

Subject Department of Health and Health Licensing Boards Appropriations

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Date March 28, 2022

Overview

This bill is the Department of Health and health-related licensing boards appropriations bill. Article 1 establishes new programs and modifies existing programs administered by the commissioner of health, and article 2 appropriates money to the commissioner of health and to the Board of Dietetics and Nutrition Practice.

Article 1: Health Policy

This article establishes new programs and modifies existing programs administered by the commissioner of health.

Section Description – Article 1: Health Policy

1 Health Care Spending Growth Target Commission.

Adds § 62J.041. Establishes a Health Care Spending Growth Target Commission and establishes duties for the commission.

Subd. 1. Definition. Defines commission for this section.

Subd. 2. Commission membership. Provides that the commission shall consist of 13 members appointed by the listed appointing authorities. Requires members to have knowledge and expertise in health care, health economics, consumer advocacy, health care workforce, or related subjects, and prohibits a member from participating in proceedings if the member has a direct financial interest in the outcome of the proceedings.

Subd. 3. Terms. Provides that member terms are four years following initial staggered term lengths and prohibits members from serving more than two consecutive four-year terms.

Section Description – Article 1: Health Policy

Subd. 4. Chair; officers. Requires the governor to designate an acting chair, and requires the commission to elect a chair, vice-chair, and other officers from its membership.

Subd. 5. Compensation. Provides that member compensation is governed by section 15.059, which governs the operation of advisory councils and committees.

Subd. 6. Meetings. Requires meetings to comply with the open meeting law, requires public monthly meetings on the creation of the health care spending growth targets program until initial targets are set, and requires meetings at least quarterly after growth targets are established.

Subd. 7. Duties of the commission. Provides that the commission is responsible for development and maintenance of the health care spending growth targets program and reporting on progress toward targets. Lists specific duties for the commission, and requires the commission to complete certain tasks by June 15, 2023.

Subd. 8. Administration. Requires the commissioner of health to provide space, equipment and supplies, and analytic staff for the commission and the Health Care Spending Technical Advisory Council.

Subd. 9. Duties of the commissioner. Requires the commissioner of health, in consultation with the commissioners of human services and commerce, to provide administrative and staff support to the commission, including procuring consulting and analytic services. Lists other duties of the commissioner.

Subd. 10. Reports. Requires the commission to provide progress updates in February 2023 and February 2024 about development and implementation of spending targets. Requires the commission to provide an annual report by December 2024 and each December thereafter on health care spending trends subject to the spending targets.

Subd. 11. Access to information. Allows the commission to request that a state agency provide, at no cost to the commission, publicly available information to the commission related to the establishment of targets or monitoring performance under those targets. Allows the commission or commissioner to request from a state agency unique or custom data sets, for which there may be a charge. Requires any information provided to the commission to be de-identified.

Subd. 12. Expiration exemption. Provides that the commission does not expire.

Section Description – Article 1: Health Policy

2 Health Care Spending Technical Advisory Council.

Adds § 62J.0412. Establishes a Health Care Spending Technical Advisory Council and specifies duties for the advisory council.

Subd. 1. Definition. Defines council and commission for this section.

Subd. 2. Establishment. Requires the commissioner to appoint a ten-member Technical Advisory Council to provide technical advice to the Health Care Spending Growth Targets Commission. Requires members to be appointed based on knowledge and expertise in one of the listed areas.

Subd. 3. Membership. Specifies membership for the advisory council.

Subd. 4. Terms. Provides for initial appointments and terms for advisory council members. Provides that removals and vacancies are governed by section 15.059.

Subd. 5. Meetings. Requires the advisory council to be convened at the request of the commission up to six times per year.

Subd. 6. Duties. Lists duties for the advisory council: providing technical advice to identify metrics for growth targets, technical input in data sources to measure health care spending, and advice on how to measure impacts on certain communities.

3 Provider balance billing requirements.

Adds § 62J.811. Requires health care providers and health facilities to comply with the federal No Surprises Act, which governs balance billing. Authorizes the commissioner of health to accept and investigate complaints about violations and to enforce this section.

Subd. 1. Requirements. Requires health care providers and health facilities to comply with the federal No Surprises Act, including any regulations adopted under that act, to the extent it imposes requirements that apply in this state but are not required under state law.

Subd. 2. Compliance and investigations. Requires the commissioner of health to seek cooperation of health care providers and facilities in complying with this section, and allows the commissioner to conduct compliance reviews. Allows individuals to file complaints with the commissioner for failing to comply with the federal No Surprises Act or with this section. Provides that the commissioner will investigate these complaints and specifies requirements for investigations, notices of investigation results, and enforcement. Classifies data collected by the commissioner as part of an investigation as protected nonpublic data or

Section Description – Article 1: Health Policy

confidential data. Requires penalty amounts collected to be deposited in the general fund and appropriated to the commissioner for purposes of this section.

