

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 4950

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DATE	D-PG	OFFICIAL STATUS
04/07/2026	7908	Introduction and first reading
		Referred to Health and Human Services
04/09/2026	7946	Author added Champion

1.1 A bill for an act

1.2 relating to human services; establishing medical assistance coverage of culturally

1.3 specific health and wellness services; establishing a task force; requiring a report;

1.4 amending Minnesota Statutes 2024, section 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision

1.7 to read:

1.8 Subd. 77. Culturally specific health and wellness services. Effective January 1, 2027,

1.9 or upon federal approval, whichever is later, medical assistance covers culturally specific

1.10 health and wellness services according to the state plan or applicable waiver.

1.11 EFFECTIVE DATE. This section is effective the day following final enactment.

1.12 Sec. 2. CULTURALLY SPECIFIC HEALTH AND WELLNESS SERVICES.

1.13 Subdivision 1. Federal request. (a) By October 1, 2026, the commissioner of human

1.14 services must submit to the Centers for Medicare and Medicaid Services all necessary

1.15 waivers and state plan amendments to provide medical assistance coverage for culturally

1.16 specific health and wellness services consistent with this section.

1.17 (b) Prior to submitting the necessary waivers and state plan amendments under paragraph

1.18 (a), the commissioner must consult with the Culturally Specific Health and Wellness Services

1.19 Advisory Task Force established under subdivision 4, culturally specific community health

1.20 organizations, community leaders, affected communities, and the Department of Health

1.21 Division of Health Equity Strategy and Innovation on the following aspects of any waiver

1.22 or state plan amendment:

- 2.1 (1) community-identified health priorities;
- 2.2 (2) current provider capacity;
- 2.3 (3) feasible implementation; and
- 2.4 (4) criteria for qualified providers and eligible community-based health organizations.
- 2.5 (c) The necessary waivers and state plan amendments must include the recommendations
- 2.6 submitted to the commissioner by the Culturally Specific Health and Wellness Services
- 2.7 Advisory Task Force established under subdivision 4.
- 2.8 (d) The necessary waivers and state plan amendments must seek medical assistance
- 2.9 coverage across all delivery systems, consistent with Medicaid requirements.
- 2.10 (e) The necessary waivers and state plan amendments must include reimbursement
- 2.11 payment rates for culturally specific health and wellness services determined by the
- 2.12 commissioner and consistent with Medicaid requirements. The commissioner may request
- 2.13 to reimburse the services using a per-visit rate, bundled payment, value-based payment, or
- 2.14 other methodology. The commissioner may request to limit reimbursement to one payment
- 2.15 per enrollee per day for a given service type and establish exceptions to the reimbursement
- 2.16 limit.
- 2.17 Subd. 2. **Proposed legislation.** By the first day of the first regular legislative session
- 2.18 following the approval of the necessary waivers and state plan amendments under subdivision
- 2.19 1, the commissioner must submit proposed legislation required to implement the approved
- 2.20 waivers and state plan amendments and the reporting requirement under subdivision 3 to
- 2.21 the chairs and ranking minority members of the legislative committees with jurisdiction
- 2.22 over human services policy and finance.
- 2.23 Subd. 3. **Report.** (a) Notwithstanding Minnesota Statutes, section 256.01, subdivision
- 2.24 42, the commissioner must submit on January 1 each year to the chairs and ranking minority
- 2.25 members of the legislative committees with jurisdiction over human services policy and
- 2.26 finance a report containing:
- 2.27 (1) the status of the necessary waivers and state plan amendments;
- 2.28 (2) data on utilization of culturally specific health and wellness services by medical
- 2.29 assistance enrollees; and
- 2.30 (3) the impact of culturally specific health and wellness services on access to care, quality
- 2.31 of care, and health outcomes.
- 2.32 (b) The report must be disaggregated by race, ethnicity, age, and geographic region.

- 3.1 Subd. 4. Culturally Specific Health and Wellness Services Advisory Task Force. (a)
3.2 The commissioner of human services must establish the Culturally Specific Health and
3.3 Wellness Services Advisory Task Force.
- 3.4 (b) The commissioner must appoint members to the task force. The members of the task
3.5 force must include:
- 3.6 (1) representatives of organizations that provide culturally specific health and wellness
3.7 services;
- 3.8 (2) providers of culturally specific health and wellness services;
- 3.9 (3) community leaders with lived experience relating to culturally specific health and
3.10 wellness services;
- 3.11 (4) representatives of the Department of Health Division of Health Equity Strategy and
3.12 Innovation;
- 3.13 (5) representatives from the Department of Human Services Health Care Administration;
3.14 and
- 3.15 (6) other stakeholders as determined by the commissioner.
- 3.16 (c) The terms, compensation, and removal of task force members are governed by section
3.17 15.059.
- 3.18 (d) The task force must develop and submit written recommendations to the commissioner
3.19 on:
- 3.20 (1) a definition for and list of culturally specific health and wellness services to be
3.21 covered under medical assistance;
- 3.22 (2) eligibility criteria for community-based organizations;
- 3.23 (3) provider qualifications and oversight standards consistent with Medicaid requirements;
3.24 and
- 3.25 (4) implementation standards.
- 3.26 (e) The commissioner must appoint members to the task force by July 1, 2026. The task
3.27 force must convene no later than August 1, 2026.
- 3.28 (f) The task force must submit the recommendations under paragraph (d) to the
3.29 commissioner by September 30, 2026.
- 3.30 (g) The task force expires upon the submission of the recommendations under paragraph
3.31 (d) to the commissioner.

4.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.