NAMI Minnesota
2024 Minnesota Legislative Session
Summary of New Laws Affecting
Children and Adults with Mental Illnesses and Their Families

If it is possible for expectations to be high and low at the same time, that would describe Minnesota's 2024 legislative session. Following an historic 2023 session, where most of an $18 billion surplus was spent, leaders in the Democratic-Farmer-Labor (DFL) controlled House and Senate were very clear that this year would be different. With future budget deficits in the forecast, advocates and lobbyists were told that there would be very little, if any, money spent in 2024.

Working with our Legislative Committee and our partners in the Mental Health Legislative Network (MHLN) we developed priorities focused on Medicaid rates, children's mental health, and reducing gaps and barriers to people accessing care. In March, we hosted our largest MHLN Mental Health Day on the Hill to date, with hundreds of advocates filling the capitol rotunda and talking to their legislators throughout the day. NAMI hosted bimonthly "Thursdays at the Capitol" where advocates met our staff at the capitol and engaged legislators face-to-face by the House chamber.

The legislature spent February and March hearing and moving bills in committees. As final deadlines approached in mid-April, the budget picture came into focus. We were disappointed, as many were, to see only $9 million in the Health and Human Services target. With the MHLN, we held a press conference to tell our leaders that "kids can't wait" another year to address the mental health crisis in our state.

Because of the tireless efforts of advocates like you who responded to action alerts, wrote, and called your legislators, and showed up at the capitol, we are happy to say that a significant number of our goals passed! While we almost never get everything we want, we make it a practice at NAMI to look back at all that has been accomplished while we also push forward. We should all be encouraged that despite the $9 million target, many legislators did hear our call for action, and reached deep into the couch cushions to find some additional money. The legislature ended up spending about $25 million directly on mental health in the final health and human services bill.

The summary below contains all the different provisions related to mental health that passed this session listed by topic and sorted alphabetically. All the legislation that passed is officially archived by the Revisor's Office in "session laws" which are sorted by chapters. You will see references for each provision including the chapter, article, and section. You can look up the exact language at https://www.revisor.mn.gov/laws/current/.

Adult Mental Health

Accessing State Operated Services: Adopts the recommendations from the priority admissions task force. The task force was to look at the law requiring people who are deemed incompetent to stand trial and are committed to be moved from the jail to a state operated program (now called Direct Care and Treatment or DCT) within 48 hours. Due to the increase in the number of people committed from jail, no one from a community hospital could access state operated services. The new law creates a framework for prioritizing admissions from jail. This includes looking at how long they have been on the wait list, the intensity of their needs, medical acuity, revoked provisional discharge status, person's safety and safety of others, if they have access to necessary and court ordered treatment, negative impacts on the facility, and any relevant federal prioritization requirements. There are timelines for when state operated services must let the jail know which program would be appropriate and then notify them again when an appropriate bed is open. Then the person must be moved within 48 hours.

The original 48-hour timeline remains in place and the task force will continue its work for another year to address the 48-hour timeline in order to reduce lawsuits, maximize capacity at state operated programs, and address issues of people waiting in jail for mental health treatment. The task force will issue a report to the legislature in February 2025. This group will also review the effectiveness of the new priority admission framework. After the first year, a quality committee established by DCT will continue to review the data and seek input from counties, hospitals, community providers and advocates.

The law also will allow ten patients from community hospitals who are committed and waiting for a state operated bed to be admitted. (chapter 127, article 49, sections 5, 7, 11)

Adult Rehabilitation Mental Health Services (ARMHS): Adds occupational therapists to the list of people who can provide ARMHS services. (chapter 127, article 61, section 20)

Assertive Community Treatment/Intensive Residential Treatment/Crisis Homes: Changes the quarter used annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index, from the fourth to the third quarter of the calendar year. Includes Youth ACT. (chapter 127, article 55, sections 7 and 12)

An individual meets the criteria for assertive community treatment if they have participated within the last year or are currently participating in a first episode of psychosis program as long as they meet the age and diagnosis criteria, there isn't any other service to meet their needs and needs the level of intensity provided by an ACT team, in the opinion of the individual's first episode of psychosis program, in order to prevent crisis services use, hospitalization, homelessness, and involvement with the criminal justice system. This was

important because people are often kept out of the hospital or jail due to the first episode program and yet for an ACT team people needed to have been hospitalized or in jail. (chapter 127, article 31, section 15)

ACT teams no longer need a contract with the county. A lot of the details about ACT teams were removed and replaced with the language that the ACT team must demonstrate that the team attained a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment (TMACT). (chapter 127, article 61, sections 16, 17, 18, 19)

Clubhouses: DHS must 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. They must submit a report to the legislature by December 1, 2025, with recommendations for designing a medical assistance benefit in Minnesota. (chapter 127, article 61, section 31) Clarifies that clubhouses are considered to be community support programs under the Adult Mental Health Act. (chapter 127, article 61, section 1)

County Costs for Care: Relieves the counties from paying the cost of care for people in Anoka or a community behavioral hospital who no longer need that level of care if they are waiting to be transferred to the department of corrections or is waiting for a bed in another state operated facility. This is only until March 2025. Funding is also given to Beltrami and Todd Counties because of the large sum they were required to pay for an individual in a state operated program. (chapter 127, article 49, sections 3, 4, 8)

Commitment: Establishes a task force to evaluate and make recommendations on the current law for people committed as having a mental illness and being dangerous. There will be 18 people including judges, court examiners, attorneys, counties, community providers, ombudsman for mental health, NAMI Minnesota, a mental health professional, an individual with lived experience, a family member, tribal government representative, and the MN Disability Law Center. The task force will look at trends, review national practices, identify community services needed, reducing barriers to being discharged, and much more. This task force will need to make specific changes to current law. (chapter 127, article 49, section 9)

Day Treatment: Makes a small change to allow a hospital to provide day treatment if they are accredited with the Centers for Medicare and Medicaid Services instead of with the Joint Commission on Accreditation of Health Organizations which allows a day treatment program to start in Waconia. (chapter 127, article 61, section 22)

First Episode of Psychosis Programs: Requires DHS to develop a Medicaid benefit for first episode of psychosis care also called Coordinated Specialty Care. Services must include:
(1) assertive outreach and engagement strategies encouraging individuals' involvement;

(2) person-centered care, delivered in the home and community, extending beyond typical hours of operation, such as evenings and weekends;
(3) crisis planning and intervention;
(4) team leadership from a mental health professional who provides ongoing consultation to the team members, coordinates admission screening, and leads the weekly team meetings to facilitate case review and entry to the program;
(5) employment and education services that enable individuals to function in workplace and educational settings that support individual preferences;
(6) family education and support that builds on an individual's identified family and natural support systems;
(7) individual and group psychotherapy that include but are not limited to cognitive behavioral therapies;
(8) care coordination services in clinic, community, and home settings to assist individuals with practical problem solving, such as securing transportation, addressing housing and other basic needs, managing money, obtaining medical care, and coordinating care with other providers; and
(9) pharmacotherapy, medication management, and primary care coordination provided by a mental health professional who is permitted to prescribe psychiatric medications.

