

S.F. No. 4410 – Health and Human Services Policy and Supplemental Appropriations Omnibus (2nd Engrossment)

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ARTICLE 1

COMMUNITY SUPPORTS

Section 1 (252.275, subdivision 4c) modifies the allocation of county grants for the semi-independent living services program by carrying forward any unexpended allocations to the next fiscal year and reallocating the carried forward amount for grants to the Minnesota Centers for Independent Living.

Section 2 (252.275, subdivision 8) deletes obsolete language related to prior payment adjustments for the semi-independent living services program.

Section 3 [256.4791] establishes a grant program for community organizations to address violence prevention, connect with youth and community members, and provide street outreach services, and to also provide trauma-responsive care and access to individual or group therapy services, including community healing.

Section 4 [256.4792] requires providers of substance use disorder services and homelessness services to incorporate employment services into programs for clients.

Section 5 [256.4795] establishes a residential setting closure prevention grant program to assist nursing facilities, certain assisted living facilities, ICF/DDs, adult foster care settings, community residential settings, and integrated community supports setting in financial distress stay open at least long enough to comply with applicable termination of service requirements.

Section 6 (256B.0659, subdivision 1, paragraph (i)) modifies the definition of instrumental activities of daily living for the purposes of the PCA program, resulting in driving and accompanying a service recipient while traveling being a reimbursable activity.

Section 7 (256B.0659, subdivision 12) requires documentation of driving and travel provided by PCAs.

Section 8 (256B.0659, subdivision 17a) modifies the existing enhanced rate for PCA services

provided to individuals assessed to require 10 or more hours of services per day 107.5% to 143% of the non-enhanced PCA rate.

Section 9 (256B.0659, subdivision 19) requires a PCA recipient using the PCA choice program to ensure that a PCA driving the recipient has a valid driver's license and the vehicle driven is insured.

Section 10 (256B.0659, subdivision 24) requires a PCA provider agency to ensure that a PCA driving the recipient has a valid driver's license and the vehicle driven is insured.

Section 11 [256B.0909] establishes a new procedure lead agencies must follow prior to denying, reducing, suspending, or terminating a person's access to or eligibility for certain long-term care services and supports. The procedure must give the person an opportunity to respond to a notice of intent to deny, reduce, suspend, or terminate long-term care services and supports, and participate in a decision review with a representative of the lead agency.

Section 12 [256B.4909] establish a framework for homemaker services provided under the disability waivers, EW, AC, and ECS.

Section 13 (256B.4911, subdivision 4, paragraph (d)) requires the commissioner of human services to create a consumer-directed community supports budget exception process for individuals living in licensed community residential settings for whom the existing CDCS budget would be insufficient to meet the person's residential service needs.

Section 14 [256B.4911, subdivision 6] modifies the requirements of the CDCS option under the alternative care program, the disability waivers, the elderly waiver, and the Minnesota senior health option by increasing the number of hours of service in a week parents may provide to their minor child or spouses to their spouse.

Section 15 256B.4914, subdivision 3) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 16 (256B.4914, subdivision 4) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 17 (256B.4914, subdivision 5) modifies DWRS by adding an additional base wage update in 2023, and modifying the dates and data used for already enacted future base wage adjustments.
NOTE: Additional changes to DWRS appear later in this article beginning with section 23.

Section 18 (256B.4914, subdivision 8) increases from two to three the number of recipients who may share individualized home supports with training or individualized home supports with family training.

Section 19 (256B.4914, subdivision 9) increases from two to three the number of recipients who may share individualized home supports without training.

Section 20 (256B.4914, subdivision 10) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 21 (256B.4914, subdivision 10a) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 22 (256B.4914, subdivision 12) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 23 (256B.4914, subdivision 14) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 24 to section 29 (256B.493) modifies the procedure governing *planned* closures of adult foster care settings and community residential settings by requiring an initial conditional approval

of the planned closure, extending the notice to residents requirement from 45 to 90 days following conditional approval, requiring notice of the conditionally approved notice to the Minnesota Centers for Independent Living, and delaying final approval of a planned closure until every individual impacted by the closure has a plan for receiving alternative services of their choice.

Section 30 [256B.5012, subdivision 19] increases all ICF/DD daily payment rates by \$50 effective July 1, 2022.

Section 31 [256B.5012, subdivision 20] after the application of \$50 daily rate increase for ICF/DDs described in section 256B.5012, subdivision 19, establishes a daily payment floor of \$300 for class A facilities and \$400 for class B facilities.

Section 32 (256B.85, subdivision 7) makes conforming changes related to the CFSS parent and spouse service hour modifications in 256B.85, subdivision 7b.

Section 33 (256B.85, subdivision 7a) increases the existing enhanced rate for CFSS services provided to individuals assessed to require 10 or more hours of services per day from 107.5% to 143% of the non-enhanced CFSS rate.

Section 34 [256B.85, subdivision 7b] modifies the requirements of CFSS by increasing the number of hours of service in a week parents may provide to their minor child or spouses to their spouse.

Section 35 (256B.851, subdivision 5) increases PCA and CFSS payment rates by increasing the implementation factor by 8 percentage points.

Section 36 (256I.04, subdivision 3) modifies an existing housing support moratorium exception by permitting the supportive housing units to be developed in additional metropolitan counties and by removing certain restrictions on the individuals who may be served in the supportive housing unit. This proposal DOES NOT increase the number of units available under the moratorium exception.

Section 37 [256I.05, Subdivision 1s] permits Douglas County to negotiate a supplemental rate for a housing support provider.

Section 38 (Laws 2014, chapter 312, article 27, section 75) repeals the DT&H county grants enacted in 2014.

Section 39 (Laws 2021, First Special Session chapter 7, article 17, section 14) modifies the membership and the duties of the task force on subminimum wages.

Section 40 (Laws 2022, chapter 33, 256B.4914, subdivision 5a, clause (14)) modifies the rates for employment exploration services by setting them equal to employment development services

Clause (18) makes a conforming change related to establishing a market rate for respite services provided under the disability waivers.

Section 41 (Laws 2022, chapter 33, 256B.4914, subdivision 5b) modifies DWRS by adding an additional adjustment to certain component values in 2023, and modifying the dates and data used for already enacted future adjustments to those component values.

Section 42 (Laws 2022, chapter 33, 256B.4914, subdivision 5c) makes a conforming change related to fully implementing the competitive workforce factor.

Section 43 (Laws 2022, chapter 33, 256B.4914, subdivision 5d) makes a conforming change related to fully implementing the competitive workforce factor.

Section 44 [Laws 2022, chapter 33, 256B.4914, subdivision 5f] effective beginning January 1, 2023, fully implements on a rolling basis the competitive workforce factor (CWF) within the DWRS framework, requires a biennial update, and limits future reductions in the CWF.

Section 45 (256B.4914, subdivision 10c) removes the requirement that the commissioner of human services make recommendations to the legislature regarding the implementation of the competitive workforce factor since the competitive workforce factor is fully implemented in section 256B.4914, subdivision 5f.

Section 46 (Laws 2022, chapter 40, section 6) extends the temporary staffing pool passed this session from June 30, 2022, to June 30, 2023, and modifies the eligible settings to which temporary staff may be deployed to include the homes of certain individuals receiving home and community-based services

Section 47 (PERSONAL CARE ASSISTANCE ENHANCED RATE FOR PERSONS WHO USE CONSUMER-DIRECTED COMMUNITY SUPPORTS) makes a conforming change related to the enhanced rates for CFSS and PCA services provided to people assessed to need ten or more hours of service to ensure that individuals using a self-directed option have adequate budgets to pay their employees the enhanced rate.

Section 48 (RATE INCREASE FOR CERTAIN HOME CARE SERVICES) establishes a 14% rate increase for home health aide visits. Also requires the commissioner to determine from within the available appropriation equal percentage increases for respiratory therapy services, home health services and home care nursing.

Section 49 (DIRECTION TO COMMISSIONER OF HUMAN SERVICES; ADDITIONAL DWRS RATE INCREASES).

Section 50 (DIRECTION TO THE COMMISSIONER; APPLICATION OF ICF/DD RATE INCREASES) clarifies for the commissioner the order in which to apply the ICF/DD rate increases included elsewhere in this article.