This section is effective the day following final enactment.

4 Statewide health care provider directory.

Adds § 62J.821. Requires the commissioner of health and commissioner of human services to develop and implement a statewide electronic directory of health care providers.

Subd. 1. Definitions. Defines terms for this section: health care provider directory, health care provider, group purchaser.

Subd. 2. Health care provider directory. Requires the commissioner of health and commissioner of human services to develop and implement a statewide electronic directory of health care providers.

Subd. 3. Consultation. Requires the commissioners to develop the directory in consultation with stakeholders.

Subd. 4. Access. Requires the provider directory to have a public-facing search portal that complies with the federal No Surprises Act and that allows consumers to look up available providers and networks. Requires group purchasers to provide timely updates on their provider networks so consumers can determine providers that are in-network.

Subd. 5. Recommendations. Requires the commissioners, by January 2025, to submit additional legislative language needed to implement the provider directory to the chairs and ranking minority members of certain legislative committees.

5 Definitions.

Amends § 62J.84, subd. 2. Adds definitions for drug product family, pharmacy or pharmacy provider, pharmacy benefit manager, pricing unit, reporting entity, and wholesale drug distributor or wholesaler to a subdivision defining terms for the Prescription Drug Price Transparency Act.

6 Public posting of prescription drug price information.

Amends § 621J.84, subd. 6. Adds the following to the list of prescription drugs and information that must be posted on the Health Department's website: prescription drugs and information reported by manufacturers, pharmacies, pharmacy benefit managers (PBMs), and wholesalers for prescription drugs determined to represent a substantial public interest.

Section Description – Article 1: Health Policy

7 Consultation.

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

8 Enforcement and penalties.

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

9 Legislative report.

Amends § 62J.84, subd. 9. In addition to existing requirements for content of an annual report to the legislature, requires the annual report on implementation of the prescription drug price transparency actions to include summary information submitted to the commissioner by manufacturers, pharmacies, PBMs, and wholesalers for prescription drugs determined to represent a substantial public interest.

10 Notice of prescription drugs of substantial public interest.

Adds subd. 10 to § 62J.84. By January 31, 2023, and quarterly thereafter, requires the commissioner to post on the department’s website a list of prescription drugs that the department determines represent a substantial public interest and for which the department intends to request data under subdivisions 11 to 14. Describes drug product families that the department should consider. Requires the department to provide notice to reporting entities of drugs so designated, and limits this designation to 500 or fewer prescription drugs in any one notice.

11 Manufacturer prescription drug substantial public interest reporting.

Adds subd. 11 to § 62J.84. Beginning January 1, 2023, requires a manufacturer to submit the listed information, in a form and manner specified by the commissioner, for any prescription drug included in a notification to report issued by the department which the manufacturer manufactures or repackages, for which the manufacturer sets a wholesale acquisition cost, and for which the manufacturer has not submitted data under this section in the 120 days prior to the notification from the department. Allows the manufacturer to submit any documentation needed to support the information reported.

12 Pharmacy prescription drug substantial public interest reporting.

Adds subd. 12 to § 62J.84. Beginning January 1, 2023, requires a pharmacy to submit to the commissioner the listed information for any prescription drug included in a

Section Description – Article 1: Health Policy

- notification to report issued by the department to the pharmacy. Allows the pharmacy to submit any documentation needed to support information reported.
- 13 **Pharmacy benefit manager (PBM) prescription drug substantial public interest reporting.**
Adds subd. 13 to § 62J.84. Beginning January 1, 2023, requires a PBM to submit to the commissioner the listed information for any prescription drug included in a notification to report issued by the department to the PBM. Allows the PBM to submit any documentation needed to support the information reported.
- 14 **Wholesaler prescription drug substantial public interest reporting.**
Adds subd. 14 to § 62J.84. Beginning January 1, 2023, requires a wholesaler to submit to the commissioner the listed information for any prescription drug included in a notification to report issued by the department to the wholesaler. Allows the wholesaler to submit any documentation needed to support the information reported.
- 15 **Registration requirement.**
Adds subd. 15 to § 62J.84. Beginning January 1, 2023, requires a reporting entity to register with the department in a form and manner specified by the commissioner.
- 16 **Rulemaking.**
Adds subd. 16 to § 62J.84. Allows the commissioner to use the expedited rulemaking process under section 14.389.
- 17 **Compliance with 2021 federal law.**
Adds subd. 3 to § 62Q.021. Requires health plan companies, health providers, and health facilities to comply with the federal No Surprises Act, including any federal regulations adopted under the act, to the extent it imposes requirements that apply in this state that are not required under state law. Requires the commissioner of health to enforce this requirement for entities regulated by the commissioner of health, and requires the commissioner of commerce to enforce this requirement for entities regulated by the commissioner of commerce.
- 18 **Coverage restrictions or limitations.**
Amends § 62Q.55, subd. 5. Requires cost-sharing requirements that apply to emergency services obtained from an out-of-network provider to count toward the in-network deductible, and requires coverage and charges for emergency services to comply with the federal No Surprises Act, including federal regulations adopted under that act.