A person would be eligible for this benefit if they are between the ages of 15 and 40, are experiencing early signs of psychosis with the duration of onset being less than two years; and have been on antipsychotic medications for less than a total of 12 months. DHS must make a report to the legislature by December 1, 2026. (chapter 127, article 61, section 29)

Intensive Residential Treatment (IRTS): Makes a number of changes to remove requirements such as all staff needing to be present for weekly meetings, etc. Allows an IRTS to use a co-occurring disorder specialist instead of a licensed alcohol and drug counselor who is also trained in mental health interventions. Pays for the room and board costs in an IRTS for people on MinnesotaCare starting January 2025. (chapter 127, article 61, sections 12, 13, 26)

Locked IRTS: Updates language for locked intensive residential services that the purpose is for treatment, the client must meet medical necessity standards even if court ordered, and a client may not be able to leave the facility due to their commitment status. (chapter 127, article 49, sections 1, 2, 6)

Voluntary Engagement: Funds the voluntary engagement project that passed in 2020. This project supports early intervention by using staff such as peer specialists to go out and try to engage a person struggling with their mental health into voluntary treatment for 90 days. They will work with people before they are a danger to themselves or others, intervening to avoid commitment, ER use, crisis teams and police. Engagement services are very broad including making sure the person has health insurance, a provider, housing, food and more and that the family understands how to prevent suicide. $1.75 million in FY25. $250,000 is set

aside for Otter Tail County and the rest will be distributed through a competitive grant process at DHS. (chapter 127, article 49, section 10)

Cannabis

Cannabis Advisory Council: Adds a clinical pharmacy and two youth between 18-24 who have been negatively impacted by cannabis use to the council. Adds "considering the impact of legalized adult-use cannabis on the rate of cannabis use by minors" to the duties of the council. (chapter 121, article 2, sections 55 and 56)

Edible Retailers: Moves the responsibility for enforcing edible retailer registration from the department of health to the office of cannabis management. (chapter 121, article 2, sections 9)

Labeling and Advertising: Changes a label requirement from "the maximum dose, quantity, or consumption that may be considered medically safe within a 24-hour period" to "information on the usage of the product." Advertising may not include images of toys, robots, fruits or vegetables that do not describe ingredients or natural flavors, characters or phrases that are popularly used to advertise to children, or brand names or close imitations of brand names of candies, cereals, sweets, chips, or other food products typically marketed to children. (chapter 121, article 2, sections 125 and 129)

Medical Cannabis: Moves the medical cannabis program from the Department of Health (MDH) to the Office of Cannabis Management sooner than previously legislated. The move is effective July 1, 2024, instead of March 1, 2025. Changes the requirement that patients buying medical cannabis from manufacturers must consult with a pharmacist. Consultation is only required if a patient requests it, if it is the patient's first time buying a product, the method of taking the cannabis has changed, or the dosage has more than doubled. Allows manufacturers to provide more than a 90-day supply when distributing medical cannabis to patients. No longer requires an annual fee for registering for the medical cannabis program.

Removes the background check requirement for people to be designated caregivers to administer medical cannabis to others. Possession limits for the personal adult use do not apply to people enrolled in the medical cannabis program. Expands the definition of "qualifying medical condition" to include "a medical condition for which an individual's health care practitioner has recommended, approved, or authorized the use of cannabis by that individual to treat the condition." Lengthens the time period that health care practitioners must redetermine eligibility for medical cannabis from one year to three years. Veterans can use a separate application to enroll in the medical cannabis program and will not need certification from a registered health care provider, only proof of a diagnosis of a qualifying condition. (chapter 121, article 2, sections 13, 20, 22, 47, 59, and 103)

Single Servings: Strengthens the requirement so that single servings for edible cannabis products must either be clearly marked or must be packaged separately. Some cannabis products may be a powder or liquid to add to food or drink; these products must include a spoon or measuring device to show what a single serving is. (chapter 121, article 2, section 8)

Substance Misuse Prevention: Renames education programs to include "substance misuse prevention." Clarifies that education programs for pregnant people must be focused on preventing substance use and raising awareness on the risks to pregnant people. (chapter 121, article 3, section 1)

Children's Mental Health

Assessments: Deletes requirement to use a specific assessment tool for children for the functional or level of care assessment but it must be a validated tool. (chapter 126, article 61, section 5, 6, 8)

Children's Services: Makes some changes to allow Medicaid to pay for psychoeducation services for the child and the family. Psychoeducation can include skills development and training. It must be targeted to specific deficits and be included in the treatment plan. Allows paying for two services in one day if one service is delivered to the child and the other service is delivered to the child's family or treatment team without the child present. (chapter 127, article 61, section 23 and 24)

Children's Residential Crisis Stabilization: Requires DHS in consultation with providers, advocates, Tribal Nations, counties, people with lived experience as or with a child in a mental health crisis, and other interested community members to develop a covered benefit under medical assistance to provide residential mental health crisis stabilization for children. The benefit must:
(1) consist of evidence-based promising practices, or culturally responsive treatment services for children under the age of 21 experiencing a mental health crisis;
(2) embody an integrative care model that supports individuals experiencing a mental health crisis who may also be experiencing co-occurring conditions;
(3) qualify for federal financial participation; and
(4) include services that support children and families, including but not limited to:
(i) an assessment of the child's immediate needs and factors that led to the mental health crisis;
(ii) individualized care to address immediate needs and restore the child to a precrisis level of functioning;
(iii) 24-hour on-site staff and assistance;
(iv) supportive counseling and clinical services;

(v) skills training and positive support services, as identified in the child's individual crisis stabilization plan;
(vi) referrals to other service providers in the community as needed and to support the child's transition from residential crisis stabilization services;
(vii) development of an individualized and culturally responsive crisis response action plan; and
(viii) assistance to access and store medication.

DHS must report back to the legislature by October 1, 2025, detailing the children's residential mental health crisis stabilization benefit. (chapter 127, article 61, section 30)

Day Treatment Transportation: $300,000 provided to Youable Emotional Health for transportation to day treatment on non-school days, nutrition, and learning experiences. (chapter 127, article 67, section 2)

DCYF and DHS Coordination: Requires a department leader in the Department of Children, Youth, and Family (DCYF) responsible for coordinating with DHS for services and outcomes for children's mental health and children with disabilities. (chapter 115, article 16, section 46)

Medication Administration: Allows children to prepare and take their own medicines in residential care if supervised by a nurse or staff member. In day treatment programs that do not store medications they can allow the child to keep and take their own if the child is evaluated and found that they are capable of doing this safely. (chapter 127, article 61, sections 9 and 10)

Parental Fees: Eliminates parental fees under Medicaid for residential care, including PRTFs. (chapter 127, article 46, sections 1, 2, 3, and 7)

Payments to Foster Youth: Allows a legally responsible agency to make Northstar Care for Children payments directly to foster youth, 18-21, who have been placed in an unlicensed supervised independent living setting, if it is determined to be in the best interest of the youth. (chapter 115, article 18, section 17)

Respite Care: Expands respite care to families whose children are at risk of hospitalization or residential treatment or who have utilized crisis services or emergency room services, or who have experienced a loss of in-home staffing support. Counties must work to provide access to regularly scheduled respite care. (chapter 127, article 61, section 3) $2.65 million provided for respite care services. (chapter 127, article 67, section 2)

School-Linked Mental Health Care: Appropriates an additional $3 million in FY25 for school-linked behavioral health services. (chapter 127, article 67, section 2)

SSI Income in Foster Care: Requires agencies to report any Supplemental Security Income (SSI), Retirement, Survivors, and Disability Insurance (RSDI), veterans, railroad retirement, or black lung benefit money received on behalf of a child in foster care who is 13 or older. This is to ensure that the children are the beneficiaries of the money and not the agencies. Agencies must report to the DCYF. (chapter 115, article 12, sections 2, 3, and 11)

Supportive Services for Parents with Disabilities: Allows a court to offer supportive services to parents with disabilities in the adoption, child custody, and child protection process. Clarifies under the child protection statute that a child is not considered endangered based solely on the disability of a parent. Prohibits a court or adoption agency from discriminating against a prospective parent due to the parent's disability. Prohibits courts from denying or restricting parenting time or custody due to the parent's disability. Allows the court to reconsider postplacement assessments after including the provision of supportive services. Requires specific written findings if the court denies or limits adoption, denies or restricts custody, or removes a child from a home and supportive services are already in use. (chapter 115, article 18, sections 25, 31, and 32)

