

Subject Health and Human Services Omnibus Finance Act

Analyst Randall Chun (articles 7 and 9)
Elisabeth Klarqvist (articles 8, 11 to 14)
Danyell Punelli (articles 1, 2, 4, and 5)
Sarah Sunderman (articles 1, 2, 3, 6, and 10)

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Overview

This act contains provisions related to children and families, operations, direct care and treatment, continuing care for older adults, disability services, chemical and mental health, health care, health coverage, prescription drugs, health-related licensing boards, the Health Department, forecast adjustments, and appropriations for the 2020-2021 fiscal years.

Article 1: Children and Families

This article includes provisions related to child care assistance program (CCAP) federal compliance, American Indian child welfare, foster care, child support fees, child welfare training academy, and homeless youth access to birth records and identification cards.

Section	Description – Article 1: Children and Families
1	Homeless. Amends § 119B.011, by adding subd. 13b. Defines “homeless” under the statute governing the child care assistance program. Provides a September 21, 2020, effective date.
2	Provider. Amends § 119B.011, subd. 19. Modifies the definition of “provider” under the statute governing the child care assistance program. Provides a July 1, 2019, effective date.
3	Transition year families. Amends § 119B.011, subd. 20. Modifies the definition of “transition year families” under the statute governing the child care assistance program. Provides a March 23, 2020, effective date.
4	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 beginning in state fiscal year 2021. Provides an immediate effective date.

Section	Description – Article 1: Children and Families
5	<p>Applications.</p> <p>Amends § 119B.025, subd. 1. Specifies the process counties must follow when handling applications of families who meet the definition of homeless. Provides a September 21, 2020, effective date.</p>
6	<p>Information to applicants; child care fraud.</p> <p>Amends § 119B.025, by adding subd. 5. At the time of initial application and at redetermination, requires counties to provide written notice to applicants and participants listing the activities that constitute child care fraud and the consequences of committing child care fraud. Requires applicants and participants to acknowledge receipt of the child care fraud notice in writing. Provides a September 1, 2019, effective date.</p>
7	<p>Portability pool.</p> <p>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. Provides a December 2, 2019, effective date.</p>
8	<p>General eligibility requirements.</p> <p>Amends § 119B.09, subd. 1. Specifies a family remains eligible for child care assistance until the redetermination if the family has a child that reaches 13 years of age or the child has a disability and reaches 15 years of age. Provides a June 29, 2020, effective date.</p>
9	<p>Maintain steady child care authorizations.</p> <p>Amends § 119B.095, subd. 2. Requires the amount of child care authorized to continue at the same number of hours or more hours until redetermination when a child reaches 13 years of age or a child with a disability reaches 15 years of age. Provides a June 29, 2020, effective date.</p>
10	<p>Assistance for persons who are homeless.</p> <p>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 Minnesota family investment program (MFIP) or diversionary work program (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. Provides a September 21, 2020, effective date.</p>

Section	Description – Article 1: Children and Families
11	<p>Fair hearing allowed for applicants and recipients. Amends § 119B.16, subd. 1. Modifies the fair hearings process under the CCAP. Provides a February 26, 2021, effective date.</p>
12	<p>Fair hearing allowed for providers. Amends § 119B.16, subd. 1a. Modifies the fair hearings process for providers under the CCAP. Provides a February 26, 2021, effective date.</p>
13	<p>Joint fair hearings. Amends § 119B.16, subd. 1b. Modifies the joint fair hearings process for providers and families under the CCAP. Provides a February 26, 2021, effective date.</p>
14	<p>Notice to providers. Amends § 119B.16, by adding subd. 1c. Requires the county or commissioner to mail written notice to the provider against whom the action is being taken prior to taking an appealable action. Specifies timelines for mailing the notice and the information that must be included in the notice. Provides a February 26, 2021, effective date.</p>
15	<p>Fair hearing stayed. Amends § 119B.16, by adding subd. 3. Specifies circumstances under which a provider's fair hearing must be stayed. Provides a February 26, 2021, effective date.</p>
16	<p>Final department action. Amends § 119B.16, by adding subd. 4. Specifies the county agency's or the commissioner's action is considered final unless the commissioner receives a timely and proper request for an appeal. Provides a February 26, 2021, effective date.</p>
17	<p>Administrative review. Creates § 119B.161.</p> <p>Subd. 1. Applicability. Specifies conditions under which a provider has the right to administrative review.</p> <p>Subd. 2. Notice. Specifies the timeline a county agency or the commissioner has for mailing a written notice to a provider when suspending payment or denying or revoking the provider's authorization. Lists the information that must be included in the notice. Requires the county agency or commissioner to send notice to each affected family if payment to a provider is suspended or the provider's authorization is denied or revoked.</p> <p>Subd. 3. Duration. Specifies the duration of a payment suspension or the denial or revocation of a provider's authorization.</p>

Section	Description – Article 1: Children and Families
	<p>Subd. 4. Good cause exception. Lists the conditions under which the commissioner may find that good cause exists not to deny, revoke, or suspend a provider’s authorization, or not to continue a denial, revocation, or suspension of a provider’s authorization.</p> <p>Provides a February 26, 2021, effective date.</p>
18	<p>Appeal of department action.</p> <p>Amends § 245E.06, subd. 3. Specifies that a provider’s appeal rights related to department actions under the chapter of statutes governing child care assistance program fraud investigations are established in Minn. Stat. § 119B.16 and 119B.161. Provides a February 26, 2021, effective date.</p>
19	<p>American Indian child welfare projects.</p> <p>Amends § 256.01, subd. 14b. Adds clarifying language to subdivision allowing for projects to initiate tribal delivery of child welfare services.</p>
20	<p>MFIP transitional standard.</p> <p>Amends § 256J.24, subd. 5. Increases the cash portion of the MFIP transitional standard by \$100 per month per household beginning February 1, 2020. Requires the commissioner to publish the updated standard.</p>
21	<p>Payments.</p> <p>Amends § 256M.41, subd. 3. Modifies provision that distributes payments based on county performance by eliminating the 20 percent withhold, so the counties receive 100 percent of the funds on or before July 10 of each year.</p>
22	<p>County performance on child protection measures.</p> <p>Amends § 256M.41 by adding subd. 4. Requires the commissioner to set child protection measures and standards, and requires an underperforming county to demonstrate that the county has designated sufficient funds and implemented a reasonable strategy to improve child protection performance. Allows the commissioner to redirect up to 20 percent of a county’s funds to the performance improvement plan, and specifies that sanctions for noncompliance with federal performance standards still apply.</p>
23	<p>Foster care.</p> <p>Amends § 260C.007, subd. 18. Clarifies definition of “foster care.”</p> <p>Adds placement co-located with a parent or guardian in a licensed residential family-based substance use disorder treatment program, and adds a child returned for a trial home visit to the foster care definition.</p>

Section	Description – Article 1: Children and Families
24	<p>Licensed residential family-based substance use disorder treatment program. Amends § 260C.007 by adding subd. 22a. Defines “licensed residential family-based substance use disorder treatment program.”</p>
25	<p>Hearing and release requirements. Amends § 260C.178, subd. 1. Adds cross-reference.</p>
26	<p>Family-focused residential placement. Proposes coding for § 260C.190.</p> <p>Subd. 1. Placement. Allows for a child to be placed co-located with a parent in a licensed residential family-based substance use disorder treatment program for up to 12 months.</p> <p>Subd. 2. Case plans. Requires a written case plan indicating that placement with a parent in a residential family-based substance use disorder treatment program is in the child’s best interest; specifies case plan requirements and timelines.</p> <p>Subd. 3. Required reviews and permanency proceedings. Specifies required court procedures and timelines for case review and permanency, in different circumstances, for a child co-located with a parent in a residential family-based substance use disorder treatment program.</p>
27	<p>Dispositions. Amends § 260C.201, subd. 1. Adds language to include a child co-located with a parent in a residential family-based substance use disorder treatment program; clarifies permanency proceeding language.</p>
28	<p>Written findings. Amends § 260C.201, subd. 2. Adds language to include a child co-located with a parent in a residential family-based substance use disorder treatment program, to the requirement for written findings regarding the appropriateness of a placement when legal custody of the child is transferred.</p>
29	<p>Case plan. Amends § 260C.201, subd. 6. Requires a case plan for a child co-located with a parent in a residential family-based substance use disorder treatment program to specify the recommendation for co-location before the placement.</p>
30	<p>Placement decisions based on best interest of the child. Amends § 260C.212, subd. 2. Requires the agency to determine and document whether co-location with a parent in a residential family-based substance use disorder treatment program is in the child’s best interests.</p>

Section	Description – Article 1: Children and Families
31	<p data-bbox="355 233 1268 260">Voluntary foster care; child is collocated with parent in treatment program.</p> <p data-bbox="355 279 737 306">Proposes coding for § 260C.228.</p> <p data-bbox="453 346 1398 447">Subd. 1. Generally. Allows for a written voluntary placement agreement after a child’s case plan recommends a co-located placement in a residential family-based substance use disorder treatment program.</p> <p data-bbox="453 485 1411 548">Subd. 2. Judicial review. Establishes requirements for judicial review and agency reporting for a voluntary placement under this section.</p> <p data-bbox="453 585 1382 684">Subd. 3. Termination. Specifies that the voluntary placement agreement terminates when the parent is discharged for the treatment program, or upon written and dated request from the parent.</p>
32	<p data-bbox="355 743 914 770">Administrative or court review of placements.</p> <p data-bbox="355 789 1398 884">Amends § 260C.452, subd. 4. Adds requirement for official documentation that a youth was formerly in foster care, for a local social services agency transition plan at age 18 or older.</p>
33	<p data-bbox="355 942 786 970">Required permanency proceedings.</p> <p data-bbox="355 989 1338 1043">Amends § 260C. 503, subd. 1. Adds reference to new section relating to residential family-based substance use disorder treatment program placement.</p>
34	<p data-bbox="355 1102 1411 1165">Parent not considered voluntarily unemployed, underemployed, or employed on a less than full-time basis.</p> <p data-bbox="355 1184 1411 1314">Amends § 518A.32, subd. 3. Makes the subdivision applicable to all incarcerated parents by removing the exception for parents incarcerated due to nonpayment of child support, for purposes of imputing income for a child support obligation. Makes the section effective the day following final enactment.</p>
35	<p data-bbox="355 1373 621 1400">Fees for IV-D services.</p> <p data-bbox="355 1419 1422 1514">Amends § 518A.51. Increases the annual fee for child support collection services from \$25 to \$35, for individuals that have received at least \$550 in child support payments through a county’s collection services. Makes this section effective October 1, 2019.</p>
36	<p data-bbox="355 1572 704 1600">Instruction to commissioner.</p> <p data-bbox="355 1619 1386 1743">Requires the commissioner of human services to establish a schedule for individuals in connection with a licensed children’s residential facility to receive federal funding to complete a new required background study by March 1, 2020, or by March 1, 2021, for individuals connected with facilities that are not eligible for federal funding.</p>

Section	Description – Article 1: Children and Families
37	<p>Child welfare training academy.</p> <p>Subd. 1. Establishment; purpose. Requires the commissioner to modify the Child Welfare Training System, to be known as the Child Welfare Training Academy.</p> <p>Subd. 2. Administration. Requires the Child Welfare Training Academy to operate through five regional hubs, using training methods best suited to the content and in line with national best practices. Specifies requirements for the training content.</p> <p>Subd. 3. Partnerships. Requires the commissioner to partner with the University of Minnesota to administer the workforce training, and with one or more agencies to focus on workforce well-being and organizational resilience.</p> <p>Subd.4. Rulemaking. Allows the commissioner to adopt rules in accordance with this section.</p>
38	<p>Child welfare caseload study.</p> <p>Requires the commissioner to conduct a child welfare caseload study by July 1, 2020, and report the results to the legislature by December 1, 2020. Requires continued monitoring of child welfare caseloads.</p>
39	<p>Direction to commissioner; homeless youth access to birth records and Minnesota identification cards.</p> <p>Requires the commissioner to report to the legislature by January 1, 2020, with recommendations on providing no-cost access to birth records and identification cards for homeless youth.</p>
40	<p>Direction to commissioner; family first prevention kinship services.</p> <p>Requires the commissioner to review opportunities to develop kinship navigator models for children in out-of-home placement. Provides an immediate effective date.</p>
41	<p>Direction to commissioner; relative search.</p> <p>Requires the commissioner to develop and provide guidance to assist local social services agencies in conducting relative searches for children in out-of-home placement. Provides an immediate effective date.</p>
42	<p>Revisor instruction.</p> <p>Instructs the revisor to replace the terms “food support” and “food stamps” with “Supplementation Nutrition Assistance Program” or “SNAP” throughout statute, when appropriate. Allows the revisor to make technical and other necessary changes to sentence structure to preserve the meaning of the text. Provides a July 1, 2020, effective date.</p>

Section	Description – Article 1: Children and Families
43	<p>Repealer.</p> <p>Repeals the following statutes and rules effective February 26, 2021:</p> <ul style="list-style-type: none"> ▪ section 119B.16, subd. 2 (informal conference) ▪ section 245E.06, subs. 2 (written notice of department sanction), 4 (consolidated hearing with licensing sanction), and 5 (effect of department’s administrative determination or sanction) ▪ part 3400.0185, subp. 5 (notice to providers of actions adverse to the provider)

Article 2: Operations

This article includes provisions related to Department of Human Services licensing, background studies, and program integrity.

Section	Description – Article 2: Operations
1	<p>General.</p> <p>Amends § 13.46, subd. 2. Allows DHS to disseminate data on CCAP participants, applicants, and providers to the commissioner of education. Provides an immediate effective date.</p>
2	<p>Investigative data.</p> <p>Amends § 13.46, subd. 3. Allows welfare data that is collected as part of an enforcement investigation to be disclosed to other agents within the welfare system or to other government investigators, unless the disclosure would compromise an ongoing DHS investigation.</p>
3	<p>Licensing data.</p> <p>Amends § 13.46, subd. 4. Makes child care provider correction orders or fines due to licensing violations private or nonpublic if the correction order or fine is at least seven years old. Makes this section effective August 1, 2019.</p>
4	<p>Child care assistance program.</p> <p>Amends § 13.461, subd. 28. Specifies the classification of CCAP data. Provides an immediate effective date.</p>

Section	Description – Article 2: Operations
5	<p>Liability for certain acts.</p> <p>Amends § 15C.02. Changes the penalty for fraud against the government under chapter 15C so that the civil penalty is tied to the federal False Claims Act, which applies a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990, and which means the penalties are reviewed each year by January 15.</p>
6	<p>Additional duties.</p> <p>Amends § 16A.055, subd. 1a. Adds definitions for the results first evaluations conducted by the commissioner of management and budget on grant programs administered by the commissioner of human services.</p>
7	<p>Data.</p> <p>Amends § 119B.02, subd. 6. Defines “child care assistance program payment data.” Classifies as private payment data that identifies an individual assistance recipient. Specifies that payment data is public if it relates to payments made to a child care center under certain circumstances. Provides an immediate effective date.</p>
8	<p>Date of eligibility for assistance.</p> <p>Amends § 119B.09, subd. 7. Limits retroactive payments to three months from the date of application for CCAP (the current limit is six months). Provides a July 1, 2019, effective date.</p>
9	<p>Record-keeping requirement.</p> <p>Amends § 119B.125, subd. 6. Modifies record-keeping requirements CCAP providers must meet. Provides a July 1, 2019, effective date.</p>
10	<p>Provider payments.</p> <p>Amends § 119B.13, subd. 6. Requires providers to bill only for services that meet specified documentation requirements. Expands the list of conditions under which the commissioner or a county may refuse to issue a child care authorization to a provider, revoke an existing child care authorization, stop payment issued to a provider, or refuse to pay a bill submitted by a provider. Provides a July 1, 2019, effective date.</p>
11	<p>Absent days.</p> <p>Amends § 119B.13, subd. 7. Defines “absent day” and “holidays limit.” Requires providers to properly bill for absent days and holidays. Specifies that a provider’s failure to properly bill for these days results in an overpayment. Provides a July 1, 2019, effective date.</p>

Section	Description – Article 2: Operations
12	<p>Reconsiderations.</p> <p>Amends § 144.057, subd. 3. Requires the Commissioner of Health to use the same set aside criteria as the Commissioner of Human Services, for individuals employed or seeking employment in the substance use disorder treatment field. Makes this section effective January 1, 2020.</p>
13	<p>Limits on receiving public funds.</p> <p>Amends § 245.095.</p> <p>Subd. 1. Prohibition. For providers who are excluded from a program administered by the DHS, requires the commissioner to: (1) prohibit the excluded provider from receiving grant funds or registering in any other program administered by the commissioner; and (2) disenroll, revoke, or suspend a license, disqualify, or debar the excluded provider, vendor, or individual in any other program administered by the commissioner.</p> <p>Subd. 2. Definitions. Modifies the definitions of “excluded” and “provider.” Provides an immediate effective date.</p>
14	<p>Applicant.</p> <p>Amends § 245A.02, subd. 3. Modifies the definition of “applicant” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
15	<p>Authorized agent.</p> <p>Amends § 245A.02, by adding subd. 3b. Defines “authorized agent” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
16	<p>License.</p> <p>Amends § 245A.02, subd. 8. Makes a technical change to the definition of “license” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
17	<p>License holder.</p> <p>Amends § 245A.02, subd. 9. Modifies the definition of “license holder” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
18	<p>Organization.</p> <p>Amends § 245A.02, subd. 10c. Defines “organization” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>

Section	Description – Article 2: Operations
19	<p>Private agency.</p> <p>Amends § 245A.02, subd. 12. Modifies the definition of “private agency” under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
20	<p>Residential program.</p> <p>Amends § 245A.02, subd. 14. Modifies the definition of “residential program” under the chapter of statutes governing human services licensing to add a separate definition for residential programs providing home and community-based services under an MA waiver.</p>
21	<p>Supervision.</p> <p>Amends § 245A.02, subd. 18. Modifies requirements for supervision of school-aged children in licensed child care centers and adds exceptions for restroom use and retrieval or delivery of personal items from a storage space. Provides a September 30, 2019 effective date.</p>
22	<p>License required.</p> <p>Amends § 245A.03, subd. 1. Modifies the list of entities prohibited from conducting certain actions without a license under the human services licensing statutes. Provides a January 1, 2020, effective date.</p>
23	<p>Unlicensed programs.</p> <p>Amends § 245A.03, subd. 3. Makes conforming changes related to actions that may be taken against an unlicensed entity. Provides a January 1, 2020, effective date.</p>
24	<p>Application for licensure.</p> <p>Amends § 245A.04, subd. 1. Makes conforming and other changes, including modifying the list of information that must be provided by the applicant, to licensure application requirements under the chapter of statutes governing human services licensing. Provides a January 1, 2020, effective date.</p>
25	<p>Notification of affected municipality.</p> <p>Amends § 245A.04, subd. 2. Allows the commissioner to provide electronic notification to a municipality or other political subdivision affected by a license issued under the human services licensing statutes. Provides a January 1, 2020, effective date.</p>

Section	Description – Article 2: Operations
26	<p>Inspections; waiver.</p> <p>Amends § 245A.04, subd. 4. Paragraphs (a) and (b) modify the list of items a licensing inspection must include and make other technical and conforming changes. Paragraphs (c) and (d) modify requirements related to child care licensing inspections, exit interviews, adverse licensing actions, and requests for clarification. Provides a January 1, 2020, effective date for paragraphs (a) and (b), and a September 30, 2019, effective date for paragraphs (c) to (f).</p>
27	<p>Commissioner’s evaluation.</p> <p>Amends § 245A.04, subd. 6. Modifies the list of items the commissioner must evaluate before issuing, denying, suspending, revoking, or making a conditional license. Provides a January 1, 2020, effective date.</p>
28	<p>Grant of license; license extension.</p> <p>Amends § 245A.04, subd. 7. Specifies the commissioner must issue a license consistent with human services licensing application procedures or temporary change of ownership procedures. Removes language prohibiting the transfer of a license and requiring a license holder to notify the commissioner before making any changes that would alter the information included on the license (this is moved to a new subdivision). Makes technical and conforming changes. Provides a January 1, 2020, effective date.</p>
29	<p>Notification required.</p> <p>Amends § 245A.04, by adding subd. 7a. Requires a license holder to notify the commissioner and obtain the commissioner’s approval before making any change that would alter the information included on the license. Lists other changes of which the license holder must notify the commissioner. Specifies the documentation that a license holder must provide to the commissioner when a license holder changes information on file with the secretary of state. Provides a January 1, 2020, effective date.</p>
30	<p>Child foster home variances for capacity.</p> <p>Amends § 245A.04 by adding subd. 9a. Allows the commissioner to grant a variance for additional foster children in a family foster home if:</p> <ol style="list-style-type: none"> 1) The variance is needed to maintain family connections or because the child has a severe disability; 2) There is no risk of harm to a child in the home; 3) The home can accommodate additional children; 4) The home in compliance with applicable codes; and 5) There is an exception to capacity limits and the ratio of adults to children would still ensure safety and supervision of the children. <p>Makes this section effective October 1, 2019.</p>

Section	Description – Article 2: Operations
31	<p>Adoption agency; additional requirements. Amends § 245A.04, subd. 10. Modifies the list of entities that must meet certain requirements when applying for a license to place children for adoption. Provides a January 1, 2020, effective date.</p>
32	<p>Plain language handbook. Amends § 245A.04 by adding subd. 18. Directs the commissioner of human services to consult with relevant child care stakeholders to develop, publicly post, and distribute a plain-language handbook for family child care providers to understand the application and licensing process, and all applicable rules and statutes, by January 1, 2020. Makes this section effective the day following final enactment.</p>
33	<p>License application after change of ownership. Creates § 245A.043.</p> <p>Subd. 1. Transfer prohibited. Specifies a license is not transferable or assignable.</p> <p>Subd. 2. Change of ownership. Requires submission of a new license application if the commissioner determines that there is a change in ownership. Lists the conditions under which a change in ownership occurs.</p> <p>Subd. 3. Change of ownership process. Specifies the licensing application process when a change of ownership occurs. Specifies this process does not apply to a licensed program or service located in a home where the license holder resides.</p> <p>Subd. 4. Temporary change in ownership license. Allows the commissioner to issue a temporary change in ownership license while the commissioner evaluates the licensing application when a change in ownership is proposed and under certain other circumstances. Specifies requirements regarding the operation of the program or service until a decision is made to grant or deny a license.</p> <p>Provides a January 1, 2020, effective date.</p>
34	<p>Denial of application. Amends § 245A.05. Modifies the list of circumstances under which the commissioner may deny a license. Provides a January 1, 2020, effective date.</p>

Section	Description – Article 2: Operations
35	<p data-bbox="355 233 561 260">Closing a license.</p> <p data-bbox="355 275 594 302">Creates § 245A.055.</p> <p data-bbox="453 344 1393 512">Subd. 1. Inactive programs. Requires the commissioner to close a license if the commissioner determines that a licensed program has not been serving any client for a consecutive period of 12 months or longer. Does not prohibit the license holder from reapplying for a license if the license holder’s license was closed.</p> <p data-bbox="453 554 1370 617">Subd. 2. Reconsideration of closure. Specifies the process of notification and reconsideration if a license is closed.</p> <p data-bbox="453 659 1362 722">Subd. 3. Reconsideration final. Specifies the commissioner’s disposition of a request for reconsideration is final and not subject to appeal.</p> <p data-bbox="355 758 854 785">Provides a January 1, 2020, effective date.</p>
36	<p data-bbox="355 842 686 869">Sanctions; appeals; license.</p> <p data-bbox="355 884 1419 947">Amends § 245A.07, subd. 1. Makes technical and conforming changes. Provides a January 1, 2020 effective date.</p>
37	<p data-bbox="355 999 777 1026">Temporary immediate suspension.</p> <p data-bbox="355 1041 1414 1146">Amends § 245A.07, subd. 2. Modifies the list of circumstances under which the commissioner must act immediately to temporarily suspend a license. Provides a January 1, 2020, effective date.</p>
38	<p data-bbox="355 1199 873 1226">Immediate suspension; expedited hearing.</p> <p data-bbox="355 1241 1422 1377">Amends § 245A.07, subd. 2a. Sets the burden of proof in an expedited hearing as a preponderance of evidence for suspensions in cases where the license holder is criminally charged in state or federal court with an offense that involves fraud or theft against a program administered by the commissioner.</p>
39	<p data-bbox="355 1430 833 1457">License suspension, revocation, or fine.</p> <p data-bbox="355 1472 1325 1577">Amends § 245A.07, subd. 3. Modifies the list of circumstances under which the commissioner may suspend or revoke a license, or impose a fine. Makes technical changes. Provides a January 1, 2020, effective date.</p>
40	<p data-bbox="355 1629 729 1656">Special family day care homes.</p> <p data-bbox="355 1671 1427 1845">Amends § 245A.14, subd. 4. Clarifies applicable fire code for special family day care homes. Allows two or more licensed programs to be housed in the same location, if the programs are operated as separate, distinct programs and comply with all applicable rules and laws. Allows for variances for collaborative child care models. Provides a September 30, 2019, effective date.</p>

Section	Description – Article 2: Operations
41	<p>Experienced aides; child care centers.</p> <p>Amends § 245A.14, subd. 8. Removes training requirements that are consolidated in this article. Provides a September 30, 2019, effective date.</p>
42	<p>Valid driver’s license.</p> <p>Amends § 245A.14 by adding subd. 16. Allows a person with a current, valid driver’s license appropriate to the vehicle to transport children for a licensed child care center. Provides a September 30, 2019 effective date.</p>
43	<p>Reusable water bottles or cups.</p> <p>Amends § 245A.14 by adding subd. 17. Allows a child care center to provide drinking water to a child in a reusable water bottle or cup if the center develops and ensures implementation of a written policy that includes procedures for cleaning and sanitizing, proper labeling, and storage. Provides a September 30, 2019, effective date.</p>
44	<p>Policies and procedures.</p> <p>Amends § 245A.145, subd. 1. Requires the Department of Human Services, rather than licensed child care providers, to develop policies and procedures for reporting suspected child maltreatment, and to provide the policies and procedures to providers in plain language. Provides a September 30, 2019, effective date.</p>
45	<p>Licensing agency phone number displayed.</p> <p>Amends § 245A.145, subd. 2. Removes obsolete date; removes requirement for licensing agency telephone number to be printed in bold and large font on a child care provider license; modifies terminology. Provides an immediate effective date.</p>
46	<p>Supervision of family child care license holder’s own child.</p> <p>Proposes coding for § 245A.149. Paragraph (a) allows an individual to supervise a family child care license holder’s own child, without meeting licensure, training, or supervision requirements, if the individual:</p> <ul style="list-style-type: none"> <li data-bbox="451 1440 867 1470">6) is related to the license holder; <li data-bbox="451 1493 1162 1522">7) is not a caregiver, helper, or substitute for the program; <li data-bbox="451 1545 1019 1575">8) cares only for the license holder’s child; and <li data-bbox="451 1598 1373 1661">9) does not have direct, unsupervised contact with any non-relative children receiving services. <p>Paragraph (b) exempts an individual in paragraph (a) from background study requirements if the individual is not a household member.</p> <p>Provides a September 30, 2019, effective date.</p>

