HOUSE RESEARCH

Bill Summary

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Article 1: Department of Health and Public Health

Overview

This article contains provisions relating to the Health Department and public health. It makes changes to a chapter governing wells and borings; establishes advisory councils on rare diseases and on PANDAS and PANS; requires the commissioner to provide information about congenital CMV; directs the commissioner to regulate security screening systems; authorizes alcohol and drug counselors to receive loan forgiveness from the health professional education loan forgiveness program; modifies provisions governing home care providers; directs the EMS Regulatory Board to adopt rules on medication administration and emergency medical services; modifies licensure requirements for prescribed pediatric extended care centers; authorizes the commissioner to fund a suicidal crisis telephone counseling service; modifies supervision requirements for body artists; establishes licensure requirements for speech-language pathology assistants; requires certification of unlicensed personnel performing cremations; establishes an older adult social isolation working group; and authorizes rulemaking on wells and borings and on security screening systems.

1 **Boring.** Amends § 103I.005, subd. 2. Amends the definition of boring in chapter 103I (which covers wells, borings, and underground uses), to specify it includes temporary borings.

2 **Environmental well.** Amends 103I.005, subd. 8a. In the definition of environmental well, clarifies that an exploratory boring is not an environmental well.

3 **Temporary boring.** Amends § 103I.005, subd. 17a. Defines temporary boring for chapter 103I. This term will be used instead of temporary environmental well.

4 **Notification required.** Amends § 103I.205, subd. 1. Provides that a person is not required to notify the commissioner before constructing a temporary boring (instead of temporary environmental well as in current law).

5 **License required.** Amends § 103I.205, subd. 4. Allows a person who is a professional engineer, hydrologist or hydrogeologist, professional geoscientist, or geologist, or who meets qualifications in rule, to construct, repair, and seal a temporary boring. Removes language authorizing a licensed plumber who does not have a well or boring contractor's license under chapter 103I to repair submersible pumps or water pipes connected to well water systems if the repair location is in an area with no licensed well contractors within 50 miles, provided the plumber complies with the plumbing code.

6 **Report of work.** Amends § 103I.205, subd. 9. Modifies the deadline for submitting a report to the commissioner of health related to well or boring construction or sealing to within 60 days, rather than 30 days, of completing the work.

7 **Well notification fee.** Amends § 103I.208, subd. 1. Makes an existing $75 fee apply to the sealing of borings, and exempts temporary borings less than 25 feet in depth from the

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notification and fee requirements in chapter 103I. Changes a term used, from temporary environmental well to temporary boring.

8 **Temporary boring and unsuccessful well exemption.** Amends § 103I.235, subd. 3. Exempts temporary borings that were sealed by a licensed contractor (rather than temporary environmental wells as in current law), from requirements to disclose to a buyer the location of wells on the property.

9 **Notification required.** Amends § 103I.301, subd. 6. Prohibits a person from sealing a boring until a notification is filed with the commissioner, except that temporary borings less than 25 feet in depth are exempt from this notification requirement.

10 **Notification and map of borings.** Amends § 103I.601, subd. 4. Provides that one site fee of $275 must be submitted for all exploratory borings marked on the proposed boring map submitted to the commissioner of health, not $275 per exploratory boring. Also requires maps of proposed borings to be submitted on an 8-1/2 x 11-inch sheet of paper.

11 **Advisory council on rare diseases.** Adds § 137.68. Requests the establishment of an advisory council on rare diseases at the University of Minnesota.

Subd. 1. Establishment. Requests that the Board of Regents establish a Chloe Barnes Advisory Council on Rare Diseases at the University of Minnesota. Defines rare disease as any disease (1) that affects less than 200,000 people in the U.S., or (2) that affects more than 200,000 people in the U.S. and for which the cost of developing and making available a drug for that disease would not be recovered from the U.S. sales of that drug.

Subd. 2. Membership. Lists suggested advisory council membership.

Subd. 3. Meetings. Requests the first meeting of the advisory council to occur by September 1, 2018, and requires it to meet at the call of the chair or the request of a majority of the council members.

Subd. 4. Duties. Lists permitted duties for the advisory council.

Subd. 5. Conflicts of interest. Makes advisory council members subject to the Board of Regents policy on conflicts of interest.

Subd. 6. Annual report. Requires the advisory council to annually report to certain legislative committees on the council's activities and other issues on which it chooses to report.

12 **The Vivian Act.** Adds § 144.064. Requires the commissioner of health to provide information about and engage in outreach activities regarding congenital human herpesvirus cytomegalovirus (congenital CMV).

Subd. 1. Short title. Provides that this section shall be known as the Vivian Act.

Subd. 2. Definitions. Defines terms for this section: commissioner, health care practitioner, CMV, and congenital CMV.

Subd. 3. Commissioner duties. Requires the commissioner to make available to medical professionals who provide prenatal or postnatal care, women who may become pregnant, expectant parents, and parents of infants, information about

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congenital human herpesvirus cytomegalovirus (congenital CMV). Lists what the information provided must include. Requires the commissioner to ensure the information provided is culturally and linguistically appropriate for recipients. Also requires the commissioner to establish an outreach program to provide education to women and parents about CMV, and to raise awareness of CMV to health care providers who care for expectant mothers or infants.

13 **Fees for ionizing radiation-producing equipment.** Amends § 144.121, subd. 1a. Adds security screening systems to the types of ionizing radiation-producing equipment that must be registered with the commissioner of health, and establishes registration fees for these systems. Defines security screening system as radiation-producing equipment designed and used for security screening of humans in custody at a correctional or detention facility, and used to image and identify contraband items concealed within or on those persons. Defines correctional or detention facility as a facility licensed by the commissioner of corrections under section 241.021 and operated by the state or a political subdivision.

14 **Exemption from examination requirements; operators of security screening systems.** Adds subd. 9 to § 144.121. Exempts an employee of a correctional or detention facility who operates a security screening system, and the correctional or detention facility, from the examination requirements that otherwise apply to persons who operate x-ray equipment and the inspection requirements that otherwise apply to facilities. Until the commissioner adopts rules governing security screening systems, these employees and facilities must meet the requirements to obtain a variance from the commissioner from the rules governing general use of ionizing radiation, shielding requirements, dose levels, and radiation safety.

15 **Advisory council on PANDAS and PANS.** Adds § 144.131. Establishes an advisory council on PANDAS and PANS at the Department of Health.

Subd. 1. Advisory council established. Directs the commissioner of health to establish the advisory council to advise the commissioner on research, diagnosis, treatment, and education regarding PANDAS and PANS.

Subd. 2. Membership. Lists council membership for the 16-member council.

Subd. 3. Terms. Provides that the term for council members is three years, requires council members to serve until their successors are appointed, and allows council members to be reappointed.

Subd. 4. Administration. Directs the commissioner of health to provide meeting space and administrative services for the advisory council.

Subd. 5. Compensation and expenses. Prohibits compensation but permits reimbursement for expenses for public members of the advisory council.

Subd. 6. Chair; meetings. Provides for election of an advisory council chair and directs the chair to schedule advisory council meetings. Requires the advisory council to meet at least four times a year, or at the request of a majority of its members.

Subd. Duties. Lists duties for the advisory council.

16 **Definitions.** Amends § 144.1501, subd. 1. Adds a definition of alcohol and drug counselor to the section governing the health professional education loan forgiveness program.

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17 **Creation of account.** Amends § 144.1501, subd. 2. Authorizes the commissioner of health to provide loan forgiveness for alcohol and drug counselors who agree to practice in designated rural areas.

18 **Eligibility.** Amends § 144.1501, subd. 3. Includes persons enrolled in a training or education program to become an alcohol or drug counselor, in the list of persons eligible to participate in the health professional education loan forgiveness program.

19 **Expansion grant program.** Amends § 144.1506, subd. 2. Under current law a primary care residency program is eligible for a training grant for a residency slot for a three-year period. If a residency program has a longer duration than three years, this allows training grants to be awarded for the duration of the residency, but prohibits training grants from exceeding an average of $100,000 per residency slot per year.

20 **Statewide tobacco cessation services.** Directs the commissioner of health to administer or contract for the administration of statewide tobacco cessation services to help Minnesotans quit using tobacco products. Also requires the commissioner to conduct statewide public awareness activities to inform the public about the services and encourage their use. Specifies services that may be provided, requires them to be evidence-based best practices, and requires coordination of services.

21 **Trauma Advisory Council established.** Amends § 144.608, subd. 1. Updates cross-references, based on amendments made in section 144.1501, subdivision 1.

22 **Medication administration.** Amends § 144A.43, subd. 11. Modifies the definition of medication administration in statutes governing home care providers.

23 **Medication reconciliation.** Adds subd. 12a to § 144A.43. For statutes governing home care providers, defines medication reconciliation as the process of identifying the most accurate list of all medications a client is taking by comparing the client record to an external list of medications.

24 **Service agreement.** Amends § 144A.43, subd. 27. Changes a term used in home care provider statutes, from service plan to service agreement. This term is changed throughout the home care provider statutes.

25 **Standby assistance.** Amends § 144A.43, subd. 30. Modifies the definition of standby assistance in statutes governing home care providers.

26 **Change in ownership.** Amends § 144A.472, subd. 5. Amendments to paragraph (a) clarify what constitutes a change of ownership for a home care provider business. New paragraphs (b) and (c) provide that when a change in ownership occurs, employees of the business under the old owner who continue employment with the business under the new owner are not required to undergo new training, except on policies of the new owner that differ from those of the old owner.

27 **Fees; application, change of ownership, and renewal.** Amends § 144A.472, subd. 7. Adds a penalty of $1,000 for a home care provider with a temporary license that fails to notify the commissioner of health within five days after it begins providing services to clients.

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28 **Issuance of temporary license and license renewal.** Amends § 144A.473.

Subd. 1. Temporary license and renewal of license. Exempts temporary licenses from the requirement that home care provider licenses are valid for up to a year from the date of issuance, because temporary licenses can be extended in certain circumstances.

Subd. 2. Temporary license. Adds a reference that temporary licenses can be extended according to subdivision 3. Requires the commissioner to survey temporary licensees with 90 calendar days after the provider begins providing services. Also changes terminology from license year to license period.

Subd. 3. Temporary licensee survey. Modifies steps the commissioner may take if a temporary licensee is not in substantial compliance with a survey: in addition to not issuing a license as provided in current law, the commissioner may terminate the temporary license, or extend the temporary license and apply conditions. Establishes a deadline by which the commissioner must receive a reconsideration request and supporting documentation from a temporary licensee. Lists the circumstances under which a temporary licensee whose license is denied may continue operating.

29 **Types of home care surveys.** Amends § 144A.474, subd. 2. In a subdivision governing home care provider surveys, defines change in ownership survey, and requires such surveys to be completed within six months after the commissioner issues a new license due to a change in ownership.

30 **Conditions.** Amends § 144A.475, subd. 1. Permits the commissioner to refuse to grant a license as a result of a change in ownership, if a home care provider, owner, or managerial official engages in certain conduct.

31 **Terms to suspension or conditional license.** Amends § 144A.475, subd. 2. Provides that a home care provider operating under a suspended or conditional license according to this subdivision may continue to operate while home care clients are being transferred to other providers.

32 **Plan required.** Amends § 144A.475, subd. 5. Provides that a home care provider whose license is being suspended or revoked according to this subdivision may continue to operate while home care clients are being transferred to other providers.

33 **Prior criminal convictions; owner and managerial officials.** Amends § 144A.476, subd. 1. Requires the commissioner to conduct a background study on owners and managerial officials of a home care provider before issuing a license due to a change in ownership.

34 **Employee records.** Amends § 144A.479, subd. 7. Makes a technical change.

35 – 36 Amends § 144A.4791, subds. 1 and 3. Clarifies that a home care provider client must receive certain notices and statements before the date that services are first provided to clients, rather than before the initiation of services to clients.

37 **Initiation of services.** Amends § 144A.4791, subd. 6. Clarifies that if a client receives services before the client receives a review or assessment, a licensed health professional or registered nurse must complete a temporary plan and orient staff to deliver services.

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38 – 39 Amends § 144A.4791, subds. 7 and 8. Requires an initial review, initial assessment, and client monitoring and reassessment to be completed within specified periods after the dates that home care services are first provided, rather than after the initiation of home care services.

40 **Service agreement, implementation, and revisions to service agreement.** Amends § 144A.4791, subd. 9. Changes a term used from service plan to service agreement, and requires a service agreement to be finalized within 14 days after the date home care services are first provided, rather than after the initiation of home care services. Modifies what the service agreement must include regarding staffing and supervision.

41 **Medication management services; comprehensive home care license.** Amends § 144A.4792, subd. 1. Requires a comprehensive home care provider to have policies to ensure security and accountability for management, control, and disposition of controlled substances, if the provider manages, stores, and secures controlled substances.

42 **Provision of medication management services.** Amends § 144A.4792, subd. 2. Requires an assessment conducted before a home care provider provides medication management services, to include providing instructions to the client or a representative on interventions to manage medications and prevent medication diversion.

43 **Individualized medication management plan.** Amends § 144A.4792, subd. 5. Requires medication reconciliation to occur as part of medication management.

44 **Medication management for clients who will be away from home.** Amends § 144A.4792, subd. 10. Modifies requirements for medication management for clients who will be away from home:

- for unplanned time away, limits the amount of medication a client may receive to the amount needed for seven calendar days (rather than 120 hours [five calendar days] as in current law); and
- requires written procedures that apply during unplanned time away when a registered nurse is not available, to specify how unlicensed staff must document unused medications that are returned to the provider.

45 **Treatment and therapy orders.** Amends § 144A.4793, subd. 6. Requires treatment and therapy orders to be renewed at least every 12 months, and requires these orders to include information on the duration of the treatment or therapy.

46 **Content.** Amends § 144A.4796, subd. 2. Makes a technical change to a subdivision governing what must be covered in home care provider employee orientation.

47 **Supervision of staff providing delegated nursing or therapy home care tasks.** Amends § 144A.4797, subd. 3. Clarifies when supervision must take place for staff performing delegated tasks.

48 **Disease prevention and infection control.** Amends § 144A.4798. Consolidates and updates disease prevention and infection control requirements for home care providers.

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49 **Membership.** Amends § 144A.4799, subd. 1. Allows persons who have received home care services within the past five years to be members of the home care and assisted living program advisory council.

50 **Duties.** Amends § 144A.4799, subd. 3. Clarifies the topics on which the home care and assisted living program advisory council may provide advice to the commissioner.

51 **Integrated licensing established.** Strikes an obsolete paragraph.

52 **Rules authorizing patient-assisted medication administration.** Adds subd. 9 to § 144E.16. Directs the EMS Regulatory Board to adopt rules to authorize emergency medical technicians, advanced emergency medical technicians, and paramedics to assist a patient, in emergency situations, with administering a prescription medication that is carried by a patient, intended to treat adrenal insufficiency, or another rare but previously diagnosed condition that requires emergency treatment, intended to treat a specific life-threatening condition, and administered via routes of delivery within the person's scope of training. Personnel may only assist under the authority of guidelines approved by the ambulance service medical director or under direct medical control.

53 **Rules establishing standards for communication with patients regarding need for emergency services.** Adds subd. 10 to § 144E.16. Directs the EMS Regulatory Board to adopt rules regarding communication guidelines for ambulance services to use in communicating with patients in the service area about developing emergency medical services care plans.

