

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-SECOND SESSION**

**S.F. No. 1362**

(SENATE AUTHORS: UTKE, Dornink and Klein)

DATE	D-PG	OFFICIAL STATUS
02/25/2021	543	Introduction and first reading Referred to Health and Human Services Finance and Policy
03/15/2021	919	Author added Dornink
03/17/2021	960	Author added Klein See First Special Session 2021, HF33, Art. 3, Sec. 22-24; Art. 4, Sec. 8-11; Art. 11, Sec. 1, 8

1.1 A bill for an act

1.2 relating to behavioral health; clarifying payment and denial of payment for mental

1.3 health services; modifying health professional education loan forgiveness program

1.4 provisions; modifying requirements for mental health professional licensing boards;

1.5 modifying continuing education requirements for mental health providers;

1.6 modifying mental health practitioner requirements; adding clinical trainee

1.7 supervision and traditional healing practices to children's mental health grant

1.8 eligible services; establishing the Culturally Informed and Culturally Responsive

1.9 Mental Health Task Force; instructing the commissioners of human services and

1.10 health to convene working groups; requiring reports; appropriating money;

1.11 amending Minnesota Statutes 2020, sections 62A.15, by adding a subdivision;

1.12 144.1501, subdivisions 1, 2, 3; 148B.30, subdivision 1; 148B.31; 148B.51; 148B.54,

1.13 subdivision 2; 148E.130, subdivision 1; 245.462, subdivision 17; 245.4889,

1.14 subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 245.

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

1.16 Section 1. Minnesota Statutes 2020, section 62A.15, is amended by adding a subdivision

1.17 to read:

1.18 Subd. 3c. **Mental health services.** All benefits provided by a policy or contract referred

1.19 to in subdivision 1 relating to expenses incurred for mental health treatment or services

1.20 provided by a mental health professional must also include treatment and services provided

1.21 by a clinical trainee to the extent that the services and treatment are within the scope of

1.22 practice of the clinical trainee according to Minnesota Rules, part 9505.0371, subpart 5,

1.23 item C. This subdivision is intended to provide equal payment of benefits for mental health

1.24 treatment and services provided by a mental health professional, as defined in Minnesota

1.25 Rules, part 9505.0371, subpart 5, item A, or a clinical trainee and is not intended to change

1.26 or add to the benefits provided for in those policies or contracts.

2.1 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to policies  
2.2 and contracts offered, issued, or renewed on or after that date.

2.3 Sec. 2. Minnesota Statutes 2020, section 144.1501, subdivision 1, is amended to read:

2.4 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions  
2.5 apply.

2.6 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist  
2.7 under section 150A.06, and who is certified as an advanced dental therapist under section  
2.8 150A.106.

2.9 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and  
2.10 drug counselor under chapter 148F.

2.11 ~~(d)~~ (d) "Dental therapist" means an individual who is licensed as a dental therapist under  
2.12 section 150A.06.

2.13 ~~(e)~~ (e) "Dentist" means an individual who is licensed to practice dentistry.

2.14 ~~(f)~~ (f) "Designated rural area" means a statutory and home rule charter city or township  
2.15 that is outside the seven-county metropolitan area as defined in section 473.121, subdivision  
2.16 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

2.17 ~~(g)~~ (g) "Emergency circumstances" means those conditions that make it impossible for  
2.18 the participant to fulfill the service commitment, including death, total and permanent  
2.19 disability, or temporary disability lasting more than two years.

2.20 ~~(h)~~ (h) "Mental health professional" means an individual providing clinical services in  
2.21 the treatment of mental illness who is qualified in at least one of the ways specified in section  
2.22 245.462, subdivision 18.

2.23 ~~(i)~~ (i) "Medical resident" means an individual participating in a medical residency in  
2.24 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.25 ~~(j)~~ (j) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse anesthetist,  
2.26 advanced clinical nurse specialist, or physician assistant.

2.27 ~~(k)~~ (k) "Nurse" means an individual who has completed training and received all licensing  
2.28 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

2.29 ~~(l)~~ (l) "Nurse-midwife" means a registered nurse who has graduated from a program of  
2.30 study designed to prepare registered nurses for advanced practice as nurse-midwives.

3.1 ~~(h)~~ (m) "Nurse practitioner" means a registered nurse who has graduated from a program  
3.2 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

3.3 ~~(m)~~ (n) "Pharmacist" means an individual with a valid license issued under chapter 151.