Supreme Court Council on Child Protection and Maltreatment Protection: Establishes the council which includes the supreme court, the commissioner of DCYF, Tribes, law enforcement, child protection and foster care services representatives, education professionals, families and youth with lived experience with child protection, experts on providing services to children with disabilities in the child protection system, and others. The council is charged with developing a "comprehensive blueprint for improvement that addresses all aspects of the child protection system." The council must submit a report and recommendations to the legislature by July 15, 2025, and then the group expires (chapter 115, article 12, section 30). $1 million in FY25. (chapter 115, article 22, section 6)

Volunteers of America: Appropriates $1.7 million in FY25 for a onetime grant to Volunteers of America to maintain current level of services and develop a trauma-informed locked setting environment. (chapter 127, article 67)

Criminal Justice and Civil Law

1115 Reentry Waiver: Requires the Department of Human Services (DHS) to apply for a federal waiver to allow individuals in certain correctional facilities to begin receiving Medical Assistance (MA) coverage for mental and physical health services and substance use disorder treatment services beginning 90 days before their release date. It would also cover medications and a 30-day supply of medication after their release. Creates a reentry services working group to improve this MA benefit and develop other policies for justice-involved people. The working group will include a member from NAMI Minnesota and the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH). Directs DHS to create

grants to fund preparation for the reentry services that will be provided if Minnesota receives the waiver. (chapter 127, article 48, section 12 and chapter 125, article 3, section 18)

Bail Bonds: Regulates the way bail bonds are charged and advertised and the way payments and collateral are set and collected. Establishes audits for the bail bond industry. (chapter 114, article 2)

Ban on Excited Delirium Training: Prohibits the Peace Officer Standards and Training Board (POST) from providing, approving, or reimbursing for "excited delirium" training. Excited delirium is defined as a "description of a person's state of agitation, excitability, paranoia, extreme aggression, physical violence, and apparent immunity to pain" that is not recognized as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorder (DSM). Also, prohibits law enforcement agencies from providing training on excited delirium. The language also clarifies that the law does not prohibit peace officer training in responding to and the proper care of a person in crisis. (chapter 123, article 3, section 9)

Collateral Consequences: Directs the revisor to annually identify, collect, and publish all the collateral sanctions, or penalties and disadvantages that result from a criminal conviction, in statute. This is to better identify consequences that disproportionately impact people with a criminal conviction like barriers to obtaining housing, employment, education, and other consequences. Repeals chapter 609B which lists collateral consequences. (chapter 123, article 4, sections 1 and 22)

Communication Services for Incarcerated People: Requires the commissioner of corrections to compile an annual report on the use of communication services in jails. Requires jails to report the total number of phone calls, phone minutes, video visits, and e-messages sent or received by incarcerated people, as well as the revenue of any communication vendors, any commissions the facilities receive for communication services and how commissions were spent. (chapter 123, article 8, section 5)

Competency Board: Changes the name from "State Competency Attainment Board" to the "Minnesota Competency Attainment Board." (chapter 123 article 14, section 17)

Court Examiners: Allows psychologists under Minnesota's interstate compact to serve as court examiners. Court examiners conduct civil commitment and criminal competency evaluations. (chapter 123, article 12, section 4)

Firearms: Increases criminal penalties for "straw purchases" or buying or selling firearms when the seller is not legally allowed to possess a firearm. Clarifies that a person may show that they were threatened into transferring firearms as a defense against this charge and requires courts to consider circumstances like domestic abuse and harassment or stalking. Effective August 1, 2024. (chapter 127, article 36)

Forensic Examinations: Appropriates $5.3 million in FY24 and $15.9 million in FY25 for court examinations including civil commitment, criminal competency, and criminal responsibility. $1 million in FY25 is for a raise for forensic examiner rates. (chapter 123, article 1, section 3)

Health Care Peer Review Committee: Adds members to the committee including community medical providers, the director of psychiatry for any contracted providers, pharmacy staff, and other members at the discretion of the department of corrections. The law also adds, "in cases of suicide or unanticipated death, a representative from the Office of Special Investigations." This committee reviews and evaluates the quality of health care for incarcerated people. (chapter 123, article 8, section 4)

Jail Mental Health: Creates a pilot program to pay counties to support jails providing long-acting injectable antipsychotic medication for people in jails with a mental illness. The funds can be used for the medications and the staff needing to deliver and monitor the medication. (chapter 127, article 49, section 11)

Prison Security Audit Group: Adds the commissioner of health or a designee to the state correctional facilities security audit group. Also, clarifies that the Ombuds for Corrections is to chair the group. The group was established in 2021 to set security audit standards for Minnesota prisons and to review audits. (chapter 123, article 8, section 3)

Referral to Services: Allows a law enforcement officer to refer a person suspected of a fifth-degree drug crime (the lowest level) to local service providers including, "substance use disorder treatment and recovery providers, peer support groups and systems, homeless shelters, detoxification centers, hospital systems, mental health crisis centers, naloxone providers, syringe service providers, and harm reduction programs." (chapter 123, article 6, section 2)

Registration: Allows guardians and conservators to complete registration paperwork for a person who must register as a predatory offender. (chapter 123, article 7, section 4)

State Board of Civil Legal Aid: Creates a board similar to the public defense board to provide free legal services to people in civil cases who cannot afford a lawyer. (chapter 123, article 10)

Therapy Dog Grant Program: Appropriates $100,000 in FY25 to provide therapy dogs for law enforcement officers and firefighters with PTSD. (chapter 123, article 1, section 4)

Trauma Services for Jurors: Appropriates $25,000 each year to provide vicarious trauma services for jurors. (chapter 123, article 1, section 3)

Veterans Restorative Justice Act: Requires courts to report more details and outcomes for veterans sentenced under the Veterans Restorative Justice Act. The Sentencing Guidelines Commission must report the data collected by the court in their annual report, including the number of veterans who had a deferred sentence, if they were found guilty, if they violated probation, and how many charges were dismissed. (chapter 123, article 6, section 6)

Early Childhood, Education, Special Education, Higher Ed

Ableism and Disability Justice: Encourages school districts and teacher preparation programs to include instruction on ableism and disability justice provided by a person with lived experience. (chapter 109, article 3, sections 3 and 16)

Cell Phone Policy: Requires schools to adopt a policy on student cell phone use by March 15, 2025. The Minnesota Elementary School Principals Association and the Minnesota Association of Secondary School Principals must collaborate to make best practices available to schools on a range of different strategies in order to minimize the impact of cell phones on student behavior, mental health, and academic attainment. (chapter 109, article 1, section 1)

Criminal Records in Higher Education: Prohibits colleges from requiring a criminal background check for admission. If a school offers admission, it can inquire about violent felonies and may rescind offers but must provide an explanation and allow for an appeal. (chapter 127, article 35, section 1)

Disability Protections: Requires all federally funded public and private institutions of higher education and Tribal colleges to develop a policy to allow a student to self-disclose a disability and start an interactive process for reasonable accommodations. Documentation can include an individualized education program (IEP), a section 504 plan, a record or evaluation from a health or other service professional who is knowledgeable about the individual's condition, a plan or record of a disability from another institution of higher education, or documentation of a disability due to military service. The school must provide a representative list of potential reasonable accommodations and disability resources and provide it during the student application process, during student orientation, in academic catalogs, and on the institution's public website. (chapter 124)

Early Learning Scholarships: Clarifies that children in an IEP or Individualized Family Education Program (IFEP), or children who are in substance use or mental health treatment programs are prioritized for early learning scholarships. (chapter 109, article 9, section 5)

Eating Disorder Awareness: Requires the Minnesota State High School League to provide school coaches with eating disorder prevention resources that are developed for coaches

including risk factors, mitigation strategies, and risks of undiagnosed and untreated eating disorders consistent with current medial research. (chapter 109, article 8, section 10)

Excused Absence for Telehealth Appointment: Includes telehealth appointments as a legitimate reason for an excused absence. (chapter 109, article 8, section 1)

Fostering Independence in Higher Education: Sets the base funding at $4.4 million each year for grants to pay for college for students who have been in foster care. (chapter 127, article 34, section 3)

Paraprofessionals: Allows paraprofessionals to take fewer training hours in the 2024-2025 school year. Requires the Department of Education (MDE) and the Professional Educator Licensing and Standards Board (PELSB) to collaborate with stakeholders and revise standards for paraprofessionals. (chapter 109, article 5, sections 2 and 21)

School Resource Officers: Clarifies the types of holds that licensed peace officers (law enforcement) may use in schools. In the 2023 session, the legislature passed a law saying that employees of school districts, including school resource officers (SROs), could not use prone restraints on children in schools. This year's law removes SROs from that language and clarifies that SROs are not employees of school districts.