54 **Medically complex or technologically dependent child.** Amends § 144H.01, subd. 5. Amends the definition of medically complex or technologically dependent child for purposes of prescribed pediatric extended care (PPEC) centers, to provide that it means a child under 21 years of age who meets the criteria for medical complexity described in the federally approved community alternative care waiver.

55 **Licenses.** Amends § 144H.04, subd. 1. For calendar years 2019 and 2020, limits number of PPEC center licenses issued by the commissioner of health to two. Provides that the PPEC centers licensed for 2019-2020 must meet the requirements for the phase-in of PPEC center licensure. Allows the commissioner to limit licensure of PPEC centers to areas of the state with a demonstrated home care worker shortage.

56 **Community-based programs.** Amends § 145.56, subd. 2. As part of the commissioner of health's existing suicide prevention program, directs the commissioner to distribute a grant to a nonprofit organization to provide crisis telephone counseling services statewide to people in suicidal crisis or emotional distress.

57 **Goal; establishment.** Amends § 145.928, subd. 1. Makes access to and utilization of high-quality prenatal care a priority area in the eliminating health disparities program administered by the commissioner of health.

58 **Community grant program; immunization rates, prenatal care access and utilization, and infant mortality rates.** Amends § 145.928, subd. 7. Allows the commissioner of health to award grants through the eliminating health disparities grant program, for projects

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to decrease racial and ethnic disparities in access to and utilization of high-quality prenatal care.

59 **Supervisors.** Adds subd. 7a to § 146B.03. Authorizes a body piercing technician who has been licensed for at least one year in Minnesota or a jurisdiction with reciprocity, to supervise a temporary body piercing technician. (Under current law, a body piercing technician must have been licensed for at least two years in order to supervise a temporary technician.) Also allows a body piercing technician to supervise up to four temporary technicians, rather than two temporary technicians as in current law, without providing the commissioner with a supervisory plan. The supervision requirements for tattoo technicians are existing law and are being moved from section 146B.02, subd. 7a, which is being repealed in this article.

60 **Exemptions.** Amends § 147A.08. Updates cross-references, based on amendments made in section 144.1501, subdivision 1.

61 **Speech-language pathology assistant.** Amends § 148.512, subd. 17a. Amends the definition of speech-language pathology assistant.

62 **Unlicensed practice prohibited.** Amends § 148.513, subd. 1. Prohibits a person from practicing as a speech-language pathology assistant unless the person is licensed. Strikes a reference to a subdivision specifying a speech-language pathology assistant's duties; similar language is found in new sections 148.5185 and 148.5186.

63 **Protected titles and restrictions on use; speech-language pathologists and audiologists.** Amend § 148.513, subd. 2. In a subdivision listing protected titles, removes language specifying protected titles for speech-language pathology assistants (protected titles for this occupation are moved to a new subdivision 2b). Also makes technical changes.

64 **Protected titles and restrictions on use; speech-language pathology assistants.** Adds subd. 2b to § 148.513. Lists protected titles for licensed speech-language pathology assistants. Prohibits speech-language pathology assistants from representing to the public that they are licensed speech-language pathologists.

65 **Applicability.** Amends § 148.515, subd. 1. Clarifies that an existing section on qualifications for licensure applies only to licensure of speech-language pathologists and audiologists.

66 **Licensure by equivalency.** Amends § 148.516. Clarifies that an existing section on licensure by equivalency applies only to licensure of speech-language pathologists and audiologists.

67 **Restricted licensure; speech-language pathology assistants.** Adds § 148.5185. Establishes restricted licensure for speech-language pathology assistants with certain qualifications.

Subd. 1. Qualifications for a restricted license. To be eligible for a restricted license as a speech-language pathology assistant, requires a person to satisfy the requirements in subdivision 2, 3, or 4.

Subd. 2. Person practicing as a speech-language pathology assistant before January 1, 2019. Allows a person practicing as a speech-language pathology assistant before January 1, 2019, who does not meet the qualification requirements for a license under section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Lists coursework and supervised field experience

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that a person with a restricted license must complete, in order to be eligible for full licensure.

Subd. 3. Person with a bachelor's degree in communication sciences or disorders and practicing as a speech-language pathology assistant before January 1, 2019. Allows a person with a bachelor's degree in communication sciences or disorders and who is practicing as a speech-language pathology assistant before January 1, 2019, but who does not meet the qualification requirements for a license under section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Lists coursework and supervised field experience that a person with a restricted license must complete, in order to be eligible for full licensure.

Subd. 4. Person with an associate degree from a program that does not meet requirements in section 148.5186. Allows a person with an associate degree from a program that does not meet the requirements in section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Requires a speech-language pathology assistant with a restricted license under this subdivision to complete any missing coursework or supervised field experience, as determined by the commissioner, in order to be eligible for full licensure.

Subd. 5. Additional requirements; restricted license. Allows a restricted license to be renewed biennially until January 1, 2025. Requires a speech-language pathology assistant with a restricted license and working as a speech-language pathology assistant before January 1, 2019, to only practice with the employer with whom the assistant was employed when the assistant applied for a restricted license.

Subd. 6. Continuing education. Requires a speech-language pathology assistant to comply with continuing education requirements for speech-language pathology assistants, in order to renew a restricted license.

Subd. 7. Scope of practice. Provides that scope of practice for speech-language pathology assistants with restricted licenses is governed by a subdivision that specifies duties that may and may not be performed by speech-language pathology assistants.

68 **Licensure, speech-language pathology assistants.** Adds § 148.5186. Establishes licensure for speech-language pathology assistants with certain qualifications.

Subd. 1. Requirements for licensure. Provides that to be eligible for licensure as a speech-language pathology assistant, an applicant must submit evidence of completing:

- an associate degree from an accredited speech-language pathology assistant program, which includes at least 100 hours of supervised field experience; or
- a bachelor's degree in communication sciences or disorders and a speech-language pathology assistant certificate program that includes specified coursework and at least 100 hours of supervised field experience.

Subd. 2. Licensure by equivalency. Requires an applicant who applies for licensure by equivalency as a speech-language pathology assistant to provide the

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commissioner with evidence of satisfying the requirement for licensure in subdivision 1.

Subd. 3. Scope of practice. Provides that scope of practice for speech-language pathology assistants licensed under this section is governed by a subdivision that specifies duties that may and may not be performed by speech-language pathology assistants.

69 **Applications for licensure; speech-language pathologists and audiologists.** Amends § 148.519, subd. 1. Clarifies that an existing subdivision on licensing procedures applies to applicants for licensure as a speech-language pathologist or audiologist.

70 **Applications for licensure; speech-language pathology assistants.** Adds subd. 1a to § 148.519. Lists information an applicant for licensure as a speech-language pathology assistant must submit to the commissioner.

71 **Delegation requirements.** Amends § 148.5192, subd. 1. Provides that a speech-language pathologist can only delegate duties to a speech-language pathology assistant who is licensed under section 148.5185 or 148.5186.

72 **Number of contact hours required.** Amends § 148.5193, subd. 1. Clarifies that an existing subdivision on continuing education requirements applies to licensed speech-language pathologists or audiologists.

73 **Continuing education; speech-language pathology assistants.** Adds subd. 1a to § 148.5193. Requires applicants renewing speech-language pathology assistant licenses to satisfy requirements for continuing education established by the commissioner.

74 **Speech-language pathology assistant initial licensure and renewal fees.** Adds subd. 3b to § 148.5194. Sets the fee for initial licensure for speech-language pathology assistants at $130 and the fee for licensure renewal at $120.

75 **Penalty fees.** Amends § 148.5194, subd. 8. Establishes penalty fees for a speech-language pathology assistant who uses a protected title or practices speech-language pathology assisting without a current license after a license has expired or who is not licensed. Also establishes a penalty fee for a speech-language pathology assistant who fails to submit a continuing education report by the due date.

76 **Grounds for disciplinary action by commissioner.** Amends § 148.5195, subd. 3. Makes the following grounds for disciplinary action by the commissioner:

- performing services of a speech-language pathology assistant in an incompetent or negligent manner; or
- violating a law which directly relates to the practice of speech-language pathology assisting, or an essential element of which is dishonesty.

77 **Membership.** Amends § 148.5196, subd. 1. Expands the Speech-Language Pathologist and Audiologist Advisory Council from 12 to 13 persons, and adds a licensed speech-language pathology assistant to its membership.

78 **Duties.** Amends § 148.5196, subd. 3. Adds to the duties of the Speech-Language Pathologist and Audiologist Advisory Council, to include advising the commissioner on speech-language

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pathology assistant licensure standards, and distributing information about speech-language pathology assistant licensure standards.

79 **Continuing education.** Amends § 149A.40, subd. 11. Amends continuing education requirements to renew a license to practice mortuary science, to require continuing education on cremations. Makes this requirement effective January 1, 2019, and applicable to mortuary science licenses renewed on or after that date.

80 **Unlicensed personnel.** Amends § 149A.95, subd. 3. Establishes qualifications that unlicensed personnel must meet, in order to perform cremations at a licensed crematory: completion of a certified crematory operator course approved by the commissioner; obtaining crematory operator certification; public posting of the certification at the licensed crematory where cremations are performed; and maintenance of crematory operator certification. Makes this section effective January 1, 2019, and applicable to unlicensed personnel performing cremations on or after that date.

81 **Phase-in of licensure of prescribed pediatric extended care centers.** Provides that for calendar years 2019 and 2020, the commissioner shall issue not more than two PPEC center licenses. To eligible for a PPEC center licensure for 2019-2020, requires an applicant to hold a comprehensive home care license and have experience providing care to medically complex or technologically dependent children. Directs the commissioner to develop quality measures for PPEC centers, in consultation with the PPEC centers licensed for 2019-2020.

82 **Older adult social isolation working group.** Directs the commissioner of health to convene an older adult social isolation working group.

Subd. 1. Establishment; members. Specifies membership in the older adult social isolation working group, and limits its size to no more than 35 members.

Subd. 2. Duties; recommendations. Directs the working group to assess the current and future impact of social isolation on persons over age 55, and requires the group to make recommendations to the governor and the members of the health and human services committees in the legislature on the listed issues.

Subd. 3. Meetings. Requires the working group to hold at least four public meetings between August 10, 2018, and December 10, 2018, and to use technology to reach interested persons throughout the state.

Subd. 4. Report. Directs the commissioner of health to submit a report and the working group's recommendations to the governor and the members of the health and human services committees in the legislature no later than January 14, 2019.

Subd. 5. Sunset. Sunsets the working group upon delivery of the required report.

83 **Rulemaking; well and boring records.** Directs the commissioner of health to amend rules to modify the deadline for submitting a report to the commissioner related to well or boring construction or sealing to within 60 days, rather than 30 days, of completing the work. Authorizes use of the good cause exemption.

84 **Rulemaking; security screening systems.** Authorizes the commissioner of health to adopt rules governing security screening systems operated at correctional or detention facilities, by December 31, 2020. Provides that if rules are not adopted by that time, the rulemaking

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authority is repealed; and provides that this rulemaking authority does not constitute continuing authority to amend or repeal these rules.

85 **Advisory council on PANDAS and PANS; initial appointments and first meeting.** Requires initial appointments to be made by October 1, 2018, and requires the commissioner of health to convene the first meeting of the advisory council by November 1, 2018. Establishes staggered terms for the first set of appointees to the advisory council.

86 **Variance to requirements for sanitary dumping station.** Requires the commissioner of health to provide a variance to the requirement in Minnesota Rules, part 4630.0900 that a resort must provide a sanitary dumping station, for a resort in Hubbard County that is located on an island and for which it is impractical to build a sanitary dumping station on the resort property.

87 **Revisor's instruction.** Directs the revisor of statutes to modify terms in specified statutes.

88 **Repealer.** Paragraph (a) repeals obsolete provisions regarding tuberculosis prevention and control and the transition to a new licensing structure for home care providers.

Paragraph (b) repeals requirements for body artists to supervise temporary artists; these requirements are being modified in part and moved to another statutory section.

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Article 2: Health Care

Overview

This article contains provisions related to state health care programs and private-sector health insurance. Sections in the article establish a review process for the use by DHS of unexpended balances from information systems projects; modify MA and MinnesotaCare coverage of telemedicine services; make changes in the claim submittal process for federally qualified health centers and require DHS to develop recommendations that would allow FQHCs to use 340B drug discounts; require DHS to reconcile MinnesotaCare premiums; require DHS to contract with a vendor to implement a third-party liability recovery program; request the Office of the Legislative Auditor to study geographic disparities in health insurance rates; establish a direct contracting pilot program; modify short-term coverage; and make other changes.

1 **Classification.** Amends § 13.69, subd. 1. Requires the Department of Public Safety to provide the last four digits of drivers' Social Security numbers to DHS for purposes of recovery of Minnesota health care program benefits paid. Provides a July 1, 2018 effective date.

2 **Mammograms.** Amends § 62A.30, by adding subd. 4. (a) Provides that required insurance coverage of preventive mammogram screenings includes digital breast tomosynthesis if the enrollee is at risk for breast cancer. Requires this to be covered as a preventive item or service.

(b) Digital breast tomosynthesis is a radiologic procedure that produces cross-sectional three-dimensional images of the breast. To be at risk for breast cancer means having a family history or relative with breast cancer, testing positive for BRCA1 or BRCA2 mutations, having dense breasts based on criteria established by the American College of Radiology, or having previously had breast cancer.

(c) States that the subdivision does not apply to coverage provided through MA or MinnesotaCare.

(d) States that the subdivision does not limit coverage of digital breast tomosynthesis in effect prior to January 1, 2019.

(e) States that the subdivision does prohibit coverage of digital breast tomosynthesis for an enrollee not at risk of breast cancer.

Effective date. This section is effective January 1, 2019, and applies to health plans issued, sold, or renewed on or after that date.

3 **Short-term coverage.** Amends § 62A.65, subd. 7. Defines short-term coverage as an individual health plan that: (1) provides coverage for a period of less than 12 months; (2) can be renewed for one additional 12 month period; (3) excludes coverage of preexisting conditions for the first six months; and (4) can be medically underwritten.

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4 **Coverage restrictions or limitations.** Amends § 62Q.55, subd. 5. Establishes additional requirements to govern the provision of emergency services by nonparticipating providers. A new paragraph (b) prohibits the nonparticipating provider from requesting payment from the enrollee in addition to the applicable cost-sharing requirements, and requires the enrollee to be held harmless and not liable for payment that is in addition to the applicable cost sharing requirements.

A new paragraph (c) requires health plan companies to attempt to negotiate the reimbursement rate with the nonparticipating provider. If there is no resolution, allows the health plan company or provider to refer the matter to binding arbitration. Specifies requirements for arbitration.

States that this section is effective January 1, 2019, and applies to emergency services provided on or after that date.

5 **Eligibility verification.** Adds § 256.0113.

Subd. 1. Verification required; vendor contract. (a) Requires the commissioner to ensure that MA, MinnesotaCare, and Supplemental Nutrition Assistance Program (SNAP) eligibility determinations include the verification of income, residency, identity, and when applicable, assets and compliance with SNAP work requirements.

(b) Requires the commissioner to contract with a vendor to verify the eligibility of MA, MinnesotaCare, and SNAP enrollees during a specified audit period.

(c) Specifies the vendor to comply with data privacy requirements and to use encryption. Requires penalties for noncompliance.

(d) Requires the contract to include a data sharing agreement, under which vendor compensation is limited to a portion of the savings.

(e) Requires the commissioner to use existing resources to fund agency administrative and technology-related costs.

(f) Requires state savings, after vendor payment, to be deposited into the health care access fund.