Section 51 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; BUDGET EXCEPTIONS FOR COMMUNITY RESIDENTIAL SETTINGS) requires the commissioner of human services to take steps to inform individuals, families and lead agencies about the availability of a CDCS budget exception for individuals currently residing in community residential settings and to widely disseminate instructions to apply for the budget exceptions.

Section 52 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; DISABILITY WAIVER SHARED SERVICES RATES) requires the commissioner to provide a rate system for shared homemaker and chore services provided under the disability waivers.

Section 53 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SHARED SERVICES) directs the commissioner to submit any required waiver amendments for implementation of the requirements for shared services proposed elsewhere in this article, and to develop guidance for individuals seeking to establish shared service arrangements.

Section 54 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; LIFE-SHARING SERVICES) directs the commissioner of human services to develop a life sharing service model as a covered waiver service.

Section 55 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; REASSESSMENT FREQUENCY) requires the commissioner of human services to seek federal approval to allow less frequent reassessments and streamlined annual reevaluations for people with disabilities whose disability related needs are unlikely to change.

Section 56 (REPEALER) modifies DWRS by repealing the framework rate for respite services, thereby setting a market rate for respite services provided under the disability waivers.

ARTICLE 2 CONTINUING CARE FOR OLDER ADULTS

Section 1 to 4 and 6 to 10 (256R.02, subdivisions 16, 16a, 24, 24a, 26, 26a, 29, 29a and 34) modifies nursing facility payment rate calculations by recategorize as other care related costs the labor costs associated with various other operating expenses. The result of this change is that these labor costs are not included in the industry-wide other operating payment rate, but instead included in the calculation of the facility specific other care related payment rate.

Section 5 (256R.02, subdivision 25b) for the purposes of calculating nursing facility payment rates, defines the known cost change factor as the annual forecasted percentage change in the CPI-U from the mid-point of the reporting year to the mid-point of the rate year.

Section 11 to 14 (256R.23, subdivisions 2 and 3, 256R.24, subdivision 1, and 256R.25, paragraph (j)) effective for nursing facility rate year 2024, applies the “known cost change factor” when calculating the direct care cost per standardized day, the other care-related cost per resident day, the other operating cost per days, and the employer health insurance costs portion of the external fixed cost payment rate.

Section 15 (256S.16, subdivision 2) requires the commissioner to provide a rate system for shared homemaker and chore services provided under the elderly waiver.

Section 16 (256S.205) modifies the existing disproportionate share facility rate floor statute by altering the eligibility requirements to allow facilities to count BI and CADI residents toward the facility’s disproportionate share of residents receiving services funded by medical assistance. This section also increases the rate floor *for EW services only* from \$119 dollars per resident per day to \$139 per resident per day.

Section 17 (256S.2101, subdivisions 1 and 2) increases the phase-in proportion of the framework enacted in 2017 and the prior rate methodology for elderly waiver services and for customized living provided under the BI and CADI waivers. For elderly waiver the proportion is increased by 8.4 percentage points. For BI and CADI customized living, the proportion of framework rate to historical methodology is increased 17.2 percentage points.

Section 18 (NURSING FACILITY FUNDING) establishes a temporary rate increase of \$28.65 per resident day, encumbers the rate increase for use to cover increased compensation related costs, defines compensation related costs, and requires a distribution plan for the revenue generated by the temporary rate increase.

Section 19 (DIRECTION TO COMMISSIONER OF HUMAN SERVICES; PARTIAL YEAR IMPLEMENTATION OF DISPROPORTIONATE SHARE RATE ADJUSTMENTS) directs the commissioner to implement the disproportionate share facility rate floor for a partial year between October 1 and December 31, 2022.

Section 20 (DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; ELDERLY WAIVER BASE WAGE INDEX ADJUSTMENTS) requires the commissioner to update the elderly waiver rate framework base wage indices on July 1, 2022.

ARTICLE 3 HEALTH CARE

Section 1 (256B.0371, subd. 4) requires that for the annual dental utilization report beginning in the report due March 15, 2023, the commissioner of human services is required to include certain information regarding the number of dentists enrolled as medical assistance providers and the

number of enrolled dental providers who provide dental services to enrollees receiving services through the fee-for-service system and under managed care.

Section 2 (256B.057, subd. 9), paragraph (e) modifies the existing medical assistance premium schedule for employed people with disabilities by eliminating the minimum monthly payment of \$35, establishing a revised sliding premium fee scale that begins at 0% of enrollee income below 200% of federal poverty guidelines and increases at varying rates to 7.5% of enrollee income greater than 500% of federal poverty guidelines. Under current law, the premium schedule is the greater of \$35 or a sliding premium scale beginning at 1% of income for enrollee incomes at 100% of federal poverty guidelines and increasing to 7.5% of income for enrollee incomes of 300% or greater of federal poverty guidelines.

Section 3 (256B.0625, subd. 13k) paragraph (a) requires medical assistance to cover vaccines that are initiated, ordered, or administered by a licensed pharmacist and reimburse the pharmacist at no less than the rate for which the same services are covered when provided by any other practitioner.

Paragraph (b) requires medical assistance to cover laboratory tests when ordered and performed by a licensed pharmacist and reimburse the pharmacist at no less than the rate for which the same services are reimbursed when provided by any other practitioner.

Section 4 (256B.0625, subdivision 17, paragraph (m)) increases by 17.5 percent the base rate and the mileage rate for the following modes of non-emergency medical transportation: unassisted transport, assisted transport, and lift- or ramp-equipped transport.

Paragraph (r) establishes a monthly fuel cost adjustor for NEMT reimbursement rates, pegged to \$3.00 per gallon.

Section 5 (256B.0625, subdivision 17a) establishes a monthly fuel cost adjustor for ambulance services reimbursement rates, pegged to \$3.00 per gallon.

Section 6 (256B.69, subd. 9f) adds to the current required provider reimbursement report on provider reimbursement rates paid by managed care plan and county-based purchasing plans for specific services the rates paid for substance use disorder services.

Section 7 [DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; ENTERAL NUTRITION AND SUPPLIES] prohibits the commissioner of human services from adjusting medical assistance rates paid for enteral nutrition and supplies from the effective date of this section through June 30, 2023.

Section 8 [TEMPORARY TELEPHONE-ONLY TELEHEALTH AUTHORIZATION] permits telephone telehealth visits to satisfy the face-to-face requirement for reimbursements to a FQHC, RHC, Indian health service, tribal clinic, and CBHC for services that would otherwise be reimbursed if the service was provided in person until July 1, 2023, or the COVID federal public health emergency ends whichever occurs first.

ARTICLE 4 BEHAVIORAL HEALTH

Section 1 (13.46, subdivision 7) changes when mental health data must be provided to law enforcement from when a client is involved in an emergency interaction to when the client is involved in a mental health crisis that the law enforcement agency has responded to.

Section 2 to 4, 6 to 7, 10 to 44 (except lines 112.11 to 115.11), 47 to 53, 56, and 63 implement direct access and add American Society of Addiction Medicine service definitions.

Section 5 (144.294, subdivision 2) changes when a provider must disclose mental health records to law enforcement from when a client is involved in an emergency interaction to when the client is involved in a mental health crisis that the law enforcement agency has responded to.

Section 8 (245.4889, subdivision 1) updates the respite care services that are eligible for children's mental health grants.

Section 9 [245.4889, subdivision 4] states the allowable activities and expenses for respite care services under the children's mental health grants statute.

Section 44 (254B.05, subdivision 5) adds American Society of Addiction Medicine standards to outpatient treatment services that are eligible substance use disorder treatment services, removes medication-assisted therapy as an eligible service, allows programs meeting certain levels of care to be considered high intensity, updates staffing requirements for a program that qualifies for higher rates, and adds requirement that programs using a guest speaker must maintain documentation.

Section 45 (256B.0757, subdivision 5) makes a technical change to payments made to behavioral health homes.

Section 46 (256B.0946, subdivision 1) makes a technical and noncontroversial correction to conform statute with the Mental Health Uniform Standards enacted in 2021.