Aligns definitions of "reasonable force" in statute and removes "injury to… property" as an authorized use of reasonable force. Teachers and school employees can use reasonable force to prevent harm to the student or another person, but not on the basis of destruction of property alone. This law does not make any changes to the use of force rules that govern law enforcement.

Defines the duties of SROs in statute and clarifies that SROs should *not* be involved in school discipline. Other duties include, "fostering a positive school climate through relationship building and open communication, protecting students, staff, and visitors to the school grounds from criminal activity… enforcement of criminal laws," and others.

Requires the POST Board to create a model policy and learning objectives for all SROs in the state to be trained. Schools are also required to ensure that any SRO they contract with is complying with POST Board requirements. Though the model policy mentions training on choke holds and strategies to minimize prone restraints in schools, there is now no law explicitly prohibiting licensed peace officers from using prone restraints in schools. $150,000 in FY24 and $490,000 in FYs 25, 26, and 27 to the Department of Public Safety to increase staffing in the school safety department. (chapter 78)

School Social Workers: Clarifies that diagnostic assessments, or other assessments with a diagnostic code, which are used for IEPs or Individual Family Service Plans (IFSP), must be

completed by a mental health professional, practitioner, or clinical trainee in order to be reimbursed by Medicaid. Clarifies what services a school social worker can provide without Children's Therapeutic Services and Supports (CTSS) certification, including psychotherapy for crisis and family psychoeducation. Defines "psychotherapy for crisis" so that school social workers who are *not* mental health professionals can provide the service. Also, allows mental health practitioners to provide family psychoeducation. Other services like Dialectical Behavior Therapy (DBT), talk therapy, and care consultation must still be provided by a mental health professional, practitioner, or clinical trainee. (chapter 115, article 7, sections 2 and 3)

Smudging Permitted: Allows smudging in schools under appropriate supervision. Smudging is a traditional ritual for some Indigenous people in the Americas, and generally involves burning tobacco, sage, sweetgrass, or cedar. (chapter 109, article 2, section 19)

Mental Health Education Requires mental health education for students in 4-12 grade beginning in the 2026-2027 school year. (chapter 109, article 8, section 2)

Mental Health Telehealth Appointments: Requires secondary schools (8-12 grade) to provide access to a space for telehealth appointments, to the extent that space and staff are available. Requires schools to develop a plan with procedures for students to request space and ensure privacy. Also, allows students to use school-issued devices for appointments as long as it is allowed by school technology policies. Schools may require consent from guardians or teenagers 16 and older to have their parents confirm that the student is receiving mental health care. (chapter 109, article 3, sections 6 and 7, and article 8, section 4)

Special Education Teachers: Makes changes to tier 1, 2, and 3 licensing focusing on intense professional development. Creates a Special Education Licensure Reciprocity Working Group to streamline the process for out-of-state applicants to become licensed. (chapter 109, article 5, section 5)

Statewide Health Education: Requires MDE to adopt and implement statewide health education standards, which must be followed by schools. The state provides standards for many other subjects like arts, math, science, and social studies. The law specifies the "health-related subject areas" include CPR, vaping awareness, cannabis, and substance use education for students 6-12 grade, sex education, and mental health education for students 4-12 grade. (chapter 109, article 2, sections 1-6, and 21-22)

Student Attendance and Truancy: Establishes a short term, eight-person study group made up of legislators. The group will run from June 2024 to December 2024 and must evaluate ways to reduce truancy and increase attendance, and report back to the education committees. The group must "consult with interested and affected stakeholders." $64,000 in FY25. (chapter 109, article 1, sections 21 and 22)

Student Attendance Pilot Program: Establishes a pilot program for the Minneapolis, Columbia Heights, Red Lake, Endazhi-Nitaawiging, Sauk Rapids-Rice, Mankato, Moorhead, Cook County, Windom, Burnsville, Northfield, and Chisholm school districts to address absenteeism. Minneapolis must lead the program and develop strategies and a reporting template for the other districts to track progress. Funding may be used to address risk factors for absenteeism, conduct outreach, provide tutoring, increase students' sense of belonging in schools, and for technology. An annual report to the legislature is due until 2027 with recommendations to improve attendance. $4.6 million in FY25 disbursed among the school districts. (chapter 115, article 1, sections 20 and 22)

Student Removal Notification Policy: Encourages schools to adopt a policy that would notify parents and guardians when a student is removed from class and the removal was not previously scheduled. Schools with such a policy must consult with child abuse prevention experts on best practices. (chapter 109, article 8, section 9)

Employment

Earned Sick and Safe Time: Makes changes to the 2023 law. Creates remedies for employees who are denied sick and safe time. Includes funeral arrangements as a reason for taking leave. (chapter 127, article 4, section 7)

Paid Leave: Allows authorized representatives (like family members) to apply for paid leave on an employee's behalf. Creates a way for employers excluded from paid leave to opt in. Allows people to receive disability insurance payments in addition to paid family and medical leave. Creates a way to appeal a decision about whether someone qualifies for or is owed paid leave benefits. Protects information collected for paid leave benefits as private data. (chapter 127, article 73)

Individual Placement and Support (IPS): Extends the deadline for using funding allocated last year for employment services for people with mental illnesses. $5 million that was supposed to end in June 2024 can now be used through June 2025. An additional $5 million that was supposed to end in June 2025 can now be used through June 2027. (chapter 120, article 1, section 2)

Health Care

Alternatives to Managed Care: Requires DHS to develop at least three alternatives to Medicaid and MNCare managed care that do not shift financial risk to nongovernmental

agencies. At least one must be fee-for-serve and a county based or owned plan. (chapter 127, article 54, section 1)

Community Health Needs Assessments: Requires nonprofit hospitals to consult with community, local health organizations, and other stakeholders to create "community benefit implementation" strategies. All nonprofit hospitals are required by federal law to do a community needs assessment every three years. NAMI has found in Minnesota that mental health is consistently in the top three needs assessed in communities. Implementation strategies must include how the hospital shall address the top three community health priorities. Implementation strategies must be evidence-based, when available, and follow outcome measures. The new law requires hospitals to make the assessments available to MDH and the public. Also requires Critical Access Hospitals to submit a report describing the community that the hospital serves and details on any health improvement services in the year that cost more than $5,000. (chapter 127, article 59, section 32)

Denial of Services: Amends the adverse determination (or denial) to include authorizing a health care service that is less intensive than the health care service in the original request for authorization. (chapter 127, article 56, section 17)

Dental Care: Expands coverage of all dental care under MNCare. (chapter 127, article 55, section 14)