Subd. 2. Verification process; vendor duties. (a) Specifies requirements for the verification process, which includes data matches against federal and state data sources.

(b) Requires the vendor, upon preliminary determination that an enrollee is eligible or ineligible, to notify the commissioner. Requires the commissioner to accept or reject this determination within 20 days. States that the commissioner retains final authority over eligibility determinations. Requires the vendor to keep a record of all preliminary determinations.

(c) Requires the vendor to recommend to the commissioner a process that allows ongoing verification of enrollee eligibility under MNsure and other agency eligibility determination systems.

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(d) Requires the commissioner and the vendor to jointly submit an eligibility verification audit report to legislative committees. Specifies requirements for the report.

(e) Requires the vendor contract to be awarded for a one-year period, beginning January 1, 2019. Allows renewal for up to three years and additional verification audits, if the commissioner or legislative auditor determines that state eligibility determination systems cannot effectively verify MA, MinnesotaCare, and SNAP enrollee eligibility.

6 **State systems account created.** Amends § 256.014, subd. 2. (a) Provides that any unexpended balance for information systems projects for MAXIS, PRISM, MMIS, ISDS, METS, or SSIS does not cancel and is available for ongoing development and operations, subject to review by the Legislative Advisory Commission (LAC) as provided in paragraphs (b) and (c).

(b) Prohibits an unexpended balance under paragraph (a) from being expended by the commissioner of human services until the commissioner of management and budget has submitted the proposed expenditure to the LAC for review and recommendation.

If the LAC makes a positive recommendation, no recommendation, or has not reviewed the request within 20 days of submittal, the commissioner of management and budget may approve the proposed expenditure.

If the LAC recommends further review, the commissioner shall provide additional information to the LAC. If the LAC makes a negative recommendation within ten days, the commissioner shall not approve the expenditure. If the LAC makes a positive recommendation, or no recommendation within ten days, the commissioner may approve the expenditure.

(c) Requires any LAC recommendation to be made at a meeting of the commission unless a written recommendation is signed by all members entitled to vote. States that a recommendation must be made by a majority of the commission.

7 **Telemedicine services.** Amends § 256B.0625, subd. 3b. Provides an exception to the MA limit on telemedicine services of three services per enrollee per calendar week, if the telemedicine services are: (1) provided by the licensed health care provider for the treatment and control of tuberculosis; and (2) provided in a manner consistent with the recommendations and best practices specified by the Centers for Disease Control and Prevention and the commissioner of health. Adds community paramedics to the list of licensed health care providers eligible to provide telemedicine services under MA.

8 **Transportation services oversight.** Amends § 256B.0625, by adding subd. 17d. Requires the commissioner to contract with a vendor or dedicate staff for the oversight of providers of nonemergency medical transportation services.

9 **Transportation provider termination.** Amends § 256B.0625, by adding subd. 17e. (a) States that a terminated NEMT provider, including related individuals and affiliates, is not eligible to enroll as a NEMT provider for five years following termination.

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(b) Requires terminated providers who reenroll to be placed on a one-year probation period, during which the commissioner shall complete unannounced site visits and request documentation to review compliance with program requirements.

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

10 **Advisory committee members.** Amends § 256B.0625, subd. 18d. Adds a taxicab owner or operator to the membership of the nonemergency medical transportation advisory committee.

11 **Other clinic services.** Amends § 256B.0625, subd. 30. Requires FQHCs and rural health clinics to submit claims for services provided on or after January 1, 2019, directly to the commissioner for payment. Requires the commissioner to provide claims information to managed care and county-based purchasing plans. (Under current law, DHS has the option to require FQHCs and rural health clinics to submit claims to the agency or to the managed care or county-based purchasing plan.)

12 **Direct contracting pilot program.** Adds § 256B.0759.

Subd. 1. Establishment. Requires the commissioner of human services to establish a direct contracting pilot program, to test methods of care delivery through community-based collaborative care networks to MA and MinnesotaCare enrollees. Requires the program to be designed to coordinate care delivery to enrollees with a combination of risk factors. Requires the commissioner to issue an RFP to select care networks to deliver care for a three-year period, beginning January 1, 2020.

Subd. 2. Eligible individuals. (a) Provides that the pilot program shall serve individuals who: (1) are eligible for MA or MinnesotaCare; (2) reside in the care network's service area; (3) have multiple risk factors; (4) have elected to participate in the pilot program as an alternative to fee-for-service, managed care or county-based purchasing, or an integrated health partnership; and (5) agree to participate in risk mitigation strategies if determined to be at risk of opioid addiction or substance abuse.

(b) Specifies methods the commissioner may use to identify eligible individuals. Requires the commissioner to coordinate pilot program enrollment with the enrollment and procurement process for managed care, county-based purchasing, and integrated health partnerships.

Subd. 3. Selection of care networks. Limits participation to no more than six care networks and requires care networks to serve different geographic areas in the state. Specifies criteria to be used by the commissioner in selecting care networks.

Subd. 4. Requirements for participating care networks. (a) Requires the care networks selected to: (1) accept the prepaid medical assistance program (PMAP) capitation rate; (2) comply with PMAP requirements related to performance targets, capitation rate withholds, and administrative expenses; (3) maintain adequate reserves and demonstrate the ability to bear risk, or demonstrate that this requirement has been met by contracting with a third-party; (4) assess all enrollees for risk factors related to opioid addiction and substance abuse, and based upon the professional judgment of the health care provider, require at-risk enrollees to enter into a patient provider

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agreement, submit to urine drug screening, or participate in other risk mitigation strategies; and (5) participate in quality of care and financial reporting initiatives.

(b) Allows existing integrated health partnerships that meet program criteria to participate in the pilot program while continuing as an integrated health partnership.

Subd. 5. Requirements for the commissioner. (a) Requires the commissioner to provide care networks with the enrollee utilization and cost information provided to integrated health partnerships.

(b) Requires the commissioner, in consultation with the commissioner of health and care networks, to design and administer the pilot program to allow testing and evaluation of care models and quality of care measures, in order to compare the care delivered to that provided by managed care and county-based purchasing plans and integrated health partnerships.

(c) Requires the commissioner, based on the analysis under paragraph (b), to evaluate the pilot program and present recommendations as to whether the program should be continued or expanded to the legislative committees with jurisdiction over health and human services policy and finance, by February 15, 2022.

13 **Managed care contracts.** Amends § 256b.69, subd. 5a. A new paragraph (n) requires the commissioner, for services provided on or after January 1, 2019, through December 31, 2019, to withhold two percent of capitation payments provided to managed care and county-based purchasing plans for each MA enrollee. Requires the commissioner to return the withhold, between July 1 and July 31 of the following year, for capitation payments for enrollees for whom the managed care or county-based purchasing plan has submitted to the commissioner a verification of coverage form completed and signed by the enrollee. Specifies requirements for the form. Requires a plan to request all enrollees to complete the form, and requires the plan to submit all completed forms to the commissioner by February 28, 2019. If a completed form for an enrollee is not received by the commissioner by that date, requires the commissioner to not return funds withheld for that enrollee, cease making capitation payments for the enrollee, and disenroll the enrollee from MA, subject to enrollee appeal.

A new paragraph (o) allows the commissioner to establish a single preferred drug list for MA and MinnesotaCare, only if the commissioner studies this change and then obtains legislative approval in the form of authorizing legislation. Requires the commissioner to consult with stakeholders in conducting the study, and to report to the legislative committees with jurisdiction over health and human services policy and finance on the anticipated impact of the change on: the state budget, access to services, quality of outcomes and enrollee experience, and administrative efficiency. Also requires the report to include an assessment of possible unintended consequences of the use of a single preferred drug list.

14 **Encounter reporting of 340B eligible drugs.** (a) Requires the commissioner of human services, in consultation with specified entities, to develop recommendations for a process to identify and report at point of sale 340B drugs dispensed to enrollees of managed care organizations who are patients of an FQHC, and to exclude these claims from the Medicaid drug rebate program and ensure that duplicate discounts do not occur. Requires the commissioner to assess the impact of allowing FQHCs to utilize 340B drug discounts if a

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FQHC utilizes a contract pharmacy for a patient enrolled in the prepaid medical assistance program.

(b) Requires the commissioner, by March 1, 2019, to report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over MA.

15 Reconciliation of MinnesotaCare premiums.

Subd. 1. Reconciliation required. (a) Requires the commissioner of human services to reconcile all MinnesotaCare premiums paid or due for coverage for the period January 1, 2014 through December 31, 2017, by July 1, 2018. Requires the commissioner to notify each MinnesotaCare enrollee or former enrollee of any amount owed as premiums, refund any premium overpayments, and enter into payment arrangements as necessary.

(b) Prohibits the commissioner from using agency staff or resources to plan, develop, or promote any proposal that would offer a health insurance product on the individual market with benefits and networks similar to MinnesotaCare, until the commissioner of management and budget has determined that the commissioner is in compliance with the requirements of this section.

Subd. 2. Determination of compliance; contingent transfer. Requires the commissioner of management and budget to determine whether the commissioner of human services has complied with subdivision 1. Requires the commissioner of management and budget to transfer $10,000 from the central office operations account of DHS to the premium security plan account for each business day of noncompliance.

Provides an immediate effective date.

16 Contract to recover third-party liability. Requires the commissioner to contract with a vendor to implement a third-party liability recovery program for MA and MinnesotaCare. Provides that the vendor is to be reimbursed using a percentage of the money recovered. States that all money recovered, after reimbursement of the vendor, is for the operation of the MA and MinnesotaCare programs, and that the use of this money must be authorized in law by the legislature. Provides a July 1, 2018 effective date.

17 Study and report on disparities between geographic rating areas in individual and small group health insurance rates.

Subd. 1. Study and recommendations. (a) Requests a study from the OLA to examine the differences between the geographic rating areas for individual and small group health insurance rates. The report should examine the factors that cause higher rates in certain geographic areas, the impact referral centers have on rates in southeastern Minnesota, and the extent that those located in a geographic area with higher rates have obtained health insurance from a lower-cost area. The report should also develop at least three options to redraw the geographic boundaries, at least one of which must reduce the number of rating areas. Specifies other requirements for these options.

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(b) Requires health insurance companies, health systems, and the commissioner of health to cooperate with requests for information from the OLA.

(c) Permits the OLA to recommend one or more proposals for redrawing the geographic boundaries, if the proposals will eliminate differences in rating areas and provide stability to the market.

Subd. 2. Contract. Allows the OLA to contract with another entity for technical assistance in conducting the study and developing recommendations.

Subd. 3. Report. Requests that the OLA complete the study and recommendations by January 1, 2019, and submit the report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and health insurance.

18 **Testimony on use of digital breast tomosynthesis by members of state employee group insurance program.** Directs the director of the state employee group insurance program to prepare and submit written testimony to legislative committees by December 31, 2019, on the impact of coverage of digital breast tomosynthesis, and specifies requirements for the testimony.

19 **Mental health and substance use disorder parity work group.**

Subd. 1. Establishment; membership. Establishes a mental health and substance use disorder parity work group and specifies membership and related requirements.

Subd. 2. First appointments; first meeting; chair. Requires appointments to be made by July 1, 2018. Requires the commissioner of commerce or a designee to convene the first meeting by August 1, 2018, and to act as chair.

Subd. 3. Duties. Requires the work group to develop recommendations on the most effective approach to determine and demonstrate mental health and substance use disorder parity, in accordance with state and federal law for individual and group plans, and report recommendations to the legislature.

Subd. 4. Report. Requires the work group to submit recommendations to the legislative committees with jurisdiction over health care policy and finance by February 15, 2019. Specifies requirements for the report.

Subd. 5. Expiration. States that the work group expires February 16, 2019, or the day after submitting the required report, whichever is earlier.

20 **Repealer**. Repeals section 62A.65, subdivision 7a, which excluded short-term coverage from the loss ratio requirements of section 62A.021.

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Article 3: Chemical and Mental Health

Overview

This article establishes mental health screening and data procedures for inmates, modifies human services licensing provisions for substance use disorder treatment programs, provides set-asides for disqualified individuals in the chemical dependency field under specified circumstances, modifies the chemical dependency fund transfer provisions, modifies the provisions governing post-arrest community-based service coordination, and modifies effective dates for provisions governing state-only MA funding payments for mental health services provided in children's residential facilities.

1 **Mental health screening.** Amends § 13.851. Specifies that the treatment of data collected by a sheriff or corrections agency for individuals who may have a mental illness is governed by § 641.15, subd. 3a.

2 **Grant of license; license extension.** Amends § 245A.04, subd. 7. Allows the commissioner of human services to issue a temporary change of ownership license or provisional license. Prohibits commissioner from issuing or reissuing a license if the applicant had been denied a license, including a license following expiration of a provisional license, within the past two years.

3 **Notification required.** Amends § 245A.04, adding subd. 7a. Paragraph (a) requires a license holder to notify the commissioner and obtain approval before making any changes that would alter the license information.

Paragraph (b) requires a license holder to notify the commissioner at least 30 days before the change is effective, in writing, of certain listed changes.

Paragraph (c) requires a license holder to provide amended articles of incorporation or other documents reflecting a change to business structure or services. Makes this section effective August 1, 2018.

4 **License application after a change of ownership.** Proposes coding for § 245A.043.

Subd. 1. Transfer prohibited. Specifies that a license is not transferable or assignable.

Subd. 2. Change of ownership. Requires submission of a new license application when the commissioner determines that a change in ownership will occur. Specifies what constitutes a change in ownership.

Subd. 3. Change of ownership requirements. Paragraph (a) requires written notice to the commissioner of any proposed sale or change of ownership at least 60 days prior to the anticipated change, when the new owner intends to assume operation without interruption.

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Paragraph (b) requires a prospective new owner or operator to submit a license application at least 30 days prior to the change, and comply with all statutory requirements.

Paragraph (c) allows the commissioner to develop application procedures for when the applicant is a current license holder, and the program is currently licensed by DHS and in substantial compliance.

Paragraph (d) specifies that the existing license holder is responsible for operating the program until a license is issued to the new owner or operator.

Paragraph (e) allows the commissioner to waive a new owner or operator's licensing inspection, under certain circumstances.

Paragraph (f) requires a new owner or operator to submit a letter identifying how and when they will resolve any outstanding correction orders, if applicable.

Paragraph (g) specifies that any licensing actions taken against the existing license holder when the new owner or operator is applying for a license will remain in effect until the grounds for the action are corrected or no longer exist.

Paragraph (h) requires the commissioner to evaluate a license application according to statute.

Paragraph (i) allows the commissioner to deny an application according to statute, and allows for appeals.

Paragraph (j) specifies that this subdivision does not apply to a home-based program or service.

Subd. 4. Temporary change of ownership license. Establishes a temporary change of ownership license for a new owner or operator while the commissioner evaluates the new owner or operator's license application. Allows commissioner to establish criteria for issuing such licenses.

Makes this section effective August 1, 2018.

5 **Risk of harm; set aside.** Amends § 245C.22, subd. 4. Requires the commissioner to set aside a disqualification for an individual in the chemical dependency field if:

(1) the individual is a nonviolent controlled substance offender;

(2) the individual is disqualified for one or more listed controlled substance offenses;

(3) the individual provides documentation of successful completion of treatment at least one year prior;

(4) the individual provides documentation of abstinence from controlled substances for at least one year prior; and

(5) the individual is seeking employment in the chemical dependency field.