Section Description – Article 1: Health Policy

19 Consumer protection against balance billing.

Amends § 62Q.556. Modifies state law prohibiting balance billing to conform with the federal No Surprises Act. Changes made include referring to federal law to define the circumstances under which an enrollee is protected when receiving services from a nonparticipating provider at a participating hospital or ambulatory surgical center; prohibiting balance billing when an enrollee receives services from a nonparticipating provider or facility providing emergency services or other services specified in federal law; allowing balance billing in certain circumstances if an enrollee gives informed consent that complies with federal law; requiring a health plan company and nonparticipating provider to resolve disputes on payment using the federal independent dispute resolution process instead of through arbitration; requiring annual reporting of data; and allowing the commissioner of commerce or commissioner of health to enforce this section.

20 Change in health plans.

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

21 Standards of review.

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

22 Advisory council on water supply systems and wastewater treatment facilities.

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

Section Description – Article 1: Health Policy

23 Sentinel Event Review Committee.

Adds § 144.0551. Establishes a Sentinel Event Review Committee (SERC) to review law-enforcement-involved deadly force encounters and recommend changes to state and local policies to prevent future events.

Subd. 1. Purpose. Establishes a Sentinel Event Review Committee (SERC) to review law-enforcement-involved deadly force encounters and recommend changes to state and local policies to prevent future events.

Subd. 2. Definitions. Defines terms for this section: commissioner, use of force, and law-enforcement-involved deadly force encounter.

Subd. 3. Duties of the commissioner. Requires the commissioner to collect and analyze data on law-enforcement-involved deadly force encounters in Minnesota, and to report findings to the legislature and the public. Requires the commissioner to convene the SERC, specifies SERC membership and conditions for membership, and provides for member terms. Requires the SERC to be convened by March 1, 2023, and requires the commissioner to provide meeting space and administrative support.

Subd. 4. Sentinel Event Review. Requires initial review by the commissioner’s staff to be completed within 90 days of the event. Directs the SERC to identify and analyze root causes of the incident and recommend policy and systems changes to prevent future incidents. Requires the full review to be completed within six months of the event or as soon as practicable. Establishes requirements for reporting, and requires reports to comply with chapter 13 and to have any not public data redacted.

Subd. 5. Access to data. Requires the SERC team to collect, review, and analyze data relating to the decedent and law enforcement official involved. Lists data that may be reviewed, and lists not public data to which the review team has access. Allows the SERC to compel the production of other records by applying for a subpoena.

Subd. 6. Confidentiality and data privacy. Specifies information related to SERC meetings and operations that may be disclosed, and classifies certain proceedings and records as confidential or protected nonpublic data. Provides that information otherwise available is not immune from discovery solely because it was presented at a SERC proceeding.

Subd. 7. Violation a misdemeanor. Provides that any data disclosure other than as provided in this section is a misdemeanor.

Section Description – Article 1: Health Policy

Subd. 8. Immunity. Establishes immunity for members of the SERC for good faith acts, decisions, or determinations made by the SERC. Also establishes immunity for other organizations and persons furnishing information to the SERC.

Subd. 9. Community-based grant program. Requires the commissioner to establish a grant program to issue community grants to implement recommendations developed by the SERC.

24 Law-enforcement-involved deadly force encounter community advisory committee.

Adds § 144.0552. Directs the commissioner to establish a law-enforcement-involved deadly force encounter community advisory committee to advise the commissioner and other state agencies on certain topics, develop goals and expectations for the SERC, review SERC reports, and make recommendations for funding of community-based grants.

Subd. 1. Establishment. Requires the commissioner to establish a law-enforcement-involved deadly force encounter community advisory committee of 18 members. Provides for staff support, office space, and equipment; requires members to be appointed for three-year terms; and provides for compensation of nonstate employee members. Requires meetings to be held at least twice a year.

Subd. 2. Membership. Requires the commissioner to appoint 18 members to the advisory committee and requires the members to represent the listed communities and state agencies. Allows other persons to serve on an ad hoc basis.

Subd. 3. Duties. Requires the advisory committee to advise the commissioner and other state agencies on certain topics, develop goals and expectations for the SERC, review SERC reports, and make recommendations for funding of community-based grants.