Essential Community Provider: Requires health plans to offer a contract to all essential community providers within the area they serve. (chapter 127, article 56, section 34)

Healthcare Needs and Capacity Evaluation: Provides $250,000 to evaluate statewide health care needs and capacity and estimates about future health care needs. (chapter 127, article 67, section 3)

Hospital Closures: Requires mental health and other hospitals to give at least 182 days' notice to MDH and the public before closing, reducing, or relocating services, and specifies what public notice includes. Requires public hearings to be within ten miles of the hospital and to offer video conferencing for participation. Creates a civil penalty for failing to give notice. Requires a good faith effort to sell a hospital to the city, county, town, or hospital district where it is located before it can be sold to anyone else. (chapter 127, article 58, sections 5-10)

Medical Assistance for Employed Persons with Disabilities (MA-EPD): Extends the time between redeterminations under MA-EPD from six months to one year. (chapter 108, article 1, section 11)

Nonprofits: Doesn't allow a for profit health plan to manage state employee health care, or Medicaid or MNCare. (chapter 127, article 56, section 10)

Office of Emergency Services: Establishes the Office of Emergency Services to replace the Emergency Medical Services Regulatory Board by January 2025. The Governor will appoint a director of the office which has three divisions: medical services, ambulance services, and emergency medical service providers. In addition to the fiscal and administrative duties of a state agency, the office charged with:

- licensing ambulances;
- establishing and monitoring service areas;
- certifying emergency medical technicians (EMTs) and paramedics;
- approving education programs and instructors for ambulance service personnel and emergency medical responders;
- investigating complaints regarding ambulance services; and
- submitting an annual legislative report with recommendations for improving emergency medical services (EMS).

Establishes the 19-member EMS Advisory Council including: EMTs, paramedics, ambulance services, firefighters, nurses, hospitals, social workers, Tribes, EMS providers, legislators, rural and metro local government representatives, and three public members appointed by the Governor. Also, establishes smaller advisory councils for EMS physician services and labor practices (chapter 127, article 63). Makes some changes to personnel policy in order to support staffing shortages and to align education standards with the National EMS Education Standards. (chapter 127, article 64)

Prohibited Credentialing Questions: Prohibits insurance companies from asking providers on credentialing applications to disclose health conditions that would not affect their ability to practice. (chapter 125, article 57, section 32)

Patient Records: Limits the cost providers or insurers can charge patients to provide medical records. The limits are $1 per page, plus $10 for paper records, or $20 total for electronic copies. They cannot charge more than $10 if no records are available, $30 for up to 25 pages, $50 for up to 100 pages, or 20 cents per page for every page over 100 pages. Medical records to appeal a Social Security Disability (SSD) benefit denial must be provided without any charge. (chapter 127, article 66, section 6)

Prior Authorization: Requires an annual report to the MN Department of Health on the use or prior authorization including the number received, the decisions, number reversed upon repeal, the top type of care denied, etc.

Doesn't allow a health plan to deny or limit coverage retrospectively for services or treatment that did not initially require prior authorization. There is an exception for fraud or

misinformation. The plan can't also deny or limit coverage for treatment or services a person received if prior authorization wasn't obtained but it would have been approved. (chapter 127, article 57, section 7)

Prohibits plans from requiring prior authorization for certain services, including emergency confinement or an emergency service, outpatient mental health treatment or outpatient substance use disorder treatment, except for treatment, which is a medication, services that currently have a rating of A or B from the United States Preventive Services Task Force.

An authorization for treatment of a chronic health condition does not expire unless the standard of treatment for that health condition changes. A chronic health condition is a condition that is expected to last one year or more and: requires ongoing medical attention to effectively manage the condition or prevent an adverse health event; or limits one or more activities of daily living. (chapter 127, article 57, sections 25, 27, 31)

Rural Health Care: Requires DHS to work with counties and county-based purchasing plans to develop a rural medical assistance model in order to better integrate health and social services to address the social determinants of health (housing, transportation, food, etc.) in rural communities. DHS must report to the legislature in January 2025. (chapter 127, article 54, section 10)

Utilization Review: Requires Medicaid and MNCare to follow the utilization review law. This means providing information on the process used to authorize treatment and services, notifying someone when it's denied, how to appeal a decision, etc. There must be written procedures and criteria for prior authorization. For mental health denials it must be reviewed by a psychiatrist or psychologist. Effective January 2026. (chapter 127, article 55, section 10)

Housing/Homelessness

Attorney General Enforcement: Gives the Attorney General the power to investigate and prosecute anyone who breaks any tenants' rights laws. (chapter 118, section 30)

Eligibility: Simplifies eligibility for Minnesota Housing and Finance Agency (MHFA) programs by allowing the agency to use other income-based programs' eligibility for approval, for example, General Assistance, Housing Support, MFIP, etc. (chapter 127, article 15, section 14)

Emergency Calls: Clarifies that renters can call 911 in a mental or physical health crisis without being threatened with eviction or other punishments from their landlord. (chapter 118, section 15)

Eviction Records: Provides the Supreme Court with $545,000 to expunge legal records of evictions that were found to be wrongful and records of evictions three years old or older. (chapter 127, article 14, section 4)

Expediting Rental Assistance: Requires MHFA and DHS to estimate and report to the legislature how much funding is needed to meet all emergency rental assistance needs in the state each year. Requires MHFA and DHS to create ways to measure how quickly they process applications for rental assistance and submit a report on how they can improve by January 2027. Requires the agencies to make e-signature options for the family homelessness prevention and assistance program (FHPAP). Requires MHFA to develop recommendations to simplify the application process for FHPAP and report their recommendations to the legislature by July 2025. (chapter 127, article 16) Funds that work with $471,000. (chapter 127, article 14, section 2).

Family Homeless Prevention: Provides $8.1 million in one-time funding to the family homelessness prevention and assistance program. (chapter 127, article 14, section 2)

Homelessness Report: Requires MHFA and DHS to submit a report to the legislature by January 15, 2025, on their work to reduce homelessness. (chapter 127, article 51, section 5)

Housing Taskforces: Provides $200,000 in one-time funding for a task force on the long-term sustainability of affordable housing. Requires the affordable housing task force to provide recommendations on preserving and sustaining affordable housing and decreasing the displacement of tenants to MHFA and the legislature. (chapter 127, article 15, section 49)

IDs for Rental Applications: Requires landlords to accept individual taxpayer identification numbers instead of social security numbers on rental applications. (chapter 118, section 7)

Minnesota Homeless Study: Provides $100,000 in one-time funding to the Amherst H. Wilder Foundation for the Minnesota Homeless Study. (chapter 127, article 14, section 2)

Simplifying Supportive Housing Resources: Establishes a working group to streamline access to supportive housing resources. There are 17 members including the MHFA, DHS, supportive housing providers, legislators, representatives from Hennepin and St. Louis County, and more. The programs the working group must study include Housing Support and HSASMI (Housing with Supports for Adults with Serious Mental Illness). The group must submit a report to the legislature by January 2026 with draft legislation to make running supportive housing simpler, increase equity and accessibility in supportive housing, and simplify and speed up the application and funding process for supportive housing (chapter 127, article 51, section 4). $400,000 in FY25. (chapter 127, article 53, section 2)

Supportive Housing: Allows local affordable housing aid to be used for supportive housing services and case management, including operations costs and compensation for supportive services staff at emergency shelters. (chapter 127, article 15, sections 27-28 and 32-33)

Tenant Abandonment of Unit: Requires landlords to make an effort to find a new tenant when a tenant moves out before the end of their lease term. Once a new tenant has begun renting the home, the landlord must stop charging the previous tenant rent. (chapter 118, section 10)

Transgender Adult Emergency Shelter: Provides $150k in one-time funding to Propel Nonprofits to study the need for emergency shelter for unhoused transgender adults. (chapter 127, article 14, section 6)

Human Rights

MN Human Rights Act: Amends the definition of disability under the MN Human Rights Act to include an impairment that is episodic or in remission and would materially limit a major life activity when active.

