Health and Human Services (Wiklund/Liebling); amended into Omnibus Tax/Mega Bill (Chapter 127)

Reference materials:

- HHS Spreadsheet
- HHS Summary

Bill Review:

Article 54 - Department of Human Services Health Care Finance: Contains provisions related to state health care programs. These provisions address alternative care delivery models, graduate medical education, payment rates and methods, and eligibility for Deferred Action for Childhood Arrivals (DACA) recipients.

- Section 1: Directs commissioner to develop alternative care delivery models and outlines implementation plans.
- Section 2: Requires teaching hospitals to pay a surcharge for inpatient services based on its 2021 net patient revenue.
- Section 4: Requires DHS and contracted managed care organizations to pay annually for an inpatient supplemental payment to all eligible hospitals for graduate medical education.
- Section 8: Changes federal law references related to MA and MinnesotaCare eligibility for DACA recipients.
- Section 10: Requires the commissioner to report (by January 15, 2025) to the Legislature on alternative health care delivery models and **a county-administered rural this s model (CARMA).** Directs DHS to collaborate with counties and county-based purchasing plans in development.

Article 55 – Department of Human Services Health Care Policy: Makes policy changes related to the administration of DHS health care programs. Contains provisions that address utilization review, collection of overpayments, agency reporting requirements, payment rates, eligibility procedures, covered services, and claim recovery:

- Sections 1, 10: Effective January 1, 2026, extends prior authorization to managed care and county-based purchasing plans.
- Section 2: Modifies overpayment provisions under MinnesotaCare.
- Section 3: Eliminates annual report regarding provider surcharge program.
- Section 4: Effective retroactively to January 1, 2024, directs DHS to compute an alternative payment rate for a children's hospital.
- Section 5: Exempts state tax credits, rebates, and refunds from the calculation of income for purposes of eligibility for MA. Further provides that state tax credits, rebates, and refunds are not included in the calculation of assets for a period of 12 months after the month of receipt.
- Section 6: Makes clarifying change to statute changing "identify unreported accounts" to "verify assets" for purposes of MA eligibility.

Article 56 – Health Care: Contains provisions related to MNsure reporting requirements and state insulin assistance programs:

- Sections 1-3: Modifies MnSURE reports to the Legislature.

Article 57 – Health Insurance: Requires or modifies health plan and MA coverage for certain health treatments and services. Modifies requirements for utilization review and prior authorization of health care services; prohibits for-profit health maintenance organizations (HMOs) from participating in the State Employee Group Insurance Program, MA, or MinnesotaCare; authorizes MDH to oversee certain health maintenance organization transactions; provides for review of nonprofit health coverage entity conversion transactions; requires essential community providers to be included in health plan company provider networks; provides exemptions and accommodations for organizations with religious objections to certain coverage requirements; and modifies other provisions:

- Section 1: Prohibits for-profit hospital, medical, and dental insurance providers.
- Section 2: Requires coverage for maternal care when mother and/or newborn must be transferred.
- Section 7: Prohibits health plans from retroactively denying or limiting coverage of a health care service for which prior authorization was not required unless there is evidence of fraud or misinformation.
- Section 10: Requires all health plans (including county-based purchasing plans) to participate in public health care programs.
- Sections 25-31, 70: **Modifies various elements of prior authorization**, including prohibition on prior authorization for **outpatient mental health treatment, chronic health conditions, outpatient SUD treatment**, and other treatments; automation of prior authorization process for plans sold after January 1, 2027, **excluding prescription drugs and medications**; and requires utilization review organizations to report on prior authorization.
- Section 34: Requires health plans to offer provider contracts to all essential community providers that have accepted contracts in each of the company's provider networks.
- Section 35: Allows for essential community providers and a health plan to negotiate a payment rate for covered services with specified parameters.
- Sections 47-53: Places parameters around conversion transactions contemplated by nonprofit health coverage entities.
- Sections 55, 67, 68: Prohibits DHS from entering into a contract with a nonprofit corporation or local government unit health maintenance organization.

