following final enactment.

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Article 2: Health Care

Overview

This bill provides MA coverage of services provided by community emergency medical technicians, increases MA payment rates for dental services provided outside the seven-county metropolitan area, and changes the method by which an increase in MA payment rates for durable medical equipment, prosthetics, orthotics, or supplies is implemented.

1 Community medical response emergency medical technician services. Amends § 256B.0625, by adding subd. 60a.

(a) Provides medical assistance (MA) coverage of services provided by a community medical response emergency medical technician (CEMT) who is certified by the Emergency Medical Services Regulatory Board under § 144E.275, subd. 7, when the services are provided according to this subdivision.

(b) Allows a CEMT to provide a hospital discharge visit when ordered by a treating physician. Specifies the criteria for a visit.

(c) Allows CEMTs to provide safety evaluation visits to individuals who have repeat ambulance calls due to falls, have been discharged from a nursing home, or have been identified by their primary care provider as at risk for nursing home placement. Requires the visit to be ordered by a primary care provider in accordance with the individual's care plan. Specifies criteria for visits.

(d) Requires CEMTs to be paid at \$9.75 per 15 minute increment. Provides that a safety evaluation visit cannot be billed for the same day as a posthospital discharge visit for the same recipient.

Provides that the section is effective July 1, 2017, or upon federal approval, whichever is later.

2 Dental reimbursement. Amends § 256B.76, subd. 2. Effective January 1, 2017, increases MA payment rates by 9.65 percent above the rates in effect on June 30, 2015, for dental services provided outside the seven-county metropolitan area. States that the increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, and Indian health services. Effective January 1, 2017, requires payments to managed care and county-based purchasing plans to reflect this payment increase.

3 Reimbursement for basic care services. Amends § 256B.766. The amendment to paragraph (i) strikes language requiring the MA payment rate for durable medical equipment, prosthetics, orthotics, or supplies to be restored to the January 1, 2008, MA fee schedule. Also prohibits the commissioner from applying any MA payment reductions to durable medical equipment as a result of Medicare competitive bidding.

A new paragraph (j) increases the MA payment rate durable medical equipment, prosthetics, orthotics, or supplies that were subject to the Medicare 2008 competitive bid by 9.5 percent effective July 1, 2015. Further increases payment rates for durable medical equipment, prosthetics, orthotics, or supplies on the MA fee schedule, whether or not they were subject

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to the Medicare 2008 competitive bid, by 2.94 percent. Exempts the following from this paragraph: items subject to volume purchase, products subject to the preferred diabetic testing supply program, certain items provided to dually eligible recipients, and individually priced items. States that managed care and county-based purchasing plan payments shall not be increased to reflect the rate increases in this paragraph.

Provides a retroactive effective date of July 1, 2015.

Article 3: MNsure

Overview

This article modifies provisions related to MNsure. It requires certain interagency agreements and transfers of funds by the commissioners of commerce, health, and human services and the MNsure Board to be authorized by enactment of a new law. It establishes the Minnesota Eligibility System Executive Steering Committee in statute and makes the open meeting law apply to the steering committee. It modifies the composition of the MNsure Board. It requires the commissioner of human services to apply for federal waivers to (1) allow MinnesotaCare-eligible persons to decline MinnesotaCare and instead purchase coverage from a qualified health plan and access advanced premium tax credits and cost-sharing reductions; and (2) establish a federal-state eligibility determination and enrollment system for state insurance affordability programs. It also repeals MNsure statutes and rules, effective upon approval of the waiver to establish the federal-state eligibility determination and enrollment system.

1 Legislative enactment required. Adds § 45.0131.

Subd. 1. Agency agreements. Prohibits the commissioner of commerce from entering into or renewing any interagency agreement or service level agreement, or related agreement, with a value of more than \$100,000 a year, with any state department, state agency, or the Office of MN.IT Services, unless this is authorized by enactment of a new law. Provides that agreements without a specific expiration date expire two years from the effective date of this section or of the agreement, unless authorized by enactment of a new law.

Subd. 2. Transfers. Prohibits the commissioner from transferring appropriations and funds in amounts over \$100,000 across agency accounts or programs, unless this is authorized by enactment of a new law.