When a case involves discrimination in employment, the court may order: (i) the hiring, reinstatement, or upgrading of an aggrieved party who has suffered discrimination, with or without back pay; (ii) admission or restoration to membership in a labor organization; (iii) admission to or participation in an apprenticeship training program, on-the-job training program, or other retraining program; or (iv) any other relief the court deems just and equitable.

When a case involves housing, the court may order: (i) the sale, lease, or rental of the housing accommodation or other real property to an aggrieved party who has suffered discrimination; (ii) the sale, lease, or rental of a like accommodation or other real property owned by or under the control of the person against whom the complaint was filed, according to the terms as listed with a real estate broker, or if no such listing has been made, as advertised or offered by the vendor or lessor; or (iii) any other relief the court deems just and equitable. (chapter 105)

Human Services

African Immigrant Community Services: Appropriates $340,000 in FY25 to provide culturally and linguistically appropriate services to new Americans with disabilities, mental health needs, and substance use disorders. (chapter 127, article 53, section 2)

Aging and Disability Services for Immigrant and Refugee Communities: Appropriates $250,000 in FY25 for a payment to Asian Indian Family Wellness (SEWA-AIFW) to address aging, disability, and mental health needs for immigrant and refugee communities. (chapter 127, article 53, section 2)

Assisted Living Staff Training: Requires direct care staff and supervisors in assisted living facilities to take two hours of initial training on mental illnesses and de-escalation, and one hour every year thereafter. Training must include recognizing symptoms of common mental illness diagnoses; de-escalation techniques and communication; and crisis resolution and suicide prevention, including procedures for contacting county crisis response teams and the 988 suicide and crisis lifeline. (chapter 127, article 47, section 8)

Case Management: Requires counties that contract for case management services to include evaluation criteria to ensure that there are programs that are culturally responsive to meet the needs of the community (chapter 127, article 46, section 12). The commissioner of human services must consult with members of the Minnesota Association of County Social Service Administrators to improve case management information systems and identify the necessary changes needed to comply with regulations related to federal certified public expenditures.

The changes must facilitate transition to use of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case management services provided by counties. The Social Service Information System and adjacent systems must be modified to support any increase in the intensity of time reporting requirements prior to any implementation of proposed changes to targeted case management rate setting, reimbursement, and reconciliation processes. (chapter 127, article 51, section 6)

Community Care Hub Planning Grant: Establishes a onetime grant through MDH to expand the Community Care Hub model. These hubs act as one stop shops to connect people to health-related resources including traditional medical services and also food, housing, and transportation. (chapter 127, article 51, section 2) $281,000 to DHS in FY25. (chapter 127, article 53, section 2). $500,000 to MDH in FY25, available until June 2026. (chapter 127, article 53, section 3)

Consumer-Directed Community Supports: Requires agencies to provide people receiving this waiver with detailed information about how their budget was formulated and information on how to appeal (chapter 127, article 46, section 22). Requires DHS to clarify that allowable goods and services do not need to solely benefit the participant, and to allow for an enhanced rate based on participants' needs. Also requires DHS to explore options for more flexible reimbursement of workers including paid family members. (chapter 127, article 46, sections 34 and 35)

Deaf, Deafblind, and Hard of Hearing Services: Updates language and requires linguistically affirmative services defined as services, "designed and delivered within the context of the language and communication experiences of persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing." Also changes "therapeutic" to "mental health" and lists in greater detail that DHS must provide grants for services including "family services, interpreting services, and mental health services." Requires parents of children who are deafblind on regional advisory committees to the Deaf, Deafblind, and Hard of Hearing State Services Division. (chapter 108, article 2)

Department of Children, Youth, and Families (DCYF): Amends legislation creating the DCYF, listing all the programs that will fall under it. This includes family economic support, child welfare activities, preventing child maltreatment, licensing and supervising childcare and child-placing agencies, and supervising the care of children in foster care, and supervising the preparation and administration of the state plan for juvenile justice required by the Juvenile Justice and Delinquency Prevention Act of 1974. (chapter 80)

Elderly Waiver: Allows an exception to the budget limit for the elderly waiver for people to be discharged from the hospital or for specific assessed needs. Participants must reapply every year until the budget exception is no longer needed. (chapter 127, article 47, section 17) Requires DHS to study the gaps in services for people on the elderly waiver and how to address older adults with high needs. (chapter 127, article 47, section 22)

Emergency EIDBI Relief Grants: Funds aid to rural Early Intensive Developmental and Behavioral Intervention (EIDBI) financially distressed providers. (chapter 127, article 46, section 38) $600,000 in FY25. (chapter 127, article 53, section 3)

Emergency Needs: Appropriates $4 million one-time in FY25 for a human services contingency account to respond to emerging or immediate needs related to supporting the health, welfare, or safety of people. Uses can include services, supplies, and equipment; training and coordination; communication with and outreach to impacted people; informational technology; and staffing. (chapter 127, article 52, section 1)

Free Phone Calls: Requires state-operated facilities to provide free phone calls to patients. A facility can offer video communication, email, and other. (chapter 127, article 51, section 1). $1.3 million in FY25 (chapter 127, article 53, section 2)

Health-Related Social Needs: Requires DHS to develop a strategy to address unmet health-related social needs (also called "social determinants of health") like nutrition support, housing support, case management, and violence prevention. The commissioner may apply for a federal 1115 waiver to reimburse for services (chapter 127, article 51, section 3). Appropriates $500,000 (chapter 127, article 53, section 2).

Home and Community-Based Services Waivers (HCBS): Prohibits providers of home and community-based (HCBS) waiver services from coercing or requiring a person to change waiver programs or locations (chapter 127, article 46, section 23). Requires DHS to apply for a federal waiver to reimburse any HCBS services not covered during acute hospital stays (chapter 127, article 46, section 36) and to increase the transitional supports allowance to $5,000. (chapter 127, article 46, section 40)

Human Services Background Studies: Adds “individual's parental rights have been terminated” to the list of disqualifications for working in direct contact with clients in human services licensed facilities. (chapter 127, article 62, section 18)

Guardianship: Creates a task force chaired by the Minnesota Council on Disability to make recommendations to address concerns and gaps related to guardianships, payments, quality, and alternatives. There are 26 members including legislators, judges, people with lived experience, guardians, counties, advocates, the ombudsman for mental health, the ombuds for long-term care, and others. The task force must submit a report to the legislature by January 15, 2027, and must include draft legislation to implement any recommendations. (chapter 127, article 46, section 39)

Clarifies that private guardians can be removed for failure to satisfy their duties, but private guardians are not held liable for acts or omissions unless they result in the harm of the person under guardianship. Allows a guardian to petition to resign as long as the guardian made a good faith effort to find a successor guardian, and the resignation would not cause immediate harm to the person under guardianship. (chapter 123, article 15, sections 11 and 12)

MnCHOICES: Changes how long MnCHOICES assessments can be used to establish service eligibility from 60 days to 1 year. After requests for services, the person must be visited by a care consultation team within 20 working days instead of calendar days (chapter 125, article 1, sections 15 and 16). Requires DHS to consult, seek input and assistance, and collaborate with stakeholders in revising the MnCHOICES 2.0 assessment tool and more details on individual budget ranges in the legislative report. (chapter 108, article 1, section 28)

Overdose Treatment: Increases access to opiate antagonists in human services licensed facilities by allowing staff to carry opiate antagonists on them instead of in locked storage. (chapter 127, article 62, section 12)