6 **Scope of set-aside.** Amends § 245C.22, subd. 5. Provides an exception for a set-aside for a person in the chemical dependency field, under subd. 4.

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7 **License requirements.** Amends § 245G.03, subd. 1. Specifies that the assessment of need process established in Minnesota Rules does not apply to programs licensed under chapter 245G. Allows the commissioner to deny a license if the services in the local area are sufficient to meet local need, and the addition of new services would be detrimental.

8 **Rules for substance use disorder care.** Amends § 254A.03, subd. 3. Allows for a structured substance use disorder assessment provided to a recipient of public assistance to establish medical necessity and approval for an initial set of substance use disorder services. Specifies what the initial services must include. Makes this section effective July 1, 2018, contingent upon federal approval.

9 **Chemical dependency treatment allocation.** Amends § 254B.02, subd. 1. Removes language governing transfer of funds from the chemical dependency fund for specific purposes.

10 **Chemical dependency fund payment.** Amends § 254B.03, subd. 2. Removes provision requiring prior approval from the commissioner for chemical dependency services. Allows the commissioner to deny a license if the services in the local area are sufficient to meet local need, and the addition of new services would be detrimental.

11 **State agency hearings.** Amends § 256.045, subd. 3. Permits a state agency hearing for a county that disputes the cost of care for a client in a state-operated facility, when discharge is delayed and the county has developed a viable discharge plan.

12 **Officer-involved community-based care coordination.** Amends § 256B.0625, subd. 56a. Updates terminology related to post-arrest community-based service coordination for individuals with mental illness or substance use disorder. Adds language including Indian health service facilities, and adds qualified alcohol and drug counselors and recovery peer specialists to those who may provide care coordination under this section. Makes the section effective retroactively from March 1, 2018.

13 **Intake procedure; approved mental health screening.** Amends § 641.15, subd. 3a. Allows a sheriff or local corrections staff to share certain mental health data and other private data on inmates, and to refer an offender to the local county social services agency in order to arrange services for the following services after the inmate is released:

(1) assist the inmate in applying for medical assistance of MinnesotaCare;

(2) refer the inmate for case management by a county;

(3) assist the inmate in obtaining state photo identification;

(4) secure an appointment with a mental health provider;

(5) obtain necessary medications; or

(6) provide behavioral health service coordination.

14 **Effective date.** Amends Laws 2017, First Special Session chapter 6, article 8, § 71. Extends provision governing state-only MA funding payments for mental health services provided in children's residential facilities that have been determined by the federal Centers for Medicare and Medicaid Services to be institutions for mental disease, until July 1, 2019.

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15 **Effective date.** Amends Laws 2017, First Special Session chapter 6, article 8, § 72. Extends provision governing state-only MA funding payments for mental health services provided in children's residential facilities that have been determined by the federal Centers for Medicare and Medicaid Services to be institutions for mental disease, until July 1, 2019.

16 **Children's mental health report and recommendations.** Amends Laws 2017, First Special Session chapter 6, article 8, § 74. Extends the deadline for the children's mental health report until January 15, 2019.

Article 4: Opioids and Prescription Drugs

Overview

This article contains provisions related to opioids and prescription drugs. Sections in the article establish a step-therapy override process; prohibit limits on certain disclosures by pharmacists and prohibit restrictions on consumers paying the lowest cost for prescription drugs; establish a drug repository program for donated drugs and medical supplies; place time limits on filling opioid prescriptions; establish a grant program for students to conduct opioid awareness and opioid abuse prevention activities; provide grants to ambulance services for opioid overdose reduction activities conducted by community paramedic teams; establish an override process for step therapy; and make other changes.

1 **[62Q.184] Step therapy override.**

Subd. 1. Definitions. Provides definitions.

Subd. 2. Establishment of a step therapy protocol. Requires health plan companies to establish a step therapy protocol based on clinical practice guidelines and provide an enrollee with the applicable clinical review criteria upon request.

Subd. 3. Step therapy override process; transparency. (a) Requires that if a health plan company restricts the use of a drug, they must provide a clear and convenient process for health care providers and enrollees to request an override. The process must be available on the health plan company's website and a health plan company that has an existing medical exceptions process can continue to use that process. An override must be granted if the drug or enrollee meets certain conditions.

(b) Provides that a health plan company cover a covered prescription after an override is granted.

(c) Clarifies that an enrollee or provider can appeal the denial of an override using the complaint procedure in sections 62Q.68 to 62Q.73.

(d) Requires a health plan company to state why a step therapy override was not granted and provide information regarding a request for an external review of the

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denial under section 62Q.73. Provides that a denial that is upheld on appeal is final and is then eligible for a request for external review.

(e) Requires a health plan company to respond for a request for an override or an appeal within 5 days, or within 72 hours if there are exigent circumstances. Provides that if a health plan company does not respond within these time limits the request is granted.

(f) Requires step therapy override requests be accessible to health care providers and allow them to submit the request to group purchasers electronically.

(g) Clarifies that nothing in this section prohibits a health plan company from requesting relevant medical records, requiring an enrollee to try a generic or biosimilar equivalent before covering a branded drug, or using drug samples to meet the step therapy override requirements.

(h) Clarifies that this section cannot be construed to allow a drug sample to serve the primary purpose of a step therapy override.

Effective date. This section is effective January 1, 2019, and applies to health plans after that date.

2 **No prohibition on disclosure.** Amends § 151.214, subd. 2. Provides that a contract between an employer-sponsored health plan or health plan company, or its pharmacy benefit manager, and a licensed pharmacy, may not prohibit a pharmacist from informing a patient when the amount the patient would pay for a particular drug under the patient's health plan is greater than the amount the patient would pay out-of-pocket at the pharmacy's usual and customary price.

3 **Prescription drug repository program.** Adds § 151.555.

Subd. 1. Definitions. Defines the following terms: central repository, distribute, donor, drug, health care facility, local repository, medical supplies, and practitioner.

"Central repository" means a wholesale distributor that meets certain requirements and enters into a contract with the Board of Pharmacy.

"Donor" means a health care facility, skilled nursing facility, assisted living facility meeting certain requirements, pharmacy, drug wholesaler, or drug manufacturer.

"Health care facility" means a physician's office or health care clinic, hospital, pharmacy, or nonprofit community clinic.

"Local repository" means a health care facility that elects to accept donated drugs and meets certain requirements.

Subd. 2. Establishment. Requires the Board of Pharmacy to establish, by January 1, 2019, a drug repository program through which donors may donate a drug or medical supply, to be used by eligible individuals. Requires the board to contract with a central repository to implement and administer the program.

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Subd. 3. Central repository requirements. Requires the board to select a wholesale drug distributor to act as central repository using a request for proposal process. Specifies related requirements.

Subd. 4. Local repository requirements. In order to serve as a local repository, requires a health care facility to agree to comply with all federal and state requirements related to the drug repository program, drug storage, and dispensing, and maintain any required state license or registration. Specifies application requirements. Provides that participation as a drug repository is voluntary and specifies the process to be used to withdraw from participation.

Subd. 5. Individual eligibility and application requirements. (a) In order to participate in the program, requires an individual to submit an application form to the local repository that attests that the individual: (1) is a state resident; (2) is uninsured, has no prescription drug coverage, or is underinsured; (3) acknowledges that the drugs or medical supplies received may have been donated; and (4) consents to a waiver of child resistant packaging requirements. Requires the local repository to issue eligible individuals with an identification card that is valid for one year, can be used at any local repository, and may be reissued upon expiration. Requires the local repository to send a copy of the application form to the central repository. Requires the board to make available on its Web site an application form and the format for the identification card.

Subd. 6. Standards and procedures for accepting donations of drugs and supplies. (a) Allows a donor to donate to the central repository or a local repository prescription drugs and medical supplies that meet specified requirements.

(b) Specifies requirements for prescriptions drugs to be eligible for donation.

(c) Specifies requirements for medical supplies to be eligible for donation.

(d) Requires the board to develop a drug repository donor form, which must accompany each donation. Specifies requirements for the form and requires the form to be available on the board's Web site.

(e) Allows donated drugs and supplies to be shipped or delivered to the central repository or a local repository. Requires the drugs and supplies to be inspected by the pharmacist or other practitioner designated by the repository to accept donations. Prohibits the use of a drop box to deliver or accept donations.

(f) Requires the central repository and local repository to inventory all drugs and supplies that are donated, and specifies related requirements.

Subd. 7. Standards and procedures for inspecting and storing donated prescription drugs and supplies. (a) Specifies requirements for the pharmacist or authorized practitioner to follow when inspecting all donated drugs and supplies.

(b) Specifies storage requirements for donated drugs and supplies.

(c) Requires the central repository and local repositories to dispose of all drugs and supplies not suitable for donation in compliance with applicable federal and state requirements related to hazardous waste.

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(d) Requires shipments or deliveries of controlled substances or drugs that can only be dispensed to a patient registered with the drug's manufacturer to be documented by the central or local repository, and returned immediately to the donor or donor's representative that provided the drugs.

(e) Requires each repository to develop drug and medical supply recall policies and procedures, and specifies related requirements.

(f) Specifies record keeping requirements related to donated drugs and supplies that are destroyed.

Subd. 8. Dispensing requirements. (a) Allows donated drugs and supplies to be dispensed if they are prescribed by a practitioner for the eligible individual. Specifies a priority order for dispensing and other requirements.

(b) Requires the visual inspection of a drug or supply for adulteration, misbranding, tampering, and expiration, and prohibits dispensing or administering of drugs meeting these criteria.

(c) Requires individuals to sign a drug repository recipient form and specifies form requirements.

Subd. 9. Handling fees. (a) Allows a repository to charge an individual receiving a drug or supply a handling fee of no more than 250 percent of the MA dispensing fee.

(b) Prohibits a repository from receiving MA or MinnesotaCare reimbursement for a drug or supply provided through the program.

Subd. 10. Distribution of donated drugs and supplies. (a) Allows the central repository and local repositories to distribute donated drugs and supplies to other repositories.

(b) Requires a local repository that elects not to participate to transfer all donated drugs and supplies to the central repository, and provide copies of the donor forms at the time of the transfer.

Subd. 11. Forms and record-keeping requirements. (a) Specifies forms that must be available on the board's Web site.

(b) Requires all records to be maintained by a repository for at least five years, and maintained pursuant to all applicable practice acts.

(c) Requires data collected by the program from local repositories to be submitted quarterly or upon request of the central repository.

(d) Requires the central repository to submit reports to the board as required by contract or upon request.

Subd. 12. Liability. (a) Provides that manufacturers are not subject to criminal or civil liability for causes of action related to: (1) alteration of a drug or supply by a party not under the control of the manufacturer; or (2) failure of a party not under the control of the manufacturer to communicate product or consumer information or the expiration date of a donated drug or supply.

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(b) Provides civil immunity for a health care facility, pharmacist, practitioner, or donor related to participation in the program and also prohibits a health-related licensing board from taking disciplinary action. States that immunity does not apply if the act or omission involves reckless, wanton, or intentional misconduct, or malpractice unrelated to the quality of the drug or supply.

4 **Lowest cost to consumers.** Amends § 151.71, by adding subd. 3. (a) Prohibits a health plan company or a pharmacy benefits manager from requiring an individual to pay, for a covered prescription medication at the point of sale, an amount greater than the allowable cost to consumers as defined in paragraph (b).

(b) Defines "allowable cost to consumers" as the lowest of: (1) the applicable copayment; or (2) the cost of the medication if purchased without using a health plan benefit.

5 **Sheriff to maintain collection receptacle.** Amends § 152.105, subd. 2. Allows county sheriffs satisfy the requirement to maintain a collection receptacle for the disposal of controlled substances and other drugs, by using an alternate method for disposal that has been approved by the Board of Pharmacy. This may include making available to the public, without charge, at-home prescription drug deactivation and disposal products that render drugs and medications inert and irretrievable.

6 **Limitations on the dispensing of opioid prescription drug orders.** Amends § 152.11 by adding subd. 5.

(a) Prohibits a pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule II more than 30 days after the date on which the prescription drug order was issued.

(b) Prohibits a pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule III through V more than 30 days after the date on which the prescription drug order was issued and prohibits a pharmacist or dispenser from refilling the drug more than 45 days after the previous date on which it was dispensed.

(c) Provides a definition of "dispenser."

7 **Student health initiative to limit opioid harm.**

Subd. 1. Grant awards. Directs the commissioner of human services, in consultation with the commissioner of education, the Board of Trustees of Minnesota State Colleges and Universities, the Board of Directors of the Minnesota Private College Council, and the regents of the University of Minnesota, to develop and administer a grant program for secondary school students in grades 7 to 12 and undergraduate students, to conduct opioid awareness and opioid abuse prevention activities. Requires grant proposals with more than one community partner to designate a primary community partner. Requires grant applications to be submitted by, and any grant awards managed by, the primary community partner. Provides that grants are for a fiscal year and are one-time.

Subd. 2. Grant criteria. (a) Allows grant dollars to be used for opioid awareness, education on addiction and abuse, initiatives to limit inappropriate prescriptions, peer education, and other initiatives as approved by the commissioner. Requires grant

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projects to include one or more of the following components: high-risk populations, law enforcement, education, clinical services, or social services.

(b) Directs the commissioner to seek to provide grant funding for at least one proposal that addresses opioid abuse in the American Indian community.

Subd. 3. Community partners. Provides a partial listing of the entities that may serve as community partners.

Subd. 4. Report. Requires the commissioner to report to the chairs and ranking minority members of specified legislative committees, by September 1, 2019, on implementation of the grant program and the grants awarded.

Subd. 5. Federal grants. (a) Requires the commissioner of human services to apply for any federal grant funding that aligns with the purposes of this section. Requires the commissioner to submit to the legislature any changes to the program established under this section necessary to comply with the terms of the federal grant.

(b) Requires the commissioner to notify the chairs and ranking minority members of specified legislative committees of any grant applications submitted, and federal actions taken related to the applications.

8 **Opioid overdose reduction pilot program.** Requires the commissioner of health to allocate grants to ambulance services for opioid overdose reduction activities performed by community paramedic teams.

Subd. 1. Establishment. Directs the commissioner of health to provide grants to ambulance services, for activities by community paramedic teams to reduce opioid overdoses in the state. Community paramedics connect with patients discharged from hospitals or emergency departments after an opioid overdose episode, develop personalized care plans, and provide follow-up.

Subd. 2. Priority areas; services. Directs ambulance services to target services funded under this section to portions of the service area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs for interventions. Lists services to be provided by community paramedic teams.

Subd. 3. Evaluation. Requires an ambulance service receiving a grant to evaluate the project's success in reducing the number of opioid overdoses and deaths among patients who received services, and in reducing the inappropriate use of opioids by patients who received services. Directs the commissioner of health to develop evaluation measures and reporting timelines, and requires ambulance services to report the information required by the commissioner to the commissioner and the legislative committees with jurisdiction over health and human services, by December 1, 2019.

9 **Repealer.** Repeals § 151.55 (cancer drug repository program).

Section

Article 5: Community Supports and Continuing Care

Overview

This article modifies: the corporate foster care moratorium; adult foster care and community residential setting license capacity; service plan review and evaluation and various behavioral professional qualifications under the home and community-based services standards; the Disability Waiver Rate System (DWRS); terminology related to the home and community-based services (HCBS) innovation pool; and the electronic visit verification system. This article also establishes an MA rate for prescribed pediatric extended care (PPEC) center services and requires the commissioner of human services to submit any necessary state plan amendments related to the rates; adds a new category of care to the PCA program called enhanced PCA services; provides an ICF/DD rate increase for a facility located in Steele County; provides for a nursing facility operating payment rate increase for certain border cities; and directs the commissioner of human services to transfer service capacity of a housing with services establishment to no more than three new housing with services establishments located in Hennepin County.