Section 54 (297E.02, subdivision 3) requires the commissioner of human services to transfer the entire amount deposited into the general fund for problem gambling to the state affiliate recognized by the National Council on Problem Gambling by certain dates.

Section 55 (297E.021, subdivision 3) makes a conforming change to align this section with the new language added under Section 54.

Section 57 (626.5571, subdivision 1) adds community corrections agencies and local law enforcement agencies to the multidisciplinary adult protection team.

Section 58 [626.8477] requires every state and local law enforcement agency that seeks or uses mental health data or records to have and enforce a written policy that governs its use.

Section 59 (OLMSTEAD CO. GRANT PROGRAM) establishes a grant program to a recovery community organization in Olmstead County that provides services in an 11-county region.

Section 60 (ADULT DAY TREATMENT RATE INCREASE) increases the reimbursement rate for adult day treatment services by 50 percent.

Section 61 (ROCHESTER RCO GRANT PROGRAM) establishes a grant to a nonprofit recovery community organization located in Rochester that provides pretreatment housing, post-treatment housing, and peer recovery support.

Section 62 (WELLNESS IN THE WOODS GRANT PROGRAM) establishes a grant to Wellness in the Woods for daily peer support and sessions for individuals in substance use recovery.

Section 64 (REVISOR INSTRUCTION) instructs the revisor to prepare legislation for proposed statutory changes.

Section 65 (REPEALER) repeals statutes affected by the implementation of direct access, the Alcohol and Other Drug Abuse Advisory Council, and the Chemical Dependency Continuum of Care Pilot Project.

ARTICLE 5 CHILDREN AND FAMILY SERVICES

Section 1 (256P.03, subdivision 2) increases the earned income disregard to 60% when calculating assistance payments for economic assistance programs.

Section 2 (Laws 2021, First Special Session chapter 7, article 14, section 21, subdivision 4)

amends the full-time equivalent calculation for child care providers receiving base grants. **Section 3 (QUALITY PARENTING INITIATIVE GRANT)** establishes a grant to Quality Parenting Initiative Minnesota to implement Quality Parenting Initiative principles and practices to support children and families in foster care placements.

ARTICLE 6 HUMAN SERVICES OPERATIONS AND LICENSING

Section 1 to 2 (245A.11, subdivisions 7 and 7a) remove community residential settings from the licensing requirements under chapter 245A related to alternative overnight supervision and the use of alternative overnight supervision technology. Under current law, community residential settings are subject to 245A for alternative overnight supervision and to Chapter 245D for remote services. Under the proposal, the Chapter 245D remote support provisions would govern overnight supervision in community residential settings.

Section 3 [245C.02, subdivision 11f] modifies the department of human services background studies chapter by adding a definition of a “health care worker platform”, which is an internet platform or similar mechanism for matching health care facilities seeking employees and health care workers seeking employment as contractors.

Section 4 [245C.02, subdivision 17a] modifies the definition of “inactive roster” in the department of human services background studies chapter by specifying that individuals determined to be eligible under this chapter after a self-initiated or health care worker platform-initiated background studies must remain on the inactive roster for one year.

Section 5 [245C.03, subdivision 16] authorizes self-initiated background studies. A similar provision was repealed in 2021.

Section 6 [245C.03, subdivision 17] authorizes a health care worker platform to initiate a background study on behalf of an individual.

Section 7 (245C.04, subdivision 1, paragraph (m)) does not require a child care provider authorized under chapter 119B to submit a background study request for a private therapist if the provider maintains a completed background study in the program’s personnel files.

Paragraph (n) requires the commissioner to perform Adam Walsh compliant background checks upon request of a 245D licensed provider certified to provide children’s out-of-home.

Section 8 (245C.04, subdivision 4a) limits the information of a study subject the commissioner may provide a health care worker platform to only whether the study subject is immediately available to provide services.

Section 9 (245C.04, subdivision 12) requires self-initiated background studies to be repeated once a year.

Section 10 (245C.04, subdivision 13) requires a background study initiated by a health care worker platform on behalf of an individual to be repeated once a year.

Section 11 (245C.05, subdivision 5) makes conforming changes to clarify the fingerprinting and photograph requirements for a background study on a subject prior to providing certified children’s out-of-home respite.

Section 12 [245C.10, subdivision 22] establishes the fee for self-initiated background studies at the standard \$42 amount.

Section 13 [245C.10, subdivision 23] establishes the fee for background studies initiated by a health care worker platform at the standard \$42 amount.

Section 14 [245D.34] establishes certification requirements under Chapter 245D for the provision of children’s out-of-home respite in an unlicensed setting. The certification requirements, other than the addition of the Adam Walsh compliant background study for staff providing the respite service, are based on existing requirements for out-of-home respite provided to adults.

ARTICLE 7 DEPARTMENT OF BEHAVIORAL HEALTH

Section 1 to 4 (15.01; 15.06, subdivision 1; 15A.0815, subdivision 2; 43A.08, subdivision 1a) add the newly created Department of Behavioral Health into the “state government” statutes.

Section 5 [256T.01] establishes a new Department of Behavioral Health and specifies the duties of the commissioner of behavioral health.

Section 6 [256T.02] instructs the commissioner of administration, with the permission of the governor, to begin the necessary reorganization of state agencies, and instructs the commissioner of management and budget to ensure the aggregate cost during the transition of creating the new department is not more than as it currently exists under the Departments of Human Services and Health.

Section 7 (REVISOR INSTRUCTION) requires the revisor of statutes to prepare legislation proposing necessary statutory changes to implement the transfer of duties for the creation of the Department of Behavioral Health.

ARTICLE 8 COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY

Section 1 to 8, 19 to 29, 32, 35, 43 to 44, 54, and 59 contain technical and noncontroversial corrections to conform statute with the Mental Health Uniform Standards enacted in 2021.

Section 9 (245A.03, subdivision 7) repeals an obsolete corporate foster care licensing moratorium exception.

Section 10 (245A.11, subdivision 2, paragraph (b)) requires a licensed residential program in an intermediate care facility for persons with developmental disabilities with a capacity of up to eight individuals in a single-family home to be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations, unless the town, municipal, or county zoning regulations provide otherwise.

Section 11 (245A.11, subdivision 2a) expands from five to six the maximum number of beds permitted in adult foster care settings and community residential settings under existing temporary variances to capacity limits in those settings. This section also expands from five to six the maximum number of permanent beds permitted in adult foster care settings and community residential settings when the addition of the beds satisfies specified conditions. Under current law the standard capacity limit is four, with temporary variances for a fifth bed and under special circumstances the permanent addition of a fifth bed.

Section 12 [245A.11, subdivision 2c] permits the commissioner to increase from six to eight the licensed capacity of a residential program in an intermediate care facility for persons with developmental disabilities provided the local zoning authority permits such an expansion.

Section 13 (245A.19) requires the commissioner to outline the content in HIV training materials in chemical dependency treatment programs rather than providing training on HIV minimum standards.

Section 14 (245D.10, subdivision 3a) modifies the requirements for a termination of services by a home and community-based services provider licensed under Chapter 245D by clarifying that the

requirements apply to basic support services in addition to intensive support services. See also the amendments to 256.045, subdivision 3. This section also requires a provider to provide a service recipient with the contact information for the ombudsman for long-term care and the ombudsman for mental illness and developmental disabilities prior to a service termination, inform the ombudsman for long-term care and the ombudsman for mental illness and developmental disabilities prior to a service termination, and requires the commissioner to provide technical assistance if a lead agency if having difficulty arranging alternative services prior to a service termination.

Section 15 (245D.12, paragraph (b), clause (4)) requires providers of integrated community supports (ICS) to report the provider's setting capacity.

Section 16 (245F.04, subdivision 1) allows a supervised living facility with a class A license to be a licensed as a withdrawal management program.

Section 17 [245G.01, subdivision 13b] adds the definition of guest speaker for chemical dependency licensed treatment facilities.

Section 18 (245G.12) modifies the description of treatment services in a provider's written policy and procedure manual to include the ability of a guest speaker to provide services.