Own Home Capacity-Building Grants: Establishes a onetime grant program to incentivize HCBS providers to move participants out of congregate living settings and into their own home. Money may be used for resources to support people and families in understanding housing options; housing expenses and moving expenses that are not covered by other housing services; and implementing and testing innovative approaches to better support

people with disabilities and their families in living in their own homes. (chapter 127, article 46, section 46). $1.5 million in FY25. (chapter 127, article 53, section 3)

Personal Care Assistance: Allows parents, guardians, and spouses to be paid for providing personal care assistance (PCA) services to their loved ones (chapter 127, article 46, section 45). Clarifies that PCA provider agencies and Community First Services and Supports providers may use an enhanced rate to cover compensation costs like increases in taxes, in order to reduce the impact of inflation on wages. (chapter 108, article 1, sections 12, 13, 22)

Physical Restraints: Clarifies that, before using restraints on a person, human services license holders must document any specific physical holds that may not be used on a patient due to medical or mental health conditions. (chapter 127, article 62, sections 11 and 28)

Tribal Case Management MA Benefit: Requires DHS to work with Tribes to design and recommend a Tribal-specific vulnerable adult and developmental disability case management benefit under Medical Assistance. (chapter 127, article 46, section 41).

Zoning for Group Homes: Exempts group homes of six beds or less from city rental licensing regulations. (chapter 108, article 1, section 2)

Insurance & Consumer Protection

Disability Insurance: Requires long-term disability insurance companies to disclose if there is a limit to the length of coverage of mental health or substance use disorder disabilities before someone purchases a plan. Typically, long-term disability policies have a two-year limit for mental health while there are no limits for other types of disabilities. Requires insurers to tell potential policyholders or plan sponsors that they can have more information about the limitation and other options available that might include longer-term coverage. (chapter 114, article 1, section 2)

Health Insurance: Bans health insurance plans from excluding or restricting coverage of medically necessary gender-affirming care, with some exceptions for employers' religious objections. (chapter 114, article 1, sections 7-8)

Life Insurance: Updates language on life insurance policies, changing "sanity or insanity" to "mental competency" and "committed suicide" to "completed suicide." (chapter 114, article 1, section 4)

Medical Debt: Makes it illegal to deny medical care because of someone's outstanding medical debt, include medical debt in a credit report, or hold a person's spouse responsible for paying their medical debt. The provider can set up a reasonable payment plan with the

patient as a condition of providing medically necessary health treatment or services. This includes outpatient and inpatient care. Every health care provider must make available to the public their policy for collecting medical debt from patients. The policy must state how they will communicate about the medical debt owed, how and when they will refer that debt to a collection agency or law firm, and how they decide if the debt is uncollectable. Creates other protections to minimize the harmful impacts of medical debt. (chapter 114, article 3, sections 26-29)

Juvenile Justice

Age of Delinquency: Raises the lower age limit for when a child may be charged with a delinquent act from 10 to 13. This law goes into effect on August 1, 2026. This will help to reduce the number of younger children who may be negatively impacted by the juvenile justice system. (chapter 123, article 4, sections 2, 3, and 5)

Juvenile Interrogation: Makes any confession or statement made by a person under 18 inadmissible in a case, if the officers lie to obtain the statement. (chapter 123, article 3, section 16)

Restorative Practices for Restitution: Creates a program under the Office of Restorative Practices to allow children to participate in restorative practices and the state would repay restitution (money required to be paid to a victim of a crime) instead of the child. The Office of Restorative Practices can create grants to pay restitution for victims. (chapter 123, article 9)

Youth Support Services Grants: Appropriates $500,000 in FY26 for to Anoka, Hennepin, and Ramsey County to provide intervention and support services for youth who come into contact with law enforcement. Services must include diversion, promotion of prosocial connections, wraparound services, restorative justice, and job skills. (chapter 123, article 1, section 17)

Mental Health Care

988 Telecom Fee: Sets the monthly telecom fee for 988 at 12 cents. The law previously asked the Public Utilities Commission to set the rate up to 25 cents. This law makes the fee 12 cents until the legislature decides to change it again. (chapter 127, article 59, section 44)

Behavioral Health Homes: Removes the requirement for written consent for services (can be verbal) for behavioral health home services and clarifies tools used for evaluation. (chapter 127, article 62, sections 41-42)

Coding: Requires DHS to develop recommendations, in consultation with external partners and medical coding and compliance experts, on simplifying mental health procedure codes and the feasibility of converting mental health procedure codes to the current procedural terminology (CPT) code structure. DHS must submit a report to the legislature by October 1, 2025, on the recommendations and methodology to simplify and restructure mental health procedure codes with corresponding resource-based relative value scale (RBRVS) values. This can lead to greater coverage by private health plans. (chapter 127, article 61, section 32)

CLUES: Appropriates $1.5 million provided to Comunidades Latinas Unidas en Servicio to provide healthcare through their certified behavioral health clinic. (chapter 127, article 67, section 2)

Direct Care and Treatment: Continues to make changes to create a separate agency for state operated services. In the statute it refers to the "executive board" instead of the "commissioner." Custody of people who are civilly committed are transferred from the commissioner of human services to the executive board. The executive board is charged with the administration and management of all state hospitals for persons with a developmental disability, mental illness, or substance use disorder.

The executive board consists of five people appointed by the governor. It does not state who exactly serves on the board, just that they have experience serving on a hospital or nonprofit board, serving as a public sector labor union representative, delivering behavioral health services or care coordination, or working as a licensed health care provider in an allied health profession or in health care administration.

New responsibilities were added such as providing on a fee-for-service basis consultive services to courts and state welfare agencies; providing supervision and aftercare of patients provisionally or otherwise discharged from a state-operated services facility; conducting educational programs relating to mental health to court and state welfare agencies. (chapter 79)

Funding for Mental Health Services: Requires DHS to consult with the department 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 services. The recommendations must consider formula-based allocations for grants for respite care, school-linked behavioral health, mobile crisis teams, and first episode of psychosis programs. (chapter 127, article 61, section 33)

Hospital Mental Health Services: $5.8 million provided for inpatient mental health and substance use services in hospitals that are not critical access hospitals, long-term hospitals, or rehabilitation hospitals. (chapter 127, article 67, section 2)

Key Staff Positions: Requires children's residential, detox, withdrawal management, or other SUD facility to notify DHS of changes in key staff positions. (chapter 127, article 62, sections 3, 29, and 34)

LGBTQIA Services: Appropriates $1 million provided to the Pfund Foundation to support physical and mental healthcare and social services for LGBTQIA+ people. (chapter 127, article 67, section 2)

Mental Health Provider Certification: Creates a streamlined certification process for providers regarding their clinical and administrative infrastructures. This is for children's intensive behavioral health services and intensive nonresidential rehabilitative mental health services. (chapter 127, article 61, section 14)

Name Change: Officially changes the name of the mental health division withing DHS to the behavioral health division. The assistant commissioner will only coordinate community mental health services and not state operated services. (chapter 79)

Rate Increases: Increases rates for mental health services after January 1, 2025. For mental health services reimbursed under the resource-based relative value scale (RBRVS) they must be equal to 83 percent of the Medicare Physician Fee Schedule. Increases rates for adult day treatment by 3%. (chapter 127, article 61, sections 27, 28)

Substance Use Disorder

Complaints: Gives the Ombudsman for Behavioral Health and Developmental Disabilities authority to investigate complaints about a recovery community organization or peer support services. Requires the Ombudsman provide a report on those complaints to the legislature with recommendations on improving peer recovery support services. (chapter 127, article 48, sections 7 and 15)

DCT SUD Beds: Requires Direct Care and Treatment to submit a report to the legislature on options for increasing the number of inpatient SUD beds. (chapter 127, article 49, section 13)