Article 58 – Department of Health Finance: Modifies provisions governing financial examinations of health maintenance organizations; permits for groundwater thermal exchange devices; the health professional education loan forgiveness program; the health professionals clinical training expansion grant program; notice and hearing requirements when a hospital closes or modifies operations; supplemental nursing services agencies; and directs MDH to issue a grant for a stillbirth prevention pilot program. Also establishes requirements for the licensure of natural organic reduction facilities and authorizes natural organic reduction of dead human bodies.

Article 59 - Department of Health Policy: Establishes or modifies provisions governing registration and reporting by 340B covered entities; certain fees collected by MDH; nursing facility case mix reimbursement classifications; the secondary and postsecondary summer health care intern program; the international medical graduates assistance program; health records; thrombectomy-capable stroke center designations; the hospital construction moratorium; publication of information by hospitals that are nonprofits and are tax-exempt; dispute resolution regarding deficiencies issued to nursing facilities; home care providers; assisted living facilities; and supervision of temporary tattoo and body piercing technicians.

- Sections 1-4: Prescription drugs

- Sections 10; 14-16; 34-36; 53: Nursing facilities: changes timelines related to correction orders/dispute resolutions; amends definition of facility average case mix.
- Sections 17-19: Adds assisted living facilities to the list of health care facilities that may be awarded grants for the secondary and postsecondary summer health care intern program; allows for summer internships.
- Sections 23-26: Makes changes to reporting and registration relating to safe place newborns.
- Section 29: Creates an exception from Minnesota's moratorium on hospital construction and modifies a separate exception. The modification increases the permissible number of licensed hospital beds from 70 to 100 for projects to replace a hospital or hospitals with a combined licensed capacity of 130 beds or less.
- Section 32: Community health needs assessment; community health improvement services; implementation. Requires a nonprofit hospital to make available to the public and submit to MDH its current community health needs assessment by January 15, 2026, and to make available and submit subsequent assessments within 15 calendar days after submitting the subsequent assessment to the IRS.
- Section 33: Mandates MDH to publish an annual report on adverse event reports, correction action plans, root cause analyses, and recommendations, does not expire; effective retroactively from January 1, 2023.
- Sections 37-39: Home care licensee changes regarding sleeping accommodations and termination of service plans.
- Sections 41-43: Assisted living professionals; protected titles; license denials.
- Section 44: Telecommunications fee is set at 12 cents per month for each consumer access line for the operation and maintenance of the 988 suicide prevention and crisis system.
- Sections 45-47: **Addresses licensing of tattoo technicians and body piercing technicians; specifies the fees for technician licensure and licensure of body art establishments.**
- Sections 48-52: Mortuary services
- Sections 54-55: Adds a child's putative father who registered in the fathers' adoption registry and the legal father to the list of individuals who may request that MDH search the registry before a petition for adoption may be granted; also added to the list of individuals who may be released data in the registry.

Article 60 – Pharmacy Board and Practice:

- Prohibits health plans and MA from requiring prior authorization or step therapy for drugs to prevent HIV, unless certain conditions are met; allows pharmacists to prescribe, dispense, and administer drugs to prevent HIV; and allows pharmacists to order, conduct, and interpret laboratory tests related to the prevention of HIV; allows pharmacists to order certain laboratory tests and to collect specimens; expands the authority of pharmacists to initiate, order, and administer influenza and COVID vaccines.
- Requires MA to cover vaccines and lab tests initiated, ordered, or administered by a licensed pharmacist at no less than the rate for which the same services are covered when provided by any other licensed practitioner; effective January 1, 2025, or upon federal approval, whichever is later.
- Makes changes to the medication repository program for donated medications.

Article 61 – Behavioral Health: Contains provisions related to child and adult mental health grants; mental health uniform service standards and staffing requirements for a range of mental health services; assertive community treatment (ACT) eligibility, staffing, and programming; adult day treatment services; certified community behavioral health clinics; child and family psychoeducation services; children's

therapeutic services and supports; and intensive nonresidential rehabilitative treatment team requirements. **Also requires mental health MA rate revisions and directs DHS to develop recommendations related to mental health services**, and makes technical changes.