Subd. 3. Definitions. Defines “state department” and “state agency.”

Provides an immediate effective date.

2 Application of other law. Amends § 62V.03, subd. 2. Makes the Minnesota Eligibility System Executive Steering Committee subject to the open meeting law.

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- 3** **Appointment.** Amends § 62V.04, subd. 2. Removes the commissioner of human services or a designee from membership on the MNsure board and adds a member representing the interests of the general public.
- 4** **Terms.** Amends § 62V.04, subd. 3. Removes a reference to the term served on the MNsure board by the commissioner of human services or a designee, to conform to section 62V.04, subdivision 2.
- 5** **Conflicts of interest.** Amends § 62V.04, subd. 4. Modifies a cross-reference to require all board members, including the member representing the interests of the general public, to comply with the conflict of interest requirements for MNsure board members. (Under current law the conflict of interest requirements do not apply to the commissioner of human services.)
- 6** **Legislative enactment required.** Amends § 62V.05, by adding subd. 12. (a) Prohibits the MNsure board from entering into or renewing any interagency agreement or service level agreement, or related agreements, with a value of more than \$100,000 a year, with any state department, state agency, or the Office of MN.IT Services, unless this is authorized by enactment of a new law. Provides that agreements without a specific expiration date expire two years from the effective date of this section or of the agreement, unless authorized by enactment of a new law.
- (b) Prohibits the board from transferring appropriations and funds in amounts over \$100,000 across agency accounts or programs, unless this is authorized by enactment of a new law.
- (c) Defines “state department” and “state agency.”
- Provides an immediate effective date.
- 7** **Minnesota Eligibility System Executive Steering Committee.** Adds § 62V.055.
Establishes an executive steering committee to govern the Minnesota eligibility system.
- Subd. 1. Definition; Minnesota eligibility system.** Defines Minnesota eligibility system as the system that supports eligibility determinations using the modified adjusted gross income (MAGI) methodology for certain medical assistance applicants and enrollees (mainly children, parents, pregnant women, and adults without children); for MinnesotaCare applicants and enrollees; and for people applying for or enrolled in a qualified health plan.
- Subd. 2. Establishment; committee membership.** Establishes the Minnesota Eligibility System Executive Steering Committee and specifies committee membership: one member appointed by the commissioner of human services, one member appointed by the MNsure board, one member representing counties, and one nonvoting member representing MN.IT.
- Subd. 3. Duties.** Directs the steering committee to establish a governance structure for the Minnesota eligibility system and to be responsible for the system’s governance. Requires quarterly reports to the Legislative Oversight Committee, and requires the steering committee to adopt bylaws, policies, and agreements to administer the Minnesota eligibility system.

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Subd. 4. Meetings. Requires steering committee meetings to be held in the State Office Building and to be available for viewing over the Internet. Requires the steering committee to provide opportunities for public testimony at every meeting and to post meeting documents to the legislature's Web site. Requires steering committee votes to be recorded, with each member's vote identified.

Subd. 5. Administrative structure. Lists duties of the Office of MN.IT Services for the Minnesota eligibility system.