Section	Description – Article 2: Operations
47	<p>Fire marshal inspection.</p> <p>Amends § 245A.151. Adds certified license-exempt child care centers to fire marshal inspection provision. Provides a September 30, 2019, effective date.</p>
48	<p>Delegation of authority to agencies.</p> <p>Amends § 245A.16, subd. 1. Allows time-limited variances for substitute care in family child care. Requires reporting of fires. Provides a September 30, 2019, effective date.</p>
49	<p>Child passenger restraint systems; training requirement.</p> <p>Amends § 245A.18, subd. 2. Removes obsolete language; removes exception for child care providers that only transport school age children in school buses. Lowers age of children transported from nine to eight; establishes variance to training requirements for emergency relative placement under specified circumstances. Provides a September 30, 2019, effective date.</p>
50	<p>Mandatory reporting.</p> <p>Creates § 245A.24. Requires all county and DHS licensors to report suspected fraud to county human services investigators or the Department of Human Services Office of Inspector General.</p>
51	<p>Child care center training requirements.</p> <p>Amends § 245A.40. Clarifies and consolidates child care center training and documentation requirements for orientation, in-service training, child development and learning, first aid, CPR, abusive head trauma, sudden unexpected infant death, and child passenger restraint systems. Adds definitions for “substitute,” “staff person,” and “unsupervised volunteer.” Provides a September 30, 2019, effective date.</p>
52	<p>Child care center health and safety requirements.</p> <p>Amends § 245A.41. Clarifies and consolidates child care training and documentation requirements for allergy prevention and response and handling and disposal of bodily fluids. Modifies emergency preparedness plan requirements. Moves requirements for child passenger restraint requirements. Allows for a provider to satisfy telephone requirements with a cellular phone. Provides a September 30, 2019, effective date.</p>
53	<p>Initial training.</p> <p>Amends § 245A.50, subd. 1. Specifies that a child care provider who relocates within the state must satisfy annual training requirements but will not be required to satisfy training requirements completed prior to initial licensure. Prohibits the provider’s new county from requiring the provider to complete orientation or training for new providers. Provides a September 30, 2019 effective date.</p>

Section	Description – Article 2: Operations
54	<p>Emergency preparedness plan. Amends § 245A.51, subd. 3. Removes obsolete date; adds requirement for accommodations for infants and toddlers in family child care emergency preparedness plans; removes the requirement for a licensed child care provider to post and provide a copy of its emergency preparedness plan to a child’s parent or legal guardian upon enrollment. Provides a September 30, 2019, effective date.</p>
55	<p>Transporting children. Amends § 245A.51 by adding subd. 4. Moves requirements for transporting children in family child care. Provides a September 30, 2019, effective date.</p>
56	<p>Telephone requirement. Amends § 245A.51 by adding subd. 5. Allows for a family child care provider to satisfy telephone requirements with a cellular phone and specifies that a provider is not required to post emergency numbers. Provides a September 30, 2019, effective date.</p>
57	<p>Family child care physical space requirements. Proposes coding for § 245A.52. Updates family child care physical space requirements to align with current fire code. Moves requirements from rule to statute and updates requirements to align with current code. Provides a September 30, 2019, effective date.</p>
58	<p>Substitute caregivers and replacements in family child care. Proposes coding for § 245A.53.</p> <p>Subd. 1. Total hours allowed. Permits the use of a substitute caregiver for family child care for up to 500 hours in a calendar year. Requires the license holder to document the substitute care.</p> <p>Subd. 2. Emergency replacement supervision. Paragraph (a) allows for an emergency replacement, who has not completed training or background study requirements, in a licensed family or group family day care; specifies what constitutes an emergency situation.</p> <p>Paragraph (b) requires the license holder to minimize the time an emergency replacement cares for children, not to exceed 24 hours per incident.</p> <p>Paragraph (c) prohibits the license holder from knowingly using an emergency replacement caregiver who would be disqualified from caring for children if a background study were conducted.</p> <p>Paragraph (d) requires the license holder to arrange for emergency care by a substitute, if possible.</p> <p>Paragraph (e) requires the license holder to notify the county licensing agency within 7 days that an emergency replacement was used, and the circumstances leading to the use of the emergency replacement. Requires the county licensing</p>

Section	Description – Article 2: Operations
	<p>agency to then notify DHS within 3 business days after receiving the notice from the license holder.</p> <p>Paragraph (f) specifies that a license holder is not required to provide names of substitutes or emergency replacements to parents or the county licensing agency.</p> <p>Provides a September 30, 2019, effective date.</p>
59	<p>Child care centers; risk reduction plan.</p> <p>Amends § 245A.66, subd. 2. Adds supervision of school-age children to requirements for risk reduction plan. Provides a September 30, 2019, effective date.</p>
60	<p>Yearly review of risk reduction plan.</p> <p>Amends § 245A.66, subd. 3. Clarifies that review of the risk reduction plan must occur each calendar year. Removes orientation language that is consolidated elsewhere. Provides a September 30, 2019, effective date.</p>
61	<p>License-exempt child care center certification holder.</p> <p>Amends § 245C.02 by adding subd. 5a. Defines “license-exempt child care center certification holder” for purposes of the background studies chapter. Provides a September 30, 2019, effective date.</p>
62	<p>Child care background study subject.</p> <p>Amends § 245C.02, subd. 6a. Modifies and clarifies the individuals who are required to have a child care-related background study.</p>
63	<p>Children’s residential facility.</p> <p>Amends § 245C.02 by adding subd. 6b. Defines “children’s residential facility” for purposes of the background studies chapter. Provides a July 1, 2019, effective date.</p>
64	<p>Substance use disorder treatment field.</p> <p>Amends § 245C.02 by adding subd. 20. Defines “substance use disorder treatment field” for purposes of the background studies chapter. Provides a January 1, 2020, effective date.</p>
65	<p>Licensed programs.</p> <p>Amends § 245C.03, subd. 1. Clarifies that child care background study subjects are defined in section 245C.02, subdivision 6a.</p>
66	<p>Electronic transmission.</p> <p>Amends § 245C.05, subd. 4. Specifies that national criminal history record check data is private data, for purposes of transmission under this subdivision.</p>

Section	Description – Article 2: Operations
67	<p>Fingerprints and photograph.</p> <p>Amends § 245C.05, subd. 5. Adds children’s residential facilities. Clarifies language regarding FBI fingerprint retention. Provides a July 1, 2019, effective date for paragraph (a).</p>
68	<p>Background study requirements for minors.</p> <p>Amends § 245C.05, subd. 5a. Requires individuals 17 or younger employed by a child care program, or when there is otherwise reasonable cause, to submit non-fingerprint-based data for a check of out-of-state criminal and sex offender registries.</p>
69	<p>Background studies conducted by Department of Human Services.</p> <p>Amends § 245C.08, subd. 1. Adds children’s residential facilities to background study provisions. Requires individuals 18 or older affiliated with a child care program to submit non-fingerprint-based data for a check of out-of-state criminal and sex offender registries. Provides a July 1, 2019, effective date for paragraph (a).</p>
70	<p>Arrest and investigative information.</p> <p>Amends § 245C.08, subd. 3.</p> <p>(a) Allows for the review of arrest and investigative information by the commissioners of health and human services.</p> <p>(b) Allows the commissioner to review a subject’s FBI records more than once, when specifically required by law.</p> <p>(c) Specifies that national criminal history check information is private data that cannot be shared.</p> <p>(d) Specifies that the entity that submitted a background study is not required to obtain a copy of the disqualification letter if the commissioner disqualifies a subject based on national criminal history check information.</p> <p>Provides an October 1, 2019, effective date.</p>
71	<p>Children’s residential facilities.</p> <p>Amends § 245C.10 by adding subd. 14. Specifies that the commissioner will recover a fee for children’s residential facility background studies not to exceed \$51. Provides a July 1, 2019, effective date.</p>
72	<p>Direct contact pending completion of background study.</p> <p>Amends § 245C.13, subd. 2. Requires direct continuous supervision prior to completion of a background study for an individual affiliated with a child care center. Prohibits direct contact services in child care centers prior to the receipt of notice that a subject is not disqualified or that more time is needed.</p>

Section	Description – Article 2: Operations
73	<p>Other state information.</p> <p>Amends § 245C.13 by adding subd. 3. Allows the commissioner to issue a notice of background study results when the commissioner has not received certain records from other states within ten days of requesting the information.</p>
74	<p>Risk of harm; set aside.</p> <p>Amends § 245C.22, subd. 4.</p> <p>Specifies criteria for a set-aside of a background study disqualification for an individual seeking employment in the substance use disorder treatment field; lists crimes and conduct for which an individual would remain disqualified; requires the individual to have successfully completed substance use disorder treatment at least one year prior and to abstain from controlled substances for at least one year prior to the reconsideration request. Provides a January 1, 2020, effective date.</p>
75	<p>Scope of set-aside.</p> <p>Amends § 245C.22, subd. 5. Provides an exception for a set-aside for a person employed in the substance use disorder treatment field, under subdivision 4, when the individual previously received a set-aside for a different program or agency. Provides a January 1, 2020, effective date.</p>
76	<p>Minimum disqualification periods.</p> <p>Amends § 245C.24, subd. 1. Makes technical conforming change. Provides a March 1, 2020, effective date.</p>
77	<p>Permanent bar to set aside a disqualification.</p> <p>Amends § 245C.24, subd. 2.</p> <p>Adds paragraph (c), allowing the commissioner to set aside a disqualification for an individual requiring a background study for nonemergency medical transportation services, if the individual is disqualified for a crime or conduct listed in section 245C.15, subdivision 1, and more than 40 years have passed since the sentence imposed for the disqualifying crime or conduct. Requires a letter of recommendation from the individual's employer. Specifies that this paragraph does not apply to disqualifications for listed crimes related to criminal sexual conduct. Provides a January 1, 2020, effective date.</p>
78	<p>Five-year bar to set aside disqualification; children's residential facilities.</p> <p>Amends § 245C.24, by adding subd. 5. Prohibit the commissioner from setting aside a disqualification of an individual in connection with a children's residential facility who was convicted of felony assault or battery, or a drug-related offense in the past five years. Provides a July 1, 2019, effective date.</p>

Section	Description – Article 2: Operations
79	<p>License holder and license-exempt child care center certification holder variance. Amends § 245C.30, subd. 1. Adds license-exempt child care center certification holders to those to whom the commissioner may grant a variance. Provides a September 30, 2019, effective date.</p>
80	<p>Disclosure of reason for disqualification. Amends § 245C.30, subd. 2. Adds license-exempt child care center certification holders to provision relating to disqualification disclosure. Provides September 30, 2019, effective date.</p>
81	<p>Consequences for failing to comply with conditions of variance. Amends § 245C.30, subd. 3. Adds license-exempt child care center certification holders to provisions relating to failure to comply with variance conditions. Provides September 30, 2019, effective date.</p>
82	<p>Provider definitions. Amends § 245E.02, by adding subd. 1a. Defines “provider.”</p>
83	<p>Care coordination provider qualifications. Amends § 245G.11, subd. 7. Modifies supervision requirements for substance use disorder care coordination providers.</p>
84	<p>Additional licensing requirements. Amends § 245G.19, subd. 4. Adds reference to physical space requirements for substance use disorder program licensing. Provides a September 30, 2019, effective date.</p>
85	<p>Substitute. Amends § 245H.01 by adding subd. 7. Defines “substitute” for purposes of certified license-exempt child care centers. Provides a September 30, 2019, effective date.</p>
86	<p>Staff Person. Amends § 245H.01 by adding subd. 8. Defines “staff person” for purposes of certified license-exempt child care centers. Provides a September 30, 2019, effective date.</p>
87	<p>Unsupervised volunteer. Amends § 245H.01 by adding subd. 9. Defines “unsupervised volunteer” for purposes of certified license-exempt child care centers. Provides a September 30, 2019, effective date.</p>

Section	Description – Article 2: Operations
88	<p>Reconsideration of certification denial. Amends § 245H.03 by adding subd. 4. Adds provision allowing for reconsideration of a denial of a certification application. Provides a September 30, 2019, effective date.</p>
89	<p>Decertification. Amends § 245H.07. Adds provisions allowing for reconsideration of a decertification of a certified license-exempt child care center and provides specific procedures for decertifications due to maltreatment and CCAP revocation. Provides a September 30, 2019, effective date for subdivision 1 to 3 and a February 26, 2021, effective date for subdivision 4.</p>
90	<p>Individuals to be studied. Amends § 245H.10, subd. 1. Adds reference to child care background study provisions.</p>
91	<p>Reporting. Amends § 245H.11. Requires license-exempt child care center certification holder to have written policies for reporting of abuse and neglect. Provides a September 30, 2019, effective date.</p>
92	<p>Building and physical premises; free of hazards. Amends § 245H.13, subd. 5. Adds reference to state fire code and fire marshal inspection requirements for certification of license-exempt child care centers. Provides September 30, 2019, effective date.</p>
93	<p>Risk reduction plan. Amends § 245H.13 by adding subd. 7. Requires a certified license-exempt child care center to develop a risk reduction plan; specifies what the plan must include. Provides September 30, 2019, effective date.</p>
94	<p>Required policies. Amends § 245H.13 by adding subd. 8. Requires a certified center to have written health and safety policies. Provides September 30, 2019, effective date.</p>
95	<p>Behavior guidance. Amends § 245H.13 by adding subd. 9. Requires a certified center to ensure that staff and volunteers use positive behavior guidance; lists prohibited acts. Provides September 30, 2019, effective date.</p>
96	<p>Supervision. Amends § 245H. 13 by adding subd. 10. Outlines supervision requirements for certified centers. Provides September 30, 2019, effective date.</p>

Section	Description – Article 2: Operations
97	<p>First aid and cardiopulmonary resuscitation.</p> <p>Amends § 245H.14, subd. 1. Requires director and all staff persons in certified centers to have initial first aid and CPR training within specified timelines and every other calendar year thereafter. Provides September 30, 2019, effective date.</p>
98	<p>Sudden unexpected infant death.</p> <p>Amends § 245H.14, subd. 2. Requires director and all staff persons in certified centers to complete sudden unexpected infant death training before assisting in the care of an infant. Provides September 30, 2019, effective date.</p>
99	<p>Abusive head trauma.</p> <p>Amends § 245H.14, subd. 3. Requires director and all staff persons in certified centers to complete abusive head trauma training before assisting in the care of a child under school age. Provides September 30, 2019, effective date.</p>
100	<p>Child development.</p> <p>Amends § 245H.14, subd. 4. Requires director and all staff persons in certified centers to complete child development training within specified timeframes. Provides September 30, 2019, effective date.</p>
101	<p>Orientation.</p> <p>Amends § 245H.14, subd. 5. Requires director and all staff persons in certified centers to complete orientation health and safety training within specified timeframes. Provides September 30, 2019, effective date.</p>
102	<p>In service.</p> <p>Amends § 245H.14, subd. 6. Requires director and all staff persons in certified centers to complete annual health and safety training within specified timeframes. Provides September 30, 2019, effective date.</p>
103	<p>Written emergency plan.</p> <p>Amends § 245H. 51, subd. 1. Adds requirement for accommodations for infants and toddlers in certified license-exempt child care center written emergency plans. Provides September 30, 2019, effective date.</p>
104	<p>Licensure required.</p> <p>Amends § 254B.05, subd. 1. Makes technical conforming change.</p>
105	<p>Additional vendor requirements.</p> <p>Amends § 254B.05, subd. 1b. Specifies that a county that is an eligible vendor of substance use disorder treatment services is subject to existing statutory limits on liability.</p>

Section	Description – Article 2: Operations
106	<p>Hearing authority. Amends § 256.046, subd. 1. Makes technical changes.</p>
107	<p>Administrative disqualification of child care providers caring for children receiving child care assistance. Amends § 256.046, by adding subd. 3. Specifies the process for DHS or a local agency to pursue an administrative disqualification of a child care provider. Allows a provider to appeal an administrative disqualification.</p>
108	<p>Wrongfully obtaining assistance. Amends § 256.98, subd. 1. Adds a cross-reference to the housing support chapter to the section prohibiting wrongfully obtaining assistance.</p>
109	<p>Disqualification from program. Amends § 256.98, subd. 8. Modifies the disqualification period for child care providers caring for children receiving child care assistance.</p>
110	<p>Child care providers; financial misconduct. Amends § 256.983, by adding subd. 5. Paragraph (a) authorizes counties to investigate financial misconduct by child care providers. Requires the county or tribal agency to contact the commissioner to determine whether a county investigation may compromise an ongoing investigation.</p> <p>Paragraph (b) requires the county or tribal agency to suspend available assistance payments upon finding a preponderance of evidence of financial misconduct.</p> <p>Paragraph (c) specifies the acts included in an intentional program violation.</p> <p>Paragraph (d) provides for the right to an administrative review for affected providers.</p> <p>Provides a February 26, 2021, effective date.</p>
111	<p>Vendor of medical care. Amends § 256B.02, subd. 7. Modifies the definition of “vendor of medical care” under the chapter of statutes governing MA.</p>
112	<p>Provider enrollment. Amends § 256B.04, subdivision 21. Provides an exception to provider enrollment requirements under medical assistance for pediatric rehabilitation providers if the only reason the provider would be denied enrollment is that the provider has not billed the Medicare program.</p>

Section	Description – Article 2: Operations
113	<p>Sanctions available.</p> <p>Amends § 256B.064, subd. 1b. Requires the commissioner to suspend a vendor's participation in MA for a minimum of five years under certain circumstances.</p>
114	<p>Imposition of monetary recovery and sanctions.</p> <p>Amends sec. 256B.064, subd. 2. Allows DHS or a managed care organization to keep any payments being withheld when a provider is convicted of a crime related to MA. Grants the commissioner additional fining authority for providers who repeatedly violate MA program rules.</p>
115	<p>Vendor mandates on prohibited payments.</p> <p>Amends § 256B.064, by adding subd. 3. Paragraph (a) requires the commissioner to maintain and publish a list of each excluded individual and entity that was convicted of a crime related to an MA health service, or suspended or terminated. Prohibits MA payments from being made by a vendor for items or services furnished by an individual or entity that is on the exclusion list.</p> <p>Paragraph (b) specifies vendor requirements related to frequency of checking the exclusion list.</p> <p>Paragraph (c) specifies the vendor's requirement to check the exclusion list and terminate payments to individuals or entities on the list.</p> <p>Paragraph (d) lists sanctions that may be applied if a vendor pays MA funds to an individual or entity on the exclusion list.</p>
116	<p>Notice.</p> <p>Amends § 256B.064, by adding subd. 4. Paragraph (a) allows DHS to serve notices by certified mail with an affidavit of service.</p> <p>Paragraph (b) requires DHS to give notice in writing to a recipient placed in the Minnesota restricted recipient program. Requires the notice to be sent by first class mail. Allows a recipient placed in the Minnesota restricted recipient program to contest the placement by submitting a written request for a hearing to DHS within 90 days of the notice being mailed.</p>
117	<p>Immunity; good faith reporters.</p> <p>Amends § 256B.064, by adding subd. 5. Grants civil and criminal immunity to persons who make a good faith report of fraud or abuse in public assistance programs and ensures the identity of the reporter remains confidential.</p>

Section	Description – Article 2: Operations
118	<p>Minnesota restricted recipient program; PCA services.</p> <p>Creates § 256B.0646. Paragraph (a) allows the commissioner to place a recipient of PCA or community first services and supports (CFSS) in the Minnesota restricted recipient program when the recipient's use of those programs results in abusive or fraudulent billing.</p> <p>Paragraph (b) requires a recipient to comply with additional conditions for the use of PCA services or CFSS if the commissioner determines it is necessary to prevent future misuse of PCA services or abusive or fraudulent billing. Lists the additional conditions that may apply.</p> <p>Paragraph (c) allows a recipient placed in the Minnesota restricted recipient program to appeal this placement.</p> <p>Provides an immediate effective date.</p>
119	<p>Recipient protection.</p> <p>Amends § 256B.0651, subd. 17. Allows the commissioner to notify recipients who receive care from a provider that the provider's payments may be withheld or that the provider's participation in MA may be suspended or terminated. Provides an immediate effective date.</p>
120	<p>Documentation of PCA services provided.</p> <p>Amends § 256B.0659, subd. 12. Requires the PCA time sheet to include a recipient's MA identification number or date of birth. Provides an immediate effective date.</p>
121	<p>Access to medical records.</p> <p>Amends § 256B.27, subd. 3. Removes a requirement that a vendor of medical care receive 24 hour notification from the commissioner before the commissioner gains access to records. Grants the commissioner immediate access to medical records when investigating a possible overpayment of MA funds. Specifies that denying the commissioner access is cause for the vendor's immediate suspension of payment or termination.</p>
122	<p>Home and community-based service billing requirements.</p> <p>Amends § 256B.4912, by adding subd. 11. Paragraph (a) lists requirements in order for a home and community-based service to be eligible for reimbursement.</p> <p>Paragraph (b) requires the provider to maintain documentation that staff have attested to and understand a statement regarding service billings for MA or services provided under a federally approved waiver plan.</p> <p>Paragraph (c) allows DHS to recover payment for a service that does not satisfy the requirements of this subdivision.</p>

Section	Description – Article 2: Operations
123	<p>Home and community-based service documentation requirements.</p> <p>Amends § 256B.4912, by adding subd. 12. Paragraph (a) allows documentation to be collected and maintained electronically or in paper form by providers and requires documentation to be produced upon request of the commissioner.</p> <p>Paragraph (b) requires documentation of a service to be in English and to be legible according to the standard of a reasonable person.</p> <p>Paragraph (c) lists the documentation that must be included for a service that is reimbursed at an hourly or specified minute-based rate.</p> <p>Paragraph (d) lists the documentation that must be included for a service that is reimbursed at a daily rate.</p>
124	<p>Waiver transportation documentation and billing requirements.</p> <p>Amends § 256B.4912, by adding subd. 13. Establishes documentation and billing requirements for waiver transportation services.</p>
125	<p>Equipment and supply documentation requirements.</p> <p>Amends § 256B.4912, by adding subd. 14. Establishes documentation requirements for equipment and supplies paid for under a home and community-based services waiver.</p>
126	<p>Adult day service documentation and billing requirements.</p> <p>Amends § 256B.4912, by adding subd. 15. Establishes documentation and billing requirements for adult day services paid for under a home and community-based services waiver. Provides an August 1, 2019, effective date.</p>
127	<p>Evaluation of Grant Programs; Proven-Effective Practices.</p> <p>Requires the commissioner of management and budget, in consultation with the commissioner of human services, to establish a schedule to review each grant program administered by the commissioner of human services to determine if the grant uses or promotes proven-effective or promising practices and can be evaluated using experimental or quasiexperimental design.</p>
128	<p>Direction to Commissioner; Correction Order Enforcement Review.</p> <p>Directs the commissioner of human services to develop and implement a process to review licensing inspection results at the county level, to identify trends and issue additional guidance and training as needed to correct any imbalance or inaccuracy in correction order enforcement. Requires the commissioner to include the results in the annual report on child care. Provides an immediate effective date.</p>

Section	Description – Article 2: Operations
129	<p>Direction to commissioner; responsibility for fraud investigations in public programs.</p> <p>Directs the commissioner of human services, in consultation with counties, to report to the Legislature no later than January 15, 2020, with recommendations for legislation that identifies and clarifies the responsibilities of the department and counties for fraud investigations in public programs administered by the commissioner. Provides an immediate effective date.</p>
130	<p>Direction to commissioner; self-employment income in public assistance programs.</p> <p>Directs the commissioner of human services, in consultation with counties and other relevant stakeholders, to report to the Legislature no later than January 15, 2020, with recommendations for legislation on how to count self-employment income for purposes of determining eligibility for and maintaining the integrity of public assistance programs.</p>
131	<p>Direction to commissioner; substance use disorder county staff qualifications.</p> <p>Requires the commissioner of human services, in consultation with county agencies, to identify training, education, and experience requirements that would qualify individuals employed by a county who are not alcohol and drug counselors to perform comprehensive assessments and treatment coordination. Requires the commissioner to provide a list of resources available for training and education requirements. Requires the commissioner to provide a progress report and recommendations to the legislature by December 1, 2019.</p>
132	<p>Family child care task force.</p> <p>Establishes 25-member task force, to identify barriers to family child care licensure and business development, provide technical assistance, develop recommendations for regulatory reforms and alternative child care delivery systems, review the Parent Aware program and family child care training requirements and delivery, and consider ways to improve family child care provider understanding of applicable rules and statutes.</p> <p>Outlines task force membership, duties, compensation, meetings, and structure. Requires an interim report to the legislature by March 1, 2020, and a final report by February 1, 2021. Specifies that the task force expires upon submission of the final report, or February 1, 2021, whichever is later. Provides an immediate effective date.</p>
133	<p>Instruction to commissioner; review of child care licensing and background study provisions.</p> <p>Directs the commissioner of human services to review the rules and statutes relating to child care provider licensing and background study requirements and propose legislation to eliminate unnecessary and duplicative record keeping or documentation requirements. Directs the commissioner to create a process for child care providers to electronically submit information requested by the department.</p>

Section	Description – Article 2: Operations
134	<p>Repealer.</p> <p>Repeals rules relating to child care fire safety and telephone requirements, and foster care variances for capacity, that are moved to statute in this article; repeals subdivision relating to certified license-exempt child care direct contact and a subdivision related to child care assistance program overpayments for failure to comply with access to records requirements. Provides a September 30, 2019, effective date for paragraphs (a) and (b) and an October 1, 2019, effective date for paragraph (c).</p>

Article 3: Direct Care and Treatment

This article includes provisions related to discharge from direct care and treatment facilities and county shares for the cost of care for individuals in direct care and treatment facilities and programs.

Section	Description – Article 3: Direct Care and Treatment
1	<p>Administrative review of county liability for cost of care.</p> <p>Amends § 246.54 by adding subd. 3.</p> <p>Establishes a process for a county to request an administrative review of the county share of the cost of care when a delay in discharging a client from a direct care and treatment facility is caused by specific actions or inaction by the facility.</p>
2	<p>Liability of county; reimbursement.</p> <p>Amends § 246B.10. Specifies that the county share for the cost of care for a civilly committed sex offender is 10 percent per day, for individuals admitted to the MSOP before August 1, 2011.</p> <p>Specifies that the county share for the cost of care is 25 percent per day for individuals admitted to the MSOP on or after August 1, 2011, for days at the facility or services received while the individual is on provisional discharge.</p> <p>Modifies conditions requiring the county to pay the state the remaining amount for the MSOP cost of care.</p> <p>Makes this section effective July 1, 2019.</p>
3	<p>Direction to commissioner; report required; discharge delay reduction.</p> <p>Requires the commissioner to submit a report to the legislature by January 1, 2023, providing an update on county and state efforts to reduce unnecessary days spent in state-operated direct care and treatment facilities; requires the report to include information on the fiscal impact of such stays.</p>

Section	Description – Article 3: Direct Care and Treatment
4	<p>Repealer.</p> <p>(a) Repeals section 246.18, subdivisions 8 and 9 (related to the state-operated services account).</p> <p>(b) Repeals Laws 2010, First Special Session chapter 1, article 25, section 3, subdivision 10 (state-operated services appropriations).</p>

Article 4: Continuing Care for Older Adults

This article contains provisions creating a new, voluntary nursing facility property reimbursement rate for facilities that complete a nursing facility moratorium exception project that is authorized after March 1, 2020; provides for \$1,250,000 in nursing facility moratorium exception funding in fiscal year 2020; provides for nursing facility rate adjustments for certain border city facilities; establishes a clean energy pilot project; and directs the commissioner of human services to develop incentive-based grants for certain elderly waiver customized living service providers.