- Section 1: Includes Clubhouse International model programs as eligible "community support services programs."
- Section 2: **Adds rural mental health service providers (outside of seven-county metro and not in the cities of Duluth, Mankato, Moorhead, Rochester, or St. Cloud) to eligible recipients of mental health services grants.**
- Section 3: Modifies eligible children's respite services for grantmaking purposes.
- Section 4: Changes timeline for commissioner to transition state certification and recertification process for CCBHCs from July 1, 2024, to January 1, 2025.
- Section 5: Modifies the definition of "functional assessment" in the Mental Health Uniform Service Standards Act by removing the requirement to use specified functional assessment instruments.
- Section 6: Modifies the definition of "level of care assessment" in the Mental Health Uniform Service Standards Act by removing the requirement to use specified level of care assessment instruments.
- Section 7: Expands the list of qualifications for clinical trainee staff to include a person who has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional, has completed a practicum or internship, and has not yet taken or received the results from the required test or is waiting for the final licensure decision.
- Section 8: Removes a narrative summary from the list of elements included in a functional assessment for an adult client and modifies the timeline for updating the client's functional assessment from every 180 days to every 365 days. Allows a license holder to use any available, validated assessment tool when completing the required elements of a functional assessment.
- Section 9: Defines "observed self-administration" for children's day treatment services license holders.
- Section 10: Requires children's day treatment services license holders to maintain policies and procedures related to medication storage and observe self-administration of medication. Requires programs allowing self-administration to maintain documentation from a licensed prescriber regarding the safety of medications held by clients.
- Section 11: Removes requirement that the two required mental health professionals employed by a mental health clinic specialize in different mental health disciplines.
- Section 12: Outlines requirements for a treatment team member working only one shift during a week who cannot participate in a weekly team meeting. Allows for remote weekly team meetings under specified circumstances, and for a limited time, unless the license holder requests a variance.
- Section 13: Specifies that MinnesotaCare enrollees are eligible for behavioral health funds for intensive residential treatment services or residential crisis stabilization services room and board; effective January 1, 2025.
- Section 14: Requires DHS to: (1) establish an initial provider entity application and certification process and recertification process to determine whether a provider entity has administrative and clinical infrastructures that meet the requirements to be certified. Lists the mental health services to which the certification process applies; (2) recertify a provider entity every three years; (3) establish a process to decertify a provider entity; and (4) provide certain information to

provider entities for the certification, recertification, and decertification processes. Makes this section effective July 1, 2024, and requires DHS to implement all requirements in this section by September 1, 2024.

- Section 15: Expands the list of high-intensity services needed that make a person eligible for assertive community treatment (ACT).
- Section 16: **Removes a requirement that an ACT provider have a contract with the host county to provide services.**
- Section 17: Modifies ACT team staff requirements and role of the team leader.
- Section 18: Removes language related to assertive community treatment team caseload limits, staff-to-client ratios, and other requirements related to team size. Requires each ACT team to demonstrate that the team attained a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment.
- Section 19: Makes the timing of updates to the ACT client's diagnostic assessment consistent with requirements in the Mental Health Uniform Service Standards Act.
- Section 20: Expands the list of individuals qualified to provide adult rehabilitative mental health services to include licensed occupational therapists; effective upon federal approval.
- Section 21: Modifies certified community behavioral health clinic rate rebasing requirements and timelines.
- Section 22: Modifies hospitals' credentialing requirement to provide adult day treatment services.
- Section 23: Expands MA coverage for skills training related to child and family psychoeducational services.
- Section 24: For children's therapeutic services and supports, adds requirement for standard diagnostic assessment updates as required under the mental health uniform service standards in chapter 245I.
- Section 25: For children's therapeutic services and supports, allows treatment by multiple providers within the same agency at the same clock time if one service is provided to the child and the other service is provided to the family or treatment team without the child present.
- Section 26: Modifies the list of professionals who must make up the clinically qualified core team for intensive nonresidential rehabilitative mental health services to include a co-occurring disorder specialist.
- Section 27: Requires DHS to revise fee-for-service payments for physician and professional services based on the Medicare relative value units to at least equal corresponding federal Medicare rates for such services, upon the issuance by CMS of a Medicare Physician Fee Schedule final rule. Further requires DHS to revise and implement payment rates for mental health services based on RVUs to at least equal to 83% of the Medicare Physician Fee Schedule.
- Section 28: Permits an inflation adjustment in connection with rates paid for adult day treatment services; effective January 1, 2025, or upon federal approval, whichever is later.
- Section 29: Directs DHS to develop a First Episode Psychosis Coordinated Specialty Care MA , which must cover medically necessary treatment for services including: (1) assertive outreach and engagement strategies; (2) crisis planning and intervention; (3) employment and education services that enable individuals to function in workplace and educational settings that support individual preferences; and (4) care coordination services in clinic, community, and home settings to assist individuals with practical problem solving. Further requires DHS to report findings to the Legislature by December 1, 2026.
- Section 30: Directs DHS to consult with providers, advocates, Tribal Nations, **counties,** people with lived experience or having a child in a mental health crisis, and other interested community