- 8 Review of Minnesota eligibility system funding and expenditures.** Adds subd. 5 to § 62V.11. Requires the Legislative Oversight Committee to review quarterly reports submitted by the steering committee related to Minnesota eligibility system funding and expenditures.
- 9 Legislative enactment required.** Amends § 144.05, by adding subd. 6. (a) Prohibits the commissioner of health from entering into or renewing any interagency agreement or service level agreement, or related agreements, with a value of more than \$100,000 a year, with any state department, state agency, or the Office of MN.IT Services, unless this is authorized by enactment of a new law. Provides that agreements without a specific expiration date expire two years from the effective date of this section or of the agreement, unless authorized by enactment of a new law.
- (b) Prohibits the commissioner from transferring appropriations and funds in amounts over \$100,000 across agency accounts or programs, unless this is authorized by enactment of a new law.
- (c) Defines "state department" and "state agency."
- Provides an immediate effective date.
- 10 Legislative enactment required.** Amends § 256.01, by adding subd. 41. (a) Prohibits the commissioner of human services from entering into or renewing any interagency agreement or service level agreement, or related agreements, with a value of more than \$100,000 a year, with any state department, state agency, or the Office of MN.IT Services, unless this is authorized by enactment of a new law. Provides that agreements without a specific expiration date expire two years from the effective date of this section or of the agreement, unless authorized by enactment of a new law.
- (b) Prohibits the commissioner from transferring appropriations and funds in amounts over \$100,000 across agency accounts or programs, unless this is authorized by enactment of a new law.
- (c) Defines "state department" and "state agency."
- Provides an immediate effective date.
- 11 Federal waiver.** Amends § 256L.02, by adding subd. 7. (a) Directs the commissioner of human services to apply for an innovation waiver under section 1332 of the Affordable Care Act, or any other applicable federal waiver, to allow persons eligible for MinnesotaCare to decline MinnesotaCare coverage and instead access advanced premium tax credits and cost-sharing reductions by purchasing qualified health plans, either through MNsure or outside of MNsure through health plan companies. Requires the commissioner to coordinate the waiver request with the waiver requested by the commissioner of commerce to allow individuals to

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purchase qualified health plans outside of MNsure directly from health plan companies, and receive advanced premium tax credits and cost-sharing reductions (required by Laws 2015, chapter 71, article 12, section 8). Requires the commissioner of human services to submit a draft waiver proposal to the MNsure board and the MNsure legislative oversight committee at least 30 days before submitting the final waiver proposal to the federal government, and to notify the board and oversight committee of any federal decision or action. Provides an immediate effective date.

(b) Requires the commissioner to report to the legislative committees with jurisdiction over health and human services policy and finance, by March 1, 2017, on progress in receiving a waiver, the results of related actuarial and economic analyses, and recommendations for necessary legislative changes. States that any implementation of the waiver that requires a state financial contribution is contingent on legislative approval.

12 **Federal-state eligibility determination and enrollment system for insurance affordability programs.**

Subd. 1. Waiver request. (a) Requires the commissioner of human services, in consultation with the MNsure board and the commissioners of commerce and health, to apply for a federal section 1332 innovation waiver, or any other applicable waiver, to establish a federal-state eligibility determination and enrollment system for state insurance affordability programs, for coverage beginning January 1, 2018. States that the system shall take the place of MNsure. Specifies that under the system, eligibility and enrollment for MA and MinnesotaCare shall be conducted by the commissioner, and eligibility and enrollment for qualified health plans, advanced premium tax credits, and cost-sharing reductions shall be conducted by the federally-facilitated marketplace.

(b) Defines “state insurance affordability programs.”

(c) Requires the system to incorporate an asset test for persons who qualify as adults without children under MA or MinnesotaCare. Specifies the asset limit as \$10,000 in total net assets for a household of one and \$20,000 for a household of two or more.

Subd. 2. Requirements of waiver application. Requires the commissioner, in designing the eligibility determination and enrollment system and developing the waiver application, to: (1) incorporate where appropriate and cost-effective elements of the MNsure and DHS eligibility determination systems; (2) coordinate the waiver request with the waiver requests required by section 256L.02, subd. 7 (allowing persons to decline MinnesotaCare and access tax credits and cost-sharing reductions) and Laws 2015, chapter 71, article 12, section 8 (allowing purchase of qualified health plans outside of MNsure and access to tax credits and cost-sharing reductions); (3) regularly consult with stakeholder groups; and (4) seek all available federal grants and funds for planning and development.

Subd. 3. Vendor contract; use of existing resources. Requires the commissioner, in consultation with MN.IT, to contract with a vendor for technical assistance. Requires the commissioner to use existing resources in developing the waiver request and contracting for technical assistance.

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Subd. 4. Reports to legislative committees. Requires the commissioner to report to legislative committees, by January 1, 2017, on progress in seeking the waiver, and to notify legislative committees of any federal decision related to the waiver request.

Provides an immediate effective date.