3.4 ~~(n)~~ (o) "Physician" means an individual who is licensed to practice medicine in the areas  
3.5 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

3.6 ~~(o)~~ (p) "Physician assistant" means a person licensed under chapter 147A.

3.7 ~~(p)~~ (q) "Public health nurse" means a registered nurse licensed in Minnesota who has  
3.8 obtained a registration certificate as a public health nurse from the Board of Nursing in  
3.9 accordance with Minnesota Rules, chapter 6316.

3.10 ~~(q)~~ (r) "Qualified educational loan" means a government, commercial, or foundation  
3.11 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living  
3.12 expenses related to the graduate or undergraduate education of a health care professional.

3.13 ~~(r)~~ (s) "Underserved urban community" means a Minnesota urban area or population  
3.14 included in the list of designated primary medical care health professional shortage areas  
3.15 (HPSAs), medically underserved areas (MUAs), or medically underserved populations  
3.16 (MUPs) maintained and updated by the United States Department of Health and Human  
3.17 Services.

3.18 Sec. 3. Minnesota Statutes 2020, section 144.1501, subdivision 2, is amended to read:

3.19 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness  
3.20 program account is established. The commissioner of health shall use money from the  
3.21 account to establish a loan forgiveness program:

3.22 (1) for medical residents ~~and~~, mental health professionals, and alcohol and drug  
3.23 counselors agreeing to practice in designated rural areas or underserved urban communities  
3.24 or specializing in the area of pediatric psychiatry;

3.25 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach  
3.26 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program  
3.27 at the undergraduate level or the equivalent at the graduate level;

3.28 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care  
3.29 facility for persons with developmental disability; a hospital if the hospital owns and operates  
3.30 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse  
3.31 is in the nursing home; a housing with services establishment as defined in section 144D.01,  
3.32 subdivision 4; or for a home care provider as defined in section 144A.43, subdivision 4; or

4.1 agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a  
4.2 postsecondary program at the undergraduate level or the equivalent at the graduate level;

4.3 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720  
4.4 hours per year in their designated field in a postsecondary program at the undergraduate  
4.5 level or the equivalent at the graduate level. The commissioner, in consultation with the  
4.6 Healthcare Education-Industry Partnership, shall determine the health care fields where the  
4.7 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory  
4.8 technology, radiologic technology, and surgical technology;

4.9 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses  
4.10 who agree to practice in designated rural areas; and

4.11 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient  
4.12 encounters to state public program enrollees or patients receiving sliding fee schedule  
4.13 discounts through a formal sliding fee schedule meeting the standards established by the  
4.14 United States Department of Health and Human Services under Code of Federal Regulations,  
4.15 title 42, section 51, chapter 303.

4.16 (b) Appropriations made to the account do not cancel and are available until expended,  
4.17 except that at the end of each biennium, any remaining balance in the account that is not  
4.18 committed by contract and not needed to fulfill existing commitments shall cancel to the  
4.19 fund.

4.20 Sec. 4. Minnesota Statutes 2020, section 144.1501, subdivision 3, is amended to read:

4.21 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an  
4.22 individual must:

4.23 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or  
4.24 education program to become a dentist, dental therapist, advanced dental therapist, mental  
4.25 health professional, alcohol and drug counselor, pharmacist, public health nurse, midlevel  
4.26 practitioner, registered nurse, or a licensed practical nurse. The commissioner may also  
4.27 consider applications submitted by graduates in eligible professions who are licensed and  
4.28 in practice; and

4.29 (2) submit an application to the commissioner of health.

4.30 (b) An applicant selected to participate must sign a contract to agree to serve a minimum  
4.31 three-year full-time service obligation according to subdivision 2, which shall begin no later  
4.32 than March 31 following completion of required training, with the exception of a nurse,  
4.33 who must agree to serve a minimum two-year full-time service obligation according to

5.1 subdivision 2, which shall begin no later than March 31 following completion of required  
5.2 training.