Good Samaritan Law: Expands protections when people call for help during a drug-related overdose. This law clarifies that a person who is helping is also protected from prosecution, not only the person who makes the call. People are immune from prosecution if evidence of a crime is only obtained as a result of calling for help. (chapter 123, article 4, section 11)

Location of Services: Clarifies where SUD license holders may provide services. License holders must maintain a physical location and offer in-person services but may provide

individual therapy in a client's residence. Telehealth must be provided at the license holder's maintained physical location or at an approved satellite location including schools, jails, and nursing homes. Group therapy may be provided by telehealth only if the participants are all in separate locations, or if the clinician is present at the residential location and others are in separate locations. Allows some exceptions for peers, and for weather and sickness, but exceptions cannot be for more than one day at a time for residential services. (chapter 127, article 62, section 31)

Opioid Use Treatment: Requires licensed substance use disorder treatment facilities to educate all clients about opioid use on the first day they provide services (chapter 108, article 4, section 7. Allows people in opioid treatment programs to take home as many doses of their medication as they need for days the clinic is closed and holidays. Allows any practitioner to decide whether a person can take unsupervised doses of methadone and aligns the number of take-home doses provided with federal regulations. (chapter 108, article 4, section 13)

Peer Recovery Services Practices: Defines peer recovery support services as "face-to-face interactions…on a one-on-one basis, in which specific goals identified in an individual recovery plan, treatment plan, or stabilization plan are discussed and addressed." Requires clients participate in peer support services voluntarily and that they are given written notice they will get peer support services. Bans peer services from being provided by someone who lives with or works for the peer providing the services. Creates documentation requirements for peer recovery specialists. (chapter 127, article 48, section 9) Bans recovery peers from being independent contractors. (chapter 108, article 4, section 15)

Peer Recovery Services Working Group: Requires DHS to create a working group to make recommendations on peer recovery support services billing practices, supervision, and regulations and submit a report to the legislature. (chapter 127, article 48, section 16)

Rate Increases: Increases the rates paid to residential substance use disorder service providers by three percent. (chapter 127, article 48, section 19) Sets specific daily payment rates for different residential SUD services. For programs that get a medical rate enhancement, reduces the required hours per client per week from two hours to one hour. Replaces requirement for 25% of counseling staff to be licensed mental health professionals with a requirement that each program must employ at least one mental health professional. (chapter 108, article 4, section 23) Creates a temporary 20% increase in rates paid to opioid use disorder services with medication until the new rates above go into effect. (chapter 108, article 4, section 26)

Recovery Community Organizations: Requires applications for recovery community organizations' certification to be answered within 45 days, including a written explanation if the application is denied. Requires recovery community organizations make their code of ethics and grievance policy publicly available, to provide an orientation for peers that includes

information on the Ombudsman for Mental Health and Developmental Disabilities, and to provide written instructions for clients on how they can submit complaints about their services to the Ombudsman. Requires peer recovery providers to submit records of 10% of their MA and behavioral health fund claims for review and limit each client to 14 hours per week of peer recovery support services. Requires peer recovery providers to keep a secure file on each person receiving MA for their services. (chapter 127, article 48, sections 7-9)

Sober Homes: Requires sober homes to allow residents to use any FDA approved and legally prescribed drugs to treat opioid use disorder, substance use disorders, and mental illnesses. This allows people with medications that may be controlled substances to still access sober living. (chapter 108, article 4, section 24)

Task Force on Holistic and Effective Responses to Illicit Drug Use: Appropriates $150,000 in FY25 to create the 15-member task force including law enforcement, county attorneys, the state public defender, medical professionals with experience in substance use disorders and harm reduction, Tribes, a person with lived experience, counties, and others. The task force will review research commissioned in the 2023 session and make recommendations with specific implementation goals to address the harm of illicit drug use. (chapter 123, article 5, section 18)

Workforce

Behavior Analysts Licensure: Creates a license for behavior analysts under the board of psychology. Defines the practice of behavior analysts as “the design, implementation, and evaluation of social, instructional, and environmental modifications to produce socially significant improvements in human behavior.” Behavior analysts also do functional behavioral assessments and analysis considering environmental factors. Behavior analyst interventions are based on scientific research, direct and indirect observation, motivating operations, positive reinforcement, and other procedures to help individuals develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific social, instructional, and environmental conditions.

The law also states, “applied behavior analysis does not include the diagnosis of psychiatric or mental health disorders, psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, hypnotherapy, psychoanalysis, or psychological counseling.” Establishes a five-member Behavior Analyst Advisory Council of three licensed behavior analysts, a licensed psychologist, and a public member. (chapter 127, article 19)

Clinical Trainee: Clarifies that a clinical trainee includes someone who has completed an accredited graduate program of study to prepare them 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. (chapter 127, article 61, section 7)

Health Professions Workforce Advisory Council: Requires the commissioner of health to submit a report to the legislature with recommendations on a council to do research and analysis on health workforce needs and patterns and provide feedback on legislation related to healthcare workers. (chapter 127, article 66, section 22)

Interstate Compacts: Joins interstate compacts for Licensed Professional Counselors, social workers, and physician assistants so that clinicians who meet criteria may practice in any state within the compact. (chapter 127, articles 26, 29 and 32)

Loan Forgiveness: Includes pediatric physicians in the state's health professional loan forgiveness program. Pediatric psychiatrists were already covered. (chapter 127, article 58, sections 3 and 4)

Marriage and Family Therapists (MFT): Establishes a guest licensure that allows out-of-state MFTs to practice for up to five months in one year. (chapter 127, article 24)

Physician Wellness Program: Establishes a wellness program for physicians to provide help for fatigue and work stress. Participation is confidential. (chapter 127, article 56, section 54)

Physician Assistants: Repeals a limit on physician assistants' scope of practice. This limit prevented physician assistants from diagnosing, creating the initial treatment plan, and prescribing for adults and children with serious mental illnesses. Now there is no limit. *NAMI opposed this repeal, and we will continue to work on this issue to ensure the highest quality of care for the people with the most serious mental illnesses.* (chapter 127, article 22)

Social Workers: Expands the provisional licensing option to anyone with a social work degree. This allows licensing candidates to choose between the traditional exam option or additional supervision in lieu of the exam. (chapter 123, article 23)

Supervision Grants: Clarifies that the grant program to providers to provide free supervision to trainees is targeted to agencies that provide services to people in a city or township that is not within the seven-county metropolitan area and is not the city of Duluth, Mankato, Moorhead, Rochester, or St. Cloud. This is in addition to the current statute that focused on agencies primarily serving underrepresented communities. (chapter 127, article 61, section 2)

Acronyms:

- ARMHS=Adult Rehabilitation Mental Health Services
- BIPOC = Black, Indigenous, and People of Color
- CMS = Centers for Medicare and Medicaid

- CTSS = Children’s Therapeutic Services and Supports
- DCT = Direct Care and Treatment
- DCYF = Department of Children, Youth, and Family
- DHS = Department of Human Services
- DOC = Department of Corrections
- EIDBI = Early Intensive Developmental and Behavioral Intervention
- FDA = Federal Drug Administration
- FY = Fiscal Year
- IEP = Individualized Education Program
- IFEP = Individualized Family Education Program
- LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual/Aromantic and expansive queer identities
- MFT = Marriage and Family Therapist
- MA = Medical Assistance or Medicaid
- MA-EPD = Medical Assistance for Employed Persons with Disabilities
- MDE = Minnesota Department of Education
- MDH = Minnesota Department of Health
- MHFA = Minnesota Housing Finance Agency
- PCA = personal care assistance
- POST = Peace Officer Standards and Training Board
- PRTF = Psychiatric Residential Treatment Facility
- PTSD = post-traumatic stress disorder
- SUD = substance use disorder

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