- 13 Repealer.** Repeals the laws and rules that establish and govern MNsure. Provides that this section is effective upon approval of the waiver request to establish and operate a federal-state eligibility determination and enrollment system, or January 1, 2018, whichever is later.

Article 4: Health Department

Overview

This article modifies programs operated by the Health Department. It makes changes to the Radon Licensing Act. It directs the commissioner of health to establish a Web site to allow consumers to search for prescription drug retail prices. It modifies the list of activities that are excluded from home care licensure. It amends hospice care licensure statutes to allow licensure of hospices to serve persons age 21 or younger who are diagnosed with a life-threatening illness contributing to a shortened life expectancy. It modifies abortion reporting requirements. It expands safe harbor services to youth age 24 or younger. It establishes a grant program to provide screening and treatment for pre- and postpartum mood and anxiety disorders. It modifies requirements for preparation and embalming rooms at funeral establishments.

- 1 Radon testing and mitigation data.** Adds subd. 5 to section 13.3805. Classifies data maintained by the Health Department that identify the address of a radon testing or mitigation site and contact information for residents and residential property owners of radon testing or mitigation sites, as private data on individuals or nonpublic data.
- 2 Rulemaking.** Amends section 144.4961, subd. 3. Clarifies the authority of the commissioner of health to adopt rules related to licensure requirements and work standards for indoor radon in dwellings and other buildings.
- 3 System tag.** Amends section 144.4961, subd. 4. Requires radon mitigation systems installed on or after January 1, 2018 to have radon mitigation tags provided by the commissioner of health (current law requires radon mitigation tags for systems installed on or after October 1, 2017).
- 4 License required annually.** Amends section 144.4961, subd. 5. Modifies the services for which radon licensure is required, to not require licensure for persons, firms or corporations that sell devices to detect radon indoors. Also removes an exemption for retail stores that is no longer needed, since licensure is no longer required for entities that sell radon detection devices.
- 5 Exemptions.** Amends section 144.4961, subd. 6. Exempts the following from licensure requirements for radon testing and mitigation professionals and firms:
- employees of a firm or corporation that installs radon control systems in newly constructed Minnesota homes;

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- building officials that enforce the Building Code or their designees; and
- persons and entities that distribute radon testing devices or information for educational purposes.

6 **Licensing fees.** Amends section 144.4961, subd. 8. Modifies radon licensure fees for measurement professionals, mitigation professionals, and mitigation companies. Specifies that employees or subcontractors supervised by a licensed mitigation professional are not required to be licensed. Waives the license fee mitigation companies that employ only one licensed mitigation professional.

7 **Local inspections or permits.** Adds subd. 10 to section 144.4961. Specifies that the section on radon licensure does not preclude local units of government from requiring additional permits or inspections for radon control systems.

8 **Prescription drug price reporting.** Adds § 144.7011.

Subd. 1. Definitions. Defines the following terms: available discount, retail pharmacy, and retail price.

Subd. 2. Prescription drug price information reporting. Requires the commissioner of health, by July 1, 2017, to establish an online, interactive Web site that allows retail pharmacies to voluntarily list retail prices and available discounts for one or more of the 150 mostly commonly dispensed prescription drugs. Specifies criteria for the Web site. Requires the commissioner of health to annually consult with the commissioner of human services to determine the 150 most commonly filled drugs, based on MA and MinnesotaCare drug utilization.

Subd. 3. Pharmacy duties. Beginning July 1, 2017, and each month thereafter, requires participating pharmacies to submit retail prices and available discounts to the commissioner. Requires pharmacies to provide 60-days' notice when opting out of the reporting system.

Subd. 4. External vendors. Allows the commissioner to contract with an outside vendor to collect data from pharmacies, and to develop and host the interactive application.

Subd. 5. Grounds for disciplinary action. If a pharmacy has reported false or inaccurate information under this section, allows the commissioner to report this to the Minnesota Board of Pharmacy as a grounds for disciplinary action.

9 **Exclusions from home care licensure.** Amends section 144A.471, subdivision 9. This subdivision lists individuals and organizations that are excluded from requirements that apply to licensed home care providers, when the excluded individuals and organizations provide specific home care services.