5.3 Sec. 5. Minnesota Statutes 2020, section 148B.30, subdivision 1, is amended to read:

5.4 Subdivision 1. **Creation.** (a) There is created a Board of Marriage and Family Therapy  
5.5 that consists of seven members appointed by the governor. Four members shall be licensed,  
5.6 practicing marriage and family therapists, each of whom shall for at least five years  
5.7 immediately preceding appointment, have been actively engaged as a marriage and family  
5.8 therapist, rendering professional services in marriage and family therapy. One member shall  
5.9 be engaged in the professional teaching and research of marriage and family therapy. Two  
5.10 members shall be representatives of the general public who have no direct affiliation with  
5.11 the practice of marriage and family therapy. All members shall have been a resident of the  
5.12 state two years preceding their appointment. Of the first board members appointed, three  
5.13 shall continue in office for two years, two members for three years, and two members,  
5.14 including the chair, for terms of four years respectively. Their successors shall be appointed  
5.15 for terms of four years each, except that a person chosen to fill a vacancy shall be appointed  
5.16 only for the unexpired term of the board member whom the newly appointed member  
5.17 succeeds. Upon the expiration of a board member's term of office, the board member shall  
5.18 continue to serve until a successor is appointed and qualified.

5.19 (b) At the time of their appointments, at least two members must reside outside of the  
5.20 11-county metropolitan area.

5.21 (c) At the time of their appointments, at least three members must be members of:

5.22 (1) a community of color; or

5.23 (2) an underrepresented community, as defined in section 148E.010, subdivision 20.

5.24 Sec. 6. Minnesota Statutes 2020, section 148B.31, is amended to read:

5.25 **148B.31 DUTIES OF THE BOARD.**

5.26 (a) The board shall:

5.27 (1) adopt and enforce rules for marriage and family therapy licensing, which shall be  
5.28 designed to protect the public;

5.29 (2) develop by rule appropriate techniques, including examinations and other methods,  
5.30 for determining whether applicants and licensees are qualified under sections 148B.29 to  
5.31 148B.392;

- 6.1 (3) issue licenses to individuals who are qualified under sections 148B.29 to 148B.392;
- 6.2 (4) establish and implement procedures designed to assure that licensed marriage and
- 6.3 family therapists will comply with the board's rules;
- 6.4 (5) study and investigate the practice of marriage and family therapy within the state in
- 6.5 order to improve the standards imposed for the licensing of marriage and family therapists
- 6.6 and to improve the procedures and methods used for enforcement of the board's standards;
- 6.7 (6) formulate and implement a code of ethics for all licensed marriage and family
- 6.8 therapists; and
- 6.9 (7) establish continuing education requirements for marriage and family therapists.

6.10 (b) At least six of the 40 continuing education training hours required under Minnesota

6.11 Rules, part 5300.0320, subpart 2, must be on increasing the knowledge, understanding,

6.12 self-awareness, and practice skills that enable a marriage and family therapist to serve clients

6.13 from diverse socioeconomic and cultural backgrounds. Topics include:

- 6.14 (1) understanding culture, its functions, and strengths that exist in varied cultures;
- 6.15 (2) understanding clients' cultures and differences among and between cultural groups;
- 6.16 (3) understanding the nature of social diversity and oppression; and
- 6.17 (4) understanding cultural humility.

6.18 Sec. 7. Minnesota Statutes 2020, section 148B.51, is amended to read:

6.19 **148B.51 BOARD OF BEHAVIORAL HEALTH AND THERAPY.**

6.20 (a) The Board of Behavioral Health and Therapy consists of 13 members appointed by

6.21 the governor. Five of the members shall be professional counselors licensed or eligible for

6.22 licensure under sections 148B.50 to 148B.593. Five of the members shall be alcohol and

6.23 drug counselors licensed under chapter 148F. Three of the members shall be public members

6.24 as defined in section 214.02. The board shall annually elect from its membership a chair

6.25 and vice-chair. The board shall appoint and employ an executive director who is not a

6.26 member of the board. The employment of the executive director shall be subject to the terms

6.27 described in section 214.04, subdivision 2a. Chapter 214 applies to the Board of Behavioral

6.28 Health and Therapy unless superseded by sections 148B.50 to 148B.593.

6.29 (b) At the time of their appointments, at least five members must reside outside of the

6.30 11-county metropolitan area.

6.31 (c) At the time of their appointments, at least five members must be members of:

7.1 (1) a community of color; or

7.2 (2) an underrepresented community, as defined in section 148E.010, subdivision 20.