Section	Description – Article 4: Continuing Care for Older Adults
1	<p>Definitions.</p> <p>Amends § 144A.071, subd. 1a. In a subdivision defining terms for the nursing home bed moratorium section, modifies the definitions of building, capital assets, and depreciation guidelines by adding cross-references to the definitions of those terms in section 256R.261 (definitions for nursing facility property rates). Also strikes definitions of project construction costs and technology. Provides a January 1, 2020, effective date.</p>
2	<p>Moratorium.</p> <p>Amends § 144A.071, subd. 2. Requires the commissioner of human services, in addition to the commissioner of health as in current law, to be provided with an itemized cost estimate for project construction costs before final plan approval of a construction project. Removes obsolete language.</p>
3	<p>Exceptions authorizing increase in beds; hardship areas.</p> <p>Amends § 144A.071, subd. 3. The amendments to paragraph (d) provide that if a nursing facility in a hardship area adds beds and after these beds are added 50 percent or more of the facility's beds are newly licensed, the facility's operating payment rate and external fixed payment rate shall be determined according to a new subdivision governing total payment rates for new facilities (sec. 256R.21, subd. 5), and the facility's property payment rate shall be determined under a new section governing property payment rates (sec. 256R.26). Provides a January 1, 2020, effective date.</p>

Section	Description – Article 4: Continuing Care for Older Adults
4	<p>Exceptions for replacement beds.</p> <p>Amends § 144A.071, subd. 4a. In paragraphs authorizing a nursing facility moratorium exception to replace facilities in Norman and Wilkin Counties damaged by floods, changes references governing the interim and settle-up payment provisions for those facilities from a rule being repealed in this bill to a new section in chapter 256R governing interim and settle-up payment rates (sec. 256R.27). Provides a January 1, 2020, effective date.</p>
5	<p>Exceptions for replacement beds after June 30, 2003.</p> <p>Amends § 144A.071, subd. 4c. In a paragraph authorizing a nursing facility moratorium exception to licensed beds transferred to a new facility on the grounds of the Ah-Gwah-Ching campus, changes a reference governing the interim and settle-up payment provisions for that facility from a rule being repealed in this bill to a new section in chapter 256R governing interim payment rates and settle-up (sec. 256R.27). Provides a January 1, 2020, effective date.</p>
6	<p>Consolidation of nursing facilities.</p> <p>Amends § 144A.071, subd. 4d. Adds paragraphs (g) and (h), which: (1) exempts moratorium exception projects approved on or after March 1, 2020, from certain requirements and specifies how the projected net cost savings must be treated; and (2) specifies the process to which consolidation projects are subject when an application is not approved by the commissioner prior to March 1, 2020. Provides a January 1, 2020, effective date.</p>
7	<p>Cost estimate of a moratorium exception project.</p> <p>Amends § 144A.071, subd. 5a. In a subdivision establishing requirements for cost estimates of nursing facility moratorium exception projects, requires the commissioner of human services to prepare an estimate of the property payment rate to be established when the project is complete, and specifies what governs the final property rate. Strikes paragraphs governing the interest rate used to estimate the cost of a proposal. Makes this section effective for projects approved by the commissioner of health on or after March 1, 2020.</p>
8	<p>Bed relocation threshold projects.</p> <p>Amends § 144A.073, subd. 3c. Allows the commissioner to accept relocation proposals at any time for existing licensed nursing facilities when costs are less than the maximum threshold limit (current law allows the commissioner to accept at any time relocation proposals that are cost-neutral with respect to state costs). Also strikes a paragraph describing how cost neutrality is measured. Requires bed relocation threshold projects that seek reimbursement for costs that exceed the moratorium limit or that result in a newly constructed or newly licensed building to apply to relocate beds as part of the competitive moratorium application and review process. Makes this section effective for project proposals received by the commissioner of health after January 1, 2020, and approved by the commissioner on or after March 1, 2020.</p>

Section	Description – Article 4: Continuing Care for Older Adults
9	<p>Moratorium exception funding.</p> <p>Amends § 144A.073, by adding subd. 16. In fiscal year 2020, allows the commissioner of human services to approve moratorium exception projects for which the full annualized share of MA costs does not exceed \$1,250,000 plus any carryover of previous appropriations for this purpose. Provides an immediate effective date.</p>
10	<p>Contractual agreements.</p> <p>Amends § 256B.434, subd. 1. Removes obsolete language and clarifies this applies to nursing facilities located in Minnesota that elect to enroll as a medical assistance provider. Provides an immediate effective date.</p>
11	<p>Duration and termination of contracts.</p> <p>Amends § 256B.434, subd. 3. Removes obsolete language and provides an immediate effective date.</p>
12	<p>Capital assets.</p> <p>Amends § 256R.02, subd. 8. Modifies the definition of “capital assets” under the nursing facility value-based reimbursement (VBR) system. Provides a January 1, 2020, effective date.</p>
13	<p>External fixed costs.</p> <p>Amends § 256R.02, subd. 19. Modifies the definition of “external fixed costs” under the nursing facility VBR. Provides a January 1, 2020, effective date.</p>
14	<p>Interim payment rates.</p> <p>Amends § 256R.02, by adding subd. 25a. Defines “interim payment rates” under the nursing facility VBR. Provides a January 1, 2020, effective date.</p>
15	<p>Nursing facility.</p> <p>Amends § 256R.02, subd. 33. Modifies the definition of “nursing facility” under the nursing facility VBR. Provides a January 1, 2020, effective date.</p>
16	<p>Settle up payment rates.</p> <p>Amends § 256R.02, by adding subd. 47a. Defines “settle up payment rates” under the nursing facility VBR. Provides a January 1, 2020, effective date.</p>
17	<p>Total payment rate for new facilities.</p> <p>Amends § 256R.21, by adding subd. 5. Specifies the determination of the total payment rate for a new nursing facility created under moratorium and hardship exceptions. Makes this section effective for projects approved by the commissioner of health on or after March 1, 2020.</p>

Section	Description – Article 4: Continuing Care for Older Adults
18	<p>External fixed costs payment rate. Amends § 256R.25. Makes technical changes and adds paragraph (o), which adds the portion related to rate adjustments for border city facilities. Provides a January 1, 2020, effective date, except paragraph (o) is effective for rate years beginning on or after January 1, 2021.</p>
19	<p>Property payment rate. Amends § 256R.26.</p> <p>Subd. 1. Determination of the limited undepreciated replacement cost (URC). Specifies the calculation of a nursing facility's URC.</p> <p>Subd. 2. Determination of limited URC ratio. Specifies the calculation for a nursing facility's limited URC ratio.</p> <p>Subd. 3. Determination of limited depreciated replacement cost (DRC). Specifies the calculation for a nursing facility's limited DRC.</p> <p>Subd. 4. Determination of land and land improvement value. Specifies the calculation for a nursing facility's land and land improvement value.</p> <p>Subd. 5. Determination of annual fair rental value. Specifies the calculation for a nursing facility's annual fair rental value.</p> <p>Subd. 6. Determination of fair rental value property rate. Specifies the calculation for a nursing facility's fair rental value property rate.</p> <p>Subd. 7. Determination of equipment allowance rate. Specifies the calculation for a nursing facility's equipment allowance rate.</p> <p>Subd. 8. Determination of total property payment rate. Specifies the calculation for a nursing facility's total property payment rate.</p> <p>Subd. 9. Transition period. Paragraph (a) specifies that a nursing facility's property payment rate is the property rate established for the facility under sections 256B.431 and 256B.434, until the facility's property rate is transitioned upon completion of certain moratorium exception projects to the fair rental value property rate calculated under this chapter.</p> <p>Paragraph (b) specifies commissioner's duties related to the transition to the new property payment rate, including scheduling an appraisal and applying the property payment rate retroactively to the first day of the month of the calendar quarter after the completion of the project.</p> <p>Paragraph (c) prohibits nursing facilities with property payment rates established under this section from being eligible for planned closure rate adjustments, consolidation rate adjustments, single-bed room incentives, and certain property rate inflation adjustments. Requires the commissioner to remove any of these</p>

Section	Description – Article 4: Continuing Care for Older Adults
	<p>incentives from the facility’s existing rate upon the facility transitioning to the fair rental value property rates.</p> <p>Subd. 10. New nursing facilities. Specifies requirements a nursing facility new to the MA program must meet. Requires the commissioner to: (1) schedule an appraisal within 90 days of notification from the facility that the facility has become Medicaid-certified; and (2) apply the property payment rate determined after the initial appraisal retroactively to the Medicaid certification date.</p> <p>Makes this section effective for rate years beginning on or after January 1, 2020, for nursing facilities that completed projects authorized after March 1, 2020.</p>
20	<p>Property rate definitions. Creates § 256R.261.</p> <p>Subd. 1. Definitions. Specifies the following terms have the meanings given them for purposes of the nursing facility property payment rates under VBR.</p> <p>Subd. 2. Addition. Defines “addition.”</p> <p>Subd. 3. Appraisal. Defines “appraisal.”</p> <p>Subd. 4. Building. Defines “building.”</p> <p>Subd. 5. Capacity days. Defines “capacity days.”</p> <p>Subd. 6. Construction cost per square foot value. Defines “construction cost per square foot value.”</p> <p>Subd. 7. Commercial valuation system. Defines “commercial valuation system.”</p> <p>Subd. 8. Depreciable movable equipment. Defines “depreciable movable equipment.”</p> <p>Subd. 9. Depreciated replacement cost or DRC. Defines “depreciated replacement cost” or “DRC.”</p> <p>Subd. 10. Depreciation expense. Defines “depreciation expense.”</p> <p>Subd. 11. Depreciation guidelines. Defines “depreciation guidelines.”</p> <p>Subd. 12. Equipment allowance. Defines “equipment allowance.”</p> <p>Subd. 13. Equipment allowance per bed value. Defines “equipment allowance per bed value.”</p> <p>Subd. 14. Fair rental value system. Defines “fair rental value system.”</p>

Section	Description – Article 4: Continuing Care for Older Adults
	<p>Subd. 15. Fixed equipment. Defines “fixed equipment.”</p> <p>Subd. 16. Land improvement. Defines “land improvement.”</p> <p>Subd. 17. Rental rate. Defines “rental rate.”</p> <p>Subd. 18. Shared area. Defines “shared area.”</p> <p>Subd. 19. Threshold project. Defines “threshold project.”</p> <p>Subd. 20. Undepreciated replacement cost or URC. Defines “undepreciated replacement cost” or “URC.”</p>
	Provides a January 1, 2020, effective date.
21	<p>Appraisals and determination of replacement costs. Creates § 256R.265.</p> <p>Subd. 1. Selection of valuation system and appraisal firms. Requires the commercial valuation system selected by the commissioner to be utilized in all appraisals. Prohibits adjustments or substitutions from being permitted for any alternative analysis of properties.</p> <p>Subd. 2. Appraised valuations generally. Requires the property appraisal firm selected by the commissioner to determine the appraised value of a building and fixed equipment. Excludes the valuation of depreciable movable equipment, land, land improvements, or the physical plant or central office operations in the appraisal of the nursing facility.</p> <p>Subd. 3. Appraisal reports. Requires the property appraisal firm selected by the commissioner to produce a report detailing both the depreciated replacement cost (DRC) and undepreciated replacement cost (URC) of the nursing facility.</p> <p>Subd. 4. Appraised valuations of shared space. Specifies the manner in which appraisal firms must treat shared space when conducting an appraisal.</p> <p>Subd. 5. Review and appeal of appraisal reports. Allows a nursing facility to appeal a finding of fact in the appraisal report to the appraiser within 20 calendar days after receipt of the appraisal report and request revision.</p> <p>Subd. 6. Update of replacement costs. When a facility’s most recent physical appraisal was completed more than 12 months before the start of the rate year, specifies the manner in which the commissioner shall update the DRC and URC to determine the total property payment rate. Specifies updated DRC and URC are not subject to revisions of any of the original valuations or appeal to the appraiser by the facility.</p>

Section	Description – Article 4: Continuing Care for Older Adults
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Subd. 7. Appraisal frequency. Requires the commissioner to ensure that a selected appraisal firm conducts a new physical appraisal of the facility at least once every three years using a commercial valuation system.

Subd. 8. Limitation on appraisal values. After the initial rate year, limits the increase in the URC for each subsequent appraisal to \$2,000 per bed per year since the most recent physical appraisal, plus any threshold project completed since the most recent appraisal. Requires any limitation to the URC to be applied in the same proportion to the DRC. Requires the commissioner to annually update the per-bed per-year limit on the increase in the URC by the annual percentage change in the construction cost per square foot value.

Provides a January 1, 2020, effective date.

22 **Threshold project property payment rate interim adjustments.**

Creates § 256R.267. Paragraph (a) allows a nursing facility reimbursed for property payment rates under this chapter to receive a property payment rate interim adjustment for certain threshold projects.

Paragraph (b) specifies the process for a facility to request a property payment rate interim adjustment.

Paragraph (c) specifies the manner in which the commissioner must calculate the adjusted property payment rate.

Paragraph (d) requires the commissioner to eliminate any interim adjustment to the DRC or URC in subsequent property payment rate calculations following completion of a physical appraisal.

Paragraph (e) allows the commissioner to adjust the appraisal schedule for a nursing facility that has completed a threshold project.

Paragraph (f) requires the commissioner to prorate the facility's threshold project cost limits if more or less than three years pass between a facility's physical appraisals.

Paragraph (g) allows project adjustments once annually based on the previous project completion date, after the initial rate year.

Paragraph (h) prohibits two threshold projects from being conducted at one time. Requires purchases for a second project to be made after the completion date of the first project.

Provides a January 1, 2020, effective date.

Section	Description – Article 4: Continuing Care for Older Adults
23	<p data-bbox="355 233 805 260">Interim and settle-up payment rates.</p> <p data-bbox="355 279 1287 306">Creates § 256R.27. Codifies a modified version of Minn. Rules, part 9549.0057.</p> <p data-bbox="453 344 1417 447">Subd. 1. Generally. Paragraph (a) requires a newly constructed nursing facility or a nursing facility with a capacity increase of 50 percent or more to receive interim payment rates and settle-up payment rates.</p> <p data-bbox="453 485 1373 548">Paragraph (b) requires a nursing facility to submit a written application to the commissioner to receive interim payment rates.</p> <p data-bbox="453 585 1295 613">Paragraph (c) specifies the effective date of the interim payment rates.</p> <p data-bbox="453 651 1373 714">Paragraph (d) specifies the time period during which the nursing facility must receive the interim payment rates.</p> <p data-bbox="453 751 1422 814">Paragraph (e) specifies the manner in which the settle-up payment rates must be determined during the 15-month period following the settle-up reporting period.</p> <p data-bbox="453 852 1411 915">Paragraph (f) specifies the time period during which the settle-up payment rates are in effect.</p> <p data-bbox="453 953 1422 1056">Paragraph (g) specifies the manner in which the total operating payment rate and the external fixed costs payment rate must be determined following the time period under paragraph (e).</p> <p data-bbox="453 1094 1417 1268">Subd. 2. Determination of interim payment rates. Paragraph (a) requires a nursing facility to submit an interim cost report for the reporting year in which the nursing facility plans to begin operation. Specifies the information that must be included in the interim cost report. Specifies the calculation to determine the anticipated interim standardized days and resident days for the reporting period.</p> <p data-bbox="453 1306 1263 1333">Paragraph (b) specifies the calculation for the interim payment rate.</p> <p data-bbox="453 1371 1346 1434">Subd. 3. Determination of settle-up payment rates. Paragraphs (a) and (b) specify the time period for which a facility must file settle-up cost reports.</p> <p data-bbox="453 1472 1279 1499">Paragraph (c) specifies the calculation for the settle-up payment rate.</p> <p data-bbox="355 1537 857 1564">Provides a January 1, 2020, effective date.</p>
24	<p data-bbox="355 1629 1045 1656">Rate adjustment for private rooms for medical necessity.</p> <p data-bbox="355 1675 1422 1772">Amends § 256R.44. Specifies the amount paid for a private room for medical necessity for nursing facilities with a total property payment rate determined under this section. Provides an immediate effective date.</p>

Section	Description – Article 4: Continuing Care for Older Adults
25	<p>Rate adjustments for border city facilities.</p> <p>Creates § 256R.481. Paragraph (a) establishes an external fixed costs payment rate add-on effective for rate years beginning on or after January 1, 2021, for nonprofit nursing facilities located in the border cities of Breckenridge and Moorhead.</p> <p>Paragraph (b) requires a facility seeking an add-on to apply annually to the commissioner.</p> <p>Paragraph (c) requires the commissioner to provide the add-on to each eligible facility that applies by the application deadline.</p> <p>Paragraph (d) specifies the rate add-on is equal to the difference between the median rate paid in the adjacent North Dakota city for the lowest acuity level residents and the rate paid to the Minnesota facility for residents of the same acuity.</p> <p>Provides a January 1, 2021, effective date.</p>
26	<p>Determination of rate adjustment.</p> <p>Amends § 256R.50, subd. 6. Limits bed relocation rate adjustments to three full years following the effective date of the rate adjustment. Sunsets this subdivision when the final rate adjustment determined under this subdivision expires. Provides an immediate effective date.</p>
27	<p>Direction to commissioner; clean energy pilot project.</p> <p>Paragraph (a) requires the commissioner to develop a pilot project to reduce overall energy consumption and evaluate the financial impacts associated with property assessed clean energy (PACE) approved projects in nursing facilities.</p> <p>Paragraph (b) allows the commissioner to make payments to facilities for the allowable costs of special assessments for approved energy-related program payments authorized under the PACE program.</p> <p>Paragraph (c) requires the commissioner to approve proposals through a contract which shall specify the level of payment, provided that each facility demonstrate certain actions.</p> <p>Paragraph (d) requires payments to facilities to be in the form of time-limited rate adjustments which shall be included in the external fixed costs payment rate. Requires the commissioner to select facilities using a competitive application process.</p> <p>Paragraph (e) limits allowable costs for special assessments for approved energy-related program payments. Requires any credits or rebates related to the project to be offset.</p> <p>Paragraph (f) reduces the external fixed costs payment rate for PACE allowable costs by an amount equal to the utility per diem included in the other operating payment rate that is associated with the energy project.</p>

Section	Description – Article 4: Continuing Care for Older Adults
	<p>Paragraph (g) allows the commissioner of human services to approve assessed clean energy pilot projects for which the cumulative state share of MA costs does not exceed \$125,000.</p>
	<p>Paragraph (h) requires nursing facility moratorium exception funds to be used to pay the MA costs for the external fixed costs rate increase in this section.</p>
	<p>Provides an immediate effective date.</p>
28	<p>Direction to commissioner; elderly waiver customized living service providers.</p> <p>Paragraph (a) requires the commissioner of human services to develop incentive-based grants to be available during fiscal years 2020 and 2021 only for elderly waiver customized living service providers for achieving outcomes specified in a contract. Allows the commissioner to solicit proposals from providers and requires the commissioner to limit expenditures to the amount appropriated for this purpose.</p> <p>Paragraph (b) lists the policy objectives the commissioner must consider in establishing the specified outcomes.</p>
29	<p>Revisor instruction.</p> <p>Instructs the revisor of statutes to renumber the nursing facility contracting provisions that are currently coded in section 256B.434, subdivisions 1 and 3, as amended by this act, as a section in chapter 256R and revise any statutory cross-references consistent with the recoding.</p>
30	<p>Repealer.</p> <p>Paragraph (a) repeals Minn. Stat. § 256B.431, subdivisions 3i (property costs for the rate year beginning July 1, 1990), 15 (capital repair and replacement cost reporting and rate determination), 16 (major additions and replacements; equity incentive) effective January 1, 2020.</p> <p>Paragraph (b) repeals Minn. Stat. § 256B.434, subdivisions 6 (contract payment rates; appeals) and 10 (exemptions), effective the day following final enactment.</p> <p>Paragraph (c) repeals Minn. Stat. § 256R.53, subdivision 2 (nursing facility in Breckenridge), effective January 1, 2021.</p> <p>Paragraph (d) repeals Minn. Rules, parts 9549.0057 (determination of interim and settle-up operating cost payment rates); and 9549.0060, subpart 14 (determination of interim and settle-up payment rates), effective January 1, 2020.</p>

Article 5: Disability Services

This article modernizes the Telecommunications Access Minnesota Program, modifies home and community-based services standards, modifies day services, modernizes the purchase of health care coverage for people living with HIV and aligns the program with the federal Affordable Care Act, modifies long-term care consultation services, provides for labor market data reporting, establishes an enhanced rate for PCA services and CFSS, modifies the Disability Waiver Rate System, modifies electronic visit verification, and makes various other changes.

Section	Description – Article 5: Disability Services
1	<p>Deaf.</p> <p>Amends § 237.50, subd. 4a. Modifies terminology in the definition of “deaf” under the telecommunications chapter of statutes. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
2	<p>Discounted telecommunications or Internet services.</p> <p>Amends § 237.50, by adding subd. 4c. Defines “discounted telecommunications services or Internet services.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
3	<p>Hard-of-hearing.</p> <p>Amends § 237.50, subd. 6a. Modifies the definition of “hard-of-hearing.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
4	<p>Interconnectivity product.</p> <p>Amends § 237.50, by adding subd. 6b. Defines “interconnectivity product.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
5	<p>Telecommunications device.</p> <p>Amends § 237.50, subd. 10a. Modifies terminology in the definition of “telecommunications device.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
6	<p>Telecommunications relay services.</p> <p>Amends § 237.50, subd. 11. Modifies terminology in the definition of “telecommunications relay services.” Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
7	<p>Creation.</p> <p>Amends § 237.51, subd. 1. Expands the devices distributed through the Telecommunications Access Minnesota Program to include interconnectivity products. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>

Section	Description – Article 5: Disability Services
8	<p>Commissioner of human services duties.</p> <p>Amends § 237.51, subd. 5a. Modifies the commissioner’s duties under the Telecommunications Access Minnesota Program by making conforming changes and requiring the commissioner to assist a person with completing an application for discounted telecommunications services. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
9	<p>Expenditures.</p> <p>Amends § 237.52, subd. 5. Makes conforming changes. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
10	<p>Telecommunications devices and interconnectivity products.</p> <p>Amends § 237.53. Makes conforming changes related to expanding the types of devices distributed by the program and requires the commissioner of human services to assess the person’s telecommunications needs and provide information about assistive communications devices and products and where a person might obtain or purchase such devices. Lists assistive communications devices and products. Requires the commissioner of human services to assist a person who is applying for telecommunications devices and products in applying for discounted telecommunications services. Provides a July 1, 2019, effective date and requires implementation by October 1, 2019.</p>
11	<p>Applicability.</p> <p>Amends § 245D.03, subd. 1. Corrects terminology and modifies the lists of basic support services and intensive support services under the statutory chapter governing Home and Community-Based Services Standards to include additional services. Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
12	<p>Requirements for intensive support services.</p> <p>Amends § 245D.071, subd. 1. Modifies the list of intensive support services exempt from certain requirements. Provides an immediate effective date.</p>
13	<p>Service plan review and evaluation.</p> <p>Amends § 245D.071, subdivision 5. Modifies the home and community-based services standards related to service planning for intensive support services.</p> <p>Paragraph (a) includes technical changes.</p> <p>Paragraph (b) requires a licensed provider of intensive home and community-based services, when conducting a service plan review, to include and document a discussion of how technology might be used by a person receiving intensive services to help the person meet the person’s goals.</p>
14	<p>Annual training.</p> <p>Amends § 245D.09, subd. 5. Removes language requiring home and community-based services license holders to provide direct service staff with a minimum number of hours of training.</p>

Section	Description – Article 5: Disability Services
15	<p>Alternative sources of training.</p> <p>Amends § 245D.09, subd. 5a. Removes the commissioner’s authority to approve online training and competency-based assessments in place of a specific number of hours of training.</p>
16	<p>Positive support professional qualifications.</p> <p>Amends § 245D.091, subd. 2. Changes terminology from “behavior professional” to “positive support professional” and allows a person with a master’s degree or PhD in one of the behavioral sciences or related field with demonstrated expertise in positive support services to qualify as a positive support professional.</p>
17	<p>Positive support analyst qualifications.</p> <p>Amends § 245D.091, subd. 3. Changes terminology from “behavior analyst” to “positive support analyst” and modifies the list of requirements to qualify as a positive support analyst.</p>
18	<p>Positive support specialist qualifications.</p> <p>Amends § 245D.091, subd. 1. Changes terminology from “behavior specialist” to “positive support specialist” and modifies the list of requirements to qualify as a positive support specialist.</p>
19	<p>Integrated community supports; setting capacity report.</p> <p>Creates § 245D.12. Paragraph (a) requires integrated community support license holders to submit a setting capacity report to the commissioner to ensure the service delivery location meets home and community-based services setting requirements.</p> <p>Paragraph (b) lists the information the report must include.</p> <p>Paragraph (c) allows only one license holder to deliver integrated community supports at a multifamily housing building.</p> <p>Makes this section effective upon the date of federal approval. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
20	<p>Contribution amount.</p> <p>Amends § 252.27, subd. 2a. Reduces the parental contribution required under the MA TEFRA option.</p>
21	<p>Reimbursement.</p> <p>Amends § 252.275, subd. 3. Reduces the county share for semi-independent living services from 30 percent to 15 percent. Provides a July 1, 2019, effective date.</p>
22	<p>Support grants.</p> <p>Amends § 252.32, subd. 1a. Modifies family support grants to expand eligibility to persons under age 25 (current law limits eligibility to persons under age 21). Specifies new grant allocations are intended to support families with dependents age 14 through 24 to support transition-related activities. Makes this section effective October 1, 2019.</p>

Section	Description – Article 5: Disability Services
23	<p>Day services for adults with disabilities.</p> <p>Amends § 252.41, subd. 3. Modifies the definition of “day services for adults with disabilities.” Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
24	<p>Independence.</p> <p>Amends § 252.41, subd. 4. Modifies the definition of “independence” under the statute governing day services. Provides a January 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
25	<p>Integration.</p> <p>Amends § 252.41, subd. 5. Modifies the definition of “integration.” Provides a January 1, 2021, effective date.</p>
26	<p>Productivity.</p> <p>Amends § 252.41, subd. 6. Modifies the definition of “productivity.” Provides a January 1, 2021, effective date.</p>
27	<p>Regional center.</p> <p>Amends § 252.41, subd. 7. Modifies the definition of “regional center.” Provides a January 1, 2021, effective date.</p>
28	<p>Vendor.</p> <p>Amends § 252.41, subd. 9. Modifies the definition of “vendor.” Provides a January 1, 2021, effective date.</p>
29	<p>Service principles.</p> <p>Amends § 252.42. Updates terminology, expands services to all persons with disabilities (currently services are limited to persons with developmental disabilities). Provides a January 1, 2021, effective date.</p>
30	<p>Commissioner’s duties.</p> <p>Amends § 252.43. Updates terminology, makes technical changes. Provides a January 1, 2021, effective date.</p>
31	<p>Lead agency board responsibilities.</p> <p>Amends § 252.44. Updates terminology, specifies the authority under which case management services are provided, removes obsolete language. Provides a January 1, 2021, effective date.</p>
32	<p>Vendor’s duties.</p> <p>Amends § 252.45. Updates terminology and cross-references. Provides a January 1, 2021, effective date.</p>

Section	Description – Article 5: Disability Services
33	<p data-bbox="355 233 1081 260">Purchase of health care coverage for people living with HIV.</p> <p data-bbox="355 275 599 302">Amends § 256.9365.</p> <p data-bbox="453 317 1419 457">Subd. 1. Program established. Expands the program to include cost sharing for prescriptions, including co-payments, deductibles, and coinsurance. Prohibits the commissioner from paying for the portion of a premium that is paid by the individual’s employer.</p> <p data-bbox="453 493 1330 558">Subd. 2. Eligibility requirements. Modifies eligibility requirements for the program.</p> <p data-bbox="453 594 1200 625">Subd. 3. Cost-effective coverage. Makes a conforming change.</p>
34	<p data-bbox="355 680 630 707">Housing access grants.</p> <p data-bbox="355 722 1373 856">Amends § 256B.0658. Modifies the population eligible for MA housing access grant funding by removing language referencing individuals eligible for MA home and community-based services and making individuals who are aged, blind, or who have a disability eligible.</p>
35	<p data-bbox="355 890 615 917">Assessment; defined.</p> <p data-bbox="355 932 1398 995">Amends § 256B.0659, subd. 3a. Clarifies that a certified assessor may complete the PCA assessment during the transition to MnCHOICES.</p>
36	<p data-bbox="355 1050 591 1077">PCA; requirements.</p> <p data-bbox="355 1092 1395 1190">Amends § 256B.0659, subd. 11. Establishes the qualifications that must be met in order for PCA services to qualify for the enhanced rate. Provides for a July 1, 2019, effective date.</p>
37	<p data-bbox="355 1224 810 1251">Qualified professional; qualifications.</p> <p data-bbox="355 1266 1406 1329">Amends § 256B.0659, subd. 13. Requires qualified professionals to enroll with DHS as an individual after clearing a background study.</p>
38	<p data-bbox="355 1383 540 1411">Enhanced rate.</p> <p data-bbox="355 1425 1411 1600">Amends § 256B.0659, by adding subd. 17a. Sets the PCA enhanced rate at 107.5 percent of the rate paid for PCA services. Specifies the enhanced rate includes any rate adjustment implemented by the commissioner on July 1, 2019, to comply with the terms of the direct support services providers collective bargaining agreement. Provides a July 1, 2019, effective date.</p>
39	<p data-bbox="355 1633 850 1661">PCA choice option; qualifications; duties.</p> <p data-bbox="355 1675 1370 1738">Amends § 256B.0659, subd. 19. Modifies the duties of PCA choice agencies to include submitting labor market data.</p>