- The amendment to clause (10) adds employees of licensed home care providers to the list of employees that are excluded from requirements that apply to licensed home care providers, when the employees of licensed home care providers respond to occasional emergency calls from individuals who live in settings attached to or next to the location where home care services are also provided.

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- The new clause (11) excludes employees of nursing homes, home care providers, and boarding care homes from requirements that apply to licensed home care providers, when the employees provide occasional minor services free of charge to individuals who live in settings attached to or next to the nursing home, boarding care home, or location where home care services are also provided.
- 10 Hospice provider.** Amends section 144A.75, subd. 5. Removes a reference to “terminally ill” from the definition of “hospice provider” to conform with changes made to the definition of “hospice patient” in section 144A.75, subdivision 6.
- 11 Hospice patient.** Amends section 144A.75, subd. 6. Expands the definition of “hospice patient” to include an individual who is age 21 or younger; has been diagnosed with a chronic, complex, and life-threatening illness contributing to a shortened life expectancy; and is not expected to survive to adulthood. Adding these patients to the definition allows them to receive services from a hospice provider.
- 12 Hospice services; hospice care.** Amends section 144A.75, subd. 8. Amends the definition of “hospice services” or “hospice care” to conform with changes made to the definition of “hospice patient.”
- 13 Residential hospice facility.** Amends section 144A.75, subd. 13. Amends the definition of “residential hospice facility” to clarify that the facility resembles a single-family home that has been modified to address life safety, accessibility, and care needs.
- 14 Respite care.** Adds subd. 13a to section 144A.75. Adds a definition of “respite care.” This definition is similar to the definition of respite care found in hospice services rules at Minnesota Rules, part 4664.0020, subpart 5, except the definition in this bill includes a reference to residential hospice facility.
- 15 Forms.** Amends § 145.4131, subd. 1. Requires a physician or facility performing an abortion to include in abortion data reports submitted to the commissioner of health, the facility code for the patient and the facility code for the physician, if the abortion was performed via telemedicine. This section is effective January 1, 2017.
- 16 Duties of director.** Amends § 145.4716, subd. 2. Directs the director of child sex trafficking prevention at the Minnesota Department of Health to manage the program in section 609.3241 that distributes funds to crime victims services organizations to serve sexually exploited youth.
- 17 Youth eligible for services.** Adds subd. 3 to § 145.4716. Specifies that youth age 24 and younger are eligible for safe harbor services provided by the commissioner of health and for shelter, housing beds, and services provided by the commissioner of human services for sexually exploited youth and youth at risk of sexual exploitation. (Currently these services are provided to youth age 18 and younger.)
- 18 Grant program; screening and treatment for pre- and postpartum mood and anxiety disorders.** Adds section 145.908. Directs the commissioner of health to establish a grant program, within the limits of federal funds available specifically for this purpose, to provide culturally competent screening and treatment for pre- and postpartum mood and anxiety disorders in pregnant women and women who have given birth in the last 12 months.

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Subd. 1. Grant program established. Directs the commissioner of health to establish the grant program. Allows organizations to use grant funds to establish new programs, or to expand or maintain existing programs. Requires the commissioner to prioritize funding screenings in primary care settings.

Subd. 2. Allowable uses of funds. Lists required and permitted uses of funds.

Subd. 3. Federal funds. Requires the commissioner to apply for any available federal grant funds for the program.

- 19 Requirements for funeral establishment.** Amends section 149A.50, subd. 2. Makes a change to requirements for funeral establishments to conform with changes made to section 149A.92, which governs preparation and embalming rooms.
- 20 Establishment update.** Amends section 149A.92, subd. 1. Removes a requirement that all funeral establishments must, by July 1, 2017, contain a preparation and embalming room that complies with the standards in this section. Instead, requires a room used by a funeral establishment for preparation and embalming to comply with the standards in this section, and allows a funeral establishment with branch locations to have one prep and embalming room that complies with the standards in this section for all locations. Specifies a funeral establishment where no preparation and embalming is performed does not need to have an on-site prep and embalming room.
- 21 Penalty assessment authorized.** Amends § 609.3241. Transfers management of the program to distribute funds to crime victims services organizations to serve sexually exploited youth, from the commissioner of public safety to the commissioner of health.
- 22 Effective date.** Modifies the effective date for provisions requiring radon mitigation system tags and requiring licensure for radon testing and mitigation professionals and firms, from October 1, 2017 to January 1, 2018.
- 23 Repealer.** Repeals Minnesota Statutes, section 149A.92, subdivision 11, which specifies that all funeral establishments where human remains are present for preparation and embalming, viewings, visitations, services, and holding must comply with the requirements for preparation and embalming rooms.