Section 30 [256.01, subdivision 12b, paragraphs (a) to (c)] establishes a Department of Human Services Systemic Critical Incident Review Team to identify systemic influences on critical incidences involving vulnerable adults, analyze compiled data on such incidences, and make recommendations regarding systematic changes that would decrease the number and severity of critical incidents and improve the quality of the home and community-based services system.

Paragraph (d) classifies the data, proceedings, and records of the review team as protected nonpublic data under Minnesota Statute, section 13.02, and provides certain protections against discovery or introduction into evidence in a civil or criminal action against a professional, the state, or a county agency arising out of the matters that the team is reviewing.

Paragraph (e) requires the commissioner to produce an annual critical incident public report.

Section 31 (256.045, subdivision 3, paragraph (a), clause (12)) modifies the statute governing state agency hearings to clarify that a person issued a service termination notice for basic support services by a home and community-based service provider licensed under Chapter 245D may request a hearing to challenge the termination on the grounds specified in paragraph (e).

Section 33 (256B.0625, subdivision 3b, paragraph (d)) permits telehealth visits provided through accessible video-based platforms to satisfy the face-to-face requirements for reimbursement as a cover medical assistance service under the payment methodologies that apply to federally qualified health center, rural health clinic, Indian health service, 638 tribal clinic, and certified community behavioral health clinic.

Section 34 (256B.0659, subdivision 19) makes a conforming technical change to language governing reassessments for personal care assistance services.

Section 36 to 40 (256B.0757, subdivisions 1 to 4 and 8) make technical changes to the statute governing coordinated care through behavioral health homes.

Section 41 (256B.0911, subdivision 3a, paragraph (d)) extends to providers of customized living services under the brain injury (BI) waiver and the community access for disability inclusion (CADI) waiver an existing option permitting the provider with the service recipient's permission to

submit a nursing assessment to the certified assessor prior to an assessment.

Paragraph (f) extends an existing provision to providers of customized living services under the brain injury (BI) waiver and the community access for disability inclusion (CADI) waiver that requires final written community support plan and customized living tool be provided to any provider that submitted a nursing assessment to an assessor under paragraph (d).

Paragraph (r) simplifies the requirements for a remote reassessment for waiver services, alternative care services, and essential community supports.

Section 42 (256B.0911, subdivision 3f) modifies the required tasks during a MnCHOICES reassessment to include an opportunity to provide a confidential performance assessment of the person's case manager.

Section 45 (256B.0949, subdivision 2) adds a definition for "advance certification" to the statutes governing early intensive developmental and behavioral intervention (EIDBI). The addition of this definition further specifies the requirements for Level 1 providers.

Section 46 (256B.0949, subdivision 8) clarifies that the commissioner of human services must continue to engage stakeholders before modifying or recommending legislative changes to the early intensive developmental and behavioral intervention (EIDBI) benefit.

Section 47 (256B.0949, subdivision 13, paragraph (c)) requires all EIDBI providers, including those with advanced certification in one of the approved treatment modalities, to document the required qualifications to meet fidelity to the specific model.

Paragraph (g) adds interventions with a provider to client ratio of 2 to 1 or greater as a reimbursable service under the EIDBI medical assistance benefit.

Paragraph (j) removes the requirement that a coordinated care conference be conducted by a qualified supervising professional in order to be a reimbursable service under the EIDBI medical assistance benefit.

Paragraph (l) makes changes to conform with the requirements of telehealth as a covered service under medical assistance.

Section 48 (256B.49, subdivision 23) for community living settings extends from one to four the maximum number of permitted time-limited cosigned lease arrangement between a service provider, a service recipient, and a service recipient's landlord. Under current law, a cosigned lease arrangement may last two years and be followed by one time-limited extension.

Section 49 (256B.49, subdivision 28) expands an existing moratorium on new licenses for customized living settings to include an exception for a new license for existing providers who move the service setting to a new address.

Section 50 (256G.02, subdivision 6) makes clarifying changes to the definition of "excluded time" for the purposes of determining the county of financial responsibility for the provision of integrated community supports and day support services.

Section 51 to section 53 (256K.26, subdivision 2; 256K.26, subdivision 6; and 256K.26, subdivision 7) clarifies the role of Tribes in the administration and implementation of the long-term homelessness supportive grant program.

Section 55 [256Q.06, subdivision 6] modifies the Minnesota Achieving a Better Life Experience (ABLE) Act to align with federal rules by clarifying that if an eligible individual is unable to establish an ABLE account, other specified individuals may establish an account of the

individual's behalf.

Section 56 (Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended by Laws 2021, First Special Session chapter 7, article 2, section 71) removes the requirement that the specified waivers and modifications to Department of Human Services programs issued by the commissioner of human services pursuant to the governor's Executive Orders and subsequently extended by the legislature following the termination of the peacetime emergency are limited to those waivers and modifications required to comply with federal law.

Section 57 (Laws 2021, First Special Session chapter 7, article 11, section 38) removes the date for paperwork reduction by the commissioner and modifies it to be within two years of the commissioner contracting with a qualified vendor.

Section 58 (DIRECTION TO COMMISSIONER OF HUMAN SERVICES; INFORMED CHOICE UPON CLOSURE) requires the commissioner to ensure that department staff, lead agency staff and providers meet their obligations under Minnesota law and the Olmstead Plan while responding to the ongoing staffing shortages currently occurring in the long-term care sector.

Section 59 (REVISOR INSTRUCTION) requires the revisor of statutes to replace in statute "chemical dependency" with the term "substance use disorder".

ARTICLE 9

CONTINUING CARE FOR OLDER ADULTS POLICY

Section 1 to 7 establish licensing standards for the provision of remote adult day services.

ARTICLE 10

CHILDREN AND FAMILY SERVICES POLICY

Section 1 (256E.33, subdivision 1) updates the length of transitional housing from 24 to 36 months.

Section 2 (256E.33, subdivision 2) allows the commissioner of human services to extend transitional housing for persons needing assistance beyond 36 months.

Section 3 (256E.35, subdivision 1) adds emergencies to the list of assets that low-income families are incentivized to accrue under the Minnesota family assets for independence initiative.

Section 4 (256E.35, subdivision 2, paragraph (d)) removes the seven-county metropolitan area limitation from the definition of fiduciary organization under the family assets for independence statute and adds federally recognized Tribal nations and nonprofits organizations to the definition.

Paragraph (h) updates the definition of permissible use to include contributions to emergency savings accounts and Minnesota 529 savings plans.

Section 5 (256E.35, subdivision 4a) updates the programming a financial coach shall provide to family assets for independence in Minnesota (FAIM) participants to include credit building, saving for emergencies, and saving for a child's education.

Section 6 (256E.35, subdivision 6) increases the lifetime limit for matching contributions from state grant and TANF funds and nonstate funds from \$3,000 to \$4,500.

Section 7 (256E.35, subdivision 7) adds the amount of contributions made to Minnesota 529 savings plans and emergency savings accounts to the quarterly report provided by fiscal agents of fiduciary organizations participating in the family assets for independence initiative.

Section 8 (256K.45, subdivision 6) adds a reference to provider repair and improvement grants as an allowable use of funds under the Homeless Youth Act.

Section 9 [256K.45, subdivision 7] requires grants under the Homeless Youth Act to be used only for authorized activities and prohibits the commissioner from creating additional criteria to access the grant money. Prohibits the commissioner from reducing an existing grant award amount unless it is determined the recipient failed to meet performance measures. Permits recipients to carry over unexpended funds from a first contract year to a second contract year.

Section 10 [256K.45, subdivision 8] adds grants up to \$100,000 for repairs or improvements to providers that serve homeless youth or youth at risk of homelessness and prohibits grantees from receiving a grant for two consecutive years.

Section 11 (256P.02, subdivision 1a) excludes vehicles exempted under the vehicle exception and individual development accounts and family assets for independence accounts from being counted toward the asset limit for the child care assistance program.

Section 12 (256P.02, subdivision 2) excludes individual development accounts and family assets for independence accounts from the list of items that are considered personal property for assistance programs under chapter 256P.

Section 13 [256P.02, subdivision 4] excludes family asset accounts under the family assets for independence initiative and individual development accounts when determining the equity value of personal property for economic assistance programs.

