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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1062

02/19/2015 Authored by Albright, Baker, Liebling, Bly, Loeffler and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/09/2015 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; modifying health plan requirements to add mental
1.3 health crisis services to emergency services; requiring recommendations on
1.4 funding children's mental health crisis residential services; appropriating money;
1.5 amending Minnesota Statutes 2014, sections 62Q.55, subdivision 3; 62Q.81,
1.6 subdivision 4.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2014, section 62Q.55, subdivision 3, is amended to read:

1.9 Subd. 3. **Emergency services.** As used in this section, "emergency services" means,
1.10 with respect to an emergency medical condition:

1.11 (1) a medical screening examination, as required under section 1867 of the Social
1.12 Security Act, that is within the capability of the emergency department of a hospital,
1.13 including ancillary services routinely available to the emergency department to evaluate
1.14 such emergency medical condition; ~~and~~

1.15 (2) within the capabilities of the staff and facilities available at the hospital, such
1.16 further medical examination and treatment as are required under section 1867 of the Social
1.17 Security Act to stabilize the patient; and

1.18 (3) mental health crisis services.

1.19 Sec. 2. Minnesota Statutes 2014, section 62Q.81, subdivision 4, is amended to read:

1.20 Subd. 4. **Essential health benefits; definition.** For purposes of this section,
1.21 "essential health benefits" has the meaning given under section 1302(b) of the Affordable
1.22 Care Act and includes:

1.23 (1) ambulatory patient services;

1.24 (2) emergency services, including mental health crisis services;

(3) hospitalization;

(4) laboratory services;

(5) maternity and newborn care;

(6) mental health and substance use disorder services, including behavioral health treatment;

(7) pediatric services, including oral and vision care;

(8) prescription drugs;

(9) preventive and wellness services and chronic disease management;

(10) rehabilitative and habilitative services and devices; and

(11) additional essential health benefits included in the EHB-benchmark plan, as defined under the Affordable Care Act.

Sec. 3. **INSTRUCTIONS TO THE COMMISSIONER.**

The commissioner of human services shall, in consultation with stakeholders, develop recommendations on funding for children's mental health crisis residential services that will allow for timely access without requiring county authorization or child welfare placement.

Sec. 4. **APPROPRIATION.**

\$3,500,000 in fiscal year 2016 and \$4,500,000 in fiscal year 2017 are appropriated from the general fund to the commissioner of human services to increase access to mental health crisis services for children and adults. Funding must be used to:

(1) develop a central phone number where calls can be routed to the appropriate crisis services;

(2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving people with traumatic brain injury or intellectual disabilities who are experiencing a mental health crisis;

(3) expand crisis services across the state, including rural areas of the state and examining access per population;

(4) establish and implement state standards for crisis services; and

(5) provide grants to adult mental health initiatives, counties, tribes, or community mental health providers to establish new mental health crisis residential service capacity. Priority will be given to regions that do not have a mental health crisis residential services program, do not have an inpatient psychiatric unit within the region, do not have an inpatient psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis residential or intensive residential treatment beds available to meet the needs of the residents in the region. At least 50 percent of the funds must be distributed to

3.1 programs in rural Minnesota. Grant funds may be used for start-up costs, including but not
3.2 limited to renovations, furnishings, and staff training. Grant applications shall provide
3.3 details on how the intended service will address identified needs and shall demonstrate
3.4 collaboration with crisis teams, other mental health providers, hospitals, and police.