Section	Description – Article 5: Disability Services
40	<p>Requirements for provider enrollment of PCA provider agencies.</p> <p>Amends § 256B.0659, subd. 21. Requires provider agencies to document that a PCA meets the requirements to receive an enhanced rate for services provided. Provides a July 1, 2019, effective date.</p>
41	<p>PCA provider agency; general duties.</p> <p>Amends § 256B.0659, subd. 24. Requires PCA provider agencies to comply with labor market reporting requirements and document that the additional revenue received as a result of the enhanced rate is passed on to the PCAs who provided the services. Provides a July 1, 2019, effective date.</p>
42	<p>PCA provider agency; required documentation.</p> <p>Amends § 256B.0659, subd. 28. Requires PCA provider agencies to verify PCA training requirement completion for enhanced rate reimbursement. Provides for a July 1, 2019, effective date.</p>
43	<p>Definitions.</p> <p>Amends § 256B.0911, subd. 1a. Modifies the definition of “long-term care consultation services” under the statute governing long-term care consultation services.</p>
44	<p>Assessment and support planning.</p> <p>Amends § 256B.0911, subd. 3a. Paragraph (a) makes conforming changes by removing references to home care nursing.</p> <p>Paragraph (c) requires the MnCHOICES assessment process to be conversation-based.</p> <p>Paragraph (d) removes a requirement that a legal representative of a person receiving a MnCHOICES assessment be physically present during an assessor’s face-to-face assessment of the person seeking long-term care, and allows the legal representative to participate in the assessment remotely. Requires a provider to submit information to be considered at an assessment at least 60 days prior to an assessment.</p> <p>Paragraph (e) removes the existing requirement that a MnCHOICES assessor complete a community support plan within 40 calendar days of the assessment. Requires the commissioner to determine a new timeline for completing the community support plan, but the total time for the assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days.</p> <p>Paragraph (j) requires a certified assessor to point out in the assessment documents the person’s right to appeal the results of an assessment.</p> <p>Paragraph (k) allows (1) the results of a MnCHOICES assessment to establish service eligibility for developmental disability waiver services for up to 60 days from the time of the assessment; and (2) a service eligibility update for developmental disability waiver services to extend the validity of a MnCHOICES assessment for an additional 30 days.</p>

Section	Description – Article 5: Disability Services
45	<p>Long-term care reassessments and community support plan updates.</p> <p>Amends § 256B.0911, subd. 3f. Requires a certified assessor to review a person’s most recent assessment prior to a reassessment. Requires the certified assessor and the individual responsible for developing the coordinated service and support plan to ensure the continuity of care for the person receiving services. Specifies the timeline for completing the updated community support plan and the updated coordinated service and support plan. Requires the commissioner to develop mechanisms for providers and case managers to share information with the assessor to facilitate a reassessment and support planning process tailored to the person’s current needs and preferences.</p>
46	<p>Assessments for rule 185 case management.</p> <p>Amends § 256B.0911, by adding subd. 3g. Allows a person receiving only case management services for persons with developmental disabilities to decline annual MnCHOICES assessments.</p>
47	<p>Administrative activity.</p> <p>Amends § 256B.0911, subd. 5. Adds paragraph (c), which requires the commissioner to develop and collect data on a set of measurable benchmarks demonstrating increasing efficiency in the MnCHOICES assessment process, and to report an analysis of that data to lead agencies and to the Legislature.</p>
48	<p>Elderly waiver cost limits.</p> <p>Amends § 256B.0915, subd. 3a. Adds paragraph (f), which requires the commissioner to approve exceptions to the monthly case mix budget cap to pay for an enhanced rate for PCA services. Limits the amount of the exception and requires the exception to be reapproved on an annual basis at the time of a participant’s annual reassessment. Provides a July 1, 2019, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
49	<p>Implementation of coordinated service and support plan.</p> <p>Amends § 256B.0915, subd. 6. Removes the current ten-day timeline for case managers to complete coordinated service and support plans for people receiving elderly waiver services or alternative care. Requires the commissioner to determine a new timeline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days.</p>

Section	Description – Article 5: Disability Services
50	<p>Coordinated service and support plan.</p> <p>Amends § 256B.092, subd. 1b. Removes the current ten-day timeline for case managers to complete coordinated service and support plans for people receiving developmental disabilities waiver services. Requires the commissioner to determine a new timeline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days.</p>
51	<p>Home and community-based services innovation pool.</p> <p>Amends § 256B.0921. Modifies the name of the program.</p>
52	<p>Case management.</p> <p>Amends § 256B.49, subd. 13. Removes the current ten-day timeline for case managers to complete coordinated service and support plans for people receiving BI, CAC, and CADI waiver services. Requires the commissioner to determine a new timeline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 60 days.</p>
53	<p>Assessment and reassessment.</p> <p>Amends § 256B.49, subd. 14. Requires a provider to submit a report with any recommendations regarding the recipient’s care needs at least 60 days before the end of the current service agreement. Requires the certified assessor to consider the content of the submitted report prior to finalizing the person’s assessment or reassessment.</p>
54	<p>Annual labor market reporting.</p> <p>Amends § 256B.4912, by adding subd. 1a. Paragraph (a) requires home and community-based waiver services providers to submit specified labor market data to the commissioner.</p> <p>Paragraph (b) allows the commissioner to adjust reporting requirements for self-employed direct-care staff.</p> <p>Paragraph (c) defines “direct-care staff.”</p> <p>Paragraph (d) applies this reporting requirement to other home and community-based services, including PCA services, CFSS, nursing services and home health services, home care nursing services, and certain DT&H services.</p> <p>Paragraph (e) applies this reporting requirement to financial management services providers for participants who directly employ direct care staff through certain programs.</p> <p>Paragraph (f) requires the commissioner to ensure that data submitted under this subdivision is not duplicative of other data submission requirements.</p>

Section	Description – Article 5: Disability Services
	<p>Paragraph (g) requires providers to submit the data annually on a date specified by the commissioner and requires the commissioner to give providers at least 30 calendar days to submit the data. Grants the commissioner the authority to delay MA reimbursements to a provider until the requested data is submitted.</p> <p>Paragraph (h) classifies individually identifiable data submitted to the commissioner in this section as private data on an individual.</p> <p>Paragraph (i) requires the commissioner to analyze data annually for workforce assessments and service access impact.</p> <p>Provides a January 1, 2020, effective date.</p>
55	<p>Rate stabilization adjustment.</p> <p>Amends § 256B.4913, subd. 4a. Removes obsolete language and the seventh year of banding, which was not approved by the federal Centers for Medicare and Medicaid Services (CMS). Makes this section effective the day following final enactment.</p>
56	<p>Definitions.</p> <p>Amends § 256B.4914, subd. 2. Defines “comparable occupations” and “direct care staff.” Modifies the definition of “unit of service.” These definitions apply to the section of statute governing the Disability Waiver Rate System (DWRS).</p>
57	<p>Applicable services.</p> <p>Amends § 256.4914, subd. 3. Updates terminology, alphabetizes the list of services, and adds new services to which the DWRS applies. Provides an effective date of January 1, 2021, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p>
58	<p>Data collection for rate determination.</p> <p>Amends § 256B.4914, subd. 4. Removes obsolete language related to banding, which will end on December 31, 2019. Makes this section effective January 1, 2020.</p>
59	<p>Base wage index and standard component values.</p> <p>Amends § 256B.4914, subd. 5. Paragraph (a) adds base wage calculations for adult day services and individualized home support staff, removes base wage calculations for independent living skills specialist staff and supported employment staff, and updates terminology.</p> <p>Paragraphs (b) to (d) and (f) to (h) add a competitive workforce factor of 4.7 percent and update services to which the component values apply.</p> <p>Paragraph (e) adds component values for day services, including the 4.7 percent competitive workforce factor.</p>

Section	Description – Article 5: Disability Services
	<p>Paragraphs (i) and (k) remove obsolete language related to the 2017 automatic inflationary adjustment, change the frequency of future adjustments from once every five years to once every two years, and base the adjustments on 30 month old data.</p> <p>Paragraph (j) requires the commissioner to report to the Legislature with an analysis of the competitive workforce factor beginning February 1, 2021, and every two years thereafter. Lists the information that must be included in the report.</p> <p>Adds paragraph (l), which removes the 2014 and 2015 out-of-framework adjustments from rates calculated under DWRS. (On February 15, 2018, CMS notified DHS that these adjustments were duplicative of the inflationary adjustments built into DWRS and CMS would not allow the duplication; therefore, Minnesota was not eligible for federal matching funds for the duplicative adjustments. DHS paid both the state and federal share of the value of the out-of-framework adjustments for the remainder of fiscal year 2018, but removed these adjustments from the DWRS rates beginning on July 1, 2018.)</p> <p>Adds paragraph (m), which specifies that any rate adjustments made outside of the DWRS rate framework that apply to rates calculated under DWRS are removed from rate calculations upon implementation of automatic inflation adjustments under paragraphs (i) and (k).</p> <p>Makes this section effective January 1, 2021, or upon federal approval, except: (1) the competitive workforce factor is effective January 1, 2020, or upon federal approval, whichever is later; (2) paragraphs (i) and (k) are effective July 1, 2022, or upon federal approval, whichever is later; and (3) paragraph (l) is effective retroactively from July 1, 2018. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>
60	<p>Payments for residential support services.</p> <p>Amends § 256B.4914, subd. 6. Makes conforming changes to the list of residential support services, modifies the rate calculation for residential support services to include the competitive workforce factor and new services, and removes obsolete language related to banding and the implementation period.</p> <p>Provides an effective date of January 1, 2020, or upon federal approval, whichever is later, except the rate calculations for the new services are effective January 1, 2021, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained.</p>
61	<p>Payments for day programs.</p> <p>Amends § 256B.4914, subd. 7. Modifies terminology and the rate calculation for day programs to include the competitive workforce factor.</p> <p>Makes this section effective January 1, 2020, or upon federal approval, whichever is later, except the service name changes are effective January 1, 2021, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained.</p>

Section	Description – Article 5: Disability Services
62	<p>Payments for unit-based services with programming.</p> <p>Amends § 256B.4914, subd. 8. Makes conforming changes to the list of unit-based services with programming and modifies the rate calculation for unit-based services with programming to include the competitive workforce factor.</p> <p>Makes this section effective January 1, 2020, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained.</p>
63	<p>Payments for unit-based services without programming.</p> <p>Amends § 256B.4914, subd. 9. Makes conforming changes to the list of unit-based services without programming and modifies the rate calculation for unit-based services without programming to include the competitive workforce factor.</p> <p>Makes this section effective January 1, 2020, or upon federal approval, whichever is later, except the service name change is effective January 1, 2021, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor when federal approval has been obtained.</p>
64	<p>Updating payment values and additional information.</p> <p>Amends § 256B.4914, subd. 10. Removes obsolete language related to outdated reporting and implementation requirements and banding. Adds direct care workforce labor market measures and the competitive workforce factor to the list of items DHS must review and evaluate under the DWRS. Modifies the frequency of adjustments to the regional variance factors. Requires the commissioner, in consultation with others, to study value-based models and outcome-based payment strategies for fee-for-service home and community-based services and report to the legislature by October 1, 2020, with recommended strategies to promote new models of care and reimbursement structures, assist clients in evaluating options, support person-centered planning, and create a broader range of client options. Makes this section effective the day following final enactment, except for paragraph (f), which is effective January 1, 2020.</p>
65	<p>Reporting and analysis of cost data.</p> <p>Amends § 256B.4914, subd. 10a. Paragraphs (a), (d), and (e), make technical and conforming changes.</p> <p>Adds paragraph (f), which requires providers paid with rates calculated under DWRS to prepare a written distribution plan for the competitive workforce factor revenue and make the distribution plan available and accessible to all direct care staff for a minimum of one calendar year. Requires providers to submit the distribution plan to the commissioner upon request.</p> <p>Adds paragraph (g), which requires providers with rates determined under DWRS to submit labor market data to the commissioner annually on or before November 1.</p> <p>Adds paragraph (h), which requires the commissioner to publish annual reports on provider and state-level labor market data.</p> <p>Adds paragraph (i), which requires the commissioner to: (1) temporarily suspend payments to a provider if data requested under paragraph (g) is not received 90 days</p>

Section	Description – Article 5: Disability Services
	<p>after the required submission date; and (2) make withheld payments once data is received by the commissioner.</p> <p>Adds paragraph (j), which exempts certain providers from the labor market data submission requirements.</p> <p>Makes this section effective the day following final enactment, except paragraph (g) is effective November 1, 2019, and paragraph (h) is effective February 1, 2020.</p>
66	<p>Exceptions.</p> <p>Amends § 256B.4914, subd. 14. Removes obsolete language related to commissioner’s reporting requirements and banding. Makes this section effective January 1, 2020.</p>
67	<p>County or tribal allocations.</p> <p>Amends § 256B.4914, subd. 15. Removes obsolete language.</p>
68	<p>Stakeholder consultation and county training.</p> <p>Amends § 256B.4914, by adding subd. 17. Moves this language from Minn. Stat. § 256B.4913, subd. 5 (which is being repealed), and makes technical changes.</p>
69	<p>Reporting requirements.</p> <p>Amends § 256B.5014. Requires intermediate care facilities to comply with labor market reporting requirements.</p>
70	<p>Eligibility.</p> <p>Amends § 256B.85, subd. 3. Specifies a pregnant woman eligible under MA is eligible for community first services and supports (CFSS) without federal financial participation if the woman meets certain criteria. Provides an immediate effective date.</p>
71	<p>Enhanced rate.</p> <p>Amends § 256B.85, by adding subd. 7a. Establishes a CFSS enhanced rate of 107.5 percent of the rate paid for CFSS. Specifies the enhanced rate includes any rate adjustment implemented by the commissioner on July 1, 2019, to comply with the terms of the direct support services providers collective bargaining agreement. Provides a July 1, 2019, effective date.</p>
72	<p>Agency-provider and FMS provider qualifications and duties.</p> <p>Amends § 256B.85, subd. 10. Requires CFSS agency-providers to comply with labor market reporting requirements and maintain documentation of training requirements needed to qualify for an enhanced rate. Provides a July 1, 2019, effective date.</p>
73	<p>Agency-provider model.</p> <p>Amends § 256B.85, subd. 11. Requires agency-providers to use all of the revenue generated by an MA rate increase due to a collective bargaining agreement for support worker wages and benefits.</p>

Section	Description – Article 5: Disability Services
74	<p>Requirements for enrollment of CFSS agency-providers. Amends § 256B.85, subd. 12. Requires agency-providers to document that 100 percent of the revenue generated by an MA rate increase due to a collective bargaining agreement is used for support worker wages and benefits.</p>
75	<p>Support workers requirements. Amends § 256B.85, subd. 16. Specifies CFSS support worker requirements to qualify for the enhanced rate. Provides a July 1, 2019, effective date.</p>
76	<p>Supplementary services. Amends § 256I.03, subd. 8. Modifies the definition of “supplementary services” in the chapter of statutes governing housing support services.</p>
77	<p>Housing support agreements. Amends § 256I.04, subd. 2b. Modifies the list of items providers are required to verify in the housing support agreement to include confirmation that the provider will not limit or restrict the number of hours an applicant or recipient chooses to be employed.</p>
78	<p>Required supplementary services. Amends § 256I.04, by adding subd. 2h. Requires providers of supplementary services to ensure that recipients have, at a minimum, assistance with services identified in the individual’s professional statement of need and maintain case notes with the date and description of services provided to individual recipients.</p>
79	<p>Employment. Amends § 256I.04, by adding subd. 5. Prohibits housing support providers from limiting or restricting the number of hours an applicant or recipient is employed.</p>
80	<p>Expansion of Consumer-directed community supports (CDCS) budget methodology exception. Amends Laws 2017, First special session ch. 6, art. 1, § 44. Corrects a cross-reference.</p>
81	<p>CDCS budget methodology. Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 1, § 45.</p> <p style="padding-left: 40px;">Subd. 1. Exception for persons leaving institutions and crisis residential settings. No changes.</p> <p style="padding-left: 40px;">Subd. 2. Shared services. Defines “shared services,” requires individuals sharing services to use the same financial management services provider, requires individuals sharing services to develop a plan for shared services and a shared services agreement and specifies the information that must be included in the plan and agreement, allows any individual to withdraw from participating in a shared services agreement at any time, and specifies the duties of the lead agency and commissioner.</p>

Section	Description – Article 5: Disability Services
82	<p>Makes this section effective October 1, 2019, or upon federal approval, whichever is later, except for the commissioner’s duties, which are effective immediately. Requires the commissioner of human services to notify the revisor when federal approval is obtained.</p> <p>Electronic visit verification.</p> <p>Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 3, § 49.</p> <p>Subd. 1. Documentation; establishment. Modifies terminology.</p> <p>Subd. 2. Definitions. Modifies terminology and expands the definition of “service.”</p> <p>Subd. 3. Requirements. Modifies terminology and removes obsolete language. Requires the commissioner to make a state-selected electronic visit verification system available to service providers.</p> <p>Subd. 3a. Provider requirements. Specifies provider requirements related to selecting an electronic visit verification system and complying with requirements and the implementation date established by the commissioner. Prohibits reimbursement rates from being reduced as a result of federal action to reduce the federal MA percentage.</p> <p>Subd. 4. Legislative report. Removes obsolete language.</p>
83	<p>Individual providers of direct support services.</p> <p>Ratifies the labor agreement between the state of Minnesota and the Service Employees International Union Healthcare Minnesota, submitted to the Legislative Coordinating Commission on March 11, 2019, and provides a July 1, 2019, effective date.</p>
84	<p>Rate increase for direct support services providers workforce negotiations.</p> <p>Requires the commissioner of human services to increase reimbursement rates, individual budgets, grants, or allocations by 2.37 percent for services provided on or after July 1, 2019, to implement the minimum hourly wage, holiday, enhanced rate, and paid time off provisions of the labor agreement between the state of Minnesota and SEIU Healthcare Minnesota.</p>
85	<p>Direction to commissioner; interagency agreements.</p> <p>Requires the Department of Commerce, Public Utilities Commission, and Department of Human Services to amend all interagency agreements necessary to implement the changes to the Telecommunications Access Minnesota Program by October 1, 2019.</p>
86	<p>Disability waiver reconfiguration.</p> <p>Subd. 1. Intent. Specifies it is the intent of the legislature to reform the MA waiver programs for people with disabilities to simplify administration of the programs, incentivize person-centered supports, enhance each person’s personal authority over the person’s service choice, align benefits across waivers, encourage equity across programs and populations, and promote long-term</p>

Section	Description – Article 5: Disability Services
	<p>sustainability of needed services. Requires the disability waiver reconfiguration to maintain service stability and continuity.</p> <p>Subd. 2. Report. By January 15, 2021, requires the commissioner to submit a report to the legislature on any necessary waivers, state plan amendments, requests for new funding or realignment of existing funds, any changes to statutes or rule, and any other federal authority necessary to implement the disability waiver reconfiguration. Also requires the report to include information about the commissioner’s work to collect feedback from stakeholders.</p> <p>Subd. 3. Proposal. By January 15, 2021, requires the commissioner to develop a proposal to reconfigure the MA disability waivers and specifies the information that must be included in the proposal. Requires the commissioner to publish a draft report with sufficient time for interested persons to offer additional feedback.</p> <p>Provides an immediate effective date.</p>
87	<p>Direct care workforce rate methodology study.</p> <p>Requires the commissioner of human services, in consultation with stakeholders, to evaluate the feasibility of developing a rate methodology for the PCA program and CFSS similar to the DWRS and to report to the legislature with recommendations, including proposed legislation, by February 1, 2020.</p>
88	<p>Direction to commissioner of human services; TEFRA option improvement measures.</p> <p>Paragraph (a) requires the commissioner of human services, using existing appropriations, to develop content to be included on the MNsure website explaining the TEFRA option under MA for applicants who indicate during the application process that a child in the family has a disability.</p> <p>Paragraph (b) requires the commissioner to: (1) develop a cover letter explaining the TEFRA option under MA, as well as the application and renewal process, to be disseminated along with the application form to applicants who may qualify for MA under the TEFRA option; (2) provide the content and form to the executive director of MNsure for inclusion on the MNsure website; and (3) develop and implement education and training for lead agency staff.</p> <p>Paragraph (c) requires the commissioner to convene a stakeholder group to consider improvements to the TEFRA option enrollment and renewal process.</p> <p>Paragraph (d) lists the membership of the stakeholder group.</p> <p>Paragraph (e) requires the stakeholder group to submit a report of the group’s recommended improvements and any associated costs to the commissioner by December 31, 2020. Requires the commissioner to provide a copy of the report to the legislative committees with jurisdiction over MA.</p>

Section	Description – Article 5: Disability Services
89	<p>Direction to commissioner; residential services rate methodology.</p> <p>Requires the commissioner of human services to: (1) develop a new rate methodology for residential services reimbursed under DWRS in which the service provider lives in the setting where the service is provided based on levels of support needs; and (2) submit recommendations to the Legislature for the new rate methodology by January 1, 2020.</p>
90	<p>Day training and habilitation (DT&H) DWRS transition grants.</p> <p>Paragraph (a) requires the commissioner of human services to establish annual grants to DT&H providers that are projected to experience a funding gap upon the full implementation of DWRS.</p> <p>Paragraph (b) specifies eligibility criteria for the grant program.</p> <p>Paragraph (c) requires grant recipients to develop a sustainability plan in partnership with the commissioner. Lists the information the plan must include.</p> <p>Paragraph (d) requires the commissioner to provide technical assistance and financial management advice to grant recipients as they develop and implement their sustainability plans.</p> <p>Paragraph (e) specifies requirements that must be met in order for a grantee to be eligible for an annual grant renewal.</p>
91	<p>Direction to commissioner; BI and CADI waiver customized living services provider located in Hennepin County.</p> <p>Allows a housing with services establishment located in Minneapolis that provides customized living and 24-hour customized living services for clients enrolled in the MA brain injury (BI) or community access for disability inclusion (CADI) waiver and had a capacity to serve 66 clients as of July 1, 2017, to transfer service capacity of up to 66 clients to no more than three new housing with services establishments located in Hennepin County. Requires the commissioner of human services to determine that the new housing with services establishments meet the BI and CADI waiver customized living and 24-hour customized living size limitation exception for clients receiving those services at the new housing with services establishments.</p>
92	<p>Direction to commissioner of human services; recommendations to increase use of technology.</p> <p>Paragraph (a) requires the commissioner to appoint a Minnesota Technology First Advisory Task Force to advise the commissioner on strategies to increase the use of supportive technology in services and programs for persons with disabilities. Lists the persons who must be included on the task force. Requires meetings to be held quarterly and subjects meetings to the open meeting law.</p> <p>Paragraph (b) requires the task force to provide an annual written report with recommendations to the commissioner by June 30 of each year, beginning June 30, 2020.</p>

Section	Description – Article 5: Disability Services
	<p>Paragraph (c) specifies persons with disabilities and family members of persons with disabilities are eligible for compensation for participation in the task force. Paragraph (d) sets an expiration date of June 30, 2021, for the task force.</p> <p>Provides an immediate effective date.</p>
93	<p>Revisor instruction.</p> <p>Paragraph (a) instructs the revisor to change the term “developmental disability waiver” or similar terms to “developmental disabilities waiver” or similar terms wherever they appear in Minnesota Statutes.</p> <p>Paragraph (b) instructs the revisor, in consultation with others, to prepare legislation for the 2020 legislative session to codify laws governing CDCS.</p> <p>Paragraph (c) instructs the revisor to codify the electronic visit verification language from Minnesota Laws 2017, First Special Session chapter 6, article 3, § 49.</p> <p>Provides a July 1, 2020, effective date for paragraph (a).</p>
94	<p>Repealer.</p> <p>Paragraph (a) repeals Minnesota Statutes, section 256B.0705 (PCA; mandated service verification).</p> <p>Paragraph (b) repeals Minnesota Statutes, sections 252.431 (supported employment services; departmental duties; coordination); 252.451 (business agreements; support and supervision of persons with disabilities).</p> <p>Paragraph (c) repeals Minnesota Statutes, sections 252.41, subdivision 8 (supported employment); and 256B.4913, subdivisions 4a (rate stabilization adjustment), 5 (stakeholder consultation and county training), 6 (implementation), and 7 (new services) (subdivisions 4a, 6, and 7 become obsolete once the DWRS banding period is completed on December 31, 2019, subdivision 5 is moved to section 256B.4914, subdivision 17).</p> <p>Paragraph (d) repeals Minnesota Statutes, section 256I.05, subdivision 3 (housing support; limits on rates).</p> <p>Provides an effective date of September 1, 2019, for paragraph (b); January 1, 2020, for paragraphs (a) and (c); and July 1, 2019, for paragraph (d).</p>

Article 6: Chemical and Mental Health

This article includes provisions related to law enforcement mental health screening, school-linked mental health grants, certified community behavioral health clinics, substance use disorder (SUD) treatment program licensing and assessments, aligning billing and payment for substance use disorder services with mental health services under medical assistance, psychiatric residential treatment and children’s residential treatment facilities, behavioral health homes, SUD and mental health grant programs and pilot projects, and a community competency restoration task force.

Section	Description – Article 6: Chemical and Mental Health
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| 1 | <p>Mental health screening.
Amends § 13.851. Specifies treatment of law enforcement mental health screening data.</p> |
| 2 | <p>Establishment and authority.
Amends § 245.4889, subd. 1. Adds reference to new section detailing school-linked mental health grants; specifies that children’s mental health grantees must obtain all available third-party funding and reimbursement sources. Makes this section effective the day following final enactment.</p> |

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| 3 | <p>School-linked mental health grants.
Proposes coding for § 245.4901.</p> |
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Subd. 1. Establishment. Directs the commissioner of human services to establish a school-linked mental health grant program.

Subd. 2. Eligible applicants. Specifies that grant applicants must be:

- 1) certified as a mental health center or clinic;
- 2) a community mental health center;
- 3) an Indian health service facility or facility owned and operated by a tribe;
- 4) a provider of children’s therapeutic services and supports; or
- 5) enrolled in MA as a mental health or substance use disorder provider agency, with certain staff requirements.

Subd. 3. Allowable grant activities and related expenses. (a) Lists allowable grant activities and services, and related expenses.

(b) Requires grantees to obtain all available third-party reimbursement sources, as a condition of receiving grant funds, excluding public schools. Requires grantees to serve students regardless of health coverage or ability to pay.

Subd. 4. Data collection and outcome measurement. Requires grantees to provide data to the commissioner to evaluate the program’s effectiveness.

Makes this section effective the day following final enactment.