7.3 Sec. 8. Minnesota Statutes 2020, section 148B.54, subdivision 2, is amended to read:

7.4 Subd. 2. **Continuing education.** (a) At the completion of the first four years of licensure,  
7.5 a licensee must provide evidence satisfactory to the board of completion of 12 additional  
7.6 postgraduate semester credit hours or its equivalent in counseling as determined by the  
7.7 board, except that no licensee shall be required to show evidence of greater than 60 semester  
7.8 hours or its equivalent. In addition to completing the requisite graduate coursework, each  
7.9 licensee shall also complete in the first four years of licensure a minimum of 40 hours of  
7.10 continuing education activities approved by the board under Minnesota Rules, part 2150.2540.  
7.11 Graduate credit hours successfully completed in the first four years of licensure may be  
7.12 applied to both the graduate credit requirement and to the requirement for 40 hours of  
7.13 continuing education activities. A licensee may receive 15 continuing education hours per  
7.14 semester credit hour or ten continuing education hours per quarter credit hour. Thereafter,  
7.15 at the time of renewal, each licensee shall provide evidence satisfactory to the board that  
7.16 the licensee has completed during each two-year period at least the equivalent of 40 clock  
7.17 hours of professional postdegree continuing education in programs approved by the board  
7.18 and continues to be qualified to practice under sections 148B.50 to 148B.593.

7.19 (b) At least six of the required 40 continuing education clock hours must be on increasing  
7.20 the knowledge, understanding, self-awareness, and practice skills that enable a licensed  
7.21 professional clinical counselor to serve clients from diverse socioeconomic and cultural  
7.22 backgrounds. Topics include:

7.23 (1) understanding culture, its functions, and strengths that exist in varied cultures;

7.24 (2) understanding clients' cultures and differences among and between cultural groups;

7.25 (3) understanding the nature of social diversity and oppression; and

7.26 (4) understanding cultural humility.

7.27 Sec. 9. Minnesota Statutes 2020, section 148E.130, subdivision 1, is amended to read:

7.28 Subdivision 1. **Total clock hours required.** (a) A licensee must complete 40 hours of  
7.29 continuing education for each two-year renewal term. At the time of license renewal, a  
7.30 licensee must provide evidence satisfactory to the board that the licensee has completed the  
7.31 required continuing education hours during the previous renewal term. Of the total clock  
7.32 hours required:

8.1 (1) all licensees must complete two hours in social work ethics as defined in section  
8.2 148E.010;

8.3 (2) licensed independent clinical social workers must complete 12 clock hours in one  
8.4 or more of the clinical content areas specified in section 148E.055, subdivision 5, paragraph  
8.5 (a), clause (2);

8.6 (3) licensees providing licensing supervision according to sections 148E.100 to 148E.125,  
8.7 must complete six clock hours in supervision as defined in section 148E.010; ~~and~~

8.8 (4) at least six of the required clock hours must be on increasing the knowledge,  
8.9 understanding, self-awareness, and practice skills that enable a social worker to serve clients  
8.10 from diverse socioeconomic and cultural backgrounds. Topics include:

8.11 (i) understanding culture, its functions, and strengths that exist in varied cultures;

8.12 (ii) understanding clients' cultures and differences among and between cultural groups;

8.13 (iii) understanding the nature of social diversity and oppression; and

8.14 (iv) understanding cultural humility; and

8.15 ~~(4)~~ (5) no more than half of the required clock hours may be completed via continuing  
8.16 education independent learning as defined in section 148E.010.

8.17 (b) If the licensee's renewal term is prorated to be less or more than 24 months, the total  
8.18 number of required clock hours is prorated proportionately.

8.19 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

8.20 Subd. 17. **Mental health practitioner.** (a) "Mental health practitioner" means a person  
8.21 providing services to adults with mental illness or children with emotional disturbance who  
8.22 is qualified in at least one of the ways described in paragraphs (b) to (g). A mental health  
8.23 practitioner for a child client must have training working with children. A mental health  
8.24 practitioner for an adult client must have training working with adults.