Section 14 (256P.04, subdivision 11) allows an agency to contact a participant in an economic assistance program by phone or in writing when the participant submits an incomplete form rather than returning the incomplete form to the participant.

Section 15 (256P.06, subdivision 3) removes income and payments from service and rehabilitation programs that meet or exceed the state's minimum wage rate from the income calculation of an assistance unit.

Section 16 (260.012) makes updates to definitions and requires responsible social services agencies to collaborate with a child's family and the child in statute governing a duty to ensure placement prevention and family reunification.

Section 17 (260C.001, subdivision 3) changes the preferred placement of a child when parental rights are terminated from adoptive parents to with a relative, or with a nonrelative caregiver.

Section 18 (260C.007, subdivision 27) updates the definition of relative to include language requiring an individual to have a significant relationship with the child or was a friend of the child or child's parents or custodian.

Section 19 (260C.151, subdivision 6) adds the preference for a child to be placed with a relative if a court determines that a child requires immediate custody.

Section 20 (260C.152, subdivision 5) creates a right for a child's relative to be heard when a notice or summons is provided.

Section 21 (260C.175, subdivision 2) updates the notice required to a parent or custodian and child when a child is taken into custody and adds the option for the child to be placed with a relative.

Section 22 (260C.176, subdivision 2) makes a technical change to the placement options for a detained child.

Section 23 (260C.178, subdivision 1) moves the option for a child to be placed into the care of

a noncustodial parent into its own clause.

Section 24 (260C.181, subdivision 2) removes designated caregiver as an option for a least restrictive setting placement when a child is taken into custody.

Section 25 (260C.193, subdivision 3) adds the consideration of placement with relatives to what is considered the best interests of children in foster care, requires agencies to keep in contact with a child's relatives in child placement and case planning decisions, and makes various technical changes.

Section 26 (260C.201, subdivision 1) makes technical changes to dispositions when a child is in foster care.

Section 27 (260C.201, subdivision 2) requires a court's findings of fact to include an agency's effort to identify and locate a child's noncustodial parent, assess the noncustodial parent's ability to provide care, and provide services necessary for the noncustodial parent to provide care. Requires a court to order an agency to comply with statute that directs them to consider relatives for placement of a child, if the court determines the agency has not appropriately considered relatives.

Section 28 (260C.202) requires the court to consider relatives for foster care placement and allows a court to order an agency to make reasonable efforts to search for, notify, and consider relatives for placement.

Section 29 (260C.203) directs the social services agency or the court to review whether the placement of a child is consistent with the child's best interests and the services or resources provided by the agency to the child and the child's parents.

Section 30 (260C.204) makes technical changes to the permanency progress review for children in foster care for six months.

Section 31 (260C.212, subdivision 1) updates the definition of an out-of-home placement plan to be individualized to the needs of the child and the child's parents or guardians and makes other technical changes.

Section 32 (260C.212, subdivision 2) updates the placement option of a child with an individual to require that individual to be an important friend of the child or child's parents and does not allow an agency to use one factor when placing a child in foster care or permanent placement to the exclusion of all others.

Section 33 (260C.221) updates the requirements for searching and engaging relatives for a child's placement.

Subdivision 1 requires a social services agency to notify relatives of a child even if the child is not placed in that relative's home and moves the continuing responsibility of the agency to appropriately involve relatives in planning for the child to its own paragraph.

Subdivision 2 requires the agency to provide written or oral notice to a child's relatives and provides the required information that must be included in the notice.

Subdivision 3 allows a relative who responds to the notice under subdivision 2 to participate in the care and planning of the child.

Subdivision 4 requires the social services agency to consider placing a child with a relative in certain circumstances.

Subdivision 5 moves the data disclosure language into its own subdivision and provides that a court cannot waive a social services agency's reasonable efforts to conduct a relative search, notify relatives, engage relatives in case planning, and consider relatives for placement of the child. Requires the agency to disclose data to the court about relatives the agency has identified, contacted, or considered for placement and requires the agency to inform the court if it decides placement with a relative is not in the child's best interests. Removes permanent placement proceeding language.

Section 34 (260C.513) requires a court to give preference to relatives for a permanency disposition when the child cannot return home.

Section 35 (260C.605, subdivision 1) adds the consideration of a child's preference for an adoptive family to determine reasonable efforts to finalize adoptions, updates the requirements for making an adoptive placement that meets a child's needs, and makes technical changes.

Section 36 (260C.607, subdivision 2) removes the requirement that a relative must indicate a willingness to provide an adoptive home in order to receive notice of a review hearing.

Section 37 (260C.607, subdivision 5) makes a technical change.

Section 38 (260C.607, subdivision 6) allows a relative or foster parent to file an affidavit if they do not have an adoption home study, requires a court to consider a social services agency's efforts to support a child's relationship with the moving party during an evidentiary hearing, requires the court to enter certain findings in making an adoptive placement decision, and if the agency was unreasonable in failing to make a placement, allows the court to order a social services agency to place the child with the moving party if the moving party has an approved adoption home study or upon approval of an adoption home study.

Section 39 (260C.613, subdivision 1) requires a social services agency to consider adoptive placement of a child with relatives.

Section 40 (260C.613, subdivision 5) adds a social services agency's consideration of relatives to records required to be kept.

Section 41 (260E.20, subdivision 2) does not require a local welfare agency to provide notice before conducting the initial face-to-face contact with a child if a screened in report alleges maltreatment is presenting a significant safety concern.

Section 42 (260E.22, subdivision 2) requires an interview investigating a report of maltreatment to take place outside the presence of the alleged offender or parent, legal custodian, guardian, or school official other than in exceptional circumstances.

Section 43 (260E.24, subdivision 2) requires a local welfare agency to document information collected related to a completed family assessment.

Section 44 (268.19, subdivision 1) allows local and state welfare agencies to use wage data to monitor and evaluate other cash assistance programs, Supplemental Nutrition Assistance Program, and the Supplemental Nutrition Assistance Program Employment and Training program in conjunction with the Department of Human Services.

Section 45 (Laws 2021, First Special Session chapter 7, article 10, section 1) modifies the effective date for mandatory reporting for youth recreational programs from June 1, 2022, to June 1, 2023.

Section 46 (Laws 2021, First Special Session chapter 7, article 10, section 3) modifies what the legislative task force on child protection was created to do, updates dates for making initial appointments to the task force and when the first meeting shall be convened and removes the report

requirement.

Section 47 (Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7) changes the date of the final report provided by the Task Force on Shelter from August 31, 2022, to December 15, 2022.

ARTICLE 11

OPERATIONS AND LICENSING POLICY

Section 1 [245G.06, subdivision 2a] moves client record documentation requirements into a separate subdivision.

Paragraph (a) modifies how soon a license holder is required to record a significant event in a client's record from immediately to within 24 hours

Paragraph (b) adds a timeline for when a residential treatment program must document certain situations in the client record.

Section 2 (245G.06, subdivision 3) removes references to client record documentation and that a treatment plan review must indicate type of treatment and a client's response. Also changes the frequency of when a treatment plan review must be entered in a client's file.

Section 3 (Laws 2021, First Special Session chapter 7, article 2, section 74) modifies the language establishing the legislative task force on human services background study eligibility by permitting the Department of Human Services to use a third party to provide data analysis services to the taskforce.

ARTICLE 12

DIRECT CARE AND TREATMENT POLICY

Section 1 (253B.18, subdivision 6) updates the transfer requirements of persons who are mentally ill and dangerous to the public to include voluntary return to a secure treatment facility.

Section 2 (REPEALER) repeals enterprise activities in state-operated areas, Minnesota extended treatment options, and regional treatment center catchment areas.

ARTICLE 13

DEPARTMENT OF HEALTH

Section 1 (103I.005, subdivision 17a) creates a definition for a submerged closed loop heat exchanger.

Section 2 (103I.005, subd. 17b) moves the current definition of a temporary boring to a new subdivision.

Section 3 (103I.005, subd. 20a) includes in the definition of a water supply well any well that is used for containing a submerged closed loop heat exchanger.

Section 4 (103I.631) establishes the parameters for installing a submerged closed loop heat exchanger.