Section	Description – Article 6: Chemical and Mental Health
4	<p>Certified community behavioral health clinics. Amends § 245.735, subd. 3.</p> <p>(a) Removes reference to the prospective payment system.</p> <p>Adds licensed alcohol and drug counselors to clinic staff for CCBHC services.</p> <p>Adds substance use to CCBHC services.</p> <p>Removes requirement for a CCBHC to be certified to provide integrated treatment for co-occurring mental illness and substance use disorders.</p> <p>Adds requirement for CCBHCs to comply with peer services standards under relevant statutes, if the CCBHC provides peer services.</p> <p>Modifies terminology throughout.</p> <p>(d) Allows the commissioner to grant a variance for a CCBHC that is certified but not approved for prospective payment, if the variance would not increase the state share of costs.</p> <p>Removes paragraphs (f), (g), and (h) relating to prospective payments, federal approval and financial participation, and limitations on CCBHC certifications.</p> <p>Makes this section effective July 1, 2019, contingent upon federal approval.</p>
5	<p>Admission criteria. Amends § 245F.05, subd. 2. Modifies language governing admission criteria for withdrawal management programs.</p>
6	<p>Client. Amends § 245G.01, subd. 8. Clarifies that “client” also includes “patient,” as defined in section 144.651, subdivision 2.</p>
7	<p>Day of service initiation. Amends § 245G.01 by adding subd. 10a. Defines “day of service initiation.”</p>
8	<p>Group counseling. Amends § 245G.01 by adding subd. 13a. Defines “group counseling.”</p>
9	<p>Person-centered. Amends § 245G.01 by adding subd. 20a. Defines “person-centered.”</p>

Section	Description – Article 6: Chemical and Mental Health
10	<p>Staff or staff member. Amends § 245G.01 by adding subd. 20b. Defines “staff” and “staff member”</p>
11	<p>Student intern. Amends § 245G.01, subd. 21. Clarifies definition of student intern.</p>
12	<p>Treatment week. Amends § 245G.01 by adding subd. 28. Adds definition of “treatment week.”</p>
13	<p>Volunteer. Amends § 245G.01 by adding subd. 29. Adds definition of “volunteer.”</p>
14	<p>Service initiation. Amends § 245G.04.</p> <p style="padding-left: 40px;">Subd. 1. Initial services plan. Clarifies requirements for a person-centered, client-specific initial services plan, to be completed within 24 hours of the day of service initiation.</p> <p style="padding-left: 40px;">Subd. 2. Vulnerable adult status. Clarifies requirement for determining whether a client is a vulnerable adult.</p>
15	<p>Comprehensive assessment and assessment summary. Amends § 245G.05.</p> <p style="padding-left: 40px;">Subd. 1. Comprehensive assessment. Clarifies terminology and timing, process, and content requirements for comprehensive assessments. Includes medical concerns or diagnoses.</p> <p style="padding-left: 40px;">Subd. 2. Assessment summary. Clarifies timing and process for assessment summaries.</p>
16	<p>General. Amends § 245G.06, subd. 1.</p> <p>Clarifies requirements for individual treatment plans. Requires plans to be person-centered, involve family if the client chooses to do so, and requires opioid treatment programs to complete a treatment plan within 21 days of service initiation.</p>
17	<p>Plan contents. Amends § 245G.06, subd. 2. Modifies individual treatment plan content to include information related to peer support services.</p>

Section	Description – Article 6: Chemical and Mental Health
18	<p>Service discharge summary. Amends § 245G.06, subd. 4. Requires verification that the client received a copy of the client’s service discharge summary. Modifies required content for service discharge summaries.</p>
19	<p>Treatment service. Amends § 245G.07.</p> <p>Subd. 1. Treatment service. Clarifies documentation and staff requirements for residential and nonresidential treatment programs.</p> <p>Subd. 2. Additional treatment service. Adds peer recovery support services to list of additional treatment service.</p> <p>Subd. 3. Counselors. Removes limitation on therapeutic recreation; requires commissioner to maintain a current list of professionals qualified to provide treatment services.</p> <p>Subd. 4. Location of service provision. Allows a license holder to provide additional treatment services off-site, under specified circumstances.</p>
20	<p>Standing order protocol. Amends § 245G.08, subd. 3. Clarifies provisions governing naloxone training.</p>
21	<p>Staff requirement. Amends § 245G.10, subd. 4. Strikes language limiting counselor supervision, which is moved to section 256G.22.</p>
22	<p>Treatment coordination provider qualifications. Amends § 245G.11, subd. 7. Clarifies that treatment coordination providers must meet the qualifications for an alcohol and drug counselor, or meet other standards listed in the subdivision.</p>
23	<p>Recovery peer qualifications. Amends § 245G.11, subd. 8. Clarifies recovery peer qualifications by specifying acceptable credentialing organizations.</p>
24	<p>Provider policies and procedures. Amends § 245G.12. Requires a license holder to identify a “treatment week” as part of the license holder’s policies and procedures.</p>
25	<p>Personnel policy requirements. Amends § 245G.13, subd. 1. Updates terminology.</p>

Section	Description – Article 6: Chemical and Mental Health
26	<p>Explanation. Amends § 245G.15, subd. 1. Clarifying language change related to service initiation.</p>
27	<p>Grievance procedure. Amends § 245G.15, subd. 2. Clarifying language change related to service initiation.</p>
28	<p>Staff ratios. Amends § 245G.18, subd. 3. Removes requirement for counselors to devote at least 25 percent of work hours to indirect services.</p>
29	<p>Program requirements. Amends § 245G.18, subd. 5. Updates terminology.</p>
30	<p>Additional requirements. Amends § 245G.22, subd. 1. Modifies standards for opioid treatment programs; requires registration with the federal Drug Enforcement Administration, accreditation, certification, and licensure by the Board of Pharmacy.</p>
31	<p>Definitions. Amends § 245G.22, subd. 2. Clarifies “medical director” definition for opioid treatment; adds “practitioner” definition.</p>
32	<p>Medication orders. Amends § 245G.22, subd. 3. Updates terminology based on definition changes in subdivision 2.</p>
33	<p>High dose requirements. Amends § 245G.22, subd. 4. Updates terminology based on definition changes in subdivision 2.</p>
34	<p>Criteria for unsupervised use. Amends § 245G.22, subd. 6. Updates terminology based on definition changes in subdivision 2. Removes requirement for the medical director to make certain treatment program decisions on dispensing medication for unsupervised use.</p>
35	<p>Restrictions for unsupervised use of methadone hydrochloride. Amends § 245G.22, subd. 7. Clarifies medical director’s role in assessing and determining the criteria for a client to receive methadone doses for unsupervised use.</p>

Section	Description – Article 6: Chemical and Mental Health
36	<p>Nonmedication treatment services; documentation. Amends § 245G.22, subd. 15. Modifies treatment plan review timing and documentation requirements.</p>
37	<p>Prescription monitoring program. Amends § 245G.22, subd. 16. Updates terminology and documentation requirements for the prescription monitoring program.</p>
38	<p>Policies and procedures. Amends § 245G.22, subd. 17. Updates requirements related to medication doses for unsupervised use; requires that the medical director is informed of outcomes resulting in possible diversion of doses; prohibits a counselor in an opioid treatment program from supervising more than 50 clients.</p>
39	<p>Placing authorities. Amends § 245G.22, subd. 19. Updates terminology.</p>
40	<p>Rules for substance use disorder care. Amends § 245A.03, subd. 3. Specifies that initial set of SUD services is approved for a recipient of public assistance if a brief screening result is positive for alcohol or substance misuse. Makes this section contingent on federal approval, July 1, 2019.</p>
41	<p>Assessment via telemedicine. Amends § 254A.19 by adding subd. 5. Permits chemical use assessments to be conducted by telemedicine.</p>
42	<p>Chemical dependency treatment allocation. Amends § 254B.02, subd. 1. Removes language allowing transfer of funds from the chemical dependency fund for administrative purposes. Makes this section effective July 1, 2019.</p>
43	<p>Chemical dependency fund payment. Amends § 254B.03, subd. 2. Adds cross-reference to vendor requirements for payment from the chemical dependency fund for room and board costs. Makes this section effective July 1, 2020.</p>
44	<p>Division of costs. Amends § 254B.03, subd. 4. Updates terminology; adds chemical dependency room and board services exception to county share cost percentage. Removes obsolete language. Makes this section effective July 1, 2020.</p>

Section	Description – Article 6: Chemical and Mental Health
45	<p>Eligibility. Amends § 254B.04, subd. 1. Modifies eligibility for chemical dependency treatment fund services. Specifies that MA enrollees are eligible for substance use disorder treatment room and board services. Makes this section effective July 1, 2020.</p>
46	<p>Eligibility to receive peer recovery support and treatment service coordination. Amends § 254B.04 by adding subd. 2c. Clarifies peer recovery support and treatment service coordination eligibility to align with the federally-approved state plan.</p>
47	<p>Licensure required. Amends § 254B.05, subd. 1. Updates cross-reference.</p>
48	<p>Room and board provider requirements. Amends § 254B.05, subd. 1a. Specifies that IRTS or residential crisis services providers are eligible vendors of room and board, and provides exemption. Makes this section effective July 1, 2020.</p>
49	<p>Rate requirements. Amends § 254B.05, subd. 5. Removes obsolete effective dates and cross-references. Specifies that, for reimbursement for group SUD treatment services without a group participant maximum or maximum client to staff ratio under statute, the client to staff ratio must not exceed 48 to one. Specifies staff requirements.</p>
50	<p>State collections. Amends § 254B.06, subd. 1. Removes language requiring the commissioner to deposit a percentage of state funds to be used for chemical dependency consolidated treatment fund operating costs. Makes this section effective July 1, 2019.</p>
51	<p>Allocation of collections. Amends § 254B.06, subd. 2. Removes requirement for the commissioner to allocate all federal financial participation collections to a special revenue account. Removes obsolete language. Makes paragraph (a) effective July 1, 2020 and paragraph (b) effective July 1, 2019.</p>
52	<p>Certified community behavioral health clinic services. Adds subdivision 5m to § 256B.0625.</p> <p>(a) Specifies that medical assistance covers CCBHC services that meet the requirements of section 245.735, subdivision 3.</p> <p>(b) Directs the commissioner to establish standards and methodologies for a prospective payment system for medical assistance payments to CCBHCs.</p>

Section	Description – Article 6: Chemical and Mental Health
	<p>(c) Allows the commissioner to limit the number of CCBHCs for the prospective payment system to ensure that claims do not exceed the money appropriated. Requires the commissioner to prioritize CCBHCs that meet criteria listed in this paragraph, in the order listed.</p> <p>(d) Specifies that the prospective payment system must continue to be based on federal instructions for the CCBHC demonstration. Provides exceptions to the federal instructions for the prospective payment system.</p> <p>Makes this section effective July 1, 2019, upon federal approval.</p>
53	<p>Other medical or remedial care.</p> <p>Amends § 256B.0625, subd. 24. Removes provision excluding licensed substance use disorder treatment programs from subdivision specifying that MA covers other medical or remedial care. Removes provision requiring these services to be paid from the chemical dependency treatment fund. Makes this section effective July 1, 2020.</p>
54	<p>Substance use disorder services.</p> <p>Amends § 256B.0625 by adding subd. 24a. Specifies that MA covers substance use disorder treatment services, except for room and board. Makes this section effective July 1, 2019.</p>
55	<p>Mental health provider travel time.</p> <p>Amends § 256B.0625, subd. 43. Modifies the requirements for documenting mental health provider travel time.</p>
56	<p>Psychiatric residential treatment facility services for persons younger than 21 years of age.</p> <p>Amends § 256B.0625, subd. 45a. Phases in an increase of beds for PRTF services from 150 to 300 and removes limitation on number of sites; requires the commissioner to prioritize PRTF programs that demonstrate capacity to serve children and youth with specified behaviors.</p> <p>Makes this section effective July 1, 2019.</p>
57	<p>Payment for Part B Medicare crossover claims.</p> <p>Amends § 256B.0625, subd. 57. Excludes CCBHCs subject to the new prospective payment system from the limitation on medical assistance payment for an enrollee’s cost-sharing associated with Medicare Part B. Makes this section effective July 1, 2019, contingent upon federal approval.</p>
58	<p>Provision of coverage.</p> <p>Amends § 256B.0757, subd. 1. Makes a technical conforming change relating to the development of behavioral health home models.</p>

Section	Description – Article 6: Chemical and Mental Health
	Makes this section effective upon federal approval.
59	<p data-bbox="355 317 578 344">Eligible individual.</p> <p data-bbox="355 363 1382 495">Amends § 256B.0757, subd. 2. Modifies provisions governing health home services. Permits commissioner to develop health home models that comply with federal law. Allows for coverage of health home services for persons eligible for medical assistance who have a mental illness or emotional disturbance.</p> <p data-bbox="355 535 963 562">Makes this section effective upon federal approval.</p>
60	<p data-bbox="355 621 574 648">Discharge criteria.</p> <p data-bbox="355 663 842 690">Amends § 256B.0757 by adding subd. 2a.</p> <p data-bbox="355 730 1365 793">Paragraph (a) specifies that an individual may be discharged from a behavioral health home if:</p> <ul data-bbox="451 833 1409 936" style="list-style-type: none"> ▪ the provider cannot locate, contact, and engage the individual for over three months, after persistent efforts; or ▪ the individual is unwilling to participate in behavioral health home services. <p data-bbox="355 976 1414 1079">Paragraph (b) requires the provider to offer a face-to-face meeting with the individual, the individual's identified supports, and the provider to discuss available options, prior to discharge.</p> <p data-bbox="355 1119 963 1146">Makes this section effective upon federal approval.</p>
61	<p data-bbox="355 1199 610 1226">Designated provider.</p> <p data-bbox="355 1241 1422 1304">Amends § 256B.0757, subd. 4. Removes paragraph directing the commissioner to develop and implement certification standards for behavioral health homes.</p> <p data-bbox="355 1344 963 1371">Makes this section effective upon federal approval.</p>
62	<p data-bbox="355 1430 1037 1457">Behavioral health home services provider requirements.</p> <p data-bbox="355 1472 842 1499">Amends § 256B.0757 by adding subd. 4a.</p> <p data-bbox="355 1539 1016 1566">Requires a behavioral health home services provider to:</p> <ol data-bbox="509 1606 1403 1911" style="list-style-type: none"> 1) be an enrolled Minnesota Health Care Programs provider; 2) provide MA-covered primary care or behavioral health service; 3) use electronic health records; 4) use an electronic patient registry; 5) demonstrate capacity to administer approved screenings for substance use disorder or alcohol and tobacco use; 6) demonstrate capacity to make appropriate referrals; 7) have policies and procedures to track and evaluate referrals;

Section	Description – Article 6: Chemical and Mental Health
63	<p data-bbox="511 233 1425 495"> 8) conduct a brief needs assessment when services begin; 9) conduct a health wellness assessment with 60 days of intake; 10) conduct a health action plan within 90 days of intake, and at least once every six months; 11) agree to cooperate with state monitoring and evaluation of services; and 12) use an approved form to obtain written consent for behavioral health home services. </p> <p data-bbox="355 537 963 564">Makes this section effective upon federal approval.</p> <p data-bbox="355 617 1385 644">Behavioral health home provider training and practice transformation requirements.</p> <p data-bbox="355 663 846 690">Amends § 256B.0757 by adding subd. 4b.</p> <p data-bbox="355 732 1385 795">Paragraph (a) requires providers to ensure that staff delivering behavioral health home services complete adequate training; specifies what training must include.</p> <p data-bbox="355 837 1385 898">Paragraph (b) requires providers to ensure that staff are capable of delivering culturally responsive services.</p>
64	<p data-bbox="355 1121 883 1148">Behavioral health home staff qualifications.</p> <p data-bbox="355 1167 842 1194">Amends § 256B.0757 by adding subd. 4c.</p> <p data-bbox="355 1236 1308 1297">Paragraph (a) requires providers to maintain staff with required and appropriate professional qualifications.</p> <p data-bbox="355 1339 1328 1400">Paragraph (b) requires an integration specialist to be a licensed registered nurse if behavioral health home services are offered in a mental health setting.</p> <p data-bbox="355 1442 1346 1503">Paragraph (c) requires an integration specialist to be a mental health professional if behavioral health home services are offered in a primary care setting.</p> <p data-bbox="355 1545 1385 1646">Paragraph (d) requires the systems navigator to be a mental health practitioner or community health worker, as defined in statute, if behavioral health home services are provided in a mental health or primary care setting.</p> <p data-bbox="355 1688 1373 1715">Paragraph (e) specifies requirements for the qualified health home specialist position.</p> <p data-bbox="355 1757 963 1785">Makes this section effective upon federal approval.</p>

Section	Description – Article 6: Chemical and Mental Health
65	<p>Behavioral health home service delivery standards. Amends § 256B.0757 by adding subd. 4d.</p> <p>Paragraph (a) lists service delivery standards a behavioral health home provider must meet.</p> <p>Paragraph (b) requires the provider to create a plan with the individual and the individual's supports, to support the individual after discharge from a hospital, residential treatment program, or other setting. Specifies protocols that must be included in the plan.</p> <p>Paragraph (c) specifies requirements for notification and communication if the individual is enrolled in a managed care plan.</p> <p>Paragraph (d) requires a provider to provide 60 days' notice to individuals, the department, and managed care plans, before terminating behavioral health home services; requires a provider to refer individuals receiving services to a new provider.</p> <p>Makes this section effective upon federal approval.</p>
66	<p>Behavioral health home provider variances. Amends § 256B.0757 by adding subd. 4e.</p> <p>Paragraph (a) allows the commissioner to grant variances to specific behavioral health home requirements.</p> <p>Paragraph (b) allows the commissioner to grant a variance if (1) failure to grant the variance would result in hardship or injustice to the applicant; (2) the variance would be consistent with the public interest; and (3) the variance would not reduce the level of service.</p> <p>Paragraph (c) allows the commissioner to grant a variance for innovative services.</p> <p>Paragraph (d) specifies that the commissioner's decision to grant or deny a variance is not appealable.</p> <p>Makes this section effective upon federal approval.</p>
67	<p>Substance use disorder demonstration project. Proposes coding for § 256B.0759.</p> <p>Subd. 1. Establishment. Requires the commissioner to develop and implement a medical assistance demonstration project to test reforms of Minnesota's substance use disorder treatment system.</p>

Section	Description – Article 6: Chemical and Mental Health
	<p>Subd. 2. Provider participation. Allows substance use disorder treatment providers to participate in the demonstration project.</p> <p>Subd. 3. Provider standards. Requires the commissioner to establish requirements for participating providers, consistent with federal requirements. Specifies that a participating residential provider must be licensed, and lists additional provider requirements.</p> <p>Subd. 4. Provider payment rates. Requires payment rates to be increased for services provided to MA enrollees; specifies increase percentages for listed services.</p> <p>Subd. 5. Federal approval. Requires the commissioner to seek federal approval for the demonstration project and receive federal financial participation.</p>
68	<p>Individual eligibility requirements.</p> <p>Amends § 256I.04, subd. 1. Specifies that an individual is eligible for housing support payments for up to three months if the individual lacks a fixed, adequate nighttime residence upon discharge from a residential behavioral health program. Makes this section effective July 1, 2020.</p>
69	<p>Required services.</p> <p>Amends § 256I.04, subd. 2f. Requires providers serving participants discharged from a residential behavioral health program to assist participants with applying for continuing housing support payments. Makes this section effective September 1, 2019.</p>
70	<p>Amount of housing support payment.</p> <p>Amends § 256I.06, subd. 8. Modifies cross-reference. Makes this section effective September 1, 2019.</p>
71	<p>Homeless youth report.</p> <p>Amends § 256K.45, subd. 2. Adds a requirement for the commissioner of human services to report on the shelter-linked youth mental health grant program as part of the biennial report on the issue of homeless youth.</p>
72	<p>Shelter-linked youth mental health grant program.</p> <p>Proposes coding for § 256K.46. Establishes a shelter-linked mental health grant program for housing providers to partner with community-based mental health practitioners to provide mental health services to homeless or sexually exploited youth. Applicants for the two-year grants must demonstrate that they have received targeted trauma training on sexual exploitation and adolescent homelessness, and grant funds may be used to develop programming or training, to provide mental health services, or to build capacity to provide services via telemedicine. Grant recipients must promote and assist</p>

Section	Description – Article 6: Chemical and Mental Health
	<p>participants with obtaining health insurance, and report their activities to the commissioner annually.</p>
73	<p>Intake procedure; approved mental health screening.</p> <p>Amends § 641.15, subd, 3a. Allows law enforcement to share the names of persons who have screened positive for mental illnesses with the local social services agency, and allows for referral services. Requires destruction of private data if the offender refuses services.</p>
74	<p>Effective date.</p> <p>Amends Laws 2017, First Special Session chapter 6, section 71, the effective date, as amended by Laws 2019, chapter 12, section 1.</p> <p>Extends provision governing state-only MA funding for mental health covered 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 diseases, indefinitely.</p> <p>Makes this section effective July 1, 2019.</p>
75	<p>Effective date.</p> <p>Amends Laws 2017, First Special Session chapter 6, section 72, the effective date, as amended by Laws 2019, chapter 12, section 2.</p> <p>Extends provision governing state-only MA payment rates 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 diseases, indefinitely.</p> <p>Makes this section effective July 1, 2019.</p>
76	<p>Direction to Commissioner; substance use disorder treatment program systems improvement.</p> <p>Directs the commissioner of human services to propose a plan to identify systems improvements to minimize paperwork for substance use disorder treatment programs.</p>
77	<p>Community Competency Restoration Task Force.</p> <p>Establishes a task force to evaluate and research community competency restoration programs, beginning no later than August 1, 2019, to propose recommendations to the legislature to improve the services, resources, and diversionary programs to address the growing number of individuals deemed incompetent to stand trial. Requires the task force to submit a report of its progress and findings to the legislature by February 1, 2020, and a final report of its recommendations by February 1, 2021.</p> <p>Makes this section effective the day following final enactment.</p>

Section	Description – Article 6: Chemical and Mental Health
78	<p>Direction to commissioner; improving school-linked mental health grant program.</p> <p>Requires the commissioner to collaborate with the commissioner of education and other entities to assess the school-linked mental health grant program and make recommendations for improvement. Specifies what the assessment must include. Requires a report to the legislature. Makes this section effective the day following final enactment.</p>
79	<p>Direction to commissioner; CCBHC rate methodology.</p> <p>Paragraph (a) requires the commissioner to develop recommendations for a rate methodology that reflects each CCBHC's cost of providing the CCBHC services, consistent with applicable federal requirements. Requires the commissioner to consider federal guidance for the CCBHC demonstration program and costs associated with listed services.</p> <p>Paragraph (b) requires the commissioner to consult with CCBHC providers to develop the rate methodology by February 15, 2020. Requires a report to the legislature on the recommendations for the CCBHC rate methodology and any necessary statutory updates.</p> <p>Paragraph (c) specifies that an entity that receives a prospective payment system rate that overlaps with the CCBHC rate is not eligible for a CCBHC rate. Requires the commissioner to consult with CCBHCs and other providers to study a rate methodology that eliminates payment duplication. Requires a report to the legislature by February 15, 2021 on this rate methodology study.</p>
80	<p>Specialized Mental Health Community Supervision Pilot Project.</p> <p>Authorizes the commissioner of human services to award a grant to Anoka County to conduct a pilot project that would provide enhanced assessment, case management, treatment services, and community supervision for offenders with mental illness on probation, parole, supervised release, or pretrial status in Anoka County.</p>
81	<p>Repealer.</p> <p>Repeals section 254B.03, subdivision 4a, relating to division of costs for chemical dependency services on or after October 1, 2008.</p>

Article 7: Health Care

This article contains provisions related to the medical assistance and MinnesotaCare programs. The article also directs the commissioners of health and human services to convene a commission to develop an action plan to transform the health and human services system to improve efficiency, produce savings, and promote better outcomes.

Section	Description – Article 7: Health Care
1	<p>Classifications.</p> <p>Amends § 13.69, subd. 1. Requires the Department of Public Safety to provide the last four digits of the Social Security number to the Department of Human Services for recovery of Minnesota health care program benefits paid. Provides a July 1, 2019, effective date.</p>
2	<p>Transfers.</p> <p>Amends § 16A.724, subd. 2. Makes a conforming change related to another section in the bill (adding § 256B.04, subd. 25) which codifies in modified form a rider allowing a transfer from the health care access fund to the general fund.</p>
3	<p>Definitions.</p> <p>Amends § 62Q.184, subd. 1.</p> <p>The amendment to paragraph (b) includes a preferred drug list developed by MA in the definition of “clinical practice guideline.”</p> <p>The amendment to paragraph (d) includes in the definition of health plan company managed care organizations, county-based purchasing plans, and integrated health partnerships participating in MA and Minnesota. These entities under current law are specifically excluded from the definition of health plan company (and therefore not required to comply with step therapy override requirements).</p>
4	<p>Step therapy override process; transparency.</p> <p>Amends § 62Q.184, subd. 3.</p> <p>The amendment to paragraph (a) adds a new clause (3) that specifies criteria for the commissioner of human services to follow when determining whether to grant an override of a step therapy protocol for MA prescription drug coverage when delivered under fee-for-service or through a managed care or county-based purchasing plan, or an integrated health partnership.</p> <p>The amendment to paragraph (c) allows enrollees or providers to appeal the denial of a step therapy override by a health plan company (including MA and MinnesotaCare) using the administrative review process established for human services programs.</p>
5	<p>Controlling individual.</p> <p>Amends § 245A.02, subd. 5a. Updates a cross-reference.</p>

Section	Description – Article 7: Health Care
6	<p>Program management and oversight. Amends § 245D.081, subd. 3. Updates a cross-reference and makes a technical edit.</p>
7	<p>Opiate epidemic response account. Amends § 256.043, as added by Laws 2019, chapter 63, article 1, section 8. Clarifies and corrects a provision that governs transfers and appropriations by the commissioner of human services from the opiate epidemic response account.</p>
8	<p>Incentive program. Amends § 256.962, subd. 5. Increases from \$25 to \$70 the application assistance bonus paid to navigators for enrolling individuals in MA. Provides a July 1, 2019, effective date.</p>
9	<p>Hospital payment rates. Amends § 256.969, subd. 2b. Gives the commissioner ongoing authority to make additional payment adjustments to rebased hospital payment rates (under current law, this authority applies through the next two rebasing periods).</p>
10	<p>Payments. Amends § 256.969, subd. 3a. Provides that payments for hospital discharges shall not exceed on a per claim, rather than aggregate as under current law, basis a hospital's charges.</p>
11	<p>Disproportionate numbers of low-income patients served. Amends § 256.969, subd. 9. The amendment to paragraph (d) modifies the DSH payment methodology as it applies to Hennepin County Medical Center. A new paragraph (f) requires the commissioner to establish an additional payment adjustment for hospitals that provide high levels of administering high-cost drugs to enrollees in fee-for-service MA. Requires the commissioner to consider fee-for-service MA utilization rates and payments for drugs purchased through the 340B program and administered to fee-for-service enrollees. If the adjustment exceeds a hospital's specific disproportionate share hospital limit, requires the commissioner to make a payment to the hospital that equals the nonfederal share of the excess amount. Limits the total nonfederal share of adjustments to \$1.5 million. States that the section is effective July 1, 2019, except paragraph (f) is effective for discharges on or after July 1, 2019.</p>
12	<p>Out-of-state hospitals in local trade areas. Amends § 256.969, subd. 17. Modifies the admission threshold that governs when an out-of-state hospital has rates established using the procedures and methods that apply to Minnesota hospitals.</p>

Section	Description – Article 7: Health Care
13	<p>Metabolic disorder testing of medical assistance recipients.</p> <p>Amends § 256.969, subd. 19. Provides that a payment increase related to the cost of metabolic disorder testing of newborns remains in effect until fully recognized in the base year cost.</p>
14	<p>Competitive bidding.</p> <p>Amends § 256B.04, subd. 14. Prohibits the commissioner from using volume purchase through competitive bidding and negotiation for incontinence products and related supplies. Provides an immediate effective date.</p>
15	<p>Provider enrollment.</p> <p>Amends § 256B.04, subd. 21. (a) Requires the commissioner to enroll providers and conduct screening activities as required by federal regulations and specifies related requirements.</p> <p>(b) Requires the commissioner to revalidate each provider at least once every five years, and personal care assistance agencies once every three years.</p> <p>(c) Specifies criteria for conducting revalidations.</p> <p>(d) Allows the commissioner to suspend a provider’s ability to bill, if a provider fails to comply with any individual provider requirement or condition of participation. Provides that suspension is not subject to an administrative appeal.</p> <p>(e) Allows correspondence and notifications to be delivered electronically to a provider’s MN-ITS mailbox. States that this does not apply to communications related to background studies.</p> <p>Provides a July 1, 2019, effective date.</p>
16	<p>Application fee.</p> <p>Amends § 256B.04, subd. 22. Strikes language that is incorporated in section 256B.04, subdivision 21. Provides a July 1, 2019, effective date.</p>
17	<p>MA and MinnesotaCare payment increase.</p> <p>Amends § 256B.04, by adding subd. 25. Moves into statute a modified version of a rider that increases MA and MinnesotaCare payments to reflect payment of the MinnesotaCare provider tax.</p>
18	<p>Subsidized foster children.</p> <p>Amends § 256B.055, subd. 2. Provides MA eligibility for children who are not eligible for Title IV-E assistance (federal payments for foster care) but are determined eligible for foster care or kinship assistance under chapter 256N. States that the section is effective January 1, 2020 or upon federal approval, whichever is later.</p>

Section	Description – Article 7: Health Care
19	<p>Residency.</p> <p>Amends § 256B.056, subd. 1. Requires the commissioner to identify MA enrollees who are absent from the state for more than 30 consecutive days, and provide covered services to these individuals through fee-for-service, and not through the managed care payment system.</p>
20	<p>Asset limitations for certain individuals.</p> <p>Amends § 256B.056, subd. 3. Provides that MA will disregard a designated employment incentives asset account when determining MA eligibility for a person who is age 65 or older. Allows such an account to be designated only by a person enrolled in MA as an employed person with a disability (MA-EPD) for a 24-consecutive month period. Strikes existing language which allows a higher asset disregard (\$20,000 for an individual after exclusions) for persons formerly eligible under MA-EPD who turn 65 and seek MA eligibility as a person who is elderly, blind, or has a disability (an asset limit of \$3,000 for a household of one/\$6,000 for a household of two normally applies to this group). Specifies criteria for a designated employment incentives asset account. Provides a July 1, 2019, effective date.</p>
21	<p>Excess income standard.</p> <p>Amends § 256B.056, subd, 5c. Increases the MA spenddown standard for persons who have disabilities, are blind, or are age 65 or older, from 81 percent of FPG to 100 percent of FPG, effective July 1, 2022.</p>
22	<p>Periodic renewal of eligibility.</p> <p>Amends § 256B.056, subd. 7a. Allows the local agency to close an enrollee’s MA case file, if the enrollee has been terminated and has not submitted the required information within four months of termination.</p>
23	<p>Telemedicine services.</p> <p>Amends § 256B.0625, subd. 3b. The amendment to paragraph (e) allows community health workers meeting specified criteria to provide telemedicine services.</p> <p>A new paragraph (f) provides an exception from the limit on MA coverage of telemedicine (three services per enrollee per calendar week) if the:</p> <ol style="list-style-type: none"> 1) telemedicine services provided by the licensed health provider are for the treatment and control of tuberculosis; and 2) services are 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.