1 **Licensing Moratorium.** Amends § 245A.03, subd. 7. Extends the sunset date for an exception to the corporate foster care moratorium and adds a new exception to the moratorium.

2 **Adult foster care and community residential setting license capacity.** Amends § 245A.11, subd. 2a. Paragraph (f) broadens the corporate adult foster care or community residential settings that may be issued a license for five beds (as opposed to four beds). Currently, in order to be eligible for a fifth bed, a facility must have been licensed for adult foster care before March 1, 2011. The bill allows facilities licensed before June 30, 2016, to be licensed for five beds.

Paragraph (g) extends the sunset date on the commissioner's authority to issue licenses for five beds from June 30, 2019, to June 30, 2021.

3 **Applicability.** Amends § 245D.03, subd. 1. Broadens the applicability of certain basic support services under the home and community-based service standards to more of the home and community-based service waivers.

4 **Service plan review and evaluation.** Amends § 245D.071, subd. 5. Makes technical and conforming changes and adds paragraph (b). Paragraph (b) requires the license holder, in coordination with others, to meet with the person, the person's legal representative, and the case manager at least once per year to discuss how technology might be used to meet the person's desired outcomes. Requires the coordinated service and support plan or support plan addendum to include a summary of this discussion. Specifies the information that must be included in the summary. Specifies the use of technology is not required to be used for the provision of services.

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5 **Positive support professional qualifications.** Amends § 245D.091, subd. 2. Modifies terminology (changes behavior support to positive support) and the requirements a positive support professional providing positive support services must meet.

6 **Positive support analyst qualifications.** Amends § 245D.091, subd. 3. Modifies terminology and the requirements a positive support analyst providing positive support services must meet.

7 **Positive support specialist qualifications.** Amends § 245D.091, subd. 4. Modifies terminology and the requirements a positive support specialist providing positive support services must meet.

8 **Day training and habilitation services for adults with developmental disabilities.** Amends § 252.41, subd. 3. Makes a conforming change to the day training and habilitation statute related to the transition period established for the new employment services under the disability waiver rate system. Provides a retroactive effective date of January 1, 2018.

9 **Prescribed pediatric extended care center services.** Amends § 256B.0625, by adding subd. 65. Makes PPEC center basic services covered services under MA. Requires the commissioner to set two payment rates for basic services provided at PPEC centers, a half-day rate and a full-day rate. Allows the rates established under this subdivision to be evaluated by the commissioner two years after the effective date of this subdivision. Makes this section effective January 1, 2019, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

10 **Personal care assistant; requirements.** Amends § 256B.0659, subd. 11. Lists the qualifications a personal care assistant must meet to qualify for an enhanced rate for PCA services.

11 **Enhanced rate.** Amends § 256B.0659, by adding subd. 17a. Establishes an enhanced rate of 105 percent of the rate paid for PCA services to be paid for PCA services provided to persons who qualify for 12 or more hours of PCA service per day when provided by a PCA who meets certain requirements. Specifies this rate increase is inclusive of any rate increases implemented on July 1, 2018, for the self-directed workforce.

12 **Requirements for provider enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Modifies the list of information and documentation a PCA provider agency must provide to the commissioner to include documentation that the agency staff meet the enhanced PCA services requirements if enhanced PCA services are provided and submitted for payment.

13 **Personal care assistance provider agency; general duties.** Amends § 256B.0659, subd. 24. Removes an obsolete date. Adds a new duty to PCA provider agencies related to documenting the use of any additional revenue due to the enhanced PCA rate.

14 **Personal care assistance provider agency; required documentation.** Amends § 256B.0659, subd. 28. Modifies the list of required documentation PCA agencies must keep to add a requirement related to the PCA enhanced rate.

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15 **Home and community-based services innovation pool.** Amends § 256B.0921. Modifies terminology.

16 **New services.** Amends § 256B.4913, subd. 7. Specifies a transition process for the three new employment services under DWRS. Prohibits service authorizations that include the delayed transition from authorizing and billing for the new employment services on the same day that day training and habilitation or prevocational services are billed. Makes this section effective July 1, 2018, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.

17 **Definitions.** Amends § 256B.4914, subd. 2. Defines "direct care staff" under the DWRS and makes technical and conforming changes.

18 **Applicable services.** Amends § 256B.4914, subd. 3. Makes a conforming change to terminology and alphabetizes clauses in the list of services to which the disability waiver rate system applies.

19 **Data collection for rate determination.** Amends § 256B.4914, subd. 4. Makes conforming changes and requires discussion of the transition to the new employment services to be part of the service planning process and requires lead agencies to enter certain information into the rate management system. Provides a July 1, 2018 effective date.

20 **Base wage index and standard component values.** Amends § 256B.4914, subd. 5. Paragraphs (h) and (i) modify the automatic inflationary adjustments to the base wage index and certain framework components that are included in the DWRS. The modifications include: (1) changing the date of the next inflationary adjustment from July 1, 2022, to January 1, 2022; (2) increasing the frequency of the adjustments from every five years to every two years; and (3) clarifying the manner in which the adjustments are calculated.

Paragraph (k) requires the commissioner to update the base wage index with a competitive workforce factor of 8.35 percent.

Makes the amendments to paragraphs (h) and (i) effective January 1, 2022, or upon federal approval, whichever is later. Makes paragraph (k) effective July 1, 2018, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

21 **Payments for residential support services.** Amends § 256B.4914, subd. 6. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022**.**

22 **Payments for day programs.** Amends § 256B.4914, subd. 7. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022.

23 **Payments for unit-based services with programming.** Amends § 256B.4914, subd. 8. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022.

24 **Payments for unit-based services without programming.** Amends § 256B.4914, subd. 9. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022.

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25 **Updating payment values and additional information.** Amends § 256B.4914, subd. 10. Adds direct care staff labor market measures to the list of items DHS must review and evaluate under the DWRS.

26 **Reporting and analysis of cost data.** Amends § 256B.4914, subd. 10a. Adds paragraph (f), which requires providers enrolled to provide services with rates determined under DWRS to submit labor market data to the commissioner annually beginning January 1, 2019. Lists data providers must submit to the commissioner.

Adds paragraph (g), which requires the commissioner to publish annual reports on provider and state-level labor market data, beginning January 15, 2020. Lists data the commissioner must publish in the annual report.

27 **ICF/DD rate increase effective July 1, 2018; Steele County.** Amends § 256B.5012, by adding subd. 18. Effective July 1, 2018, sets the daily rate for an ICF/DD located in Steele County that is classified as a class B facility and licensed for 16 beds at $400. Specifies this increase is in addition to any other increase that is effective on July 1, 2018.

28 **Nursing facilities in border cities.** Amends § 256R.53, subd. 2. Adds nonprofit nursing facilities in Moorhead to the nursing facility payment rate exemption that already exists for Breckenridge. Requires the commissioner to make a comparison of rates by November 1 of each year and apply it to the rates to be effective on the following January 1. Exempts facilities under this subdivision from rate limits if the adjustments under this subdivision result in a rate that exceeds the limits. Makes this section effective for rate increases for facilities in Moorhead for rate years beginning January 1, 2020, and annually thereafter.

29 **Disability waiver reimbursement rate adjustments.** Amends Laws 2014, ch. 312, art. 27, § 76.

Subd. 1. Historical rate. Makes technical and conforming changes.

Subd. 2. Residential support services. Removes this subdivision.

Subd. 3. Day programs. Removes this subdivision.

Subd. 4. Unit-based services with programming. Removes this subdivision.

Subd. 5. Unit-based services without programming. Removes this subdivision.

30 **Electronic visit verification.** Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 3, § 49.

Subd. 1. Documentation; establishment. Modifies terminology.

Subd. 2. Definitions. Modifies terminology and expands the definition of "service" to include home health services and other medical supplies and equipment or home and community-based services that are required to be electronically verified by the federal 21st Century Cures Act.

Subd. 3. Requirements. Modifies terminology, removes obsolete language, requires the commissioner to make a state-selected electronic visit verification system available to providers of services.

Subd. 3a. Provider requirements. Paragraphs (a) and (b) allow providers of services to select their own electronic visit verification system that meets the

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requirements established by the commissioner and require providers to provide data to the commissioner in a format and at a frequency to be established by the commissioner.

Paragraph (c) specifies the timeline for providers to implement the electronic visit verification systems required in this section and defines "personal care services" and "home health services" for purposes of this paragraph.

Subd. 4. Legislative report. Repeals this subdivision.

31 **Competitive workforce sustainability grants.**

Subd. 1. Establishment; eligibility. Requires the commissioner of human services to establish competitive workforce sustainability grants for providers reimbursed under DWRS.

Subd. 2. Definition. Defines "provider" and "unbanded services."

Subd. 3. Applications. Requires eligible providers to apply to the commissioner of human services on the forms and according to the timelines established by the commissioner.

Subd. 4. Grant awards. Specifies the maximum grant amount that may be awarded by the commissioner.

32 **Direction to commissioner; PPEC.** No later than August 15, 2018, requires the commissioner of human services to submit to the federal Centers for Medicare and Medicaid Services any MA state plan amendments necessary to cover PPEC center basic care services. Makes this section effective the day following final enactment.

33 **Direction to commissioner; BI and CADI waiver customized living services provider located in Hennepin County.** Paragraph (a) directs the commissioner of human services to allow a BI and CADI waivers customized living services provider located in Minneapolis to transfer capacity to up to three new housing with services settings located in Hennepin County.

Paragraph (b) requires the commissioner to determine the new housing with services establishments meet the BI and CADI waiver customized living size limitation exception for clients receiving those services at the new establishments.

34 **Direction to the commissioner; HCBS federal waiver submission.** Requires the commissioner of human services to submit to CMS any HCBS waivers necessary to implement the changes to DWRS. Lists priorities for the submission to CMS. Makes this section effective the day following final enactment.

35 **Revisor's instruction.** Instructs the revisor of statutes to codify the electronic visit verification law, as amended in this act, in Minnesota Statutes, chapter 256B.

36 **Repealer.** Repeals Minnesota Statutes, section 256B.0705 (PCA mandated service verification). Makes this section effective January 1, 2019.

Section

Article 6: Protections for Older Adults and Vulnerable Adults

Overview

This article establishes protections for vulnerable adults and older adults, including:

- amending requirements for nursing facility contracts for admissions;
- modifying provisions in the health care bill of rights;
- prohibiting deceptive marketing and business practices;
- amending the commissioner's enforcement authority regarding nursing facilities;
- modifying the home care bill of rights and regulatory requirements for home care providers;
- changing the powers and duties of the Office of Health Facility Complaints;
- modifying regulatory requirements for housing with services establishments and assisted living services;
- making state agency hearings available to vulnerable adults subject to a maltreatment investigation;
- expanding a supplemental civil penalty for deceptive acts or fraud, to apply to deceptive acts or fraud committed against vulnerable adults;
- eliminating the demonstrable bodily harm requirement in the crime of fourth degree assault against a vulnerable adult;
- modifying requirements for reporting maltreatment of vulnerable adults;
- requiring the commissioner of health to submit reports;
- establishing working groups; and
- directing the commissioner of health to perform specific functions.

1 **Citation.** Provides that sections 1 to 61 may be called the Vulnerable Adult Maltreatment Prevention and Accountability Act of 2018.

2 **Contracts of admission.** Amends § 144.6501, subd. 3. Requires a contract for admission to a nursing facility to include the name, address, and contact information of the current owner, manager, and license holder; and the name and mailing address of a person authorized to accept service of process.

3 **Changes to contracts of admission.** Adds subd. 3a to § 144.6501. Requires a nursing facility to provide nursing facility residents or their legal representatives with written notice of a change in the facility's ownership, management, license holder, or person authorized to accept service of process.

4 **Legislative intent.** Amends § 144.651, subd. 1. Amends the legislative intent section of the health care bill of rights, by moving a sentence, specifying that a health care facility cannot ask a patient to waive a right, and prohibiting waiver of a right at any time or for any reason.

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5 **Definitions.** Amends § 144.651, subd. 2. Amends definitions in the health care bill of rights. The amendments to paragraphs (b) and (c) are technical and intended to clarify the definitions of patient and resident. A new paragraph (d) defines health care facility.

6 **Information about rights.** Amends § 144.651, subd. 4. In the health care bill of rights, provides that the statement of patient and resident rights provided to patients and residents must be written in plain language and terms patients and residents can understand, must be developed by the commissioner in consultation with stakeholders, and must include the name and contact information for the state or county agency the patient or resident may contact for additional information.

7 **Freedom from maltreatment.** Amends § 144.651, subd. 14. In a subdivision providing that patients and residents shall be free from maltreatment, provides that patients and residents shall receive notification from the lead investigative agency regarding a report of maltreatment, disposition, and appeal rights, as provided in section 626.557, subd. 9c.

8 **Confidentiality of records.** Amends § 144.651, subd. 16. Provides that the financial records of patients and residents shall be treated confidentially, and states that patients and residents have a right to access their own records and written information from those records.

9 **Grievances.** Amends § 144.651, subd. 20. Amends a subdivision on grievances in the health care bill of rights, to authorize patients and residents to personally assert the rights granted under the health care bill of rights and to recommend changes in policies and services free from retaliation. A new paragraph (b) requires a facility to investigate and try to resolve complaints and grievances. A new paragraph (c), regarding posting of grievance procedures, contains language similar to language that was stricken in paragraph (a).

10 **Communication privacy.** Amends § 144.651, subd. 21. Clarifies that patients and residents must obtain communication tools such as writing instruments and Internet service at their own expense, unless provided by the facility.

11 **Consumer transparency.** Adds § 144.6511. Prohibits deceptive marketing and business practices. Provides that the following are deceptive practices:

- making false, fraudulent, deceptive, or misleading statements in marketing, advertising, or written description or representation of care or services;
- arranging for or providing services other than those contracted for;
- failing to deliver care or services that were promised;
- failing to inform a patient or resident in writing of limitations to care, before executing an admission contract;
- failing to fulfill a written promise that the facility shall continue the same services and lease terms, if a resident converts from private pay to elderly waiver;
- failing to disclose in writing the purpose of fees before contracting for services;
- advertising or representing in writing that the facility has a special care unit, without complying with training and disclosure requirements that apply to such units; or

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- defining the listed terms to mean anything other than the definitions in section 144.6501.

12 **Enforcement authority.** Amends § 144A.10, subd. 1. In a subdivision specifying the commissioner of health's enforcement authority over nursing facilities, provides that the commissioner is authorized to issue correction orders and fines. Makes a facility's refusal to cooperate in providing lawfully requested information, grounds for a correction order or fine.

13 **Correction orders.** Amends § 144A.10, subd. 4. Provides that when a nursing facility receives a correction order, it must develop and submit a corrective action plan. Specifies what the plan must include. Requires the commissioner to monitor the facility's compliance with the corrective action plan.

14 **Statement of rights.** Amends § 144A.44, subd. 1. Amends the home care bill of rights, to provide that a person receiving home care services has the right to recommend changes in policies and services free from restraint, interference, coercion, discrimination, or reprisal.

15 **Arranged home care provider responsibilities; termination of services.** Amends § 144A.442. A new subdivision 2 specifies that an arranged home care provider's responsibilities when voluntarily discontinuing services are governed by section 144A.4791, subd. 10.