members **to develop a covered benefit under MA to provide residential mental health crisis stabilization for children. The benefit must include evidence-based practices for children under 21 experiencing a mental health crisis, and services that support children and families. The benefit must qualify for federal financial participation. Further requires DHS to report findings to the Legislature by October 1, 2025.**

- Section 31: Directs DHS to conduct an analysis to identify existing or pending Medicaid Clubhouse benefits in other states, federal authorities used, populations served, service and reimbursement design, and accreditation standards. Further requires DHS to report findings to the Legislature by December 1, 2025.
- Section 32: Requires DHS, in consultation with experts and external partners, to develop recommendations on simplifying mental health procedure codes and the feasibility of converting mental health procedure codes to the current procedural terminology (CPT) code structure. Requires a report to the Legislature on the recommendations; effective July 1, 2024.
- Section 33: Requires DHS to consult with the Commissioner of Management and Budget, **counties,** Tribes, mental health providers, and advocacy organizations **to develop recommendations for moving from the children's and adult mental health grant funding structure to a formula-based allocation structure for mental health service. Requires the recommendations to consider formula-based allocations for grants for respite care, school-linked behavioral health, mobile crisis teams, and first episode of psychosis programs.**

Article 62 – Department of Human Services Policy: Contains provisions from the DHS Office of Inspector General policy bill. Makes technical fixes and policy changes to licensing requirements and processes; modifies provisions related to background study procedures and requirements; and modifies withdrawal management, substance use disorder treatment, and opioid treatment program licensing provisions. Also includes conforming changes made necessary by the recodification of statutes for the Department of Children, Youth, and Families:

- Section 1: Provides that assisted living facilities licensed by MDH under chapter 144G are exempt from licensure requirements.
- Sections 2-8: 245A facility change in ownership; transitional licenses; sanctions for failure to comply; appeals.
- Section 9: Variance for alternative overnight supervision in adult foster care and community residential settings. Allows DHS to grant a variance to statute or rules that requires that a caregiver is present in a community residential setting during normal sleeping hours to allow for alternative methods of overnight supervision; immediate effective date.
- Section 10: Provides that only the DHS commissioner may issue specified variances that apply to community residential settings; immediate effective date.
- Section 11: Clarifies language governing the process by which a license or certification holder may use restraints on a person; immediate effective date.
- Section 12: Modifies requirements for substance use and mental health programs that are required to maintain a supply of emergency overdose medication by allowing staff and adult clients to carry the medication on them and store it in an unlocked location, and providing that staff who administer the medications only need to be trained on administering that medication if it is the only medicine they deliver; immediate effective date.
- Section 13: Specifies that information obtained from public web-based data or any other source that is not direct correspondence from DHS does not constitute notice of disqualification.
- Section 14: Allows commissioner to temporarily waive or modify background study requirements in the event of an emergency identified by the commissioner. Lists provisions the commissioner

cannot modify or waive, and what an emergency may include. Specifies requirements for entities when an emergency ends; immediate effective date.