25 License, permit, and survey fees.

Amends § 144.122. Amends health care facility licensing fees collected by the commissioner of health, to require the commissioner to charge hospitals an annual licensing base fee of \$1,150 per hospital, plus \$15 per licensed bed/bassinets fee. Provides the revenue is deposited in the state government special revenue fund and credited toward trauma hospital designations.

26 Health professional education loan forgiveness program.

Amends § 144.1501. Makes public health employees who serve in a local, Tribal, or state public health department in an area of high need, as determined by the

Section Description – Article 1: Health Policy

- commissioner, eligible for loan forgiveness under the health professional education loan forgiveness program.
- 27 **Health professionals clinical training expansion and rural and underserved clinical rotations grant programs.**
Amends § 144.1505. Establishes a rural and underserved clinical rotations grant program, in which the commissioner of health awards grants to health professional training sites for certain health professionals to add rural and underserved rotations or clinical training experiences. Lists allowable uses of funds.
- 28 **Primary care rural residency training grant program.**
Adds § 144.1507. Establishes a primary care rural residency training grant program, in which the commissioner of health awards grants to eligible programs to plan and implement rural residency training programs. Limits grants to \$250,000 per resident per year for the first year and \$225,000 for each following year. Lists allowable uses of grant funds. Establishes an application process and a process for consideration of grant applications and grant awards. Allows the commissioner to require and collect from grantees information necessary to evaluate the program. Provides that appropriations made to the program do not cancel and are available until expended.
- 29 **Clinical health care training.**
Adds § 144.1508. Allows the commissioner of health to distribute funds for clinical training to eligible entities hosting clinical trainees from a clinical medical education training program and teaching institution, for professions determined by the commissioner to be in a high need area and in a profession for which there is a shortage of providers. Specifies criteria for eligible entities hosting clinical trainees and establishes application procedures. Requires teaching institutions receiving funds under this section to sign and submit a grant verification report verifying that the correct grant amount was forwarded to each eligible entity, and requires teaching institutions to provide other information required by the commissioner to evaluate the grant program.
- 30 **Authority of commissioner; safe drinking water.**
Amends § 144.383. Adds to the authority of the commissioner of health, the authority to maintain a database of lead service lines, provide technical assistants to community systems, and ensure lead service line inventory data is accessible to the public with relevant educational materials.
- 31 **Health facilities construction plan submittal and fees.**
Amends § 144.554. Increases fees that hospitals, nursing homes, boarding care homes, residential hospices, supervised living facilities, outpatient surgical centers,

Section Description – Article 1: Health Policy

and end-stage renal dialysis facilities must pay to the commissioner of health for plan review and approval for construction projects.

32 Drug overdose and substance abuse prevention.

Adds § 144.8611. Establishes duties for the commissioner of health to prevent drug overdoses and substance abuse.

Subd. 1. Strategies. Requires the commissioner of health to support collaboration and coordination between state and community partners to expand funding to address the drug overdose epidemic by establishing regional teams, funding services through the Homeless Overdose Prevention Hub, and provide grants for a recovery-friendly workplace initiative.

Subd. 2. Regional teams. Requires the commissioner to establish community-based prevention grants and contracts for eight regional overdose prevention teams aligned with the eight EMS regions. Directs regional teams to implement prevention programs appropriate for the region.

Subd. 3. Homeless Overdose Prevention Hub. Requires the commissioner to issue a grant to provide emergency and short-term housing subsidies through the Homeless Overdose Prevention Hub. (The Homeless Overdose Prevention Hub primarily serves urban American Indians and is managed by the Native American Community Clinic.)

Subd. 4. Workplace health. Requires the commissioner to establish a grants and contracts program to support the recovery-friendly workplace initiative.

Subd. 5. Eligible grantees. Describes organizations eligible to receive grants under subdivision 4 to support workplace health. Allows at least one statewide organization and up to five smaller organizations to be selected for grants under subdivision 4.

Subd. 6. Evaluation. Requires the commissioner of health to evaluate each component of this program.

Subd. 7. Report. Requires grant recipients to report program outcomes to the commissioner in a form and manner established by the commissioner.

33 Climate resiliency.

Adds § 144.9981. Requires the commissioner of health to implement a climate resiliency program to increase awareness of climate change, track public health impacts of climate change and extreme weather events, provide technical assistance to support climate resiliency, and coordinate with other state agencies on this topic. Directs the commissioner to manage a grant program for climate resiliency planning.

Section Description – Article 1: Health Policy

Requires grants to be awarded through a request for proposals process to the listed organization to plan for health impacts of extreme weather events and to develop adaptation actions. Requires grant recipients to use funds to develop a plan or implement strategies to reduce health impacts from extreme weather events. Lists information an application must include.