16 **Regulations.** Amends § 144A.45, subd. 1. In a subdivision authorizing the commissioner of health to regulate home care providers, authorizes the commissioner to issue penalties and fines to enforce home care regulations and the home care bill of rights.

17 **Regulatory functions.** Amends § 144A.45, subd. 2. Adds sections 144A.474 (surveys and investigations) and 144A.475 (enforcement) to the list of sections that authorize the commissioner of health to issue correction orders and assess civil penalties against home care providers.

18 **Temporary license.** Amends § 144A.473, subd. 2. Requires the commissioner of health to survey temporary home care provider licensees within 90 calendar days after the commissioner learns the licensee is providing home care services. Also changes a term, from license year to license period.

19 **Types of home care surveys.** Amends § 144A.474, subd. 2. In a subdivision defining home care provider surveys and establishing surveying requirements, defines change in ownership survey, and requires such surveys to be completed within six months after the department's issuance of a new license due to a change in ownership.

20 **Correction orders.** Amends § 144A.474, subd. 8. Requires a home care provider that receives a correction order from the commissioner to develop a corrective action plan and submit the plan to the commissioner. Specifies what the plan must include. Requires the commissioner to monitor the provider's compliance with the corrective action plan.

21 **Follow-up surveys.** Amends § 144A.474, subd. 9. Provides that if a surveyor of a home care provider identifies a new violation as part of a follow-up survey, the surveyor shall issue a correction order for the new violation and may impose an immediate fine (current law prohibits a surveyor from issuing a fine for a new violation identified in a follow-up survey, unless the new violation is not corrected by the next follow-up survey).

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22 **Fines.** Amends § 144A.474, subd. 11. In a subdivision on fines that may be imposed on home care providers, clarifies that the commissioner may impose an additional fine for noncompliance with a correction order, and requires the notice of noncompliance to list any additional fines imposed. Also clarifies that the commissioner may issue late payment fines or additional fines for noncompliance with a notice of noncompliance with a correction order, or suspend a license until the license holder pays all outstanding fines, and clarifies procedures for the license holder to notify the commissioner when a violation is corrected.

23 **Termination of service plan.** Amends § 144A.4791, subd. 10. In a subdivision governing a home care provider's termination of a client's service plan, adds a reference to another section governing terminations of services by home care providers.

24 **Powers.** Amends § 144A.53, subd. 1. Amends a subdivision governing the powers of the director of the Office of Health Facility Complaints, to authorize the director to issue correction orders and assess civil fines for violations of nursing home licensing statutes and rules, home care provider licensing statutes, and hospice and supervised living facility rules. Also authorizes the director to issue correction orders and assess civil fines for violations identified in the appeal or review process.

25 **Referral of complaints.** Amends § 144A.43, subd. 4. The amendment to paragraph (a) requires the Office of Health Facility Complaints to forward complaints to law enforcement if those complaints are in the jurisdiction of law enforcement. The amendment to paragraph (c) requires the Office of Health Facility Complaints to refer suspected criminal activity or action warranting disciplinary action by a client or resident to the appropriate authority or agency.

26 **Safety and quality improvement technical panel.** Adds subd. 5 to § 144A.53. Directs the Office of Health Facility Complaints to establish a safety and quality improvement technical panel to examine and make recommendations on how to apply safety and quality improvement practices and infrastructure to long-term services and supports. Lists who the technical panel must include, and requires it to periodically provide recommendations to the legislature on changes needed to promote safety and quality improvement practices in long-term care settings and with long-term care providers.

27 **Training and operations panel.** Adds subd. 6 to § 144A.53. Directs the Office of Health Facility Complaints to establish a training and operations panel to examine and make recommendations on how to improve office operations. Lists who the panel must include, and lists panel duties:

- developing training processes;
- developing clear, consistent policies for conducting investigations;
- developing quality control measures for the intake and triage processes;
- developing systems and procedures to determine office jurisdiction;
- developing procedures to audit investigations;
- developing procedures to communicate appeal or review rights to all parties;
- upgrading information on the office's Web site; and

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- publishing the public portions of investigation memoranda for the past three years and the public portions of all final orders for licensing violations for the past three years.

28 **Scope.** Amends § 144D.01, subd. 1. Makes a technical change to a subdivision specifying the scope of definitions in chapter 144D (a chapter governing housing with services establishments), to make them apply to the entire chapter.

29 **Registration required.** Amends § 144D.02. Requires housing with services establishments to comply with all requirements in chapter 144D in order to operate as a housing with services establishment.

30 **Contents of contract.** Amends § 144D.04, subd. 2. In a subdivision listing the required content of a housing with services establishment contract, requires the contract to include the physical mailing address of a person authorized to accept service of process; a statement that the resident has the right to request reasonable accommodation; and a statement describing how the contract may be amended.

31 **Changes to contract.** Adds subd. 2b to § 144D.04. Requires a housing with services establishment to provide prompt written notice to a resident or legal representative of a new owner, manager, or person authorized to accept service of process.

32 **Information required to be posted.** Adds § 144D.044. Requires a housing with services establishment to post a notice with the following, in a public place:

- the name, mailing address, and contact information of the current owners;
- the name, mailing address, and contact information of the managing agent;
- the name and contact information of any on-site manager; and
- the name and mailing address of a person authorized to accept service of process.

33 **Termination of services.** Adds § 144D.095. Specifies that a termination of services initiated by an arranged home care provider is governed by section 144A.442.

34 **Scope; other definitions.** Clarifies that the definitions in chapter 144G (a chapter governing assisted living) and the definitions in chapter 144D (a chapter governing housing with services establishments) apply to all of chapter 144G.

35 **Termination of lease.** Adds § 144G.07. Specifies that a lease termination initiated by a housing with services establishment that uses the term assisted living, is governed by section 144D.09.

36 **Termination of services.** Add § 144G.08. Specifies that a termination of services initiated by an arranged home care provider is governed by section 144A.442.

37 **State agency hearings.** Amends § 256.045, subd. 3. Modifies a subdivision governing who may seek a hearing from a human services judge, to allow a vulnerable adult who is the subject of a maltreatment investigation or the vulnerable adult's guardian or health care agent to request a hearing, after administrative reconsideration under section 626.557, subd. 9d has been exercised.

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38 **Conduct of hearings.** Amends § 256.045, subd. 4. In the state agency hearing process, requires notice of a hearing involving a vulnerable adult to be provided to the facility or individual who allegedly maltreated the vulnerable adult. Provides that the alleged perpetrator must be told of the right to file a signed written statement, and may be called as a witness. Provides that the human services judge does not have to send a hearing notice to the alleged perpetrator if the judge cannot determine the alleged perpetrator's address.

39 **Senior citizens, vulnerable adults, and persons with disabilities; additional civil penalty for deceptive acts.** Amends § 325F.71.

Subd. 1. Definitions. Changes a term defined, from disabled person to person with a disability; and defines vulnerable adult.

Subd. 2. Supplemental civil penalty. Expands the supplemental civil penalty that applies to deceptive trade practices, false advertising, or consumer fraud committed against a senior citizen or a person with a disability, to also apply to those acts if committed against a vulnerable adult.

40 **Vulnerable adults.** Amends § 609.2231, subd. 8. Amends the crime of fourth degree assault against a vulnerable adult, to eliminate the requirement that demonstrable bodily harm must have been inflicted on the vulnerable adult.

41 **Timing of report.** Amends § 626.557, subd. 3. Modifies the timeframe within which a mandated reporter must report maltreatment of a vulnerable adult to the common entry point, from immediately as in current law, to as soon as possible but in no event longer than 24 hours.

42 **Reporting.** Amends § 626.557, subd. 4. In a subdivision establishing requirements for reporting to the common entry point, requires the common entry point to provide a method for a reporter to electronically submit evidence to support the maltreatment report. Also requires all reports to be submitted to the common entry point, including reports from federally licensed facilities, vulnerable adults, and interested persons.

43 **Common entry point designation.** Amends § 626.557, subd. 9. The new language in paragraph (b) regarding training of common entry point staff is moved from another paragraph. The new language in paragraphs (f) and (g) require the common entry point to cross-reference multiple complaints to the lead investigative agency concerning the same alleged perpetrator, facility, licensee, vulnerable adult, or incident.

44 **Evaluation and referral of reports made to common entry point.** Amends § 626.557, subd. 9a. Requires the common entry point to notify the appropriate law enforcement agency about a report that indicates an immediate need for response by law enforcement, including the urgent need to secure a crime scene, interview witnesses, remove the alleged perpetrator, or safeguard a vulnerable adult's property.

45 **Response to reports.** Amends § 626.557, subd. 9b. Requires a law enforcement agency to obtain the results of any investigation conducted by a lead investigative agency, to determine if criminal action is warranted.

46 **Lead investigative agency; notifications, dispositions, determinations.** Amends § 626.557, subd. 9c. A new paragraph (b) lists information the lead investigative agency must

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provide to the vulnerable adult or a guardian or health care agent, within five days after receiving the maltreatment report. A new paragraph (c) permits the lead investigative agency to assign multiple maltreatment reports for the same incident, or multiple reports related to the same vulnerable adult, to the same investigator if appropriate. New language in paragraph (h) requires the lead investigative agency to provide a copy of the public investigative memorandum to law enforcement and the county attorney as appropriate. In paragraph (j), a reference to the hearing process with a human services judge replaces the vulnerable adult maltreatment review panel, which is being repealed.

47 **Administrative reconsideration; review panel.** Amends § 626.557, subd. 9d. Strikes a reference to the vulnerable adult maltreatment review panel, which is being repealed.

48 **Investigations; guidelines.** Amends § 626.557, subd. 10b. A new paragraph (b) requires the lead investigator to contact the alleged victim or the alleged victim's guardian or health care agent within five days after initiating an investigation, and to communicate approximately every three weeks thereafter throughout the course of the investigation.

49 **Data management.** Amends § 626.557, subd. 12b. Modifies data classifications for data maintained by the common entry point. Allows investigation data to be shared with the vulnerable adult or a guardian or health care agent if the commissioner of health and commissioner of human services determine such data sharing is necessary to protect the vulnerable adult. Directs the commissioner of health and commissioner of human services, on a biennial basis, to provide recommendations on preventing, addressing, and responding to substantiated maltreatment (current law requires such recommendations only if there are upward trends for types of substantiated maltreatment). Allows a lead investigative agency to share common entry point or investigative data and notify other affected parties, if the lead investigative agency believes such information sharing or notice is necessary to safeguard the wellbeing of affected parties or dispel rumors or unrest. Strikes a reference to the maltreatment review panel, which is being repealed.

50 **Abuse prevention plans.** Amends § 626.557, subd. 14. Requires the commissioner of health to issue a correction order, and allows imposition of an immediate fine, if the commissioner finds that a facility failed to establish and enforce an abuse prevention plan.

51 **Retaliation prohibited.** Amends § 626.557, subd. 17. In a subdivision prohibiting retaliation against a person who reports suspected maltreatment or against a vulnerable adult who is a subject of a report, provides that any restriction of a right specified in the Home Care Bill of Rights or in the Assisted Living Addendum by a facility or provider against the reporter or vulnerable adult within 90 days after the report, is an adverse action and presumed to be retaliatory conduct.

52 **Facility.** Amends § 626.5572, subd. 6. Amends the definition of facility that applies to section 626.557, to include housing with services establishments and entities using assisted living title protection.

53 **Report; safety and quality improvement practices.** By January 15, 2019, requires the safety and quality improvement technical panel to provide recommendations to the legislature on:

- implementing an adverse health events reporting system for long-term care settings; and

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- interim actions for analysis of reports and complaints submitted to the Office of Health Facility Complaints, to identify common themes and key prevention opportunities.

54 **Reports; Office of Health Facility Complaints' response to vulnerable adult maltreatment allegations.** On a quarterly basis until January 2021, and annually thereafter, requires the commissioner of health to post on the Web site of the Office of Health Facility Complaints, a report on the office's response to allegations of maltreatment of vulnerable adults. Lists what the report must include. Requires the commissioner to maintain reports for at least the past three years on the Web site.

55 **Assisted living and dementia care licensing working group.** Establishes an assisted living and dementia care licensing working group within the Department of Health.

Subd. 1. Establishment; membership. Establishes the working group and lists membership. Requires appointments to be made by July 1, 2018.

Subd. 2. Duties; recommendations. Requires the working group to consider and make recommendations on a new regulatory framework for assisted living and dementia care, and lists items the framework must address. Provides that facilities and providers licensed by the commissioner of human services are exempt from assisted living licensing requirements recommended by this group.

Subd. 3. Meetings. Establishes requirements for the first meeting and electing a chair. Provides that meetings are open to the public.

Subd. 4. Compensation. Provides that public members of the working group shall serve without compensation or reimbursement for expenses.

Subd. 5. Administrative support. Requires the commissioner of health to provide administrative support to the working group.

Subd. 6. Report. By January 15, 2019, requires the working group to submit a report, recommendations, and draft legislation to health and human services policy and finance committees in the legislature.

Subd. 7. Expiration. Makes the working group expire January 16, 2019, or the day after it submits its report, whichever is earlier.

56 **Dementia care certification working group.** Establishes a dementia care certification working group within the Department of Health.

Subd. 1. Establishment; membership. Establishes the working group and lists membership. Requires appointments to be made by July 1, 2018.

Subd. 2. Duties; recommendations. Requires the working group to consider and make recommendations on the certification of providers offering dementia care to clients diagnosed with dementias, and lists items the working group must address.

Subd. 3. Meetings. Establishes requirements for the first meeting and electing a chair. Provides that meetings are open to the public.

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Subd. 4. Compensation. Provides that public members of the working group shall serve without compensation or reimbursement for expenses.

Subd. 5. Administrative support. Requires the commissioner of health to provide administrative support to the working group.

Subd. 6. Report. By January 15, 2019, requires the working group to submit a report, recommendations, and draft legislation to health and human services policy and finance committees in the legislature.

Subd. 7. Expiration. Makes the working group expire January 16, 2019, or the day after it submits its report, whichever is earlier.

57 **Assisted living report card working group.** Establishes an assisted living report card working group within the Department of Human Services.

Subd. 1. Establishment; membership. Establishes the working group and lists membership. Requires appointments to be made by July 1, 2018.

Subd. 2. Duties. Requires the working group to consider and make recommendations on the development of an assisted living report card, and lists quality metrics that must be considered.

Subd. 3. Meetings. Establishes requirements for the first meeting and electing a chair. Provides that meetings are open to the public.

Subd. 4. Compensation. Provides that members of the working group shall serve without compensation or reimbursement for expenses.

Subd. 5. Administrative support. Requires the commissioner of human services provide administrative support to the working group.

Subd. 6. Report. By January 15, 2019, requires the working group to submit a report, recommendations, and draft legislation to the health and human services policy and finance committees in the legislature.

Subd. 7. Expiration. Makes the working group expire January 16, 2019, or the day after it submits its report, whichever is later.

58 **Direction to the commissioner of health; progress in implementing recommendations of legislative auditor.** By March 1, 2019, requires the commissioner of health to submit a report to legislative committees regarding the commissioner's progress toward implementing the changes to the Office of Health Facility Complaints with which the commissioner agreed in a March 1, 2018, letter to the OLA.

59 **Direction to the commissioner of health; posting substantiated maltreatment reports.** Requires the commissioner of health to post every substantiated maltreatment report on the OHFC Web site.