Subdivision 1 requires that the commissioner of health permit the installation of a submerged closed loop heat exchanger in a water supply well.

Subd. 2 specifies that only water supply wells used for the nonpotable purpose of providing heating and cooling using a submerged closed loop heat exchanger are exempt from isolation distance requirements greater than 10 feet.

Subd. 3 specifies that the screened interval of a water supply well that is constructed to contain a submerged closed loop exchanger completed within a single aquifer may be designed and constructed using any combination of screen, casing, leader, riser, sump, or other piping combinations so long as the screen configuration does not interconnect with aquifers.

Subd. 4 states that a submerged closed loop heat exchanger is not subject to the permit requirements of chapter 103I.

Subd. 5 states that a variance is not required to install or operate a submerged closed loop heat exchanger.

Section 5 (144.057, subd. 1) specifies that the Department of Human Services is not required to conduct a background study under chapter 245C on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health-related licensing board and has completed a criminal background check under section 214.075 as part of the health-related licensing board's licensing process.

Section 6 (144.1222, subd. 2d) specifies that a spa pool (hot tub or whirlpool) that is located on the property of a standalone single unit rental property that is rented out to the public by the property owner or through a resort and is only intended to be used by the occupants of the rental property is not a public pool and is exempt from the requirements for public pools.

Section 7 (144.551, subd. 1) exempts two hospital construction projects from the hospital construction moratorium.

Clause (31) is for any project to add licensed beds in a critical access hospital with licensed bed capacity of fewer than 25 beds and has an attached nursing home so long as the bed addition of total number of licensed beds after the bed addition does not exceed 25 beds. Specifies that a public interest review is not required to be completed for this project.

Clause (32) is for a project to add 22 licensed beds at Children's Hospital located in St. Paul. Permits the hospital to add these beds prior to the completion of the public interest review, so long as the hospital submits its plan by 2022 deadline and adheres to the timelines for the public interest review.

Section 8 (144A.75, subd.12) modifies the definition of palliative care specifying that it means specialized medical care for individuals living with a serious illness or life limiting condition.

Section 9 (144G.45, subd. 7) adds to the criteria that the commissioner uses when a facility requests a waiver from certain assisted living facility requirements and the existing building is proposed to be repurposed to meet a critical community need for additional assisted living facility capacity whether the waiver will adequately protect the health and safety of the residents.

Section 10 (145.267) moves the current fetal alcohol spectrum disorders prevention grant program language to the Department of Health chapter of law. (Currently this program is administered by the Department of Human Services and the administration of this program is being moved from DHS to MDH). The move is effective July 1, 2023.

Section 11 (145.4716, subd. 4) specifies that the commissioner shall not use the funds appropriated for safe harbor for sexually exploited youth for any other activity other than the activities authorized under this section, and the commissioner shall not create additional eligibility criteria or restrictions on the funds.

Section 12 (245C.03, subd. 5a) specifies that the Department of Human Services is not required to

conduct a background study under this chapter on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health-related licensing board and has completed a criminal background check under section 214.075 as part of the health-related licensing board's licensing process; requires the entity affiliated with the individual to separate those individuals from the entity's NETStudy 2.0 roster list.

Section 13 (245C.31, subd. 1) requires the commissioner of human services to notify a health-related licensing board if the commissioner determines that an individual licensed by the board is responsible for substantiated maltreatment. Upon receiving such notification, the board shall determine whether to impose disciplinary or corrective action.

Section 14 (245C.31, subd. 2) makes conforming changes. Also strikes the requirement that the commissioner of human services notifies a health-related licensing board as to whether the commissioner would have disqualified the individual for the substantiated maltreatment if the individual was not regulated by a board and strikes the requirement that the commissioner notify the individual who is the subject of the study of the finding of substantiated maltreatment.

Section 15 (245C.31, subd. 3a) requires the commissioner of human services and the health-related licensing boards to enter into an agreement for each board to provide the commissioner with a quarterly roster list of individuals who have a license issued by the board in active status. Specifies what information must be included in the roster list.

Section 17 [Direction to commissioner of health; J-1 visa waiver program recommendation] requires the commissioner of health, in issuing recommendations for the purposes of the J-1 visa waiver program, to allow a foreign medical graduate to submit to the commissioner evidence that the applicant for whom the waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing Examination.

Section 18 repeals Minnesota Statutes, section 254A.21, effective July 1, 2023. This is repealing the current section located in a DHS chapter for the fetal alcohol spectrum disorders prevention grant program.

ARTICLE 14 HEALTH-RELATED LICENSING BOARDS AND SCOPE OF PRACTICE

Section 1 (144.051, subd. 6) permits the commissioner of health to release data on audiologist and speech pathologist licensees to the appropriate state, federal, or local agency for investigative or enforcement efforts or to further a public health protective process.

Section 2 (144E.01, subd. 1) makes modifications to the membership of the Emergency Medical Services Regulatory Board (EMSRB).

Section 3 (144E.01, subd.4) modifies the term limits of the EMSRB members.

Section 4 (147.01, subd. 7) strikes an obsolete physician fee.

Section 5 (147.03, subd. 1) modifies this section to permit an applicant for licensure for endorsement who is also a foreign medical school graduate to have the ability to apply for a temporary permit.

Section 6 (147.03, subd.2) authorizes an applicant for licensure by endorsement to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee, and if the applicant is currently licensed in good standing in another state and is not the subject of a

pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the physician is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 7 (147.037) removes references in this section regarding temporary permits.

Section 8 (147A.025) authorizes an applicant for a physician assistant license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the physician assistant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 9 (147A.28) strikes obsolete physician assistant fees.

Section 10 (147C.15, subd. 3) authorizes an applicant for a respiratory therapist license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the respiratory therapist is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 11 (147C.40, subd. 5) strikes an obsolete respiratory therapist fee.

Section 12 (148.212, subd. 1) modifies the length of time a temporary permit that is issued by the Board of Nursing to practice professional or practical nursing is valid from 60 days to 90 days.

Section 13 (148.2855) creates the nurse licensure compact for registered professional and licensed practical nurses.

Section 14 (148.2856) clarifies the applicability of the nurse licensure compact to existing state laws, including that the compact does not supersede state labor laws; that any action taken by the Board of Nursing against an individual's multistate privileges must be adjudicated following procedures under chapter 14; that the board may take all forms of disciplinary and corrective action provided under state law against an individual's multistate privilege; and any complaints against any individual practicing professional or practical nursing in Minnesota under the compact must be addressed according to state law.

Section 15 (148.5185) creates an audiology and speech language pathology interstate compact.

Section 16 (148.5186) clarifies the applicability of the audiology and speech language pathology interstate compact to existing state laws, including that rules developed by the compact commission are not subject to chapter 14; permits the commissioner of health to require an audiologist or speech language pathologist licensed in Minnesota as the home state to submit to a criminal background study; and permits the commissioner to provide data to the commission.

Section 17(148B.75) creates the licensed professional counselor interstate compact.

Section 18 (148F.11, subd.2a) creates a licensure exemption for the practice of alcohol and drug counseling by former students for 90 days from the graduation date from an accredited school or program or after the last date the former student received credit for an alcohol and drug counseling

course from an accredited school or program. Requires the former student to be supervised by an alcohol and drug counselor, an alcohol and drug counselor supervisor or a treatment director.

Section 19 (150A.10, subd. 1a) permits a collaborative practice dental hygienist to be employed by a licensed dentist. Requires the commissioner of human services to annually report to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year.

Section 20 (150A.105, subd. 8) makes a conforming change.

Section 21 (151.01, subd. 27) in clause (3), authorizes a pharmacist to order certain laboratory tests as part of monitoring drug therapies. It also authorizes a pharmacist to collect specimens, interpret results, notify the patient of results, and refer patients to other health care providers for follow up care and to initiate, modify, or discontinue drug therapy pursuant to a protocol or collaborative practice agreement. Authorizes a pharmacy technician or pharmacist intern to perform these tests if the technician or intern is working under the direct supervision of a pharmacist.