34 Long COVID; supporting survivors and monitoring impact.

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

35 Mercury surveillance system.

Adds § 145.371. Requires the commissioner of health to establish a statewide mercury surveillance system, and lists purposes of the system. Requires individuals and organizations analyzing blood or urine for mercury content, or providers who ordered the test for analyses conducted outside Minnesota, to report the results of the analysis to the commissioner of health in a format specified by the commissioner. Lists information that must be included in reports to the commissioner. Provides that reporting information under this section does not subject a person to action for damages or relief. Requires a laboratory performing blood or urine mercury analysis to use methods that meet or exceed standards in federal rules. Classifies data collected under this section as private and allows it to be used only by the listed entities for purposes of this section.

36 Skin-lightening products public awareness and education grant program.

Adds § 145.372. Requires the commissioner of health to establish a skin-lightening products public awareness and education grant program to provide information on the health dangers of using skin-lightening creams and products that contain mercury. Directs the commissioner to award grants to community-based organizations, local public health entities, and nonprofit organizations, and requires giving priority to organizations that have historically served ethnic communities at significant risk from these products and that have not had access to state grant funding. Requires grants to be used for public awareness and education activities on the listed subjects. Requires the commissioner to award 50 percent of grant funds to community-based and nonprofit organizations, and 50 percent to local public health entities.

Section Description – Article 1: Health Policy

- 37 **988; National Suicide Prevention Lifeline number.**
Adds subd. 6 to § 145.56. Expands the National Suicide Prevention Lifeline to improve quality of care and access to behavioral health services. States that a surcharge is imposed on certain communications services to support the 988 hotline to comply with federal law and rules.
- 38 **Definitions.**
Adds subd. 7 to § 145.56. Defines terms for a section on suicide prevention: 988 administrator, 988 hotline or lifeline center, commissioner, department, National Suicide Prevention Lifeline, Veterans Crisis Line.
- 39 **988 National Suicide Prevention Lifeline.**
Adds subd. 8 to § 145.56. Requires the commissioner of health to administer the designated lifeline and oversee a Lifeline Center or network of Lifeline Centers to answer contacts from individuals accessing the National Suicide Prevention Lifeline. Establishes requirements for designated Lifeline Centers. Requires the department to collaborate with the National Suicide Prevention Lifeline and the Veterans Crisis Line networks to ensure consistent public messaging about 988 services.
- 40 **988 special revenue account.**
Adds subd. 9 to § 145.56. Establishes a dedicated account in the special revenue fund for 988 special revenue. Lists sources of money in the account and specifies allowable uses.
- 41 **988 telecommunications service surcharge.**
Adds subd. 10 to § 145.56. Requires the Department of Health to impose a surcharge of up to 12 cents a month on each consumer access line of a wireless service, IP-enabled voice service, prepaid wireless, or wire-line service. Requires the 988 surcharge to be collected by telecommunications service providers and remitted to the Department of Public Safety on a monthly basis and credited to the 988 account, to be used only for 988 services. Requires the commissioner of health to report to the FCC on revenue and expenditures for the 988 surcharge.
- 42 **AIDS prevention grants.**
Amends § 145.924. Permits the commissioner to manage a program and award grants to expand access to harm reduction services and improve linkages to care to prevent HIV/AIDS, hepatitis, and other infectious disease for people experiencing homelessness or housing instability.

Section Description – Article 1: Health Policy

43 Community solutions for healthy child development grant program.

Adds § 145.9271. Requires the commissioner to establish a community solutions for healthy child development grant program.

Subd. 1. Establishment. Requires the commissioner to establish a community solutions for healthy child development grant program, to improve child development outcomes for children of color and American Indian children from prenatal to grade 3 and their families, reduce racial disparities in children’s health and development, and promote racial and geographic equity.

Subd. 2. Commissioner’s duties. Lists duties for the commissioner: to develop a request for proposals; provide outreach, technical assistance, and program development support to increase capacity for new and existing service providers to meet statewide standards; review proposals and award grants; communicate with the ethnic councils, the Indian Affairs Council, and the Children’s Cabinet; establish an accountability process; provide grantees with access to data to help them establish and implement community-led solutions; maintain data on outcomes; and contract with a third party for evaluation.

Subd. 3. Community solutions advisory council; establishment; duties; compensation. Requires the commissioner to convene a 12-member community solutions advisory council and lists advisory council membership and duties. Allows compensation for advisory council members according to section 15.059, subdivision 3.

Subd. 4. Eligible grantees. Allows organizations that work with Black, Indigenous, and people of color communities; Tribal nations and organizations; and organizations that focus on healthy child development, to be eligible for grants under this section.