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Article 5: Chemical and Mental Health

Overview

This article decreases the county share for chemical dependency treatment from 22.95 percent to 15 percent for fiscal year 2017, and prohibits using a facility's designation as an institution for mental diseases as a factor in making placement decisions.

The article directs the commissioner of human services to establish pilot projects to provide treatment and services to pregnant and postpartum women with substance use disorders.

As part of a federal planning grant for the Excellence in Mental Health demonstration project, this article authorizes the commissioner to develop certification standards for certified behavioral health clinics, establish a prospective payment system for services provided by these clinics, and to consult with stakeholders in the development and implementation of the clinics.

- 1 Certified community behavioral health clinics.** Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 3. Paragraph (a) establishes the certification standards for certified community behavioral health clinics (CCBHC).

Paragraph (b) allows the commissioner to certify a CCBHC that is unable to provide one of the services listed in paragraph (a) if the entity has a contract with a collaborating organization that will provide the services.

Paragraph (c) allows a CCBHC to receive payment without a county contract or approval for services. Provides that there is no county share when medical assistance pays a CCBHC for services. Requires the CCBHC's county to provide a letter of support to the commissioner in order for the CCBHC to be certified.

Paragraph (d) allows the commissioner to grant variances to state licensure or certification requirements as long as the variances do not conflict with federal requirements.

Paragraph (e) requires the commissioner to issue a list of required and recommended evidence-based practices that must be used by CCBHCs.

Paragraph (f) requires the commissioner to establish a prospective payment system for medical assistance payments for services delivered by CCBHCs. Allows the commissioner to include quality bonus payments based on federal criteria and the clinic's provision of evidence-based practices. Provides that the payment system does not apply to MinnesotaCare or to services that have cost-based rates under other law. Provides that implementation of the payment system is effective July 1, 2017, or upon federal approval, whichever is later.

Paragraph (g) instructs the commissioner to seek federal approval for continued federal financial participation for payment of CCBHC services after the federal demonstration period ends for CCBHCs that were certified during the demonstration period. Provides that payment for CCBHC services shall end effective July 1, 2019, if federal financial participation cannot be obtained.

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Paragraph (h) allows the commissioner to establish a limit on the number of certified clinics so that claims will not exceed funds budgeted for this purpose. Provides that preference shall be given to certain clinics.

Paragraph (i) requires the commissioner to recertify CCBHCs at least every three years. Instructs the commissioner to develop a decertification procedure.

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

- 2 Public participation.** Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 4. Requires the commissioner to consult, collaborate, and partner with stakeholders in developing and implementing certified community behavioral health clinics.

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

- 3 Division of costs.** Amends § 254B.03, subd. 4. Reduces the county share of cost for chemical dependency treatment to 15 percent. The current county share is 22.95 percent. Makes a conforming reduction to the percent reimbursement from the state to the county if the state makes collections from private or third-party payments.

Effective date. This section is effective July 1, 2016, and expires June 30, 2017.

- 4 Eligibility for treatment in residential settings.** Amends § 254B.04, subd. 2a. Requires that if a person meets the criteria for residential placement, a facility's designation as an institution for mental diseases (IMD) must not be a factor in the placement decision.

Effective date. This section is effective July 1, 2016.

- 5 Allocation of collections.** Amends § 254B.06, subd. 2. Changes the allocation of federal financial participation (FFP) collections. To conform to the change in county share of cost in subdivision 1, the amendment to this subdivision requires the commissioner to allocate 15 percent of the FFP collection to the county of financial responsibility.