In clause (6), modifies the authorization of pharmacists to participate in the administration of vaccines by modifying the protocol requirements and requiring the pharmacist to inform a patient of the contraindications and precautions to the vaccine before administering the vaccine; and, if the patient is under the age of 18, inform the patient and any adult care giver accompanying the patient, of the importance of a well child visit with a pediatrician or other licensed primary care provider when administering the vaccine.

Section 22 (151.065, subd. 1) reduces the initial application licensure fees for medical gas wholesalers and manufacturers from \$5,260 for the first facility and \$260 for each additional facility to \$260.

Section 23 (151.065, subd. 3) reduces the renewal fees for medical gas wholesalers and manufacturers from \$5,260 for the first facility and \$260 for each additional facility to \$260.

Section 24 (151.065, subd. 7) makes a conforming change.

Section 25 (151.103), paragraph (a) authorizes a pharmacy technician or a pharmacist intern to administer vaccines if the technician or intern (1) is under the direct supervision of a pharmacist while administering the vaccine; (2) has successfully completed a training program; (3) has a current certificate in basic CPR; and (4) if a pharmacy technician is administering the vaccine, the technician has completed (i) one of the training programs listed in Minnesota Rules; and (ii) a minimum of two hours of APCE-approved, immunization-related continuing pharmacy education as part of the technician's continuing education schedule.

Paragraph (b) specifies that direct supervision must be in-person and not through telehealth.

Section 26 (152.125) makes modifications to the prescribing criteria for controlled substances when treating intractable pain.

Subdivision 1 adds definitions for drug diversion, palliative care, and rare disease.

Subd. 1a establishes criteria for the evaluation and treatment of intractable pain when treating a nonterminally ill patient.

Subd. 2, paragraph (a) authorizes advanced practice registered nurses and physician assistants to prescribe or administer a controlled substance to a patient as part of the patient's treatment of a diagnosed condition causing intractable pain. Requires the provider to enter into a patient-provider agreement.

Paragraph (b) states that a prescriber shall not be subject to any investigation, termination, or disenrollment by either the commissioner of health or human services

solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies.

Paragraph (c) prohibits a prescriber who is treating intractable pain with a controlled substance from tapering a patient's medication dosage solely to meet a predetermined dosage recommendation or threshold if the patient is stable and compliant with the treatment plan; is experiencing no serious harm from the level of medication prescribed and is in compliance with the patient-provider agreement.

Paragraph (d) specifies that a prescriber's decision to taper a patient's medication dosage must be based on factors other than a morphine milligram equivalent recommendation or threshold.

Paragraph (e) specifies that no pharmacist, health plan company, or pharmacy benefit manager shall refuse to fill a prescription for an opiate issued by a licensed practitioner authorized to prescribe opiates solely on the prescription exceeding a predetermined morphine milligram equivalent dosage recommendation or threshold.

Subd. 3 and 4 add advanced practice registered nurse and physician assistant to these subdivisions. Make other technical changes.

Subd. 5, paragraph (a) requires the prescriber and patient to enter into an agreement that includes the patient's and prescriber's expectations, responsibilities, and rights according to the best practices and current standard of care.

Paragraph (b) requires that the agreement be signed by the patient and the prescriber, and a copy of the agreement included with the patient's medical record and a copy be provided to the patient.

Paragraph (c) requires the agreement to be reviewed at least annually and if there is a change to the patient's treatment plan, the agreement must be revised and updated and signed by the patient with a copy provided to the patient and included in the patient's medical record.

Paragraph (d) specifies that a patient provider agreement is not required in an emergency or inpatient hospital setting.

Section 27 (Temporary requirements governing ambulance service operations and the provision of emergency medical services) temporarily modifies the staffing and operation requirements for emergency medical services between final enactment of this section and January 1, 2024.

Subdivision 1 specifies that the provisions of this section temporarily supersede conflicting provisions in Minnesota Statutes, Chapter 144E governing the staffing and operation of emergency medical services.

Subdivision 2 imports from Chapter 144E definitions of terms used in this section.

Subdivision 3, paragraph (a) temporarily reduces the required minimal staffing of basic life support from two EMTs to one driver trained in CPR and one EMT.

Paragraph (b) temporarily reduces the required minimal staffing of advanced life support from two ambulance services personnel to one driver trained in CPR and either one paramedic, or one RN or PA who qualifies as ambulance service personnel.

Paragraph (c) requires both the ambulance service director and the medical director

of the service to approve staffing according to this section.

Paragraph (d) requires each ambulance service to notify the Emergency Medical Services Regulatory Board in writing of its adoption of a staffing arrangement permitted under this subdivision and the planned duration of implementing the staffing arrangement.

Paragraph (e) permits the EMSRB to prevent a driver from staffing an emergency medical service on the same basis as the EMSRB is currently permitted to deny, suspend or revoke the registration of emergency services personnel.

Subdivision 4 permits ambulance service personnel to use under limited conditions medication and medical supplies up to six months following their expiration date. Use of expired medications and medical supplies is permitted only after consultation with the Board of Pharmacy regarding the use of particular expired medications and medical supplies.

Subdivision 5 permits a medical director, with the approval of the ambulance service director, to allow emergency services personnel with lapsed certifications to continue to provide services for 3 months beyond the expiration date of the individual's certification.

Subdivision 6 requires the EMSRB to provide the legislature with 7 quarterly reports that include information by emergency medical service on staffing changes, use of expired medications and medical supplies, and the provision of services after the expiration of an individual's certification.

Subdivision 7 specifies that this section expires January 1, 2024, after which time the requirements of Minnesota Statutes, Chapter 144E will again govern the staffing the operations of emergency medical services.

Section 28 [EXPEDITED REREGISTRATION FOR LAPSED NURSING LICENSES] permits a nurse whose license has lapsed and who desires to work at a nursing home or assisted living facility to submit an application to the board of nursing for reregistration.

Section 29 repeals Minnesota Statutes, section 147.02, subdivision 2a (obsolete temporary permit).

ARTICLE 15

MINNESOTA HEALTH AND EDUCATION FACILITIES AUTHORITY

Article 15 expands the authority and scope of the Minnesota Higher Education Facilities Authority (MHEFA) by allowing the MHEFA to provide financing to health care organizations.

Section 1 (3.732, subd. 1) makes a conforming change.

Section 2 (10A.01, subd. 35) makes a conforming change.

Section 3 (136A.25) changes the agency name to Minnesota *Health* and Education Facilities (the MHEFA acronym is retained).

Section 4 (136A.26, subd. 1) expands the membership of the board to include one additional member appointed by the Governor who is a trustee, director, officer, or employee of a health care organization.

Subdivision 1b is a new subdivision adding an advisory, nonvoting member to the board who is the chief executive officer of a Minnesota nonprofit health care association.

Subdivision 2 provides that the membership terms, compensation, removal, and vacancy related to the member under subdivision 1b is governed by Minnesota Statutes, section 15.0575.

Section 5 (136A.27) amends the policy statement for the organization to include that health care organizations within the state be provided with appropriate and additional means to establish, acquire, construct, improve, and expand health care facilities in furtherance of their purpose.

Section 6 (136A.28) defines the following new terms and modifies existing terms: “affiliate,” “project,” “health care organization,” “education facility,” “health care facility,” and “participating institution.”

Section 7 (136A.29, subd. 1) is a conforming change, incorporates “health care organization.”

Section 8 (136A.29, subd. 3) specifies that the authority employees shall participate in the managerial plan for retirement purposes.

Section 9 (136A.29, subd. 6) requires a project involving a health care facility to comply with all applicable requirements in state law related to construction or modifications of facilities.

Section 10 (136A.29, subd. 9) increases the bond limit from \$1,300,000 to \$4,000,000.

Section 11 (136A.29, subd. 10) makes conforming changes relating to the purpose of issuing bonds for health care facilities.

Sections 12 to 15 (136A.29, subd. 14; 136A.29, subd. 19; 136A.29, subd. 20; and 136A.29, subd. 21) are technical conforming modifications.

Section 16 (136A.29, subd. 22) states that the MHEFA may charge to and apportion among institutions its administrative costs and expenses incurred in the manner as the MHEFA in its judgment deems appropriate.