Subd. 5. Strategic consideration and priority of proposals; eligible populations; grant awards. Requires the commissioner to develop a request for proposals for healthy child development grants. Requires proposals to focus on increasing racial equity and healthy child development and reducing health disparities in children from Black, nonwhite people of color, and American Indian communities. Lists criteria for organizations to which the commissioner must give priority in awarding grants. Requires the first round of grants to be awarded by April 15, 2023.

Subd. 6. Geographic distribution of grants. Requires the commissioner and advisory council, to the extent possible, to award grants to organizations within counties that have a higher proportion of Black, nonwhite people of color, and American Indians than the state average.

Section Description – Article 1: Health Policy

Subd. 7. Report. Requires grantees to report grant outcomes to the commissioner in a format and manner specified by the commissioner.

44 Lead remediation in schools and child care settings grant program.

Adds § 145.9272. Requires the commissioner to establish a grant program to remediate identified sources of lead in drinking water in schools and child care settings. Requires the commissioner to award grants through a request for proposals process, and lists criteria for schools and child care settings that will be prioritized for grants. Requires grant recipients to use funds to address sources of lead contamination.

45 Community healing grant program.

Adds § 245.9281. Requires the commissioner of health to establish a community healing grant program.

Subd. 1. Establishment. Requires the commissioner of health to establish a community healing grant program to improve outcomes for the wellbeing of Black, nonwhite Latino, American Indian, LGBTQ, and disability communities, by funding community-based solutions for challenges identified by affected communities, reducing mental health and well-being inequities, and promoting racial and geographic equity.

Subd. 2. Commissioner’s duties. Lists duties for the commissioner.

Subd. 3. Eligible grantees. Provides that organizations eligible to receive grants include organizations that work with Black, nonwhite Latino, and American Indian communities; Tribal nations and organizations; and organizations focused on mental health and community healing.

Subd. 4. Strategic consideration and priority of proposals; eligible populations; grant awards. Requires the commissioner to develop a request for proposals for mental health, community healing, and well-being grants. Requires proposals to focus on increasing health equity and community healing and reducing health disparities in Black, nonwhite Latino, American Indian, LGBTQ, and disability communities. Lists criteria for organizations to which the commissioner must give priority in awarding grants. Requires the first round of grants to be awarded by May 15, 2023.

Subd. 5. Geographic distribution of grants. Requires the commissioner to award grant funds to organizations within counties that have a higher proportion of Black or African American, nonwhite Latino, American Indian, LGBTQ, and disability communities to the extent possible.

Section Description – Article 1: Health Policy

Subd. 6. Report. Requires grantees to report program outcomes to the commissioner in a format and manner specified by the commissioner.

46 Community health workers; reducing health disparities with community-led care.

Adds § 145.9282. Requires the commissioner to support coordination between state and community partners to expand the community health worker profession across the state. Requires the commissioner to issue a grant to a nonprofit community organization that serves and supports community health workers statewide, to expand and strengthen the community health worker workforce. Requires the commissioner to evaluate the community health worker initiative using measures of workforce capacity, employment opportunity, reach of services, and return on investment. Requires grant recipients to report grant program outcomes in a format and manner specified by the commissioner.

47 Reducing health disparities among people with disabilities; grants.

Adds § 145.9283. Requires the commissioner to support coordination between state and community partners to address barriers to health care and preventive services among people with disabilities, by:

- identifying priorities and action steps to address identified gaps in services and resources;
- conducting a community needs assessment and establishing a health surveillance and tracking plan;
- issuing grants to support establishment of inclusive evidence-based chronic disease prevention and management services; and
- providing technical assistance regarding accessible preventive health care to public health personnel and health care providers.

48 Public Health AmeriCorps.

Adds § 145.9292. Allows the commissioner to award a grant to a statewide, nonprofit organization to support Public Health AmeriCorps members.

49 Healthy beginnings, healthy families act.

Adds § 145.987.

Subd. 1. Purpose. Lists purposes of the act.

Subd. 2. Minnesota collaborative to prevent infant mortality. Establishes the Minnesota collaborative to prevent infant mortality to decrease infant mortality among populations with significant disparities, address leading causes of poor infant health outcomes, and promote the use of data-informed, community-driven strategies to improve infant health outcomes. Requires the commissioner

Section Description – Article 1: Health Policy

to establish a statewide partnership program to engage communities, exchange best practices, and promote policies to improve birth outcomes.

Subd. 3. Grants authorized. Requires the commissioner to award grants to eligible applicants for activities to improve infant health by reducing preterm births, sleep-related deaths, and congenital malformations and by addressing the social and environmental determinants of health. Lists entities eligible for grants and lists allowable uses of grant funds. Lists criteria to be used to evaluate grant applications, and requires grant recipients to report activities to the commissioner in a format and manner specified by the commissioner.