Section	Description – Article 7: Health Care
24	<p>Drugs.</p> <p>Amends § 256B.0625, subd. 13. Strikes language relating to the quantity of over-the-counter medications that may be dispensed. States that the section is effective July 1, 2019, or upon federal approval, whichever is later.</p>
25	<p>Payment rates.</p> <p>Amends § 256B.0625, subd. 13e. Amends § 256B.0625, subd. 13e. Makes a variety of changes to MA payment methods for outpatient prescription drugs. The changes made in paragraph (a) include:</p> <ul style="list-style-type: none"> ▪ setting payment based on the ingredient cost of the drugs plus a professional dispensing fee ▪ defining usual and customary price ▪ setting the dispensing fee for drugs meeting the federal definition of “covered outpatient drugs” at \$10.48 and specifying dispensing fees for other types of drugs ▪ requiring dispensing fees to be pro-rated based upon the quantity of a drug dispensed ▪ setting the ingredient cost for providers participating in the federal 340B program at the 340B ceiling price or the National Average Drug Acquisition Cost (NADAC), whichever is lower ▪ requiring the maximum allowable cost of a multisource drug to be comparable to the actual acquisition cost and no higher than the NADAC of the generic product (current law sets the maximum amount as that paid by third party payors with maximum allowable cost programs) <p>The amendment to paragraph (c) eliminates add-ons to the dispensing fee for certain drugs dispensed to long-term care facility residents using a unit dose blister card system.</p> <p>The amendment to paragraph (d) sets the ingredient cost of a multisource drug at the NADAC of the generic product, or the maximum allowable cost established by the commissioner.</p> <p>The amendment to paragraph (e) increases, from 20 to 28.6 percent, the discount from the payment rate for drugs obtained through the 340B program.</p> <p>The amendment to paragraph (f) adds references to the maximum allowable cost and makes changes in terminology, in a provision of law dealing with specialty pharmacy products.</p> <p>A new paragraph (h) requires the commissioner to contract with a vendor to conduct cost of dispensing surveys for Minnesota pharmacies. Specifies criteria for the survey. Requires the initial survey to be completed by January 1, 2021, and repeated every three years.</p>

Section	Description – Article 7: Health Care
	<p>A new paragraph (i) requires the commissioner to increase the ingredient cost by 1.8 percent for prescription and nonprescription drugs subject to the MinnesotaCare wholesale drug distributor tax.</p> <p>States that the section is effective July 1, 2019, or upon federal approval, whichever is later. States that paragraph (i) expires if federal approval is denied.</p>
26	<p>Prior authorization.</p> <p>Amends § 256B.0625, subd. 13f. Eliminates the prohibition on use of prior authorization for certain antihemophilic factor drugs. Provides an immediate effective date.</p> <p>Paragraph (f) requires MA prior authorization procedures to comply with step therapy override requirements under section 62Q.184.</p> <p>Provides an immediate effective date, except that paragraph (f) is effective July 1, 2019.</p>
27	<p>Transportation costs.</p> <p>Amends § 256B.0625, subd. 17. Requires all nonemergency medical transportation drivers to be individually enrolled with the commissioner and reported on the claim as the individual providing the service. Removes language requiring consultation with the Minnesota Department of Transportation. Provides a July 1, 2021, effective date.</p>
28	<p>Transportation services oversight.</p> <p>Amends § 256B.0625, by adding subd. 17d. Requires the commissioner to contract with a vendor or dedicate staff to oversee providers of nonemergency medical transportation (NEMT) services. Provides a July 1, 2019, effective date.</p>
29	<p>Transportation provider termination.</p> <p>Amends § 256B.0625, by adding subd. 17e. Prohibits a terminated NEMT provider from enrolling as a NEMT provider for five years following termination. If the provider seeks reenrollment after the five-year period, requires the provider to be placed on a one-year probation, during which the commissioner shall complete unannounced site visits and request documentation to review compliance with program requirements. Provides an immediate effective date.</p>
30	<p>Other clinic services.</p> <p>Amends § 256B.0625, subd. 30.</p> <p>A new paragraph (g) provides that for services provided on or after January 1, 2021, claims for clinic services provided by federally qualified health centers (FQHCs) and rural health clinics shall be paid by the commissioner, according to an annual election by the center or clinic, under the current prospective payment system in paragraph (f) or the alternative payment methodology in paragraph (l).</p>

Section	Description – Article 7: Health Care
	<p>A new paragraph (l) establishes the alternative payment methodology. Provides that all claims for payment of clinic services provided by FQHCs and rural health clinics shall be paid according to specified requirements.</p> <p>This section also replaces references to federally qualified health centers with “FQHC” throughout.</p>
31	<p>Payment for Part B Medicare crossover claims.</p> <p>Amends § 256B.0625, subd. 57. Exempts Indian Health Services from a provision that limits MA payment of an enrollee’s Medicare Part B cost-sharing to the MA allowed amount, when the MA rate exceeds the amount paid by Medicare. Provides an immediate effective date.</p>
32	<p>Grounds for sanctions against vendors.</p> <p>Amends § 256B.064, subd. 1a. Allows the commissioner to impose sanctions against a pharmacy for failure to respond to a cost of dispensing survey. Provides an effective date of April 1, 2019.</p>
33	<p>Requirements for provider enrollment of personal care assistance provider agencies.</p> <p>Amends § 256B.0659, subd. 21. The amendment to paragraph (a) clarifies that personal care provider assistance agencies must provide to the commissioner at the time of enrollment, reenrollment, and revalidation, bond coverage and other information for each business location. Also makes related changes.</p> <p>The amendment to paragraph (c) requires personal care provider assistance agencies to require specified employees to complete required training, before submitting an application for agency enrollment.</p> <p>A new paragraph (d) requires all surety bonds, fidelity bonds, workers compensation insurance, and liability insurance to be maintained continuously, and specifies related requirements.</p> <p>Provides an immediate effective date.</p>
34	<p>Limitation of choice.</p> <p>Amends § 256B.69, subd. 4. Directs the commissioner to exempt from managed care enrollment persons who are absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota, who are identified under section 19.</p>
35	<p>Trend limit; calculation.</p> <p>Amends § 256B.69, by adding subd. 31a. (a) Beginning January 1, 2020 and ending June 30, 2024, allows the commissioner, to the extent practicable, to limit the year over year increase in managed care and county-based purchasing plan payment rates by an amount equal to a 0.8 percent reduction in MA rates across all products. Requires managed care</p>

Section	Description – Article 7: Health Care
	<p>rates to meet federal actuarial soundness and rate development requirements. States that forecast expenditure growth assumption cannot be part of the rate-setting process.</p> <p>(b) Requires the commissioner of human services, in consultation with the commissioner of management and budget, to determine in the November 2019 forecast the extent to which the year over year change in managed care and county-based purchasing plan payment rates are forecasted to reduce MA expenditures in FYs 2020 through 2024, relative to projected expenditures from the end of the 2019 legislative session. If the reduction is less than \$145.150 million, requires the commissioner of management and budget to transfer the difference from the premium security account to the general fund.</p>
36	<p>Reimbursement for doula services.</p> <p>Adds § 256B.758. For services provided on or after July 1, 2019, sets MA payment rates for doula services provided by a certified doula at \$47 per prenatal or postpartum visit and \$488 for attending and providing doula services at birth.</p>
37	<p>Reimbursement for basic care services.</p> <p>Amends § 256B.766. Requires payment rates for durable medical equipment, prosthetics, orthotics, or supplies subject to the Medicare limit to be paid at the Medicare rate. States that the section is effective July 1, 2019, subject to federal approval.</p>
38	<p>Grant program established.</p> <p>Amends § 256B.79, subd. 2. Modifies the integrated care for high-risk pregnant women pilot program to be an ongoing grant program.</p>
39	<p>Grant awards.</p> <p>Amends § 256B.79, subd. 3. Removes an obsolete date. Specifies that priority in awarding grants must be given to qualified integrated perinatal care collaboratives that have received grants under the pilot program before January 2019.</p>
40	<p>Eligibility for grants.</p> <p>Amends § 256B.79, subd. 4. Updates language to reflect the change to an ongoing grant program.</p>
41	<p>Gaps in communication, support, and care.</p> <p>Amends § 256B.79, subd. 5. Updates language to reflect the change to an ongoing grant program.</p>
42	<p>Report.</p> <p>Amends § 256B.79, subd. 6. Requires the commissioner to report to the legislature by January 31, 2021, and every two years thereafter, about the outcomes of the grant program. Updates language to reflect the change to an ongoing grant program.</p>

Section	Description – Article 7: Health Care
43	<p>Payment of certain providers.</p> <p>Amends § 256L.11, subd. 2. Provides that alternative payment methodologies shall not apply to MinnesotaCare services provided by FQHCs, rural health clinics, Indian Health Service facilities, and certified behavioral health clinics.</p>
44	<p>Study of clinic costs.</p> <p>Requires the commissioner of human services to conduct a five-year comparative analysis of the actual change in FQHC and rural health clinic costs versus the CMS FQHC Market Basket inflator, and report findings to the legislature by July 1, 2025.</p>
45	<p>Corrective plan to eliminate duplicate personal identification numbers.</p> <p>(a) Requires the commissioner of human services to design and implement a corrective plan to address the issue of MA enrollees having more than one personal identification number. Requires any corrections or fixes to be completed by June 30, 2021.</p> <p>(b) Requires the commissioner to submit a progress report to the legislature by February 15, 2020, including an update on meeting the June 30, 2021 deadline. Specifies information that must be included in the report.</p>
46	<p>Blue ribbon commissioner on health and human services.</p> <p>Subd. 1. Establishment. Requires the commissioners of health and human services to convene a blue ribbon commission to advise and assist the legislature and the governor in transforming the health and human services system to build greater efficiency, savings, and better outcomes for Minnesotans.</p> <p>Subd. 2. Membership; appointment. (a) States that the commission consists of 17 members and specifies membership.</p> <p>(b) Exempts the governor from the open appointments process when appointing members.</p> <p>Subd. 3. Cochairs. Designates the commissioners of health and human services as cochairs, and directs the commissioner of human services to convene the first meeting.</p> <p>Subd. 4. Compensation; expenses; reimbursement. States that public members are compensated and reimbursed for expenses as provided under Minnesota Statutes, section 15.0575, subd. 3.</p> <p>Subd. 5. Administrative support. Requires the commissioners of health and human services to provide meeting space and administrative support to the commission.</p> <p>Subd. 6. Gifts. Allows the commission to accept gifts and grants and specifies related requirements.</p>

Section	Description – Article 7: Health Care
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Subd. 7. Public and stakeholder engagement. Requires the commissioners of health and human services to review research to determine Minnesotan’s values, preferences, opinions, and perceptions on human services, health care benefits, and other issues, and to present findings to the commission.

Subd. 8. Duties. (a) By October 1, 2020, requires the commission to present to the legislature and governor an action plan to transform the health and human services system to improve program efficiencies, produce savings, and promote better outcomes. States that the plan must include, but it not limited to:

- 1) strategies to increase administrative efficiencies and improve program simplification within health and human services public programs;
- 2) approaches to reducing health and human services expenditures;
- 3) opportunities to reduce fraud and improve program integrity; and
- 4) statewide strategies to improve access to health and human services, and to address geographic, racial, and ethnic disparities.

(b) Allows the commission to contract with a private entity or consultant to complete its duties, and exempts the commission from state procurement requirements.

Subd. 9. Limitations. (a) Requires the commission, in developing the action plan, to consider the impact of its recommendations on the existing capacity of state agencies and the capacity of county and tribal partners.

(b) Prohibits the commission from including in the action plan recommendations that may result in loss of benefits for individuals or exacerbate health disparities and inequities in access.

Subd. 10. Expiration. Provides that the commission expires October 2, 2020, or the day after submitting the action plan, whichever is earlier.

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Repealer.

(a) Repeals sections 256B.0625, subdivision 63 (payment to clinics for mental health or dental services provided on the same day; this concept is included in the alternative payment methodology described in section 256B.0625, subdivision 30, paragraph (l)); 256B.0659, subdivision 22 (annual review of PCA provisions); and 256L.11, subdivision 2a (provision allowing higher payment rates for FQHC services provided to MinnesotaCare families and children).

(b) Repeals sections 256B.0625, subdivision 31c (preferred incontinence product program) and 256B.79, subdivision 7 (specifies a June 30, 2019, expiration date for

Section	Description – Article 7: Health Care
	section 256B.79 – integrated care for high risk pregnant women pilot program), effective the day following final enactment.

Article 8: Health Coverage

This article includes provisions requiring coverage for certain services and treatments, regulating the use of HMO net earnings, modifying requirements for waivers of network adequacy requirements, requiring mental health parity, prohibiting the use of step therapy for metastatic cancer, extending the moratorium on nonprofit HMO and nonprofit service plan corporation conversion transactions, and extending the operation of the Minnesota premium security plan through the 2021 benefit year.

Section	Description – Article 8: Health Coverage
1	<p>Mammograms.</p> <p>Adds subd. 4 to § 62A.30. (a) Clarifies that coverage for an annual preventative mammogram screening includes digital breast tomosynthesis if the enrollee is at risk for breast cancer. This screening is at the option of the enrollee and at no cost to the enrollee.</p> <p>(b) Defines “digital breast tomosynthesis” and “at risk for breast cancer”.</p> <p>(c) States that this subdivision does not apply to public health care programs under chapter 256B (medical assistance) or 256L (MinnesotaCare).</p> <p>(d) Clarifies that nothing in this subdivision limits the coverage of digital breast tomosynthesis for health plans in effect prior to January 1, 2020.</p> <p>(e) Clarifies that nothing in this subdivision prohibits a health plan from providing coverage for digital breast tomosynthesis to enrollees who are not at risk for breast cancer.</p> <p>Effective date. This section is effective January 1, 2020, and applies to health plans on or after that date.</p>
2	<p>Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) treatment; coverage.</p> <p>Adds § 62A.3097.</p> <p>Subd. 1. Definitions. Provides definitions for PANDAS and PANS.</p> <p>Subd. 2. Scope of coverage. Applies this section to all health plans that provide coverage to Minnesota residents.</p>

Section Description – Article 8: Health Coverage

Subd. 3. Required coverage. Requires all health plans to provide coverage for PANDAS and PANS, including antibiotics, medication, behavioral therapies, plasma exchange, and immunoglobulin.

Subd. 4. Reimbursement. Provides that the commissioner of commerce shall reimburse health carriers for coverage for PANDAS and PANS under this section, and limits reimbursement to coverage that would not have otherwise been provided by the carrier without the requirements of this section. Each fiscal year, appropriates to the commissioner of commerce an amount necessary to defray the cost of providing coverage under this section. Requires health carriers to submit certain information to the commissioner, and requires the commissioner to evaluate submissions and make payments to health carriers according to federal rules.

Effective date. This section is effective January 1, 2020, and applies to health plans issued on or after that date.

3 Net earnings.

Adds subd. 8a to § 62D.12. Requires a nonprofit health maintenance organization to use its net earnings to provide comprehensive health care. Prohibits an organization from paying net earnings as a dividend or rebate to a person for any reason other than providing comprehensive health care. An exception to this is that the organization can make certain payments to health care providers. Requires the commissioner of health to revoke an organization's certificate of authority if it violates this subdivision.

4 Waiver.

Amends § 62D.124, subd. 3. Allows an HMO to apply for a waiver of the network geographic accessibility requirements, by submitting to the commissioner an application and an application fee of \$500 per county per year. Specifies application and approval requirements. Allows the commissioner to approve a waiver if the HMO proposes to address network inadequacy through the use of telemedicine, when there are no providers of a specific type or specialty in the county. States that a waiver expires after three years. Specifies review requirements for new applications. Requires application fees to be deposited in the state government special revenue fund.

5 Provider network notifications.

Amends § 62D.124, by adding subd. 7. Requires an HMO to provide on the organization's website the provider network for each product, and to update the website at least once per month. Also requires the HMO to provide on the website a list of current waivers of the network geographic accessibility standard.

Section	Description – Article 8: Health Coverage
6	<p>Operation.</p> <p>Amends § 62E.23, subd. 3. Provides that the payment parameters for the Minnesota premium security plan (reinsurance) for benefit year 2020 are an attachment point of \$50,000, a coinsurance rate of 80 percent, and a reinsurance cap of \$250,000 (these are the payment parameters that also applied to benefit years 2018 and 2019).</p>
7	<p>Reports.</p> <p>Amends § 62E.24, subd. 2. Requires the board of the Minnesota Comprehensive Health Association (MCHA) to submit quarterly and annual reports on the operation of the Minnesota premium security plan to members of certain legislative committees and to the public. Lists information the reports must include.</p>
8	<p>Information disclosures.</p> <p>Amends § 62K.07. A new subd. 2 requires a health carrier offering a prescription drug benefit in its individual or small group health plans to include the following information about covered prescription drugs in the plan’s annual rate filing with the commissioner of commerce: the 25 most frequently prescribed drugs, the 25 most costly prescription drugs as a portion of the plan’s total annual expenditures, the 25 prescription drugs that have caused the greatest increase in total health plan spending in the previous plan year, the projected impact of prescription drug costs on premium rates, information related to cost-sharing that is higher than the amount the health plan would pay for the prescription drug, and whether the health carrier prohibits third-party payments that cover some or all of the enrollee’s cost-sharing requirements. Requires the commissioner of commerce to release a summary of this information when the commissioner releases individual and small group rates for the next calendar year.</p>
9	<p>Provider network notifications.</p> <p>Amends § 62K.075. Requires health carriers to provide on the carrier’s website the provider network for each product, and to update the website at least once a month. Also requires the carrier to provide on the website a list of current waivers of the network geographic accessibility standard.</p>
10	<p>Waiver.</p> <p>Amends § 62K.10, subd. 5. Requires health carriers applying for a waiver of the network geographic accessibility standard to submit an application fee of \$500 per county for which a waiver is sought, and provide specified information. Sets requirements for the commissioner related to reviewing and approving waiver applications. Allows the commissioner to approve a waiver if the HMO proposes to address network inadequacy through the use of telemedicine, when there are no providers of a specific type or specialty in the county. Makes a waiver expire after one year, and specifies requirements related to the submittal and review of new waiver applications. Requires application fees to be deposited in the state government special revenue fund.</p>

Section	Description – Article 8: Health Coverage
11	<p>Network adequacy complaints.</p> <p>Adds § 62K.105. Requires the commissioner of health to establish a process for accepting complaints from enrollees regarding health carrier and preferred provider organization network adequacy. Requires the commissioner of health to investigate all complaints.</p>
12	<p>Nonquantitative treatment limitations or NQTLs.</p> <p>Adds subd. 6b to § 62Q.01. Defines “nonquantitative treatment limitations” or “NQTLs” as processes, strategies, or evidentially standards that limit the scope or duration of benefits for treatment. NQTLs may include medical management standards, formulary design, network tiers, requirements for providers, manner of determining charges, step therapy protocols, exclusions, restrictions, reimbursement rates, and other health plan design features.</p>
13	<p>Prohibition on use of step therapy for metastatic cancer.</p> <p>Adds § 62Q.1841.</p> <p>Subd. 1. Definitions. Defines the following terms: health plan, stage four advanced metastatic cancer, and step therapy protocol.</p> <p>Subd. 2. Prohibition on use of step therapy protocols. Prohibits a health plan that provides coverage for the treatment of stage four advanced metastatic cancer or associated conditions from limiting or excluding coverage for a drug approved by the Food and Drug Administration (FDA) that is on the plan’s formulary, by mandating that the enrollees follow a step therapy protocol, if the use of the approved drug is consistent with: (1) a FDA-approved indication; and (2) a clinical practice guideline published by the National Comprehensive Care Network.</p> <p>States that the section is effective January 1, 2020, and applies to health plans offered, issued, or renewed on or after that date.</p>
14	<p>Alcoholism, mental health, and chemical dependency services.</p> <p>Amends § 62Q.47. (d) Prohibits a health plan from imposing NQTLs for mental health and substance use disorders that are not-comparable or more stringent than those applied to medical and surgical benefits in the same classification.</p> <p>(f) Requires health plan companies to provide certain information to the commissioner of commerce to confirm that the mental health parity required by this section is being implemented by health plan companies.</p> <p>(g) Provides that mental health therapy visits and medication maintenance visits are primary care for purposes of applying patient cost-sharing requirements under a health plan. Requires the commissioner of commerce in consultation with the commissioner of health to issue a report to the legislature every year including detailed information about the commissioner’s compliance procedures, enforcement actions, corrective actions, and public information initiatives regarding mental health parity.</p>

Section	Description – Article 8: Health Coverage
15	<p>Cost-sharing in prescription insulin drugs.</p> <p>Adds § 62Q.48. Defines the following terms for this section: cost-sharing, legend drug, prescription insulin drug, and net price; and provides that this section applies to health plans issued or renewed to a Minnesota resident. Requires a health plan that applies cost-sharing on coverage of a prescription insulin drug to limit the total cost-sharing paid at the point of sale to the net price of the prescription insulin drug. Makes this section effective for health plans issued or renewed on or after January 1, 2020.</p>
16	<p>Encounter data.</p> <p>Amends § 62U.04, subd. 4. Modifies the requirements for encounter data submitted by health plan companies and third-party administrators to the all-payer claims database, to require submission of data for each encounter that would allow identification of claims in the individual health insurance market.</p>
17	<p>Prior authorization.</p> <p>Amends § 256B.0625, subd. 13f. Requires any step therapy protocol requirements established by the commissioner of human services to comply with section 62Q.1841 (prohibiting the use of step therapy protocols in certain cases for patients with stage four advanced metastatic cancer). Provides a January 1, 2020, effective date.</p>
18	<p>Coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS).</p> <p>Adds subd. 66 to § 256B.0625. Requires MA to cover treatments for PANDAS or PANS according to protocols developed by the Health Services Policy Committee.</p>
19	<p>Minnesota premium security plan funding.</p> <p>Amends Laws 2017, chapter 13, article 1, section 15, as further amended. Changes the date by which the Minnesota Comprehensive Health Association must transfer all unspent funds for the Minnesota premium security plan to the health care access fund, from June 30, 2021, to June 30, 2023.</p>
20	<p>Moratorium on conversion transactions.</p> <p>Amends Laws 2017 first special session chapter 6, article 5, section 11. Extends the existing moratorium on conversion transactions for nonprofit service plan corporations and nonprofit health maintenance organizations from nonprofit to for-profit status, from June 30, 2019, to June 30, 2023. Provides that the transactions governed by this section include a transfer of a material amount of the entity's assets as part of a single transaction or a series of transactions within the past 24 months, and defines material amount as the lesser of 10 percent of the entity's total admitted net assets as of the previous December 31, or \$50,000,000. Makes this section effective the day following final enactment.</p>

Section	Description – Article 8: Health Coverage
21	<p>Coverage for PANDAS or PANS.</p> <p>Requires a health carrier to use a health plan’s coverage as of January 1, 2019, to determine whether the health carrier would not have provided coverage for PANDAS or PANS, and states that treatments and services covered by a health plan as of January 1, 2019, are not eligible for reimbursement by the commissioner of commerce under section 62A.3097.</p>
22	<p>Minnesota premium security plan administered through the 2021 benefit year.</p> <p>Directs the Minnesota Comprehensive Health Association to administer the Minnesota premium security plan through the 2021 benefit year.</p>

Article 9: Prescription Drugs

This article contains provisions related to prescription drugs. The article provides an exemption from the state application of the Medicare antikickback law, provides for emergency refills, requires the Board of Pharmacy and specified health licensing boards to provide information on sources of cheaper prescription drugs, and establishes a prescription drug repository program.