Effective date. This section is effective July 1, 2016, and expires June 30, 2017.

- 6 Reimbursement for institutions for mental disease.** Amends § 254B.06, by adding subdivision 4. Prohibits the commissioner from denying reimbursement to a program designated as an IMD due to a reduction in federal financial participation and the addition of new residential beds.

Effective date. This section is effective July 1, 2016.

- 7 Pilot projects; treatment for pregnant and postpartum women with substance use disorder.** Adds section 254B.15. Directs the commissioner of human services to establish pilot projects, within the limits of federal funds available specifically for this purpose, to provide substance use disorder treatment and services to pregnant and postpartum women.

Subd. 1. Pilot projects established. Directs the commissioner of human services to establish the pilot projects. Lists criteria the pilot projects must meet, and requires pilot projects to provide a portion of the treatment and services to women on an outpatient basis.

Subd. 2. Federal funds. Requires the commissioner to apply for any available federal grant funds for the pilot projects.

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Article 6: Children and Families

Overview

In January 2016, the Select Committee on Affordable Child Care was created. The committee visited communities throughout Minnesota to listen to issues presented by child care providers and parents who use, or are in need of, child care services. This article presents proposals to address needs expressed by providers and parents related to accessibility, licensing processes, training of providers and licensors, business development, and advocacy.

In addition, this article modifies child care assistance program maximum rates for providers who are located within the boundaries of a city located in two or more counties.

This article modifies the Food Stamp (also known as SNAP) Employment and Training Program requirements related to how federal funds are used.

It also creates a permanent child support task force and creates a new parenting expense adjustment for use in calculating child support obligations.

- 1 **Subsidy restrictions.** Amends § 119B.13, subd. 1. Modifies child care assistance program maximum rates by setting the maximum rate for child care providers who are located within the boundaries of a city located in two or more counties at the maximum rate paid in the county with the highest maximum reimbursement rates or the provider's charge, whichever is less. Provides an effective date of September 11, 2017.
- 2 **Electronic application; information.** Creates § 245A.043. Paragraph (a) instructs the commissioner to study the cost for development of a Web site for use by child care providers and prospective providers that would provide a single point of access for statutes and rules relevant to child care; a guide how to start a child care business; and completing and submitting electronic applications, child care assistance program registration, application for rating under the quality rating and improvement system, among other things.

Paragraph (b) instructs the commissioner to submit the feasibility study to the legislature by September 30, 2016.

Provides an effective date of July 1, 2017.
- 3 **Notification to provider.** Creates § 245A.055. Paragraph (a) requires a county licensor who has conducted a licensing inspection to provide the licensee with written notification of potential licensing violations noted during the visit. The notification must be provided prior to the licensor's departure from the home.

Paragraph (b) clarifies that by issuing the required notification to the licensee, the licensor is not relieved from notifying the commissioner of the violation as required by statute or rule.
- 4 **Training for county licensing staff on family child care and group family child care requirements; supervision.** Creates § 245A.55. Paragraph (a) establishes an eight-hour preservice training requirement for county licensors.

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Paragraph (b) requires the commissioner to increase training and oversight of county licensors. Requires the commissioner to conduct at least biennial reviews of county performance.

Paragraph (c) instructs the commissioner to provide notices annually to county licensors and their supervisors on new laws relating to family child care and group family child care that were enacted during the previous 12 months.