- Section 15: Establishes fingerprint submission requirements for Head Start program background studies.
- Sections 16-17: Background studies conducted by DHS; fingerprinting; fees.
- Sections 18-19: Adds those whose parental rights having been terminated to the list of disqualifications from any position involving direct contact with persons receiving services.
- Section 19: NETStudy 2.0; specifies that information obtained from public web-based data or any other source that is not direct correspondence from DHS does not constitute notice of disqualification.
- Sections 20-22: Modifies what crimes constitute 15-year, 10-year, and 7-year disqualifications for employment involving direct contact.
- Section 23: Modifies what crimes constitute a licensed family foster setting disqualification (adds sexual extortion).
- Section 24: **Requires DHS, when determining whether a background study disqualification should be set aside, to consider the importance of maintaining the child's relationship with relatives.**
- Section 25: Prohibits DHS from granting a set aside or variance for a disqualification connected with a foster residence setting or children's residential facility, if the individual was disqualified under the licensed family foster setting permanent disqualifications.
- Section 26: Adds variance language and broadens bar to set aside or granting a variance to include foster residence settings.
- Section 27: **Requires DHS, for an individual seeking a child foster care license who is a relative of the child, to consider the importance of maintaining the child's relative relationships as a significant factor in determining whether to grant a variance background study disqualification.**
- Section 29: Requires a withdrawal management program license holder to notify DHS within five business days of a change or vacancy in a key staff position. Lists key positions; effective January 1, 2025.
- Section 30: Removes the requirement that a withdrawal management program license holder maintain documentation of a statement of freedom from substance use problems in a personnel file for each staff member; immediate effective date.
- Section 31: Modifies permissible locations for a licensed substance use disorder treatment provider to provide treatment. Requires the license holder to provide the commissioner access to all files, documentation, staff, and any other information the commissioner requires at the main licensed location. Exempts listed locations from program abuse prevention plan requirements; effective January 1, 2025.
- Sections 32-33: Removes naloxone training language; modifies naxalone destruction language; modifies terminology from "naloxone" to "opiate antagonist;" immediate effective date.
- Section 34: Requires a substance use disorder program license holder to notify DHS within five days of a change or vacancy in a key staff position. Lists key positions; effective January 1, 2025.
- Section 35: Modifies the definition of "practitioner" in section governing opioid treatment programs.
- Section 36: Modifies requirements for unsupervised use of medication used for the treatment of opioid use disorder, to allow for individualized take-home doses as ordered for days the client's clinic is closed, on one weekend day and state and federal holidays. Removes the list of criteria a

practitioner must review and document for allowed take-home doses and instead requires review and documentation of federally-required criteria; immediate effective date.
- Sections 37-38: Modifies unsupervised use of methadone to allow unsupervised use if a client meets statutory criteria and can safely manage unsupervised doses, as assessed, determined, and documented by a practitioner. Cites federal regulations for the limitation on the number of allowed take-home doses a client can receive; immediate effective date.
- Section 39: Provides that when the DHS commissioner serves notice to an individual or entity about monetary recovery or sanctions under MA, the commissioner must do so using a signature-verified confirmed delivery method.
- Section 40: Removes the requirement that consent be "written" consent for behavioral health home services.
- Section 41: Modifies service delivery standards for behavioral health home services providers related to the required tool providers must use to identify past and current treatment or services.
- Section 42: Extends the effective date for a single adult living with a parent, and who receives general assistance of $350 per month, to October 1, 2024.
- Sections 44-45: Cost-neutral transfers from housing support fund.
- Section 46: Makes a conforming change to allow appeals of licensing actions to be made through the provider licensing and reporting hub.
- Sections 47-51: Clarifies when changes in controlling individuals are considered a change in ownership for programs licensed by DCYF; modifies the process for a standard change of ownership for programs; establishes the process for emergency change in ownership for programs; sanctions for failure to comply; terms when issuing a temporary provisional license that the license holder must follow pending a final order on an appeal.

Provisions of Articles 63, 64, and 65 relating to Emergency Medical Services (EMS) also passed as a stand-alone bill (HF4738); it was signed by Governor Walz on May 23 as Chapter 122.

Article 63 – Office of Emergency Medical Services: Replaces the Emergency Medical Services Regulatory Board with an "Office of Emergency Medical Services" and transfers duties and authorities from the board to the new office by January 1, 2025.
- **$**24 million onetime emergency aid for certain licensed ambulance services.
- **$6 million (FY25) to establish an alternative EMS response model pilot program in Otter Tail and Grant Counties and another in St. Louis County.**
- Requires the Governor to appoint a director, with Senate advice and consent by October 1, 2024.
- Creates Medical Services, Ambulance Services, and Emergency Medical Services Divisions within the new office.
- Establishes an Emergency Medical Services Advisory Council to review and make recommendations on regulation of ambulance services and medical response units.
- Establishes Emergency Medical Services Physician and Labor and Emergency Medical Service Providers Advisory Councils.