8.25 (b) For purposes of this subdivision, a practitioner is qualified through relevant  
8.26 coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in  
8.27 behavioral sciences or related fields and:

8.28 (1) has at least 2,000 hours of supervised experience in the delivery of services to adults  
8.29 or children with:

8.30 (i) mental illness, substance use disorder, or emotional disturbance; or



9.1 (ii) traumatic brain injury or developmental disabilities and completes training on mental  
9.2 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring  
9.3 mental illness and substance abuse, and psychotropic medications and side effects;

9.4 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
9.5 of the practitioner's clients belong, completes 40 hours of training in the delivery of services  
9.6 to adults with mental illness or children with emotional disturbance, and receives clinical  
9.7 supervision from a mental health professional at least once a week until the requirement of  
9.8 2,000 hours of supervised experience is met;

9.9 (3) is working in a day treatment program under section 245.4712, subdivision 2; ~~or~~

9.10 (4) has completed a practicum or internship that (i) requires direct interaction with adults  
9.11 or children served, and (ii) is focused on behavioral sciences or related fields; or

9.12 (5) is in the process of completing a practicum or internship as part of a formal  
9.13 undergraduate or graduate training program in social work, psychology, or counseling.

9.14 (c) For purposes of this subdivision, a practitioner is qualified through work experience  
9.15 if the person:

9.16 (1) has at least 4,000 hours of supervised experience in the delivery of services to adults  
9.17 or children with:

9.18 (i) mental illness, substance use disorder, or emotional disturbance; or

9.19 (ii) traumatic brain injury or developmental disabilities and completes training on mental  
9.20 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring  
9.21 mental illness and substance abuse, and psychotropic medications and side effects; or

9.22 (2) has at least 2,000 hours of supervised experience in the delivery of services to adults  
9.23 or children with:

9.24 (i) mental illness, emotional disturbance, or substance use disorder, and receives clinical  
9.25 supervision as required by applicable statutes and rules from a mental health professional  
9.26 at least once a week until the requirement of 4,000 hours of supervised experience is met;  
9.27 or

9.28 (ii) traumatic brain injury or developmental disabilities; completes training on mental  
9.29 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring  
9.30 mental illness and substance abuse, and psychotropic medications and side effects; and  
9.31 receives clinical supervision as required by applicable statutes and rules at least once a week

10.1 from a mental health professional until the requirement of 4,000 hours of supervised  
10.2 experience is met.

10.3 (d) For purposes of this subdivision, a practitioner is qualified through a graduate student  
10.4 internship if the practitioner is a graduate student in behavioral sciences or related fields  
10.5 and is formally assigned by an accredited college or university to an agency or facility for  
10.6 clinical training.

10.7 (e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's  
10.8 degree if the practitioner:

10.9 (1) holds a master's or other graduate degree in behavioral sciences or related fields; or

10.10 (2) holds a bachelor's degree in behavioral sciences or related fields and completes a  
10.11 practicum or internship that (i) requires direct interaction with adults or children served,  
10.12 and (ii) is focused on behavioral sciences or related fields.

10.13 (f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical  
10.14 care if the practitioner meets the definition of vendor of medical care in section 256B.02,  
10.15 subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.

10.16 (g) For purposes of medical assistance coverage of diagnostic assessments, explanations  
10.17 of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health  
10.18 practitioner working as a clinical trainee means that the practitioner's clinical supervision  
10.19 experience is helping the practitioner gain knowledge and skills necessary to practice  
10.20 effectively and independently. This may include supervision of direct practice, treatment  
10.21 team collaboration, continued professional learning, and job management. The practitioner  
10.22 must also:

10.23 (1) comply with requirements for licensure or board certification as a mental health  
10.24 professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart  
10.25 5, item A, including supervised practice in the delivery of mental health services for the  
10.26 treatment of mental illness; or

10.27 (2) be a student in a bona fide field placement or internship under a program leading to  
10.28 completion of the requirements for licensure as a mental health professional according to  
10.29 the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A. This includes  
10.30 a student required to complete a practicum or internship as part of an undergraduate degree  
10.31 in social work or the first year in a graduate degree program in social work.

10.32 (h) For purposes of this subdivision, "behavioral sciences or related fields" has the  
10.33 meaning given in section 256B.0623, subdivision 5, paragraph (d).

11.1 (i) Notwithstanding the licensing requirements established by a health-related licensing  
11.2 board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other  
11.3 statute or rule.

11.4 Sec. 11. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

11.5 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to  
11.6 make grants from available appropriations to assist:

11.7 (1) counties;

11.8 (2) Indian tribes;

11.9 (3) children's collaboratives under section 124D.23 or 245.493; or

11.10 (4) mental health service providers.