60 **Direction to the commissioner of health; provider education.** Requires the commissioner of health to develop decision-making tools regarding provider self-reported maltreatment allegations, to share these tools with providers, and to update these tools as needed. Also requires the commissioner to conduct rigorous trend analyses of maltreatment reports, triage

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decisions, investigation determinations, enforcement actions, and appeals, to identify trends and patterns. Requires sharing of these findings with providers and stakeholders.

61 **Repealer.** Repeals the vulnerable adult maltreatment review panel; instead, vulnerable adults who were subject to maltreatment may use the state agency hearing process under section 256.045.

Article 7: Children and Families

Overview

This article modifies child care assistance programs, modifies child care licensing and training requirements, provides for a homeless youth report, allows for grants and variances for programs providing stable housing and support services for vulnerable youth, establishes child welfare evaluation studies and training methods, modifies provisions related to child support, establishes a task force on childhood trauma-informed policy and practices, and instructs the revisor of statutes to update terminology related to the federal Supplemental Nutrition Assistance Program (formerly known as food stamps).

1 **Homeless.** Amends § 119B.011, by adding subd. 13b. Defines "homeless" under the child care assistance program statutes.

2 **Transition year families.** Amends § 119B.011, subd. 20. Modifies the definition of "transition year families" by modifying the eligibility of families who have received Diversionary Work Program (DWP) assistance for transition year assistance.

3 **Child care market rate survey.** Amends § 119B.02, subd. 7. Changes the frequency of the child care market rate survey from once every two years to once every three years effective retroactively from the market rate survey conducted in calendar year 2016.

4 **Applications.** Amends § 119B.025, subd. 1. Specifies the process counties must follow when handling applications of families who meet the definition of homeless.

5 **Portability pool.** Amends § 119B.03, subd. 9. Modifies the portability pool by requiring families who are receiving basic sliding fee child care assistance and move from one county to another to notify the family's previous county of residence of the move (under current law, families must notify the new county of residence within 60 days of moving and submit information to the new county of residence to verify eligibility for the basic sliding fee program). Removes the six-month time limit on receipt of portability pool assistance.

6 **Assistance for persons who are experiencing homelessness.** Amends § 119B.095, by adding subd. 3. Makes homeless applicants for child care assistance eligible for 60 hours of child care assistance per service period for three months from the date the county receives the application. Allows additional hours to be authorized as needed based on the applicant's participation in employment, education, or MFIP or DWP employment plan. Requires the parent to verify that the parent meets eligibility and activity requirements for child care assistance to continue receiving assistance after the initial three months.

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7 **Subsidy restrictions.** Amends § 119B.13, subd. 1. Beginning July 1, 2019, modifies the child care assistance program maximum rates to be based on the 2016 child care provider rate survey. Adds paragraph (j), which requires the commissioner to allocate the additional basic sliding fee child care funds for calendar year 2019 due to the updated provider rate survey to counties based on relative need to cover the maximum rate increases. Lists factors the commissioner must consider in distributing the additional funds.

8 **Requirement to post correction order.** Amends § 245A.06, subd. 8. Removes requirement for licensed child care providers and centers to post correction orders, and removes paragraphs (b) and (c), which apply to the posting of correction orders. Does not remove posting requirements for conditional licenses.

9 **Training requirements for family and group family child care.** Amends § 245A.50, subd. 7. Modifies family and group family child care training requirements by allowing approved trainers who teach training courses through the Minnesota Center for Professional Development in the required topic areas to count the hours spent conducting training toward their annual child care training hour requirements. Makes the section effective the day following final enactment.

10 **Homeless youth report.** Amends § 256K.45, subd. 2. Exempts the commissioner from preparing the biennial homeless youth report in 2019 and requires the commissioner to update the 2007 report on homeless youth.

11 **Stable housing and support services for vulnerable youth.** Proposes coding for § 256K.46.

Subd. 1. Definitions. Defines the following terms, for the purposes of this section:

(a) "Eligible applicant"

(b) "Living essentials"

(c) "Support services"

(d) "Transitional housing"

(e) "Vulnerable youth"

Subd. 2. Grants authorized. Allows the commissioner of human services to award grants to programs licensed to provide transitional housing and supportive services to vulnerable youth, for two-year periods. Specifies that the commissioner shall determine the number of grants awarded and that the commissioner may reallocate underspending.

Subd. 3. Program variance. Specifies that the commissioner may grant a variance allowing a program licensed to provide transitional housing and support services to 16- and 17-year-olds, to serve 13- to 17-year-olds under this grant program.

Subd. 4. Allocation of grants. (a) Specifies the information that must be included in the grant applications.

(b) Specifies the purposes of the grants, including, but not limited to, the following:

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(1) transitional housing, meals, and living essentials to vulnerable youth and their children;

(2) support services;

(3) mental health and substance use disorder counseling;

(4) staff training;

(5) case management and referral services;

(6) aftercare and follow-up services.

(c) Requires the commissioner to establish criteria for grants; specifies some criteria. Allows commissioner to request additional information.

Subd. 5. Awarding of grants. Establishes dates by which the commissioner must notify grantees and disburse funds.

Subd. 6. Update. Requires the commissioner to consult with providers serving vulnerable youth and older youth, to make recommendations to resolve conflicting licensing and program requirements and foster best practices. Specifies that recommendations may include the development of additional certifications. Requires the commissioner to provide an update on these tasks to the legislature by January 15, 2019.

12 **Payments based on performance.** Amends § 256M.41, subd. 5. Requires that funds withheld from counties that do not meet child protection performance outcome thresholds for face-to-face contact and visits be transferred to be used for the Child Welfare Training Academy.

13 **Minn-LInK study.** Proposes coding for § 260C.81. (a) Requires the commissioner of human services to partner with the University of Minnesota's Minn-LInK statewide data project to conduct an annual study on characteristics, experiences, and outcomes of children and families in the child welfare system. Requires Minn-LInK researchers to provide research and consultation to the Child Welfare Training Academy each year.

(b) Requires the commissioner to submit a report of the research results to the governor and relevant legislative committees annually by December 15.

14 **Parent not considered voluntarily unemployed, underemployed, or employed on a less than full-time basis.** Amends § 518A.32, subd. 3. Modifies the circumstances in which a parent is not considered to be voluntarily unemployed, underemployed, or employed on a less than full-time basis for child support calculation purposes.

Makes this subdivision applicable to all incarcerated parents by removing the exception for parents incarcerated due to nonpayment of child support.

Makes this subdivision applicable to a parent who has been determined to be eligible for general assistance or Supplemental Security Income payments. Specifies that any income that is not from public assistance payments may be considered in calculating child support.

15 **Consumer reporting agency; reporting arrears.** Amends § 518A.685. Removes the requirement that the public authority inform the consumer reporting agency if an obligor is

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currently paying child support, if an obligor has paid the arrears in full or is making the obligated monthly payments with added arrearage payments.

16 2018 Report to the legislature on homeless youth.

Subd. 1. Report development. In lieu of the biennial homeless youth report under the Homeless Youth Act, requires the commissioner of human services to update the information in the 2007 legislative report on runaway and homeless youth. Allows the commissioner to use existing data, studies, and analysis provided by state, county, and other listed entities.

Subd. 2. Key elements; due date. Paragraph (a) allows the commissioner to include in the report three key elements where significant learning has occurred in the state since the 2007 report.

Paragraph (b) lists information the report must include.

Paragraph (c) allows the commissioner of human services to consult with community-based providers of homeless youth services and other expert stakeholders to complete the report; and requires the commissioner to submit the report to the chairs and ranking minority members of the legislative committees with jurisdiction over youth homelessness by February 15, 2019.

17 Task force on childhood trauma-informed policy and practices.

Subd. 1. Establishment. Requires the commissioner of human services to establish and appoint a task force on trauma-informed policy and practice, and reduce children's exposure to ACEs. Lists the members of the task force.

Subd. 2. Staff. Requires the commissioner of human services to provide meeting space, support staff, and administrative services.

Subd. 3. Duties. Requires the task force to: (1) engage the human services, education, public health, and justice systems to create trauma-informed policy and practices, prevent and reduce ACEs, and support family health and well-being; and (2) identify social determinants of family health and well-being, and recommend solutions to eliminate racial and ethnic disparities in Minnesota.

Subd. 4. Report. Requires the task force to submit a report on its results and policy recommendations to the relevant legislative committees, by January 15, 2019.

Subd. 5. Expiration. Specifies that the task force expires when the report is submitted.

Makes this section effective the day following final enactment.

18 Child Welfare Training Academy.

Subd. 1. Modifications. (a) Requires the commissioner of human services to modify the Child Welfare Training System and rename it as the Child Welfare Training Academy.

(b) Specifies that the Academy will be administered through five regional hubs, each of which will provide training targeted to the needs of the region.

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(c) Specifies that the Academy will use training methods best suited to the training content, employing national best practices in adult learning. Lists methodologies to be used.

(d) Requires each child welfare worker and supervisor to complete a certification, including a test and skills demonstration, at the end of initial training and biennially thereafter. Requires the commissioner of human services to develop ongoing training requirements and way to track certifications.

(e) Requires each regional hub to have a regional organizational effectiveness specialist trained in continuous quality improvement strategies, who will provide organizational change assistance to counties and tribes.

(f) Specifies that the Academy must include training and resources that address worker well-being and secondary traumatic stress.

(g) Specifies that the Academy will serve county and tribal child welfare workers and supervisors, and staff at private child placement agencies that partner with counties.

Subd. 2. Partners. Requires the commissioner of human services to partner with the University of Minnesota to administer the workforce trainings. Requires the commissioner of human services to partner with one or more other agencies for consultation, subject matter expertise, and capacity building in organizational resilience and workforce well-being.

19 **Child welfare caseload study.** (a) Requires the commissioner of human services to conduct a child welfare caseload study by July 1, 2019, collecting data on the number of child welfare workers in the state and the amount of time they spend on different aspects of their work.

(b) Requires the commissioner of human services to submit a report on the results of the study by December 1, 2019.

(c) Requires the commissioner to work with counties and other stakeholders to develop a method to monitor child welfare caseloads on an ongoing basis.

20 **Rulemaking.** Allows the commissioner of human services to adopt necessary rules to establish the Child Welfare Training Academy.

21 **Revisor's Instruction.** Instructs the Revisor of Statutes, in consultation with the Department of Human Services, House Research Department, and Senate Counsel, Research and Fiscal Analysis to change the terms "food support" and "food stamps" to "Supplemental Nutrition Assistance Program" or "SNAP" in Minnesota Statutes and Rules when appropriate. Allows the revisor to make technical and other necessary changes to sentence structure to preserve the meaning of the text.

22 **Effective date.** Paragraph (a) makes sections 1, 2, and 4 to 7 effective contingent upon: (1) receipt of federal child care and development funds in an amount sufficient to cover the cost associated with the amendments to those sections; and (2) satisfactory completion of the Legislative Advisory Commission review of federal funds.

Paragraph (b) lists priorities for implementation of the child care assistance program changes if the additional federal funds are not sufficient to cover the cost of all of those changes.

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Paragraph (c) requires the commissioner of human services to determine if the additional federal funds are sufficient by June 30, 2018, and to notify the revisor of statutes when sections 1, 2, and 4 to 7 are effective.

Article 8: Health Licensing Boards

Overview

This article adds advanced practice registered nurses to various statutes giving authority to engage in specific actions or certify or provide certain information, establishes and enacts the Nurse Licensure Compact, modifies Board of Optometry and Board of Social Work fees, adds provisions modifying pharmacy practice and licensure, modifies temporary license suspensions and background checks for certain health-related professions, adds continuing education requirements for opioid prescribing best practices, and establishes the Council of Health Boards work group to study increasing access to clinical experiences through telehealth.

1 **Public data.** Amends § 13.83, subd. 2. Adds certification of attendance by an APRN to section specifying which data on a deceased person is public.

2 **Communication privacy.** Amends § 144.651, subd. 21. Modifies the health care bill of rights by adding APRNs to those persons who may document that an activity is medically inadvisable.

3 **Reciprocity with other states and equivalency of health services executive.** Adds subd. 2 to § 144A.26. Authorizes the Board of Examiners for Nursing Home Administrators to issue a health services executive license to a person who (1) is validated by the National Association of Long Term Care Administrator Boards as a health services executive; and (2) has met the education and practice requirements to be qualified as a nursing home administrator, assisted living administrator, and home and community-based services provider.

4 **Request for discontinuation of life-sustaining treatment.** Amends § 144A.4791, subd. 13. Adds APRNs to persons who must receive notice and work to comply with the Health Care Directive Act when a client requests that a home care provider discontinue life-sustaining treatment.

5 **Nurse licensure compact.** Proposes coding for § 148.2855. Establishes and enacts the Nurse Licensure Compact.

Article I: Definitions

Defines the following terms:

"Adverse action," "Alternative program," "Coordinated licensure information system," "Current significant investigative information," "Encumbrance," "Home state," "Licensing board," "Multistate license," "Multistate licensure privilege," "Nurse," "Party state," "Remote state," "Single-state license," "State," and "State practice laws."

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Article II: General Provisions and Jurisdiction

(a) Requires that a multistate license to practice nursing issued by a home state be recognized by states that are parties to the nurse licensure compact.

(b) Requires a state to implement procedures for considering the criminal history records, including fingerprints or other biometric information, of applicants for initial multistate license or licensure by endorsement.

(c) Lists the requirements and criteria that an applicant must be required to meet for a multistate license in the home state.

(d) Allows a party state to take disciplinary action against a nurse's multistate licensure privileges. Requires a state that takes such action to notify the administrator of the coordinated licensure system; requires the administrator to promptly notify the home state of any action taken by remote states.

(e) Requires a nurse practicing in a party state to comply with practice laws of the state in which the client is located at the time the services are provided. Specifies that the practice of nursing is not limited to patient care, and that the practice of nursing will subject the nurse to the jurisdiction of the nurse licensure board, courts, and the laws of the state in which the client is located.

(f) Specifies that individuals not residing in a party state can continue to apply for single-state licensure as provided under the state's laws. Specifies that a license granted to these individuals does not automatically permit the individual to practice in any other party state unless that state agrees to allow the individual the right to practice.

(g) Authorizes a nurse holding a home state multistate license when the compact is effective to retain and renew the multistate license by the nurse's then-current home state under specified circumstances.

Article III: Applications for Licensure in a Party State

(a) Requires the party state licensing board to determine if the multistate license applicant has ever held a license in another state and whether any other state took any adverse actions against the applicant.

(b) Allows a nurse to hold a multistate license issued by the home state in only one party state at a time.

(c) Allows a nurse planning to change primary residence to apply for licensure in the new home state before the change; specifies that a new license will not be issued until the nurse provides evidence of the change in residence.

(d) Specifies that if a nurse changes primary residence by moving from a party state to a nonparty state, the multistate license issued by the former home state converts to a single-state license valid only in the former home state.

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Article IV: Additional Authorities Invested in Party State Licensing Boards

(a) Authorizes the state licensing board to:

(1) take adverse action against a nurse's multistate licensure privilege to practice;

(2) issue cease and desist orders or impose encumbrance on a nurse's authority to practice;

(3) complete pending investigations on a nurse who changes primary residence during an investigation;

(4) issue subpoenas for hearings and investigations that require witnesses and evidence;

(5) obtain and submit biometric information to the FBI for criminal background checks and use the information to make licensure decisions;

(6) recover the costs of investigations and disposition of cases resulting from any adverse action taken, if permitted under state law; and

(7) take adverse action based on factual findings of a remote state.