Subd. 4. Technical assistance. Requires the commissioner to provide content expertise, technical expertise, training, and advice on data-driven strategies. Allows the commissioner to award contracts to appropriate entities to provide technical assistance.

Subd. 5. Help Me Connect. Establishes the Help Me Connect online navigator program to connect pregnant women and parenting families with young children with local services to support healthy child development and family well-being.

Subd. 6. Duties of Help Me Connect. Requires Help Me Connect to assist with collaboration across sectors by providing early childhood provider outreach and linking children and families to appropriate community-based services. Also requires Help Me Connect to provide community outreach by maintaining a resource directory of health care, early childhood education, and child care programs, developmental disability assessment and intervention programs, mental health services, family and social support programs, child advocacy and legal services, and other information. Help Me Connect must facilitate provider-to-provider referrals and be a centralized access point for parents and professionals.

Subd. 7. Universal and voluntary developmental and social-emotional screening and follow-up. Requires the commissioner to establish a universal, voluntary, development and social-emotional screening to identify young children at risk for developmental and behavioral concerns and to provide follow-up services by connecting families with community-based resources and programs. Requires the commissioner to work with the commissioners of human services and education to implement this subdivision. Lists duties for the commissioner under this subdivision.

Subd. 8. Grants authorized. Requires the commissioner to award grants to community health boards and Tribal nations to support follow-up services for children with developmental or social-emotional concerns.

Section Description – Article 1: Health Policy

Subd. 9. Model jails practices for incarcerated parents. Allows the commissioner of health to make special grants to counties and nonprofit organizations to implement model jails practices to benefit children of incarcerated parents. Specifies what model jails practices means.

Subd. 10. Grants authorized. Requires the commissioner to award grants to eligible county jails to implement model jails practices, and separate grants to local governments and nonprofit organizations to support children of incarcerated parents and their caregivers.

Subd. 11. Technical assistance and oversight. Requires the commissioner to provide content expertise, training, and advice on evidence-based strategies, and to award contracts to appropriate entities to assist with these activities.

50 **Minnesota school health initiative.**

Adds § 145.988.

Subd. 1. Purpose. Provides that the purpose of the Minnesota School Health Initiative is to implement evidence-based practices to strengthen and expand health promotion and health care delivery activities in schools using the Whole School, Whole Community, Whole Child model and the school-based health center model.

Subd. 2. Definitions. Defines terms for this section: school-based health center or comprehensive school-based health center, and sponsoring organization.

Subd. 3. Expansion of Minnesota school-based health centers. Requires the commissioner to provide grants to school districts and school-based health centers to support existing centers and support the growth of school-based health centers in the state. Allows grant funds to be used to support school-based health centers that comply with the listed criteria.

Subd. 4. School-based health center services. Lists services that may be provided by a school-based health center.

Subd. 5. Sponsoring organization. Requires a sponsoring organization that agrees to operate a school-based health center to enter into a memorandum of agreement with the school or district, and specifies what the agreement must address.

Subd. 6. Oral health in school settings. Requires the commissioner to administer a program to provide competitive grants to schools, oral health providers, and other groups to establish, expand, or strengthen oral health services in schools.

Section Description – Article 1: Health Policy

Allows grant funds to be used to support oral health services in schools that comply with the listed criteria.

Subd. 7. Whole school, whole community, whole child grants. Requires the commissioner to provide competitive grants to schools, local public health organizations, and community organizations using the Whole School, Whole Community, Whole Child model to increase collaboration between public health and education and improve child development. Allows grant funds to be used to support programs that comply with the listed criteria.

Subd. 8. Technical assistance and oversight. Requires the commissioner to provide content expertise, training, and technical expertise to entities receiving grants under subdivisions 6 and 7, and to award contracts to appropriate entities to assist with training and technical assistance.

51 Funding formula for community health boards.

Amends § 145A.121, subd. 1. Amends a subdivision governing the funding formula for community health boards, to provide that funding to community health boards for foundational public health responsibilities must be distributed based on a formula established by the commissioner in consultation with the State Community Health Services Advisory Committee.

52 Local match.

Amends § 145A.131, subd. 2. Specifies that funding for foundational public health responsibilities is included in the amount for which a 75 percent local match is required for community health boards receiving local public health grants.

53 Use of funds.

Amends § 145A.131, subd. 5. Requires a community health board to use funding for foundational public health responsibilities to fulfill foundational public health responsibilities, unless all foundational public health responsibilities are fulfilled. By July 1, 2026, community health boards must use all local public health funds to first fulfill foundational public health responsibilities, and then use these funds for local priorities.

54 Tribal governments; foundational public health responsibilities.

Adds subd. 2b to § 145A.14. Requires the commissioner to distribute grants to Tribal governments for foundational public health responsibilities as defined by each Tribal government.