Section	Description – Article 9: Prescription Drugs
1	<p>Restrictions.</p> <p>Amends § 62J.23, subd. 2. Includes prescription drugs administered through infusion and related services and supplies in the definition of “prescription drug,” for purposes of the exemption of prescription drug discounts, price reductions, a limited-time free supply, or samples, from the state application of the Medicare antikickback law.</p>
2	<p>Drug coverage in emergency situations.</p> <p>Adds § 62Q.528. Requires a health plan that provides drug coverage to cover drugs under section 151.211, subdivision 3 (emergency prescription refills) under the terms that would apply had the drug been dispensed according to a prescription.</p>
3	<p>Practitioner.</p> <p>Amends § 151.01, subd. 23. Includes in the definition of practitioner, for purposes of emergency prescription refills, physician assistants, and dental therapists.</p>
4	<p>Information provision; sources of lower cost prescription drugs.</p> <p>Amends § 151.06, by adding subd. 6. (a) Requires the Board of Pharmacy to publish a page on its website that provide regularly updated information on:</p> <p>(1) drug manufacturer patient assistance programs;</p>

Section	Description – Article 9: Prescription Drugs
	<p>(2) the prescription drug assistance program established by the Board on Aging;</p> <p>(3) websites on eligibility and enrollment in government-funded programs that help pay for health care costs;</p> <p>(4) the availability of 340B drug program providers;</p> <p>(5) having a discussion about alternatives to a prescribed drug with a pharmacist or health care provider; and</p> <p>(6) any other resources the board deems is useful for individuals attempting to purchase drugs at lower costs.</p> <p>(b) Requires the board to prepare educational documents based on the information provided under paragraph (a). Specifies related requirements.</p> <p>(c) Directs the board to require pharmacists and pharmacies to make available to patients information on sources of lower cost prescription drugs, including information on the website established under paragraph (a).</p>
5	<p>Refill requirements.</p> <p>Amends § 151.211, subd. 2. Makes a conforming change to section 152.211, subdivision 3 (emergency prescription refills).</p>
6	<p>Emergency prescription refills.</p> <p>Amends § 151.211, by adding subd. 3.</p> <p>(a) Provides that a pharmacist, using sound professional judgment and in accordance with accepted standards of practice, may dispense a legend drug without a current prescription, if all of the following conditions are met:</p> <p>(1) the patient has been compliant with taking the medication and has consistently had the drug filled or refilled as demonstrated by pharmacy records;</p> <p>(2) the pharmacy has a record of the prescription drug order for the patient, but the prescription does not provide for a refill or the time for providing refills has elapsed;</p> <p>(3) the pharmacist is unable to contact the practitioner who issued the prescription, or another practitioner responsible for the patient’s care, to obtain refill authorization;</p> <p>(4) the drug is essential to sustain the life of the patient or to continue therapy for a chronic condition;</p> <p>(6) failure to dispense the drug would harm patient health; and</p> <p>(6) the drug is not a controlled substance, except for a controlled substance prescribed to treat a seizure disorder, for which a 72-hour supply may be dispensed.</p>

Section	Description – Article 9: Prescription Drugs
	<p>(b) Limits the amount dispensed to a 30-day supply, or the quantity originally prescribed, whichever is less, except for seizure medications. If the standard unit of dispensing exceeds a 30-day supply, the amount of drug dispensed or sold must not exceed the standard unit of dispensing.</p> <p>(c) Prohibits a pharmacist from dispensing or selling the same drug to the same patient more than once in a 12-month period.</p> <p>(d) Requires a pharmacist to notify the practitioner who issued the prescription within 72 hours of the drug being sold or dispensed. Requires authorization before any additional refills may be dispensed.</p> <p>(e) Requires the record of the drug sold or dispensed under this section to be maintained in the same manner as other prescriptions.</p>
7	<p>Prescription drug repository program. Adds § 151.555.</p> <p>Subd. 1. Definitions. Defines the following terms: central repository; distribute; donor; drug; health care facility; local repository; medical supplies; original, sealed, unopened, tamper-evident packaging; and practitioner.</p> <p>“Central repository” means a wholesale distributor that meets certain requirements and enters into a contract with the Board of Pharmacy.</p> <p>“Donor” means a health care facility, skilled nursing facility, assisted living facility meeting certain requirements, pharmacy, drug wholesaler, drug manufacturer, or an individual at least 18 years of age.</p> <p>“Health care facility” means a physician’s office or health care clinic, hospital, pharmacy, or nonprofit community clinic.</p> <p>“Local repository” means a health care facility that elects to accept donated drugs and meets certain requirements.</p> <p>Subd. 2. Establishment. Requires the Board of Pharmacy to establish, by January 1, 2020, 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.</p> <p>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.</p> <p>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</p>

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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 and not enrolled in MA or MinnesotaCare, 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 website an application form and the format for the identification card.

Subd. 6. Standards and procedure. (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 website.

(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.

(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

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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 related 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 website.

(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

Section	Description – Article 9: Prescription Drugs
	<p>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.</p> <p>(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.</p> <p>Subd. 13. Drug returned for credit. States that this section does not allow a donation when federal or state law requires the drug to be returned to the dispensing pharmacy, for purposes of crediting the payer for the amount of drug returned.</p>
8	<p>Information provision; pharmaceutical assistance programs.</p> <p>Adds § 214.122. (a) Requires the Board of Medical Practice and the Board of Nursing, at least annually, to inform licensees authorized to prescribe drugs of the Board of Pharmacy’s website that contains information on resources and programs to assist patients with prescription drug costs. Requires the boards to provide licensees with the website address and the materials available on the website.</p> <p>(b) Requires licensees to make available to patients information on sources of lower cost prescription drugs, including information about the Board of Pharmacy website.</p>

Article 10: Health-Related Licensing Boards

This article includes provisions related to foreign medical graduate licensure, emeritus dentistry licensure, and licensure by the Board of Pharmacy, and fees for the following health-related professions:

- Nursing home administrators
- Traditional midwives
- Naturopathic doctors
- Genetic counselors
- Optometrists
- Occupational therapists and occupational therapy assistants
- Athletic trainers
- Psychologists
- Social workers

Section	Description – Article 10: Health-Related Licensing Boards
1	<p>Fees.</p> <p>Proposes coding for § 144A.291. Moves the Board of Nursing Home Administrators fees from Minnesota Rules, part 6400.6970 to this section, adds fees, and increases fee amounts.</p>
2	<p>Requirements.</p> <p>Amends § 147.037, subd. 1. Modifies the licensure requirements for graduates of foreign medical schools by requiring the applicant to present evidence to the Board of Medical Practice of the completion of one year of graduate clinical training in a program accredited by a national accrediting organization or other graduate training approved by the board.</p>
3	<p>Requirements.</p> <p>Amends § 147.0375, subd. 1. Modifies the licensure requirements for eminent physicians by requiring the applicant to present evidence to the Board of Medical Practice of the completion of one year of graduate, clinical medical training in a program accredited by a national accrediting organization or other graduate training approved by the board.</p>
4	<p>Additional fees.</p> <p>Amends § 147D.27 by adding subd. 5. Makes technical correction to codify all current traditional midwife licensing fees.</p> <p>Makes this section effective the day following final enactment.</p>

Section	Description – Article 10: Health-Related Licensing Boards
5	<p>Fees.</p> <p>Amends § 147E.40, subd. 1. Makes technical correction to codify all current naturopathic doctor licensing fees.</p> <p>Makes this section effective the day following final enactment.</p>
6	<p>Fees.</p> <p>Amends § 147F.17, subd. 1. Makes technical correction to codify all current genetic counselor licensing fees.</p> <p>Makes this section effective the day following final enactment.</p>
7	<p>License renewal; license and registration fees.</p> <p>Amends § 148.59. Increases Board of Optometry annual licensure renewal fee; adds fees for state jurisprudence examination, continuing education databank registration, and miscellaneous labels and data retrieval.</p>
8	<p>Initial licensure fee.</p> <p>Amends § 148.6445, subd. 1. Increases initial licensure fee for occupational therapists and occupational therapy assistants.</p>
9	<p>Licensure renewal fee.</p> <p>Amends § 148.6445, subd. 2. Increases biennial licensure renewal fee for occupational therapists and occupational therapy assistants.</p>
10	<p>Duplicate license fee.</p> <p>Amends § 148.6445, subd. 2a. Increases occupational therapy duplicate license fee.</p>
11	<p>Late fee.</p> <p>Amends § 148.6445, subd. 3. Increases occupational therapy late renewal fee.</p>
12	<p>Temporary licensure fee.</p> <p>Amends § 148.6445, subd. 4. Increases occupational therapy temporary licensure fee.</p>
13	<p>Limited licensure fee.</p> <p>Amends § 148.6445, subd. 5. Increases occupational therapy limited licensure fee.</p>
14	<p>Fee for course approval after lapse of licensure.</p> <p>Amends § 148.6445, subd. 6. Increases occupational therapy fee for course approval after lapse of licensure.</p>

Section	Description – Article 10: Health-Related Licensing Boards
15	<p>Use of fees. Amends § 148.6445, subd. 10. Specifies that occupational therapy licensure fees are for the exclusive use of the board and shall not exceed the amounts listed in the section.</p>
16	<p>Fees. Amends § 148.7815, subd. 1. Codifies all current athletic trainer licensing fees. Makes this section effective the day following final enactment.</p>
17	<p>Fees. Proposes coding for § 148.981.</p> <p style="padding-left: 40px;">Subd. 1. Licensing fees. Moves psychology licensure fees from rule to statute. Adds fee for optional post-doctoral supervised experience pre-approval.</p> <p style="padding-left: 40px;">Subd. 2. Continuing education sponsor fee. Moves fee from rule to statute.</p> <p>Makes this section effective the day following final enactment.</p>
18	<p>Fee amounts. Amends § 148E.180.</p> <p style="padding-left: 40px;">Subd. 1. Application fees. Increases social work licensing application fees.</p> <p style="padding-left: 40px;">Subd. 2. License fees. Increases social work licensing fees.</p> <p style="padding-left: 40px;">Subd. 3. Renewal fees. Increases social work licensure renewal fees.</p> <p style="padding-left: 40px;">Subd. 4. Continuing education provider fees. Clarifies that fees are nonrefundable.</p> <p style="padding-left: 40px;">Subd. 5. Late fees. Clarifies that fees are nonrefundable.</p> <p style="padding-left: 40px;">Subd. 6. License cards and wall certificates. Clarifies that fees are nonrefundable.</p> <p style="padding-left: 40px;">Subd. 7. Reactivation fees. Clarifies that fees are nonrefundable.</p>
19	<p>Waiver of examination. Amends § 150A.06, subd. 3. Eliminates the requirement that a postdoctoral general dentistry residency program be Minnesota-based for purposes of waiving the clinical examination for licensure.</p>

Section	Description – Article 10: Health-Related Licensing Boards
20	<p>Emeritus inactive license.</p> <p>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. Requires onetime fee for an emeritus inactive license.</p> <p>Makes this section effective July 1, 2019.</p>
21	<p>Emeritus active license.</p> <p>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. Requires application fee. Specifies practice limitations and renewal requirements.</p> <p>Makes this section effective July 1, 2019.</p>
22	<p>Emeritus inactive license.</p> <p>Amends § 150A.091 by adding subd. 19. Adds application fee for emeritus inactive dental license.</p> <p>Makes this section effective July 1, 2019.</p>
23	<p>Emeritus active license.</p> <p>Amends § 150A.091 by adding subd. 20. Adds application fees for emeritus active licenses in dentistry, dental therapy, dental hygiene, and dental assisting.</p> <p>Makes this section effective July 1, 2019.</p>
24	<p>Central service pharmacy.</p> <p>Amends § 151.01, subd. 31. Clarifies the definition of “central service pharmacy.”</p>
25	<p>Compounding.</p> <p>Amends § 151.01, subd. 35. Clarifies that for mixing or reconstituting a drug according to a product’s label or manufacturer directions, the label must be approved by the FDA or manufacturer must be licensed.</p>
26	<p>Application fees.</p> <p>Amends § 151.065, subd. 1. Increases Board of Pharmacy licensure and registration application fees. Modifies application fees by removing drug wholesalers and adding third-party logistics providers, and removing drug manufacturer application fees.</p>

Section	Description – Article 10: Health-Related Licensing Boards
27	<p>Original license fee. Amends § 151.065, subd. 2. Increases pharmacist original licensure fee.</p>
28	<p>Annual renewal fees. Amends § 151.065, subd. 3. Increases Board of Pharmacy annual renewal fees. Modifies annual renewal fees by removing drug wholesalers and adding third-party logistics providers, and removing drug manufacturer renewal fees.</p>
29	<p>Reinstatement fees. Amends § 151.065, subd. 6. Clarifies language for Board of Pharmacy controlled substance registrant reinstatement. Modifies license reinstatement fees by adding third-party logistics providers.</p>
30	<p>Grounds for disciplinary action. Amends § 151.071, subd. 2. Updates terminology; adds provision to actions that constitute fee splitting addressing price setting arrangements between pharmacies and physicians, and pharmacies and veterinarians.</p>
31	<p>Location. Amends § 151.15, subd. 1. Makes clarifying change; allows a licensed pharmacist or pharmacist intern working within a hospital to receive a prescription order and access the hospital pharmacy's processing system through secure and encrypted electronic means to process the order.</p>
32	<p>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.</p>
33	<p>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.</p>
34	<p>Pharmacy licensure requirements. Amends § 151.19, subd. 1. Clarifies provision related to inspection prior to pharmacy licensure.</p> <p>Specifies that pharmacy licensing requirements do not apply to manufacturers, wholesale drug distributors, and logistics providers who distribute home dialysis supplies and devices, if:</p> <ul style="list-style-type: none"> ▪ 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;

Section	Description – Article 10: Health-Related Licensing Boards
	<ul style="list-style-type: none"> ▪ the supplies are only delivered pursuant to physician's order by a Minnesota licensed pharmacy; ▪ the entity keeps records for at least three 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.
35	<p>Sale of federally restricted medical gases.</p> <p>Amends § 151.19, subd. 3. Clarifies provision related to inspection prior to medical gas distributor registration.</p>
36	<p>Requirements.</p> <p>Amends § 151.252, subd. 1. Clarifies provision related to inspection prior to drug manufacturing facility licensure.</p>
37	<p>Outsourcing facility.</p> <p>Amends § 151.252, subd. 1a. Clarifies provisions related to inspection of outsourcing facilities for initial licensure or renewal.</p>
38	<p>Payment to practitioner; reporting.</p> <p>Amends § 151.252, subd. 3. Adds outsourcing facilities to the requirement for an annual report to the board.</p>
39	<p>Emergency veterinary compounding.</p> <p>Amends § 151.253 by adding subd. 4. Allows a pharmacist working within a pharmacy licensed as a veterinary pharmacy to compound and provide a drug to a veterinarian without a patient-specific prescription when:</p> <ol style="list-style-type: none"> 1) the compounded drug is needed in an emergency situation; 2) timely access to a compounding pharmacy is not available; 3) no suitable commercially manufactured drug exists to treat the animal, or there is a shortage of the drug; 4) the compounded drug will be administered by a veterinarian or employee, or dispensed in an amount not to exceed a 10-day supply; 5) the pharmacy has selected the sterile or nonsterile compounding license category; and 6) the pharmacy is registered by the DEA when providing compounded products containing controlled substances.
40	<p>Citation.</p> <p>Amends § 151.32. Modifies citation and title of the Pharmacy Practice Act</p>

Section	Description – Article 10: Health-Related Licensing Boards
41	<p>Generally.</p> <p>Amends § 151.40, subd. 1. Modifies list of persons who may possess, control, manufacture, sell, furnish, dispense, or otherwise dispose of hypodermic syringes or needles. Adds persons self-administering drugs pursuant to a prescription or practitioner direction; persons disposing of needles for certain programs; and persons who sell, possess, or handle hypodermic syringes or needles.</p>
42	<p>Sales of limited quantities of clean needles and syringes.</p> <p>Amends § 151.40, subd. 2. Clarifies provisions governing the sale of hypodermic needles or syringes. Removes provision prohibiting a pharmacy from advertising needles for retail sale.</p>
43	<p>Scope.</p> <p>Amends § 151.43. Modifies cross-reference and specifies that the sections apply to persons operating as third-party logistics providers.</p>
44	<p>Definitions.</p> <p>Proposes coding for § 151.441. Defines the following terms for the purposes of sections 151.43 to 151.51:</p> <ul style="list-style-type: none"> ▪ “Dispenser” ▪ “Disposition” ▪ “Distribute” or “distribution” ▪ “Manufacturer” ▪ “Medical convenience kit” ▪ “Package” ▪ “Prescription drug” ▪ “Product” ▪ “Repackager” ▪ “Third-party logistics provider” ▪ “Transaction” ▪ “Wholesale distribution” ▪ “Wholesale distributor”
45	<p>Prohibited drug purchases or receipt.</p> <p>Amends § 151.46. Adds licensed third-party logistics providers to those prohibited from dispensing or distributing drugs directly to patients.</p>
46	<p>Generally.</p> <p>Amends § 151.47, subd. 1. Removes requirements for wholesale drug distributors. Requires manufacturers, repackagers, wholesale distributors, and dispensers to comply with requirements in federal law.</p>

Section	Description – Article 10: Health-Related Licensing Boards
47	<p data-bbox="355 233 475 260">Licensing.</p> <p data-bbox="355 275 797 302">Amends § 151.47 by adding subd. 1a.</p> <p data-bbox="355 344 1354 407">Paragraph (a) specifies that the board will license wholesale distributors, engaged in wholesale distribution, consistent with federal law.</p> <p data-bbox="355 449 1393 512">Paragraph (b) prohibits a person to act as a wholesale distributor unless licensed by the board.</p> <p data-bbox="355 554 1393 617">Paragraph (c) requires application for a license to be made in a manner specified by the board.</p> <p data-bbox="355 659 1409 722">Paragraph (d) requires agreement to operate in compliance with state and federal law in order to be licensed.</p> <p data-bbox="355 764 1403 848">Paragraph (e) requires a wholesale distributor facility in another state to prove licensure or registration with the FDA or the state in which the facility is located, in order to be licensed in Minnesota.</p> <p data-bbox="355 890 1029 917">Paragraph (f) requires a license for each separate facility.</p> <p data-bbox="355 959 948 987">Paragraph (g) requires an inspection for licensure.</p> <p data-bbox="355 1029 1305 1056">Paragraph (h) specifies additional conditions for wholesale distributor licensure.</p> <p data-bbox="355 1098 1328 1161">Paragraph (i) specifies that employees of wholesale distributors do not need to be licensed.</p> <p data-bbox="355 1203 1386 1266">Paragraph (j) authorizes and requires fingerprint-based criminal background checks for facility managers or designated representatives.</p> <p data-bbox="355 1308 1409 1392">Paragraph (k) prohibits a licensed wholesaler from being owned by or employing individuals who have been convicted of certain felonies or who have violated federal law or certain state licensure requirements.</p> <p data-bbox="355 1434 1409 1539">Paragraph (m) requires a \$100,000 surety bond prior to licensing a wholesale distributor that is not government-owned and operated, and a \$25,000 surety bond for an applicant with gross receipts under \$10,000,000.</p> <p data-bbox="355 1581 1328 1608">Paragraph (n) allows for waiver of the bond requirement in certain circumstances.</p> <p data-bbox="355 1650 1013 1677">Paragraph (o) specifies the purpose of the surety bond.</p> <p data-bbox="355 1719 1305 1782">Paragraph (p) specifies that a single surety bond satisfies the requirement for all wholesale distributor facilities under common ownership.</p>

Section	Description – Article 10: Health-Related Licensing Boards
48	<p data-bbox="355 233 886 260">Third-party logistics provider requirements.</p> <p data-bbox="355 275 724 302">Proposes coding for § 151.471.</p> <p data-bbox="453 344 1336 411">Subd. 1. Generally. Requires third-party logistics providers to comply with applicable federal law.</p> <p data-bbox="453 449 1373 512">Subd. 2. Licensing. Requires board licensure for third-party logistics provider, consistent with federal law. Specifies licensing requirements.</p>
49	<p data-bbox="355 569 751 596">Access to reporting system data.</p> <p data-bbox="355 611 683 638">Amends § 152.126, subd. 6.</p> <p data-bbox="355 680 1409 814">A new (k) requires the Board of Pharmacy to random audits, at least quarterly, of electronic access to the prescription monitoring program by permissible users, to ensure compliance with permissible use. Requires results of audits to be reported to the legislature.</p> <p data-bbox="355 852 1419 1024">A new (l) requires a permissible user who has delegated prescription monitoring program data access to an agent or employee to audit the use of the electronic system at least quarterly to ensure compliance with permissible use. Requires the permissible user to immediately remove the employee’s access and notify the board if the employee has inappropriately accessed data.</p> <p data-bbox="355 1062 1409 1194">A new (m) requires permissible users to terminate prescription monitoring program data access by former agents or employees, within three business days of the individual leaving employment. Allows the board to conduct random audits to determine compliance.</p>
50	<p data-bbox="355 1251 586 1278">Disciplinary action.</p> <p data-bbox="355 1293 1414 1392">Amends § 152.127, subd. 7. Provides that a prescriber or dispenser authorized to access prescription monitoring program data who fails to comply with subdivision 6, paragraphs (l) or (m) is subject to disciplinary action by the appropriate health-licensing board.</p>
51	<p data-bbox="355 1449 813 1476">Patient information on record access.</p> <p data-bbox="355 1491 1395 1663">Amends § 152.126, by adding subd. 10a. Allows a patient who has been prescribed a controlled substance to access the prescription monitoring program database to obtain information on access by permissible users to the patient’s data record. Requires the patient to complete, notarize, and submit a request form developed by the Board of Pharmacy. Requires the board to make the form available to the public on its website.</p>
52	<p data-bbox="355 1719 594 1747">Revisor instruction.</p> <p data-bbox="355 1761 1419 1822">Instructs the revisor to add Board of Pharmacy fee increases from this article to any other fee increases enacted in the 2019 regular or special sessions.</p>

Section	Description – Article 10: Health-Related Licensing Boards
53	<p>Repealer.</p> <p>Repeals Minnesota Rules, parts 6400.6970; 7200.6100; and 7200.6105 (Board of Nursing Home Administrators and Board of Psychology fees).</p> <p>Repeals sections 151.42, 151.44, 151.49, 151.50, 151.51, and 151.55, relating to wholesale drug distribution licensing and the cancer drug repository program.</p> <p>Makes this section effective the day following final enactment.</p>

Article 11: Health Department

This article modifies Health Department programs and activities. Sections in this article make changes related to wells and borings, modify requirements for medical cannabis, authorize regulation of security screening systems, increase the annual service connection fee for public water supplies, direct the commissioner of health to administer statewide tobacco cessation services, modify the statewide health improvement program, establish requirements for the sale of certain cannabinoid products, make changes to home care provider laws, and establish community solutions for healthy child development and domestic violence and sexual assault prevention grant programs.

Section	Description – Article 11: Health Department
1	<p>Agricultural crop; possession authorized.</p> <p>Amends § 18K.03. Allows a hemp grower licensed by the commissioner of agriculture to sell hemp to medical cannabis manufacturers.</p>
2	<p>Implementation.</p> <p>Amends § 62J.495, subd. 3. Eliminates the requirement that all hospitals and health care providers have in place an electronic health records system within the hospital or clinical practice setting. Maintains the duty of the commissioner of health to develop uniform standards for electronic health records systems.</p>
3	<p>Interoperable electronic health record requirements.</p> <p>Amends § 62J.495, subd. 3. Makes a change to conform with the elimination of the requirement that all hospitals and health care providers have in place an electronic health records system.</p>
4	<p>Boring.</p> <p>Amends § 103I.005, subd. 2. Amends the definition of “boring” in chapter 103I (which covers wells, borings, and underground uses) to specify that it includes temporary borings.</p>

Section	Description – Article 11: Health Department
5	<p>Environmental well.</p> <p>Amends § 103I.005, subd. 8a. Amends the definition of “environmental well,” by clarifying that it does not include an exploratory boring.</p>
6	<p>Temporary boring.</p> <p>Amends § 103I.005, subd. 17a. Defines “temporary boring” for chapter 103I. This term replaces the term “temporary environmental well” in this chapter.</p>
7	<p>Notification required.</p> <p>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).</p>
8	<p>License required.</p> <p>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 (in addition to an environmental well as in current law). 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 water well water systems if the repair location is in an area with no licensed well contractors within 50 miles.</p>
9	<p>Report of work.</p> <p>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.</p>
10	<p>Well notification fee.</p> <p>Amends § 103I.208, subd. 1. Makes an existing \$75 fee apply to the sealing of temporary borings, and provides that a single notification and \$75 fee is required for all borings on a single property. Exempts temporary borings less than 25 feet in depth from the notification and fee requirements in chapter 103I. Changes a term used, from “temporary environmental well” to “temporary boring.”</p>
11	<p>Temporary boring and unsuccessful well exemption.</p> <p>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.</p>

Section	Description – Article 11: Health Department
12	<p>Temporary boring.</p> <p>Adds subd. 3a to § 103I.301. Requires the owner of a property with a temporary boring to have the temporary boring sealed within 72 hours after the start of construction of the temporary boring, and specifies who is authorized to seal the temporary boring.</p>
13	<p>Notification required.</p> <p>Amends § 103I.301, subd. 6. Prohibits a person from sealing a temporary 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. Provides that a single notification is required for all temporary borings sealed on a single property.</p>
14	<p>Notification and map of borings.</p> <p>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 specifies the paper size for the map of proposed borings to be submitted to the commissioner.</p>
15	<p>Fees for ionizing radiation-producing equipment.</p> <p>Amends § 144.121, subd. 1a. Requires facilities that use radiation-producing security screening systems to pay the commissioner of health a base registration fee of \$100 plus \$100 for each system in use. Defines security screening system for purposes on this section as radiation-producing equipment designed and used for security screening of humans who are in the custody of a correctional or detention facility, and used by the facility to image and identify contraband items concealed within or on all sides of a human body. Also defines correctional or detention facility.</p>
16	<p>Exemption from examination requirements; operators of security screening systems.</p> <p>Adds subd. 9 to § 144.121. Exempts employees of correctional or detention facilities who operate security screening systems and the facilities in which these systems are operated from certain statutory and regulatory requirements (e.g., operator need not have passed a national exam for limited x-ray machine operation) enforced by the Department of Health.</p>
17	<p>Expansion grant program.</p> <p>Amends § 144.1506, subd. 2. Modifies requirements for primary care residency expansion grants, to provide that if an eligible residency program lasts longer than three years, training grants may be awarded for the duration of the residency as long as the grant does not exceed an average of \$100,000 per residency slot per year. (Under current law training grants are limited to three years.)</p>

Section	Description – Article 11: Health Department
18	<p>Data about births.</p> <p>Amends § 144.225, subd. 2. Amends a subdivision governing access to birth data, to allow:</p> <ul style="list-style-type: none"> ▪ a tribal health department to obtain (1) contact information for a mother who was not married to a child’s father when the child was conceived and born and (2) the child’s date of birth (current law allows this information to be disclosed to a county social services department or a public health member of a family services collaborative); and ▪ a tribal child support program to access birth records for child support enforcement purposes.
19	<p>Health data associated with birth registration.</p> <p>Amends § 144.225, subd. 2a. Allows the commissioner of health to disclose to a tribal health department, health data associated with a birth registration that identifies a mother or child at high risk for serious disease, disability, or delay (current law allows the commissioner to disclose this information to a community health board).</p>
20	<p>Certified birth or death record.</p> <p>Amends § 144.225, subd. 7. Directs the state or local office of vital records to issue a certified birth or death record or statement of no vital record found to any tribal governmental agency upon request, if the certified vital record is needed for the governmental agency to perform its duties (current law allows local, state, and federal governmental agencies to obtain certified vital records needed to perform their duties).</p>
21	<p>Fee setting.</p> <p>Amends § 144.3831, subd. 1. Increases the annual service connection fee assessed by the commissioner of health for every service connection to a public water supply owned or operated by a city or town, from \$6.36 to \$9.72.</p>
22	<p>Statewide tobacco cessation services.</p> <p>Adds § 144.397. Directs the commissioner of health to administer or contract for the administration of statewide tobacco cessation services to help Minnesotans quit using tobacco products. Lists tobacco cessation services that may be provided, and requires services to be consistent with evidence-based best practices and coordinated with tobacco prevention and cessation services offered to individuals through their health insurance.</p>
23	<p>Public policy.</p> <p>Amends § 144.412. Expands the public purposes of the Clean Indoor Air Act to include protecting employees and the public from involuntary exposure to aerosol or vapor from electronic delivery devices.</p>

Section	Description – Article 11: Health Department
24	<p>Scope.</p> <p>Amends § 144.413, subd. 1. Corrects a statutory citation listing statutes to which the definitions in this section apply, to make these definitions apply to the entire Clean Indoor Air Act.</p>
25	<p>Smoking.</p> <p>Amends § 144.413, subd. 4. The Clean Indoor Air Act prohibits smoking in certain locations. This subdivision amends the definition of smoking for the act, by:</p> <ul style="list-style-type: none"> ▪ specifying that smoking includes burning or carrying a lighted or heated cigar, cigarette, pipe, or other product; ▪ specifying that a lighted or heated product may contain, be made from, or be derived from nicotine, tobacco, marijuana, or another plant; and ▪ specifying that smoking includes carrying or using an activated electronic delivery device.
26	<p>Day care premises.</p> <p>Amends § 144.414, subd. 2. Strikes language that includes the use of electronic delivery devices in the definition of smoking for purposes of prohibiting smoking in day care premises. (This language is no longer needed since another section adds the use of electronic delivery devices to the definition of smoking for the entire act.)</p>
27	<p>Health care facilities and clinics.</p> <p>Amends § 144.414, subd. 3. Strikes language that includes the use of electronic delivery devices in the definition of smoking for purposes of prohibiting smoking in health care facilities and clinics. (This language is no longer needed since another section adds the use of electronic delivery devices to the definition of smoking for the entire act.)</p>
28	<p>Responsibilities of proprietors.</p> <p>Amends § 144.416. In a section establishing responsibilities under the Clean Indoor Air Act for proprietors of public places, public transportation, places of employment, and public meetings, provides that the act does not prohibit a proprietor or other person or entity in charge from taking more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery devices.</p>
29	<p>Tobacco products prohibited in public schools.</p> <p>Amends § 144.4165. Makes the following changes to a section prohibiting the use or ingestion of tobacco, tobacco products, and electronic delivery devices at public schools:</p> <ul style="list-style-type: none"> ▪ clarifies that a person cannot carry or use an activated electronic delivery device; and ▪ prohibits the use of tobacco or electronic delivery devices at charter schools.