11.11 (b) The following services are eligible for grants under this section:

11.12 (1) services to children with emotional disturbances as defined in section 245.4871,  
11.13 subdivision 15, and their families;

11.14 (2) transition services under section 245.4875, subdivision 8, for young adults under  
11.15 age 21 and their families;

11.16 (3) respite care services for children with emotional disturbances or severe emotional  
11.17 disturbances who are at risk of out-of-home placement. A child is not required to have case  
11.18 management services to receive respite care services;

11.19 (4) children's mental health crisis services;

11.20 (5) mental health services for people from cultural and ethnic minorities, including  
11.21 supervision of clinical trainees who are Black, indigenous, or people of color, providing  
11.22 services in clinics where more than 50 percent of clients are enrolled in medical assistance;

11.23 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

11.24 (7) services to promote and develop the capacity of providers to use evidence-based  
11.25 practices in providing children's mental health services;

11.26 (8) school-linked mental health services under section 245.4901;

11.27 (9) building evidence-based mental health intervention capacity for children birth to age  
11.28 five;

11.29 (10) suicide prevention and counseling services that use text messaging statewide;

11.30 (11) mental health first aid training;

12.1 (12) training for parents, collaborative partners, and mental health providers on the  
 12.2 impact of adverse childhood experiences and trauma and development of an interactive  
 12.3 website to share information and strategies to promote resilience and prevent trauma;

12.4 (13) transition age services to develop or expand mental health treatment and supports  
 12.5 for adolescents and young adults 26 years of age or younger;

12.6 (14) early childhood mental health consultation;

12.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
 12.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
 12.9 psychosis;

12.10 (16) psychiatric consultation for primary care practitioners; ~~and~~

12.11 (17) providers to begin operations and meet program requirements when establishing a  
 12.12 new children's mental health program. These may be start-up grants; and

12.13 (18) mental health services based on traditional healing practices, provided to American  
 12.14 Indians by tribal nations or the urban American Indian communities.

12.15 (c) Services under paragraph (b) must be designed to help each child to function and  
 12.16 remain with the child's family in the community and delivered consistent with the child's  
 12.17 treatment plan. Transition services to eligible young adults under this paragraph must be  
 12.18 designed to foster independent living in the community.

12.19 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
 12.20 reimbursement sources, if applicable.

12.21 **Sec. 12. [245.4902] CULTURALLY INFORMED AND CULTURALLY**  
 12.22 **RESPONSIVE MENTAL HEALTH TASK FORCE.**

12.23 Subdivision 1. **Establishment; duties.** The Culturally Informed and Culturally  
 12.24 Responsive Mental Health Task Force is established to evaluate and make recommendations  
 12.25 on improving the provision of culturally informed and culturally responsive mental health  
 12.26 services throughout Minnesota. The task force must make recommendations on:

12.27 (1) recruiting mental health providers from diverse racial and ethnic communities;

12.28 (2) training all mental health providers on cultural competency and cultural humility;

12.29 (3) assessing the extent to which mental health provider organizations embrace diversity  
 12.30 and demonstrate proficiency in culturally competent mental health treatment and services;  
 12.31 and

13.1 (4) increasing the number of mental health organizations owned, managed, or led by  
13.2 individuals who are Black, indigenous, or people of color.

13.3 Subd. 2. **Membership.** (a) The task force must consist of the following 15 members:

13.4 (1) the commissioner of human services or the commissioner's designee;

13.5 (2) one representative from the Board of Psychology;

13.6 (3) one representative from the Board of Marriage and Family Therapy;

13.7 (4) one representative from the Board of Behavioral Health and Therapy;

13.8 (5) one representative from the Board of Social Work;

13.9 (6) three members representing undergraduate and graduate-level mental health

13.10 professional education programs, appointed by the governor;

13.11 (7) two mental health providers who are members of communities of color or

13.12 underrepresented communities, appointed by the governor;

13.13 (8) two members representing mental health advocacy organizations, appointed by the

13.14 governor;

13.15 (9) two mental health providers, appointed by the governor; and

13.16 (10) one expert in providing training and education in cultural competency and cultural

13.17 responsiveness, appointed by the governor.

13.18 (b) Appointments to the task force must be made no later than August 1, 2021.

13.19 (c) Member compensation and reimbursement for expenses are governed by section

13.20 15.059, subdivision 3.

13.21 Subd. 3. **Chairs; meetings.** The members of the task force must elect two cochairs of

13.22 the task force. The cochairs must convene the first meeting of the task force no later than

13.23 August 15, 2021. The task force must meet upon the call of the cochairs, sufficiently often

13.24 to accomplish the duties identified in this section. The task force is subject to the open

13.25 meeting law under chapter 13D.