- 5** **Federal reimbursement.** Amends § 256D.051, subd. 6b. Adds language to the Food Stamp Employment and Training Program statute specifying how the federal appropriation for the program must be used. Requires the commissioner to report, by February 15, 2017, to the legislative committees with jurisdiction over the food stamp program on the progress of securing additional federal reimbursement funds. Allows service providers to be paid with federal funds for Food Stamp employment and training costs they incur.
- 6** **Modification of parenting plan or order for parenting time.** Amends § 518.175, subd. 5. Makes structural changes to the subdivision. Instructs the court to modify an existing parenting plan or court order, if the plan or order cannot be used to determine the number of overnights or overnight equivalents the child has with each parent, so that the number of overnights or overnight equivalents the child has with each parent can be determined.
- Effective date.** Provides an August 1, 2018, effective date.
- 7** **Obligor.** Amends Minnesota Statutes 2015 Supplement, § 518A.26, subd. 14. To the definition of obligor, new language is added to provide that if a parent has more than 55 percent parenting time, there is a rebuttable presumption that the parent will have a zero dollar basic support obligation. Lists the types of evidence that can be produced to overcome the presumption. Adds that a zero support obligation does not relieve a party from paying arrears.
- Effective date.** Provides an August 1, 2018, effective date.
- 8** **Computation of child support obligations.** Amends § 518A.34. Makes technical changes to conform with the changes made to the parenting expense adjustment formula in section 518A.36. Adds a new paragraph to establish the method of determining child support obligations when parents have split custody of joint children.
- Effective date.** Provides an August 1, 2018, effective date.
- 9** **Parenting expense adjustment.** Amends § 518A.36.

Subd. 1. General. Adds that parenting time means the percentage of time a child spends with a parent during a calendar year according to a court order and averaged over a two year period.

Subd. 2. Calculation of parenting expense adjustment. Establishes a new formula for determining the parenting expense adjustment.

Subd. 3. Calculation of basic support when parenting time is equal. Strikes language made obsolete by the new parenting expense adjustment.

Effective date. Provides an August 1, 2018, effective date.

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- 10** **Modification.** Amends Minnesota Statutes 2015 Supplement, § 518A.39, subd. 2. Adds that if child support was established by applying a parenting expense adjustment under previously existing child support guidelines and there is no parenting plan or order from which overnights or overnight equivalents can be determined, then there is a rebuttable presumption that the established child support obligation will continue after modification unless the modification is based on a change in parenting time.

Makes a technical change to reference the amended child support guidelines.

Effective date. Provides an August 1, 2018, effective date.

- 11** **Permanent Child Support Task Force.** Creates § 518A.79.

Subd. 1. Establishment; purpose. Creates the Permanent Child Support Task Force to advise the commissioner of human services on matters related to the child support guidelines.

Subd. 2. Members. Paragraph (a) identifies the agencies, entities, and individuals who are to make up the 15 member task force.

 Paragraph (b) provides that the task force does not expire.

 Paragraph (c) provides that task force members shall be compensated as provided in section 15.059, subdivision 3.

Subd. 3. Organization. Requires the commissioner of human services to convene the first meeting of the task force. Instructs the members to elect a chair and other officers. Requires the task force to meet at least three times per year, with one meeting devoted to collecting public input.

Subd. 4. Staff. Provides that the commissioner shall provide staff, office space, and administrative services for the task force.

Subd. 5. Duties. Paragraph (a) lists the general duties of the task force.

 Paragraph (b) lists the priority duties of the task force.

Subd. 6. Consultation. Requires the chair to consult with the Cultural and Ethnic Communities Leadership Council at least annually. This council also advises the commissioner.

Subd. 7. Report and recommendations. Instructs the commissioner to prepare a report for the legislature that summarizes the activities of the task force, issues identified by the task force, methods taken to address these issues, and recommendations for legislative action, if needed. Requires the first report to be submitted February 15, 2019, and biennially thereafter.

Effective date. Provides an immediate effective date.

- 12** **Child care provider liaison and advocate.** Requires the commissioner of human services to create a full-time position to act as a liaison and advocate for child care providers.

Provides an immediate effective date.

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13 Legislative task force on child care.

Subd. 1. Creation. Creates a task force to evaluate issues related to affordability and accessibility of child care.

Subd. 2. Membership. Provides that the task force will be composed of eight legislators.

Subd. 3. Duties. Lists the issues that may be considered by the task force including, but not limited to: child care costs, accessibility, training requirements for providers, uniform training requirements for county licensors, and streamlining paperwork requirements.

Subd. 4. Recommendations and report. Requires the task force to issue a report to the legislature and governor by December 31, 2016.

Effective date. Provides an immediate effective date and a sunset date of December 31, 2016.

Article 7: Forecast Adjustments

See spreadsheet.

Article 8: Appropriations

See spreadsheet.