Section	Description – Article 11: Health Department
30	<p>Tobacco products shop.</p> <p>Amends § 144.4167, subd. 4. In a subdivision in the Clean Indoor Air Act that allows sampling of tobacco products in a tobacco products shop, modifies the description of products sold in a tobacco products shop. Also adds electronic delivery devices to the list of products from which a tobacco products shop derives more than 90 percent of its revenue.</p>
31	<p>Local government ordinances.</p> <p>Amends § 144.417, subd. 4. In a subdivision governing authority of local governments under the Clean Indoor Air Act, provides that the act does not prohibit a local government from enacting more stringent measures to protect individuals from involuntary exposure to aerosol or vapor from electronic delivery devices.</p>
32	<p>Public interest review.</p> <p>Amends § 144.552. Modifies requirements for the public interest review conducted by the commissioner of health when a hospital seeks to increase its number of licensed beds or an organization seeks a hospital license. Changes are:</p> <ul style="list-style-type: none"> ▪ requiring the commissioner to return an applicant’s application fee, if the commissioner does not issue a finding on the application within 150 days of the date the commissioner sends the applicant a notice of completed application; ▪ requiring a hospital to submit any additional information requested by the commissioner, to the commissioner within 14 calendar days of the commissioner’s request; ▪ requiring the commissioner to issue a finding on the application within 150 days of the date on which the commissioner sends the applicant a notice of completed application (current law requires the commissioner to issue a finding between 90 days and six months); ▪ requiring the commissioner to consider whether additional beds are needed given the number of available beds; and ▪ if the commissioner receives multiple plan submissions within the same review period, directing the commissioner to review the plans in the order they were received.
33	<p>Eligibility for license condition.</p> <p>Amends § 144.562, subd. 2. Increases the total number of swing bed days critical access hospitals are allowed per year, from 2,000 days per hospital per year to 3,000 days per hospital per year in 2020 and increasing by 200 days per year through 2027. Beginning in 2028, a hospital is allowed 4,500 days per year. Also provides that, effective immediately, the following are not counted toward a hospital’s applicable limit of swing bed days:</p> <ul style="list-style-type: none"> ▪ days of swing bed use for medical care that are charity care; and

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- days of swing bed use for medical care for a person who has been denied admission to every Medicare-certified nursing home within 25 miles of the hospital.

34 Care coordination implementation.

Amends § 144.586. Requires a hospital discharging a child with a high-cost medical or chronic condition who needs post-hospital aftercare, to notify the patient’s primary care provider and health carrier of the patient’s anticipated date of discharge and the patient’s aftercare needs; make arrangement for home health care or post-hospital extended care; and contact a care coordinator if the patient is eligible for care coordination services.

35 Disclosure of hospital charges.

Amends § 144.591. Requires a hospital to provide to each discharged patient with an itemized description of billed charges for medical services and goods the patient received during the hospital stay. Lists what this description may include, and requires the description to be provided within 30 days after discharge.

36 Newborn hearing screening advisory committee.

Amends § 144.966, subd. 2. Under current law the newborn hearing screening advisory committee expires June 30, 2019. This section extends the advisory committee to June 30, 2025, and adds the following two members to this committee: a representative from the Deaf Mentor Program, and a representative of the State Academy for the Deaf from the Minnesota State Academies staff, who must be appointed by September 1, 2019.

37 Remedies available.

Amends § 144.99. Allows the commissioner of health to enforce the medical cannabis sections (sections 152.22 to 152.37) using the tools and authority in the Health Enforcement Consolidation Act. (These provisions allow the commissioner to access information and property, list enforcement actions the commissioner may take, provide for contested case hearings, provide that a violation of a statute subject to enforcement under the act is a misdemeanor, and establish procedures for issuing administrative penalty orders.)

38 Medication administration.

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

39 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.

Section	Description – Article 11: Health Department
40	<p>Standby assistance. Amends § 144A.43, subd. 30. Modifies the definition of standby assistance in statutes governing home care providers.</p>
41	<p>Changes 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.</p>
42	<p>Fees; application, change of ownership, renewal, and failure to notify. Amends § 144A.472, subd. 7. Adds a fine 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.</p>
43	<p>Issuance of temporary license and license renewal. Amends § 144A.473.</p> <p>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.</p> <p>Subd. 2. Temporary license. Adds a reference that temporary licenses can be extended according to subdivision 3. Requires the commissioner to survey temporary licensees within 90 calendar days after the provider begins providing services. Also changes terminology from license year to license period.</p> <p>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.</p>
44	<p>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.</p>

Section	Description – Article 11: Health Department
45	<p>Conditions.</p> <p>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.</p>
46	<p>Terms to suspension or conditional license.</p> <p>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.</p>
47	<p>Plan required.</p> <p>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.</p>
48	<p>Prior criminal convictions; owner and managerial officials.</p> <p>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.</p>
49	<p>Employee records.</p> <p>Amends § 144A.479, subd. 7. Makes a technical change.</p>
50	<p>Labor market rate reporting.</p> <p>Adds subd. 8 to § 144A.479. Requires home care providers to comply with labor market reporting requirements being added to a section governing providers and payment for home and community-based waivers.</p>
51	<p>Home care bill of rights; notification to client.</p> <p>Amends § 144A.4791, subd. 1. Clarifies that a client must receive a written notice of the home care bill of rights before the date services are first provided to the client.</p>
52	<p>Statement of home care services.</p> <p>Amends § 144A.4791, subd. 3. Clarifies that a home care provider must provide the client with information about the home care provider's license and the services the provider can provide before the date services are first provided to the client.</p>
53	<p>Initiation of services.</p> <p>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.</p>

Section	Description – Article 11: Health Department
54	<p>Basic individualized client review and monitoring.</p> <p>Amends § 144A.4791, subd. 7. Requires an initial review of the client’s needs and preferences to be completed within 30 days after the date home care services are first provided to the client.</p>
55	<p>Comprehensive assessment, monitoring, and reassessment.</p> <p>Amends § 144A.4791, subd. 8. Requires an initial assessment or reassessment to occur within specified periods after the date home care services are first provided to the client.</p>
56	<p>Service plan, implementation, and revisions to service plan.</p> <p>Amends § 144A.4791, subd. 9. Requires a service plan 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 plan must include regarding staffing and supervision.</p>
57	<p>Medication management services; comprehensive home care license.</p> <p>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 stores and secures controlled substances.</p>
58	<p>Provision of medication management services.</p> <p>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.</p>
59	<p>Individualized medication management plan.</p> <p>Amends § 144A.4792, subd. 5. Requires medication reconciliation to occur as part of medication management.</p>
60	<p>Medication management for clients who will be away from home.</p> <p>Amends § 144A.4792, subd. 10. Modifies requirements for medication management for clients who will be away from home:</p> <ul style="list-style-type: none"> ▪ 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.

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61	<p>Treatment and therapy orders.</p> <p>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.</p>
62	<p>Content.</p> <p>Amends § 144A.4796, subd. 2. Makes a technical change to a subdivision governing what must be covered in home care provider employee orientation.</p>
63	<p>Supervision of staff providing delegated nursing or therapy home care tasks.</p> <p>Amends § 144A.4797, subd. 3. Clarifies when supervision must take place for staff performing delegated tasks.</p>
64	<p>Disease prevention and infection control.</p> <p>Amends § 144A.4798. Consolidates and updates disease prevention and infection control requirements for home care providers.</p>
65	<p>Membership.</p> <p>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.</p>
66	<p>Duties.</p> <p>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.</p>
67	<p>Integrated licensing established.</p> <p>Amends § 144A.484, subd. 1. Strikes an obsolete paragraph.</p>
68	<p>Grant program established.</p> <p>Amends § 145.908. Amends the grant program for screening and treatment of pre- and postpartum women for mood and anxiety disorders, to allow state money appropriated for this purpose to be used for this program (current law requires this program to be funded with federal funds).</p>
69	<p>Goal; establishment.</p> <p>Amends § 145.928, subd. 1. Adds access to and utilization of high-quality prenatal care, to the list of priority areas in the eliminating health disparities program operated by the commissioner of health.</p>

Section	Description – Article 11: Health Department
70	<p>Community grant program; immunization rates, prenatal care access and utilization, and infant mortality rates.</p> <p>Amends § 145.928, subd. 7. Allows the commissioner of health to award grants through the eliminating health disparities grant program, for projects to decrease racial and ethnic disparities in access to and utilization of high-quality prenatal care.</p>
71	<p>Purpose.</p> <p>Amends § 145.986, subd. 1. Expands the focus of the statewide health improvement program to addressing the leading preventable causes of illness and death in the state as determined by the commissioner of health through the statewide health assessment. (Under current law, the statewide health improvement program is required to address the top three leading preventable causes of death: tobacco use, poor diet, and lack of regular physical activity.)</p>
72	<p>Grants to local communities.</p> <p>Amends § 145.986, subd. 1a. Modifies requirements for local community grants awarded through the SHIP program to:</p> <ul style="list-style-type: none"> ▪ allow grants to be awarded for proven-effective, promising practice, or theory-based strategies (rather than for evidence-based strategies as in current law); and ▪ allow a certain percentage of grants awarded to be for strategies that are culturally or ethnically focused. <p>Also strikes obsolete language; strikes language allowing grant recipients to use grant awards for purposes other than addressing tobacco use, poor diet, and lack of regular physical activity; and defines proven-effective, promising practice, and theory-based.</p>
73	<p>Evaluation.</p> <p>Amends § 145.986, subd. 4. Requires the commissioner of health’s biennial evaluation of SHIP grants to use the most appropriate experimental or quasi-experimental design for the grant activity or project, and requires the commissioner to consult with the commissioner of management and budget to ensure the evaluation uses an experimental or quasi-experimental design. Also defines terms for this subdivision.</p>
74	<p>Report.</p> <p>Amends § 145.986, subd. 5. Requires each biennial report submitted by the commissioner to the legislature on SHIP to include a description of the contracts awarded and the monitoring and evaluation systems implemented under these contracts. (Under current law, only the report due January 15, 2014 was required to include these components.)</p>

Section	Description – Article 11: Health Department
75	<p>Supplantation of existing funds.</p> <p>Amends § 145.986, subd. 6. Strikes language referring to grants used to address obesity or tobacco use, to conform with another section that allows grants to be used to address the leading preventable causes of illness and death in the state.</p>
76	<p>Sale of certain cannabinoid products.</p> <p>Adds § 151.72. Establishes requirements for the sale, testing, and labeling of cannabinoid products.</p> <p>Subd. 1. Definitions. Defines terms for this section: hemp, labeling.</p> <p>Subd. 2. Scope. Provides that this section applies to the sale of any product, other than food, that contains nonintoxicating cannabinoids extracted from hemp and intended for human or animal consumption.</p> <p>Subd. 3. Sale of cannabinoids derived from hemp. Allows a product containing nonintoxicating cannabinoids to be sold if the requirements of this section are met.</p> <p>Subd. 4. Testing requirements. Requires a manufacturer of a product governed by this section to submit representative samples of the product to an independent laboratory to certify the product complies with standards developed by the Board of Pharmacy. Lists standards that the product must meet and that must be confirmed by laboratory testing. Requires the manufacturer to provide the board with test results, if the board so requests.</p> <p>Subd. 5. Labeling requirements. Lists information that must be included on a product's label, requires the information to be easy for consumers to read and understand, and prohibits the label from including any health claim that has not been approved by the Food and Drug Administration.</p> <p>Subd. 6. Enforcement. Provides that a product is considered an adulterated drug if it meets one of the listed criteria, and provides that a product is considered a misbranded drug if the product's labeling is false or misleading in any way. Allows the Board of Pharmacy to issue a cease and desist order, embargo adulterated or misbranded drugs, and seek injunctive relief to address violations of this section.</p> <p>Makes this section effective January 1, 2020, and apply to products sold in this state on or after that date.</p>
77	<p>Marijuana.</p> <p>Amends § 152.01, subd. 9. Amends the definition of marijuana for chapter 152 (controlled substances), to provide that marijuana does not include hemp as defined in the medical cannabis statutes.</p>

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78	<p>Hemp. Adds subd. 5a to § 152.22. Defines hemp for purposes of the medical cannabis statutes, by referring to the definition of industrial hemp in chapter 18K.</p>
79	<p>Hemp grower. Adds subd. 5b to § 152.22. Defines hemp grower for purposes of the medical cannabis statutes.</p>
80	<p>Medical cannabis. Amends § 152.22, subd. 6. Amends the definition of medical cannabis that applies to the medical cannabis statutes, to specify that it includes hemp acquired by a manufacturer from a hemp grower.</p>
81	<p>Registered designated caregiver. Amends § 152.22, subd. 11. Amends the definition of registered designated caregiver, requiring a caregiver to be 18 or older rather than 21 or older as in current law and modifying the description of a patient’s disability that necessitates a designated caregiver for a patient.</p>
82	<p>Registry verification. Amends § 152.22, subd. 13. Amends the definition of registry verification, to provide that it does not list the patient’s qualifying medical condition and to list the patient’s spouse if the spouse is acting as a caregiver to the patient.</p>
83	<p>Medical cannabis manufacturer registration. Amends § 152.25, subd. 1. Provides that a registration agreement between a medical cannabis manufacturer and the commissioner is not transferable.</p>
84	<p>Revocation or nonrenewal of a medical cannabis manufacturer registration. Amends § 152.25, subd. 1a. Makes a change to conform with the amendment to section 152.25, subdivision 1, which makes registration agreements not transferrable.</p>
85	<p>Notice to patients. Amends § 152.25, subd. 1c. Includes spouses acting as caregivers to patients enrolled in the medical cannabis program, in a subdivision requiring the commissioner to notify certain people if the commissioner takes action that may affect a manufacturer’s ability to provide medical cannabis.</p>
86	<p>Reports. Amends § 152.25, subd. 4. Directs the commissioner to provide updates to certain legislative committees and to the task force on medical cannabis therapeutic research on</p>

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(1) changes in federal law regarding the use of hemp, and (2) the market demand and supply for products made from hemp that can be used for medicinal purposes.

87 Commissioner duties.

Amends § 152.27, subd. 2. In a subdivision that in part requires the commissioner to create a certification for health care practitioners to use to certify whether a patient with a qualifying medical condition needs a designated caregiver, modifies the description of a patient's disability that necessitates a designated caregiver for a patient.

Allows the commissioner to add a medical cannabis delivery method or add or modify a qualifying medical condition upon a petition from a member of the public or the task force on medical cannabis therapeutic research or as directed by law. Requires the commissioner to evaluate petitions and to make the addition or modification if it is warranted based on the best available evidence and research.

88 Patient application.

Amends § 152.27, subd. 3. In a subdivision establishing requirements for patients to apply for enrollment in the medical cannabis program, modifies the description of a patient's disability that necessitates a designated caregiver for a patient. Also provides that a patient's application for enrollment in the medical cannabis registry must include the spouse's name if the spouse will be acting as the patient's caregiver.

89 Registered designated caregiver.

Amends § 152.27, subd. 4. In a subdivision establishing procedures and requirements for designated caregivers to be registered under the medical cannabis program, lowers the age for a caregiver from 21 to 18; modifies the description of a patient's disability that necessitates a designated caregiver; requires a designated caregiver's background check to be renewed every two years; and provides that a registered designated caregiver may also be a patient enrolled in the registry program and may possess and use medical cannabis as a patient.

90 Parents, legal guardians, and spouses.

Amends § 152.27, subd. 5. Adds spouses of patients to the list of people who may act as a patient caregiver without having to register as a designated caregiver.

91 Patient enrollment.

Amends § 152.27, subd. 6. Removes a patient's qualifying medical condition from the information listed on the patient's registry verification. Also adds a patient's spouse if acting as a patient caregiver, to the information included on a registry verification.

92 Health care practitioner duties.

Amends § 152.28, subd. 1. Allows a health care practitioner to use telemedicine to conduct a patient assessment to issue a recertification that a patient has a qualifying

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medical condition. Also modifies the description of a patient’s disability that necessitates a designated caregiver.

93 Manufacturer; requirements.

Amends § 152.29, subd. 1. Increases the number of medical cannabis distribution facilities that each manufacturer must operate in the state from four to eight. Directs the commissioner to designate geographic service areas served by each manufacturer, and prohibits a manufacturer from having more than two distribution facilities located in each geographic service area. Allows a manufacturer to obtain hemp grown in this state from a hemp grower, and process that hemp into an allowable form of medical cannabis. Provides that hemp is subject to quality control, security and testing, and other requirements that apply to medical cannabis, and requires a manufacturer to verify that a hemp grower is licensed by the commissioner of agriculture before obtaining hemp from the hemp grower. Also requires a manufacturer’s operating documents to include procedures for the delivery and transportation of hemp between hemp growers and manufacturers.

94 Manufacturer; production.

Amends § 152.29, subd. 2. Allows a manufacturer to use hemp to provide a reliable, ongoing supply of medical cannabis. Requires hemp plant material to be processed into an allowable form of medical cannabis before it is distributed to patients.

95 Manufacturer; distribution.

Amends § 152.29, subd. 3. Allows a manufacturer to transport medical cannabis or medical cannabis products to another manufacturer for the receiving manufacturer to distribute. Allows a manufacturer to distribute up to a 90-day supply of medical cannabis, rather than a 30-day supply as in current law. Makes a conforming change.

96 Transportation of medical cannabis; staffing.

Amends § 152.29, subd. 3a. Amends a subdivision governing staffing requirements for vehicles transporting medical cannabis, to allow a manufacturer to staff a vehicle transporting hemp with one employee.

97 Data practices.

Amends § 152.31. Allows the commissioner to execute data sharing arrangements with the commissioner of agriculture to verify licensing, inspection, and compliance information related to hemp growers.

98 Criminal and civil protections.

Amends § 152.32, subd. 2. Makes a change to conform with other language allowing patient spouses to serve as caregivers to patients enrolled in the medical cannabis program.

Section	Description – Article 11: Health Department
99	<p>Intentional diversion; criminal penalty.</p> <p>Amends § 152.33, subd. 1. Specifies that transferring medical cannabis to another registered manufacturer or to a spouse caregiver of a patient does not subject a manufacturer to criminal penalties.</p>
100	<p>Diversion by patient, registered designated caregiver, parent, legal guardian, or patient’s spouse; criminal penalty.</p> <p>Amends § 152.33, subd. 2. Adds patient spouses serving as caregivers to the list of patient caregivers subject to criminal penalties if they divert medical cannabis to a person other than the intended patient.</p>
101	<p>Health care facilities.</p> <p>Amends § 152.34. Allows hospice providers, supervised living facilities, and other health facilities regulated by the commissioner of health to adopt reasonable restrictions on the use of medical cannabis.</p>
102	<p>Impact assessment.</p> <p>Amends 152.36, subd. 2. Directs the task force on medical cannabis therapeutic research to hold hearings to evaluate the impact of using hemp and Minnesota’s activities involving hemp.</p>
103	<p>Exemptions.</p> <p>Amends § 157.22. Exempts from food establishment licensure, a special event food stand or seasonal temporary food stand that (1) is located on private property with permission of the property owner; (2) has gross receipts of \$1,000 or less in a calendar year; and (3) has a sign posted stating the products sold at the stand are not subject to state inspection or regulation, if the stand sells potentially hazardous food.</p>
104	<p>Commissioner of health data.</p> <p>Amends § 214.25, subd. 2. Makes a technical change to a subdivision classifying data collected or maintained by the commissioner in administering the HIV/HBV/HCB prevention program (a program being repealed in this article), and strikes paragraphs authorizing disclosure of certain data under this program that are obsolete if the program is repealed.</p>
105	<p>Notice to facility; exceptions.</p> <p>Amends Laws 2019, chapter 60, article 3, section 1, subdivision 5. Clarifies a subdivision requiring facility notice and establishing exceptions if a resident is conducting electronic monitoring, to require a resident to provide notice to the facility if the resident is conducting electronic monitoring without notifying the facility and a new roommate moves into the shared room or living unit.</p>

Section	Description – Article 11: Health Department
106	<p>Plan for a working group on links between health disparities and educational achievement for children from American Indian communities and communities of color.</p> <p>Directs the commissioner of health to consult with the commissioner of education and develop a plan to convene one or more working groups to (1) study the links between health disparities and educational achievement disparities for children from American Indian communities and communities of color, and (2) develop recommendations to address these disparities. Requires the commissioner to submit the plan for the working group to certain legislative committees by February 15, 2020.</p>
107	<p>Community solutions for healthy child development grant program.</p> <p>Establishes the program, establishes duties for the commissioner of health, creates a Community Solutions Advisory Council, specifies organizations eligible for grants, requires the commissioner to develop a request for proposals for grants, requires grants to be prioritized and awarded to organizations and entities in counties with higher proportions of people of color and American Indians, and requires grant recipients to report grant outcomes to the commissioner.</p> <p>Subd. 1. Establishment. Directs the commissioner of health to establish the community solutions for healthy child development grant program, and establishes purposes for the program.</p> <p>Subd. 2. Commissioner’s duties. Requires the commissioner of health to develop a request for proposals for this program; provide outreach, technical assistance, and program development; review responses to the RFP; communicate with the ethnic councils, the Minnesota Indian Affairs Council, and the governor’s early learning council; establish an accountability process; maintain outcomes data; and contract with a third party to conduct evaluations.</p> <p>Subd. 3. Community Solutions Advisory Council. Requires the commissioner to appoint 12 people to a Community Solutions Advisory Council, requires at least 3 of these members to come from greater Minnesota, and lists duties for the advisory council. Also provides for compensation of advisory council members.</p> <p>Subd. 4. Eligible grantees. Provides that organizations eligible to receive grants include organizations that work with communities of color and American Indian communities, tribal nations and tribal organizations, and organizations focused on supporting healthy child development.</p> <p>Subd. 5. Strategic considerations and priority of proposals; eligible populations; grant awards. Directs the commissioner, in developing the RFP, to consider building on community capacity to promote child development and family well-being and to address social determinants of healthy child development. In awarding grants, requires the commissioner to give priority to proposals from organizations led by and serving people of color, led by and serving American Indians, with proposals focused on prenatal to grade 3 healthy development, with proposals focused on multigenerational solutions, located in or proposing to serve communities in moderate to high risk counties, or community-based</p>

Section Description – Article 11: Health Department

organizations that have historically served communities of color and American Indians but have not had access to state grant funding. Requires initial grants to be awarded by April 15, 2020, and annually thereafter, and provides that grants are awarded for third-year periods.

Subd. 6. Geographic distribution of grants. Requires the commissioner and the advisory council to ensure that grants are prioritized and awarded to organizations in counties with a higher proportion of people of color and American Indians than the state average, to the extent possible.

Subd. 7. Report. Requires grant recipients to report grant outcomes to the commissioner.

108 **Domestic violence and sexual assault prevention program.**

Directs the commissioner of health to award grants to nonprofit organizations for domestic violence and sexual assault prevention activities.

Subd. 1. Program established. Directs the commissioner of health to administer a domestic violence and sexual assault prevention program.

Subd. 2. Grant criteria. Directs the commissioner to award grants to nonprofit organizations to develop new programs or sustain or expand existing programs, to prevent domestic violence and sexual assault. Lists activities that may be funded with these grants.

Subd. 3. Definition. Defines domestic violence and sexual assault to include intimate partner violence, sex trafficking, domestic abuse, criminal sexual conduct crimes, abusive international marriage, forced marriage, and female genital mutilation.

Subd. 4. Promotion; administration. Allows the commissioner to spend up to 15 percent of program funding each fiscal year to promote and administer the program.

Subd. 4. Nonstate sources. Allows the commissioner to accept contributions from nonstate sources, and appropriates those contributions to the commissioner for this program.

Subd. 5. Program evaluation. Requires the commissioner to report by February 28 of each even-numbered year to the legislative committees governing health, on grants made under this section. Directs the commissioner to evaluate the effectiveness of the program, and to use the evaluation information to inform existing and proposed department policies and programs. Requires an organization receiving a grant to make available to MDH aggregate data on activities funded by the grant.

Section	Description – Article 11: Health Department
109	<p>Skin lightening products public awareness and education grant program.</p> <p>Subd. 1. Establishment; purpose. Directs the commissioner of health to develop a grant program to increase public awareness and educate communities on the health dangers of using skin lightening products that contain mercury.</p> <p>Subd. 2. Grants authorized. Directs the commissioner to award grants to community-based organizations serving ethnic communities, local public health entities, and nonprofit organizations that provide health care and public health services to minorities, and requires the commissioner to prioritize awarding grants to organizations that have historically served communities at significant risk from these products and that have not had access to state grant funding.</p> <p>Subd. 3. Grant allocation. Requires grant funds to be used to conduct public awareness and education activities on the dangers of these products, the symptoms and health effects of mercury poisoning, and how to dispose of products with mercury. Lists information a grant application must include.</p>
110	<p>Sale of certain cannabinoid products workgroup.</p> <p>Directs the commissioner of health to consult with certain other commissioners and the Board of Pharmacy and convene a work group to advise the legislature on how to regulate products containing cannabinoids extracted from hemp. Lists aspects that must be addressed in a regulatory framework developed by the commissioner, and requires the work group's recommendations to be submitted to certain legislative committees by January 15, 2020.</p>
111	<p>Revisor instruction.</p> <p>Directs the commissioner of health to correct cross-references in statute to conform with the repeal of the HIV/HBV/HCV prevention program.</p>
112	<p>Repealer.</p> <p>Para (a) repeals §§ 144.414, subd. 5 (prohibiting the use of electronic delivery devices in certain specific locations and authorizing political subdivisions and businesses to adopt more stringent prohibitions on the use of electronic delivery devices); 144A.45, subd 6, and 144A.481 (obsolete provisions regarding tuberculosis prevention and control for home care providers and the transition to a new licensing structure for home care providers).</p> <p>Para (b) repeals the HIV/HBV/HCV prevention program statutes January 1, 2020.</p>

Article 12: Miscellaneous

Section	Description – Article 12: Miscellaneous
1	<p>Maternal Mental Health Awareness Month.</p> <p>Adds § 10.584. Designates May as Maternal Mental Health Awareness Month in Minnesota to recognize the prevalence of pregnancy and postpartum mental health issues and to educate people about identifying symptoms and seeking treatment options. Allows the governor to promote and encourage the observance of this month.</p>

Article 13: Forecast Adjustment

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

Article 14: Appropriations

This article appropriates money for fiscal years 2020 and 2021 to the Department of Human Services, Department of Health, health-related licensing boards, Council on Disability, Emergency Medical Services Regulatory Board, Ombudsman for Mental Health and Developmental Disabilities, Ombudspersons for Families, Department of Commerce, MNsure, and Department of Management and Budget. It also authorizes a transfer from the premium security account to the general fund.