Section 17 (136A.29, subd. 24) authorizes the MHEFA to determine whether an entity is an affiliate, as defined under section 136A.27.

Sections 18 and 19 (136A.32, subd. 4; and 136A.33) are technical conforming amendments.

Sections 20, 21, and 22 (136A.34, subd. 3; 136A.34, subd. 4; and 136A.36) relate to the investment of bond proceeds and revenues.

Sections 23 and 24 (136A.38 and 136A.41) are technical modifications.

Section 25 (136A.42) requires the MHEFA to submit an annual report to the Minnesota Historical Society and the Legislative Reference Library on the authority’s activities in the previous year, including all financial activities.

Section 26 (136F.67) makes a conforming change.

Section 27 (354B.20, subd. 7) makes a conforming change.

Section 28 instructs the Revisor of Statutes to recode the provisions of the bill in new chapter 16F.

Section 29 repeals a law allowing the MHEFA and the OHE to enter into a mutual agreement so MHEFA staff may also be members of the OHE staff.

ARTICLE 16 MANDATED REPORTS

Section 1 (62J.692, subd. 5) exempts the annual report from the commissioner of health to the legislature on the implementation of the medical education and research cost (MERC) funds from the expiration of mandated reports.

Section 2 (62Q.37, subd. 7) eliminates an annual report by the commissioner of human services on the number of audits performed by a nationally recognized independent organization on health maintenance organizations and managed care organizations that were accepted, partially accepted, or rejected by the commissioner.

Section 3 (144.193) eliminates the required report to the legislature by the commissioner of health on the inventory of biological specimens, registries, and health data and databases collected by the Department of Health. This report is still required to be made available on the Department of Health's website.

Section 4 (144.4199, subd. 8) exempts the annual report from the commissioner of health to the legislature on expenditures made in the previous calendar year from the public health response contingency account from the expiration of mandated reports.

Section 5 (144.497) eliminates the annual report from the commissioner of health to the legislature on the progress toward improving the quality of care and patient outcomes for ST elevation myocardial infarctions.

Section 6 (144A.10, subd. 17) exempts the required report from the commissioner of health to the legislature on the quality improvement program for nursing facility survey and complaint processes from the expiration of mandated reports.

Section 7 (144A.351, subd.1) requires the commissioners of health and human services to compile the data that is currently being reported to the legislature on the status of the full range of long term care services and supports for the elderly and children and adults with disabilities and mental illnesses in Minnesota and make this data available on one of the department's website. Eliminates the annual report to the legislature.

Section 8 (144A.483, subd. 1) specifies that annual report that the commissioner of health is required to submit to the legislature regarding home care licensing and regulatory activities expires October 1, 2027.

Section 9 (145.4134) eliminates the separate report to the legislature regarding abortion data. This report is still required to be reported to the public.

Section 10 (145.928, subd. 13) eliminates the annual report to the legislature on eliminating health disparities grants to decrease racial and ethnic disparities in infant mortality rates. This report is still required to be reported to the public.

Section 11 (245.4461, subdivision 10) specifies that the biennial report that the commissioner of human services is required to submit to the legislature regarding the use of adult mental health grants expires January 1, 2032.

Section 12 (245.4889, subdivision 3) specifies that the biennial report that the commissioner of human services is required to submit to the legislature regarding the use of children's mental health grants expires January 1, 2032.

Section 13 (245A.03, subdivision 7, paragraph (h)) eliminates the annual report from the commissioner of human services to the legislature regarding licensed capacity of long-term care settings.

Section 14 (256.01, subdivision 29) eliminates the annual report from the commissioner of human services to the legislature regarding the activities of the state medical review team

Section 15 (256.01, subdivision 42) modifies the statute governing the expiration of mandated reports to the legislature from the commissioner of human services by clarifying the treatment of reports that are required more frequently than annually, changing the due date of the report on reports, and specifying that the annual report on reports does not expire.

Section 16 (256.021, subdivision 3) specifies that the annual report from the vulnerable adult maltreatment review panel to the legislature regarding its activities expires January 1, 2024.

Section 17 (256.042, subdivision 4) specifies that the annual report from the commissioner of human services to the legislature regarding the grants proposed by The Opiate Epidemic Response Advisory Council expires when the council expires.

Section 18 (256.042, subdivision 5) specifies that the annual report from The Opiate Epidemic Response Advisory Council to the legislature regarding the grant activities and the annual report from the commissioner of management and budget to the legislature regarding evaluations of the grant activities expire when the council expires.

Section 19 (256.9657, subdivision 8) modifies the frequency of the report from the commissioner of human services to the legislature regarding the provider surcharge and specifies that the report expires January 1, 2032.

Section 20 (256.975, subdivision 11) eliminates the annual progress report from the Minnesota Board on Aging to the legislature regarding regional and local dementia grants.

Section 21 (256B.0561, subdivision 4) specifies that a report from the commissioner of human services to the legislature regarding periodic data matching expires January 1, 2027.

Section 22 (256B.0911, subdivision 5) eliminates a requirement that the commissioner of human services provide an annual trend analysis to the legislature regarding reductions in the time per long-term care assessments.

Section 23 (256B.0949, subdivision 17) eliminates the requirement that the commissioner of human services provide an annual update to the legislature regarding the status of the EIDBI provider shortage.

Section 24 (256B.493, subdivision 2) makes a conforming change related to the elimination of the report on the status of long-term care services and supports.

Section 25 (256B.69, subdivision 9d) eliminates the requirement that the commissioner of human services provide the legislature with copies of the commissioner's report on the quality assurance program related to managed care plans and county-based purchasing plans and eliminates the annual report from the commissioner to the legislature regarding state public health care program administrative and medical expenses reported by managed care plans and county-based purchasing plans.

Section 26 (256E.28, subdivision 6) specifies that the biennial report from the commissioner of human services to the legislature regarding child protection grants expires January 1, 2032.

Section 27 (256R.18) specifies that the biennial report from the commissioner of human services to the legislature regarding nursing facility rates expires January 1, 2026.

Section 28 (257.0725) specifies that the annual report on child maltreatment and on children in out-of-home placement expires January 1, 2032.

Section 29 (260.775) consolidates the annual inventory of all Indian children in residential facilities into the annual report on child maltreatment and on children in out-of-home placement.

Section 30 (260E.24, subdivision 6) consolidates the annual reporting to the legislature of children under age three who are involved in a substantiated case of maltreatment and referred for screening under the Individuals with Disabilities Education Act, part C, into the annual report on child maltreatment and on children in out-of-home placement.

Section 31 (260E.38, subdivision 3) consolidates the annual audit for accuracy of the data reported by counties on maltreatment of children into the annual report on child maltreatment and on children in out-of-home placement.

Section 32 (518A.77) specifies that the quadrennial review of child support guidelines expires January 1, 2032.

Section 33 (626.557, subdivision 12b) eliminates a joint biennial report from the commissioners of health and human services to the legislature and governor regarding maltreatment reports in licensed facilities.

Section 34 (Laws 2009, chapter 79, article 13, section 3, subdivision 10) eliminated a requirement that the commissioner of human services provide a report on the census and fiscal projections for state-operated services and the sex-offender program with the November and February forecasts.

Section 35 repeals sections 62U.10, subd. 3 (obsolete section); 144.1911, subd. 10 (report on the integration of international medical graduates into the health care delivery system); 144.564, subd. 3 (report on subacute or transitional care); 144A.483, subd. 2 (obsolete report); 245.981 (compulsive gambling annual report); 246.131 (quarterly report on AMRTC, MSH, and CBHH); 246B.03, subdivision 2 (MSOP evaluation); 246B.035 (annual MSOP performance report); 256.01, subdivision 31 (annual consumer satisfaction memorandum); 256.975, subdivision 12 (self-directed grants); 256B.0638, subdivision 7 (annual report on implementation of the opioid prescribing improvement program); and Laws 1998, chapter 382, article 1, section 23 (biennial evaluation of child support).

ARTICLE 17

HUMAN SERVICES FORECAST ADJUSTMENTS AND CARRY FORWARD AUTHORITY

Article 17 makes forecast adjustments and provides carry forward authority related to various home and community-based services funded by the 2021 enhanced HCBS FMAP.