Article 64 – Emergency Medical Services Conforming Changes: Makes changes to conform with the transfer of duties and authority from the Emergency Medical Services Regulatory Board to the Office of Emergency Medical Services, including requiring the salary of the director of the office to be determined by the Compensation Council; allowing the office to designate unclassified positions; removing the board from the Council of Health Boards and from participation in the health professionals services program administered by the health-related licensing boards.

Article 65 – Ambulance Service Personnel and Emergency Medical Responders: Modifies the definition of "ambulance service personnel;" modifies the staffing requirements for a basic life support ambulance; establishes a variance process for the staffing of basic life support ambulances; and modifies the staffing requirements for an advanced life support ambulance; removes the rural-only limitation on issuing a variance for alternative staffing of an advanced life support ambulance, and removes the rural-only limitation on alternative staffing for interfacility transfers.

Article 66 – Miscellaneous: Establishes requirements for conducting performance measures for certain grants; modifies the Minnesota Health Records Act, and requests that proponents of bills appropriating money to the University of Minnesota for its health sciences schools and colleges provide certain information to the legislature. Directs MDH to provide recommendations on establishing a health care workforce advisory council and to conduct a request for information to inform a future evaluation of statewide health care needs and capacity. Modifies DHS projects for transition from homelessness program; clarifies determinations for health-related licensing board background studies; requires DHS to consult with the Commissioner of Management and Budget for grant revisions and evaluation; modifies DHS reporting requirements; exempts a 2023 requirement to conduct actuarial and economic analyses for a public option from state procurement requirements; and makes technical and clarifying changes:

- Section 2: Requires the Commissioner of Management and Budget, in consultation with the Commissioners of Health, Human Services, and DCYF, to develop an ongoing consultation schedule to review performance measures, data collection, and program evaluation plans for all state-funded grants that distribute at least $1 million annually.
- Sections 3; 21: Requires proponents of appropriating money to the University of Minnesota to benefit the University's health sciences programs to submit a written report to the Legislature prior to the bill's introduction. This section further requires a certification by the University of Minnesota Vice President and Budget Director relating to certain information regarding the appropriation's intended usage.
- Section 4: Requires the Commissioner of DCYF to consult with the Commissioner of Management and Budget to create, review, and revise grant program performance measures.
- Section 5: Requires the commissioner of health to consult with the Commissioner of Management and Budget to create, review, and revise grant program performance measures.
- Section 6: Establishes limits on copying fees for patient record requests.
- Sections 7-11: **Minnesota Health Records Act must protect the privacy of patient health records in a more stringent manner than the federal HIPAA security and privacy rules. The federal definition identifies various criteria that the state law must meet to be considered "more stringent."**
- Section 12: Expands the projects for assistance in transition from homelessness program to include people with substance use disorder.
- Section 13: Allows a health-related licensing board to make a determination as to whether to impose disciplinary or corrective action, rather than DHS, for individuals licensed by a health-related licensing board. Provides that the prohibition on disqualification does not apply to a background study related to child foster care, adult foster care, or family child care licensure.
- Section 15: Modifies timeline for DHS to issue reports to the Legislature regarding interagency or service-level agreements.
- Section 16: Provides an expiration date of December 31, 2034, for the maternal and infant health report.
- Section 17: **Requires DHS to provide a report on homeless youth beginning January 1, 2025.**

- Section 18: Requires a child-placing agency or individual petitioner to notify an Indian child's Tribe or Tribes immediately (no later than 24 hours) after receiving information on a missing child.
- Sections 19-20: Central office appropriation modifications to reflect one-time appropriation.
- Section 22: Directs MDH, in consultation with the University of Minnesota and the Minnesota State HealthForce Center of Excellence, to provide recommendations to the Legislature for the creation of a health professions workforce advisory council. The council would perform the activities to include: (1) research and advise the Legislature and the Minnesota Office of Higher Education on the status of the health workforce who are in training; (2) provide information and analysis on health workforce needs and trends; and (3) review and comment on legislation relevant to Minnesota's health workforce. Requires MDH to submit a report to the Legislature detailing findings and including recommendations for the advisory council by February 1, 2025.
- Section 23: Requires MDH to publish a request for information to assist the commissioner in conducting a future comprehensive evaluation of current health care needs and capacity in Minnesota.