55 Fees; deposit of revenue.

Amends § 152.35. Reduces fees for patient enrollment in the medical cannabis program, from \$50 for patients enrolled in certain public health care programs or

Section Description – Article 1: Health Policy

- receiving certain disability payments and \$200 for all other patients, to \$40 for all patients.
- 56 **Department of Public Safety.**
Amends § 270B.12, subd. 4. Allows the commissioner of revenue to disclose return information to the commissioner of public safety to verify payment of the 988 surcharge.
- 57 **Department of Health.**
Adds subd. 4a to § 270B. 12. Allows the commissioner of revenue to disclose return information to the commissioner of health to verify payment of the 988 surcharge.
- 58 **Emergency telecommunications service fee; account.**
Amends § 403.11, subd. 1. Imposes a 988 telecommunications service surcharge of 12 cents on each customer access line of a wireless service, an IP-enabled voice service, or a wire-line service.
- 59 **Fees imposed.**
Amends § 403.161, subd. 1. Imposes a 988 telecommunications service surcharge of 12 cents on prepaid wireless telecommunications services.
- 60 **Fee collected.**
Amends § 403.161, subd. 3. Includes the 988 telecommunications service surcharge in the telecommunications fees collected by a seller of prepaid wireless services.
- 61 **Remittance.**
Amends § 403.161, subd. 5. Adds the 988 telecommunications service surcharge to the telecommunications fees that are the liability of the consumer and not the seller of prepaid wireless services.
- 62 **Exclusion for calculating other changes.**
Amends § 403.161, subd. 6. Adds the 988 telecommunications service surcharge to the telecommunications fees that must not be included in the base for calculating taxes or other charges imposed by a government entity.
- 63 **Fee changes.**
Amends § 403.161, subd. 7. Adds the 988 surcharge to the telecommunications fees that must be proportionately increased or decreased upon any change in the other listed fees. Requires the commissioner of health to notify the Department of Public Safety at least 60 days before the effective date of a surcharge change.

Section Description – Article 1: Health Policy

64 Seller’s fee retention.

Amends § 403.162, subd. 2. Adds the 988 telecommunications service surcharge to the fees from which a seller of prepaid wireless services may retain three percent.

65 Fees deposited.

Amends § 403.162, subd. 5. Directs the commissioner of revenue to deposit the proportion of collected fees attributable to the prepaid wireless 988 surcharge in the 988 account in the special revenue fund.

66 Mental health cultural community continuing education grant program.

Amends Laws 2021, First Special Session chapter 7, article 3, § 44. Expands the allowable uses of grants distributed under the mental health cultural community continuing education grant program, to allow funds to be used to cover the cost of supervision when required for professionals to become supervisors; and cover supervision costs for mental health practitioners pursuing licensure at the professional level. Also modifies eligibility criteria for grants, to allow individuals to receive a grant if they practice in a mental health professional shortage area, and to remove a requirement in current law that they work for a community mental health provider.

67 Identify strategies for reduction of administrative spending and low-value care; report.

Requires the commissioner to develop recommendations for strategies to reduce the volume and growth of administrative spending by health care organizations and group purchasers, and to reduce the amount of low-value care delivered to Minnesota residents. Requires the commissioner to report these recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services.

68 Payment mechanisms in rural health care.

Requires the commissioner to develop a plan to assess the readiness of rural communities and providers to adopt value-based, global budgeting, or alternative payment systems and recommend steps needed to implement them. Requires the commissioner to develop recommendations for pilot projects by January 1, 2025, and to share the findings with the Minnesota Health Care Spending Growth Target Commission.

69 Safety improvements for state-licensed long-term care facilities.

Requires the commissioner of health to develop and implement a temporary, competitive grant program for state-licensed long-term care facilities to improve their ability to reduce transmission of COVID-19 and similar conditions. Directs the commissioner to award improvement grants to assisted living facilities, supervised

Section Description – Article 1: Health Policy

living facilities, board and care facilities that are not federally certified, and nursing homes that are not federally certified, for projects to update, remodel, or replace outdated equipment, systems, technology, or space. Lists projects that may receive grants. Establishes processes to apply for grants, for consideration of grant applications, and for grant awards. Allows the commissioner to collect information necessary to evaluate the program. Provides that this section expires June 30, 2025.

70 Revisor instruction.

Requires the revisor to codify the uncoded section establishing the mental health cultural community continuing education grant program in Minnesota Statutes, chapter 144.

Article 2: Health Appropriations

This article appropriates money in fiscal year 2023 from the general fund, state government special revenue fund, and health care access fund to the commissioner of health. It also appropriates money in fiscal year 2023 from the state government special revenue fund to the Board of Dietetics and Nutrition Practice.



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