(b) Specifies that if adverse action is taken by the home state against a nurse's multistate license, the nurse's privilege to practice in all other party states shall be deactivated until encumbrances have been removed from the multistate license.

(c) Specifies that the compact does not override a party state's decision that participation in an alternative program may be used in lieu of adverse action; requires the home state licensing board to deactivate the multistate licensure privilege under the multistate license for the duration of the nurse's participation in an alternative program.

Article V: Coordinated Licensure Information System and Exchange of Information

(a) Requires all party states to participate in a coordinated nurse licensure information system.

(b) Requires the commission to formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

(c) Requires all party state licensing boards to report to the coordinated licensure information system all adverse actions, current investigative information, denials of applications, and the reasons for the denials to the coordinated licensure information system.

(d) Specifies that current investigative information and participation in nonpublic or confidential alternative programs must only be transmitted through the coordinated system to party states.

(e) Allows party state licensing boards to designate information that may not be shared with nonparty states or disclosed to other entities without permission of the contributing state.

(f) Specifies that personally identifiable information obtained by a party state's licensing board may not be shared with nonparty states or disclosed to other entities, except to the extent permitted under the laws of the contributing state.

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(g) Requires any information in the system that is later expunged by the laws of the party state contributing the information to be expunged from the coordinated licensure system.

(h) Requires the compact administrator of each party state to provide a uniform data set to the compact administrators of the other party states. Specifies the data that must be included.

(i) Requires the compact administrator of a party state to provide all investigative documents and information requested by another party state.

Article VI: Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

(a) Creates and establishes the Interstate Commission of Nurse Licensure Compact Administrators.

(b) Establishes the commission's membership, voting, and meetings.

(c) Authorizes the commission to establish bylaws or rules to govern its conduct, as necessary to carry out the purposes and exercise the powers of the compact.

(d) Requires the commission to publish its bylaws and rules in a convenient form on the commission's Web site.

(e) Requires the commission to maintain its financial records in accordance with its bylaws.

(f) Requires the commission to meet and take actions consistent with the compact and bylaws.

(g) Lists the commission's powers.

(h) Outlines the financing of the commission.

(i) Outlines provisions related to qualified immunity, defense, and indemnification.

Article VII: Rulemaking

Establishes the rulemaking powers of the interstate commission.

Article VIII: Oversight, Dispute Resolution, and Enforcement

Establishes oversight, dispute resolution, and enforcement authority provisions related to the compact and the commission.

Article IX: Effective Date, Withdrawal, and Amendment

(a) Provides that the compact will become effective for each state when enacted by that state.

(b) Requires each party state to continue to recognize a nurse's multistate licensure privilege to practice issued under the prior Nurse Licensure compact until the state has withdrawn from the prior compact.

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(c) Allows any party state to withdraw from the compact upon repeal. Specifies that withdrawal will not become effective until six months after notice is given to the executive heads of all other party states.

(d) Specifies that withdrawal does not affect the validity or applicability of any adverse action taken by a licensing board of a party state prior to the withdrawal.

(e) Specifies that the compact does not invalidate or prevent any nurse license agreement or other arrangement between a party state and a nonparty state made according to other provisions of this compact.

(f) Allows the compact to be amended by the party states. Specifies that an amendment does not become binding upon the party states until it is enacted into law of all party states.

Article X: Construction and Severability

Allows representatives of nonparty states to participate in the activities of the commission on a nonvoting basis. States that the compact will be liberally construed and that the provisions will be severable. Provides that if the compact is held to be contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected for all severable matters.

6 **Application of nurse licensure compact to existing laws.** Proposes coding for § 148.2856. Clarifies the applicability of the Nurse Licensure Compact to existing nurse licensure laws.

7 **Miscellaneous provisions.** Proposes coding for § 148.2858. Specifies that for purposes of the compact, "head of the nurse licensing board" means the executive director of the Board of Nursing. Authorizes the Board of Nursing to recover costs of investigating allegations against multistate licensees.

Makes section effective upon implementation of the coordinated licensure information system defined in Minnesota Statutes, section 148.2855, article V, but no sooner than July 1, 2019.

8 **License renewal; license and registration fees.** Amends § 148.59. Increases annual licensure renewal fee for the Board of Optometry and adds fees for jurisprudence state examination, Optometric Education Continuing Education data bank registration, and data requests and labels.

9 **Fee amounts.** Amends § 148E.180. Implements Board of Social Work fee increases for applications, licenses, and renewals, and specifies that all Board of Social Work fees are nonrefundable.

10 **Faculty dentists.** Amends § 150A.06. Adds dental therapy lists of programs in schools, relating to faculty dentist requirements. Modifies circumstances under which the Board of Dentistry may issue a full faculty license to faculty members.

11 **Emeritus inactive license.** Amends § 150A.06 by adding subd. 10. Establishes an emeritus inactive license for a licensed dental professional who retires from active practice. Specifies that the emeritus inactive licensee may not practice in a dental profession, and that the license is a formal recognition of the completion of the licensee's career in good standing.

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12 **Emeritus active license.** Amends § 150A.06 by adding subd. 11. Establishes an emeritus active license for a licensed dental professional who retires, to practice only on a pro bono or volunteer basis, or limited paid consulting or supervision practice. Specifies practice limitations and renewal requirements.

13 **Emeritus inactive license.** Amends §150A.091 by adding subd. 19. Adds application fee for emeritus inactive dental license.

14 **Emeritus active license.** Amends §150A.091 by adding subd. 20. Adds application fees for emeritus active licenses in dentistry, dental therapy, dental hygiene, and dental assisting.

15 **Receipt of emergency prescription orders.** Amends § 151.15 by adding subd. 5. Adds subdivision allowing a pharmacist to accept a prescription drug order when not present in a pharmacy, in specified circumstances.

16 **Processing of emergency prescription orders.** Amends § 151.15 by adding subd. 6. Adds subdivision outlining the required processes for accepting and filling a prescription under subdivision 5, in emergency circumstances.

17 **Pharmacy licensure requirements.** Amends § 151.19, subd. 1. Specifies that pharmacy licensing requirements do not apply to manufacturers, wholesale drug distributors, and logistics providers who distribute home dialysis supplies and devices, if:

- the manufacturer leases or owns the licensed manufacturing or wholesaling facility from which the dialysate or devices will be delivered;
- the dialysis supplies meet certain specifications;
- the supplies are only delivered pursuant to physician's order by a Minnesota licensed pharmacy;
- the entity keeps records for at least 3 years, available to the board upon request; and
- the entity delivers the supplies directly to a patient with end-stage renal disease or the patient’s designee, for dialysis, or to a health care provider or institution, for the same purpose.

18 **Prohibited drug purchases or receipt.** Amends § 151.46. Provides exception to prohibition on licensed wholesale drug distributors that are not pharmacies directly dispensing or distributing drugs, for home dialysis supplies under section 3.

19 **Applications.** Amends § 214.075, subd. 1. (a) Requires the health-related licensing boards to conduct a state criminal records check and a national criminal history (FBI) check for:

(1) applicants for initial licensure or licensure by endorsement, except for an applicant who has had the same check by the same board;

(2) applicants for reinstatement or relicensure, if the license has been expired for more than one year; or

(3) licensees applying to participate in an interstate licensure compact.

(b) Specifies that the background check results are valid for one year after receipt.

Makes this section effective the day following final enactment.

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20 **Refusal to consent.** Amends § 214.075, subd. 4. Removes 90-day timeframe to submit fingerprints for a health-related licensing board background study. Makes this section effective the day following final enactment.

21 **Submission of fingerprints to the Bureau of Criminal Apprehension.** Amends § 214.075, subd. 5. Modifies terminology for health-related licensing board national criminal history record checks. Makes this section effective the day following final enactment.

22 **Alternatives to fingerprint-based criminal background checks.** Amends § 214.075, subd. 6. Allows a health-related licensing board to require an alternative background check for an applicant or licensee who has submitted at least two unreadable sets of fingerprints. Makes this section effective the day following final enactment.

23 **Temporary license suspension; imminent risk of serious harm.** Amends § 214.077. Modifies time requirements for a health-related licensing board final order on a temporary suspension after a contested case hearing. Makes this section effective the day following final enactment.

24 **Special requirements for health-related licensing boards. Amends § 214.10, subd. 8.** Specifies that the health-related licensing boards will not exchange criminal history record information. Makes this section effective the day following final enactment.

25 **Opioid and controlled substances prescribing.** Amends § 214.12 by adding subd. 6. Requires the Boards of Medical Practice, Nursing, Dentistry, Optometry, and Podiatric Medicine to require that licensees with prescribing authority obtain at least two hours of continuing education credit on best practices in prescribing opioids and controlled substances by the expiration date of the section, January 1, 2023. Specifies that licensees shall not be required to complete more than two credit hours before the subdivision expires.

Makes the section effective January 1, 2019.

26 **Definitions.** Amends § 245G.22, subd. 2. Allows an APRN who is approved by variance by the State Opioid Treatment Authority and the federal Substance Abuse and Mental Health Services Administration to be a medical director in an opioid treatment program.

27 **Exemptions and emergency admissions.** Amends § 256.975, subd. 7b. Adds APRNs to those persons who may authorize emergency placement and determine the need for emergency admission to a nursing facility prior to screening.

28 **Income deductions.** Amends § 256B.0575, subd. 1. Adds APRNs to those persons who may certify that a person is expected to reside in long-term care for three months or less, for purposes of allocating income to an institutionalized person in an amount equal to the MA standard for a family size of one.

29 **Homestead exception to transfer prohibition.** Amends § 256B.0595, subd. 3. Adds APRNs to those persons who may certify that an institutionalized individual's live-in son or daughter provided care to that individual that allowed them to stay in the home, for purposes of the homestead exception to the MA asset transfer prohibition.

30 **Skilled and intermediate nursing care.** Amends § 256B.0625, subd. 2. Adds APRNs to those persons who may certify that a patient has a terminal illness and that moving the

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patient is not in the patient's best interests, for purposes of MA coverage of swing bed nursing care.

31 **Parents, guardian.** Amends § 259.24, subd. 2. Adds APRNs to those persons with whom a minor parent may consult when consenting to the adoption of a child.

32 **Child in need of protection or services.** Amends § 260C.007, subd. 6. Adds APRNs to the provision describing medical neglect and the withholding of medically indicated treatment.

33 **Exceptions.** Amends § 364.09. Provides that chapter 364, governing rehabilitation and employment of criminal offenders, does not apply to the licensing or registration process for health licensing boards. Makes this section effective the day following final enactment.

34 **Council of health boards work group.** Requires the Council of Health Boards to convene a work group to study and make recommendations on increasing access to clinical experience using telehealth technologies in postsecondary counseling-related educational programs. Specifies that the work group must consist of representatives of the Boards of Psychology, Social Work, Marriage and Family Therapy, and Behavioral Health and Therapy, postsecondary educational institutions, and the relevant professional counseling associations. Requires the work group to submit its recommendations to the legislative committees with jurisdiction over health occupations and higher education.

35 **Repealer.** Repeals § 214.075, subd. 8 (planning for health board criminal background checks).

Article 9: Miscellaneous

Overview

This article makes changes to statutes governing MNsure funding and operations, authorizes licensed physical therapists to sign a medical statement used to obtain a disability parking permit or disability plates, requires notice of a predatory offender's status to home care providers, and establishes a human services department restructuring working group.

1 **Operations funding.** Amends § 62V.05, subd. 2. Permits MNsure to continue to collect up to 3.5% of premiums for plans sold through MNsure to fund the operation of MNsure, through December 31, 2018. Beginning January 1, 2019, lowers the amount MNsure may collect to 2% of premiums for plans sold through MNsure, and caps the total amount collected per year at 25% of the Minnesota Comprehensive Health Association (MCHA) member assessments collected in calendar year 2012. Prohibits interagency agreements between MNsure and DHS and the public cost allocation plan from being modified to reflect the percent of premiums MNsure can retain.

2 **Health carrier and health plan requirements; participation.** Amends § 62V.05, subd. 5. Provides that a health plan that meets the minimum requirements in state and federal law for certification as a qualified health plan, is deemed to be in the interests of qualified individuals and employers. Strikes language listing elements the MNsure board may consider

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when determining the interests of qualified individuals and employers for purposes of certifying qualified health plans, and prohibits the MNsure board from establishing additional requirements for certifying health carriers and health plans to be offered through MNsure. Also prohibits the board from establishing costs, cost-sharing elements, or benefits for health plans sold through MNsure. Updates references to federal law and strikes outdated language.

3 **Limitations; risk-bearing.** Amends § 62V.05, subd. 10. Prohibits the commissioner of human services from bearing insurance risk or entering into any agreement to pay claims for health coverage for a state health care program available for purchase through the MNsure Web site, as an alternative to purchasing an individual health plan. Specifies that this subdivision does not prohibit the commissioner from administering MA or MinnesotaCare, as long as health coverage under MA or MinnesotaCare is not purchased by an individual through MNsure's Web site. Also provides that this subdivision does not prohibit employees of DHS from obtaining insurance coverage through the state employee group insurance program.

4 **Definitions.** Amends § 169.345, subd. 2. Authorizes licensed physical therapists to provide a medical statement used to obtain a disability parking permit or disability plates.

5 **Health care facility; notice of status.** Amends § 243.166, subd. 4b. Amends the predatory offender registration statute, to require that the predatory offender notice of status required in this subdivision be provided to licensed home care providers in the same manner that health care facilities receive notice. Home care providers will be required to distribute a fact sheet with a risk level classification to any individual who will provide direct services to the offender, before beginning to provide services.

6 **Human Services Department Restructuring Working Group.**

Subd. 1. Establishment; membership. Paragraph (a) establishes a working group to consider restructuring DHS.

Paragraph (b) lists the membership of the working group.

Paragraph (c) requires the appointing authorities to complete their appointments no later than July 1, 2018.

Subd. 2. Duties. Requires the working group to review the current structure of DHS and programs administered by DHS and propose a restructuring of the agency to provide for better coordination and control of programs, accountability, and continuity. Lists issues the working group must consider in making recommendations.

Subd. 3. Meetings. Requires the legislative auditor or a designee to: (1) convene the first meeting of the working group no later than August 1, 2018; and (2) serve as the chair of the working group. Specifies that meetings of the working group are open to the public.

Subd. 4. Compensation. Requires members of the working group to serve without compensation or reimbursement for expenses.

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Subd. 5. Administrative support. Requires the Legislative Coordinating Commission to provide administrative support for the working group and arrange for meeting space.

Subd. 6. Report. Requires the working group to submit a report with findings, recommendations, and draft legislation to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance. Requires the report to include a discussion of costs and benefits associated with any proposed restructuring.

Subd. 7. Expiration. Makes the working group expire on a blank date or the day after the working group submits the report required under subdivision 6, whichever is earlier.

Makes this section effective the day following final enactment.

7 **Rates for individual market health and dental plans for 2019.** Requires health carriers, when setting rates for individual health and dental plans for 2019, to take into account the reduction in the premium withhold percentage beginning in 2019 under section 62V.05, subdivision 2.

Article 10: Human Services Forecast Adjustments

Overview

This article adjusts appropriations for fiscal years 2018 and 2019 for forecasted programs administered by the Department of Human Services.

Article 11: Health and Human Services Appropriations

Overview

This article appropriates money for fiscal year 2019 for the Department of Human Services, Department of Health, health-related licensing boards, and the Emergency Medical Services Regulatory Board.