Article 67 – Appropriations: Appropriates money in fiscal years 2024 and 2025 from the named funds to DHS, MDH, Board of Pharmacy, Rare Disease Advisory Council, commissioner of management and budget, Board of Directors of MNsure, Commissioner of Commerce, and attorney general, for the purposes specified in the article. It also authorizes a transfer from the premium security plan account in fiscal year 2026, cancels certain appropriations, and amends appropriations and riders in Laws 2023, chapters 22 and 70.

DHS Appropriations:

- Reduction in contingent appropriation for Minnesota Public Option Health Care Plan; *savings*
- (-$1 million*) (FY24-25)*
- Implementation of federal health care requirements for DACA recipients; *savings (-$1.65 million) (FY25); (-$4.8 million) (FY26-27)*
- Pharmacists authorization for vaccine administration; *$141,000 (FY25); $250,000 (FY26-27)*
- Pharmacists authorization/step therapy for HIV drugs; *$2.7 million (FY26-27)*
- Coverage requirement for prosthetic devices; *$1.05 million (FY25); $5.4 million (FY26-27)*
- County Administered Rural MA; *$272,000 (FY25)*
- Pharmacy dispensing fee increase; *$326,000 (FY25); $1.34 million (FY26-27)*
- Central Office Administration; *savings (-$1.59 million (FY25)*
- Prior Authorization requirements modifications; *$4.953 million (FY26-27)*

Mental Health:

- Grants to Volunteers of America for mental health services; *$1.7 million (FY25)*
- Payment to CLUES for CCBHC services/AMHI grant; *$1.5 million (FY25)*
- **Grant appropriation reductions;** *savings ($-10.93 million) (FY24-25)*
    - **Mobile crisis; *(-$1.33 million)***
    - Tribal mobile crisis; *(-$1 million)*
    - Cultural and Ethnic Minority Infrastructure Grant (CEMIG) program; *(-$2.9 million)*
    - **IRTS; *(-$2.8 million)***
    - **Transitions to community; *(-$1.4 million)***
- IRTS/RCS room and board for MinnesotaCare; *$127,000 (FY25); $808,000 (FY26-27)*
- Assertive Community Treatment (ACT) modifications; *$225,00/year; ongoing*
- Additional funding for Respite Services; *$3 million (FY25)*

- Additional funding for School-Linked Behavioral Health grants; *$3 million (FY25)*
- **Mental Health provider rate increases**; *$1.637 million (FY25); $8.418 million (FY26-27)*
- Payment for mental health services/hospitals; *$5.814 million (FY25)*
- **MA Mental Health Benefit Development;** *$834,000 (FY25)*
    - Clubhouse services; *$250,000*
    - Children's residential step down services; *0*
    - **Children's crisis stabilization services;** *$300,000*
    - First Episode Psychosis; *$350,000*
    - Administrative FFP at 32%; *savings (-$393,000)*
- **Carryforward of appropriation AMHI** from 2024 to 2025; *$11.768 million*
- PFund Foundation/AMHI; *$1 million (FY25)*

MDH Appropriations:

- Background studies appropriation reduction; *savings (-$2.88 million) (FY25); (-$5.76 million) (FY26-27)*
- Pharmacists authorization for vaccine administration; *$381,000 (FY25); $557,000 (FY26-27)*
- HMO regulatory requirements; *$629,000 (FY25); $808,000 (FY26-27)*
- Study for Health Professions Workforce Advisory Council; *$150,000 (FY25)*
- RFI: Statewide Health Care Needs and Capacity and Future Health Care Needs; *$250,000 (FY25)*
- American Indian Birth Center Planning Grant; *$368,000 (FY25)*
- Grant to Birth Justice Collaborative for African American-Focused Homeplace Model; *$263,000 (FY25)*
- Prior authorization data collection; *$191,000 (FY25); $43,000 (FY26-27)*