13.26 Subd. 4. **Administrative support.** The Department of Human Services must provide

13.27 administrative support and meeting space for the task force.

13.28 Subd. 5. **Reports.** No later than January 1, 2022, and by January 1 of each year thereafter,

13.29 the task force must submit a written report to the members of the legislative committees

13.30 with jurisdiction over health and human services on the recommendations developed under

13.31 subdivision 1.

14.1 Subd. 6. Expiration. The task force expires on January 1, 2025.

14.2 Sec. 13. DIRECTION TO COMMISSIONERS; ALTERNATIVE MENTAL HEALTH  
14.3 PROFESSIONAL LICENSING PATHWAYS WORK GROUP.

14.4 (a) The commissioners of human services and health must convene a work group  
14.5 consisting of representatives from the Board of Psychology, the Board of Marriage and  
14.6 Family Therapy, the Board of Social Work, and the Board of Behavioral Health and Therapy,  
14.7 mental health providers from diverse cultural communities, and representatives from mental  
14.8 health professional graduate programs to:

14.9 (1) identify barriers to licensure in mental health professions;

14.10 (2) collect data on the number of individuals graduating from educational programs but  
14.11 not passing licensing exams; and

14.12 (3) develop recommendations for creating alternative pathways for licensure in mental  
14.13 health professions, ensuring provider competency and professionalism, while recognizing  
14.14 limitations of national licensing exams.

14.15 (b) No later than February 1, 2022, the commissioners must submit a written report to  
14.16 the members of the legislative committees with jurisdiction over health and human services  
14.17 on the recommendations developed on alternative licensing pathways.

14.18 Sec. 14. DIRECTION TO COMMISSIONERS; MENTAL HEALTH  
14.19 PROFESSIONAL LICENSING SUPERVISION.

14.20 (a) The commissioners of human services and health must convene the Board of  
14.21 Psychology, the Board of Marriage and Family Therapy, the Board of Social Work, and the  
14.22 Board of Behavioral Health and Therapy to develop recommendations for:

14.23 (1) providing certification of individuals across multiple mental health professions who  
14.24 may serve as supervisors;

14.25 (2) adopting a single, common supervision certificate for all mental health professional  
14.26 education programs;

14.27 (3) determining ways for internship hours to be counted toward licensure in mental  
14.28 health professions; and

14.29 (4) determining ways for practicum hours to count toward supervisory experience.

15.1 (b) No later than February 1, 2022, the commissioners must submit a written report to  
15.2 the members of the legislative committees with jurisdiction over health and human services  
15.3 on the recommendations developed under paragraph (a).

15.4 **Sec. 15. APPROPRIATION; CULTURALLY INFORMED AND CULTURALLY**  
15.5 **RESPONSIVE MENTAL HEALTH TASK FORCE.**

15.6 \$..... in fiscal year 2022 and \$..... in fiscal year 2023 are appropriated from the general  
15.7 fund to the commissioner of human services for the Culturally Informed and Culturally  
15.8 Responsive Mental Health Task Force established in Minnesota Statutes, section 245.4902.

15.9 **Sec. 16. APPROPRIATION; MENTAL HEALTH CULTURAL COMMUNITY**  
15.10 **CONTINUING EDUCATION.**

15.11 \$500,000 in fiscal year 2022 and \$500,000 in fiscal year 2023 are appropriated from the  
15.12 general fund to the commissioner of health for a grant program, developed in consultation  
15.13 with the relevant mental health licensing boards, to provide for the continuing education  
15.14 necessary for social workers, marriage and family therapists, psychologists, and professional  
15.15 clinical counselors who are members of communities of color or underrepresented  
15.16 communities, and who work for community mental health providers, to become supervisors  
15.17 for individuals pursuing licensure in mental health professions.

15.18 **Sec. 17. APPROPRIATION; HEALTH PROFESSIONAL EDUCATION LOAN**  
15.19 **FORGIVENESS PROGRAM.**

15.20 \$3,000,000 in fiscal year 2022 and \$3,000,000 in fiscal year 2023 are appropriated from  
15.21 the general fund to the commissioner of health for the health professional education loan  
15.22 forgiveness program under Minnesota Statutes, section 144.1501. Notwithstanding the  
15.23 priorities and distribution requirements for loan forgiveness in Minnesota Statutes, section  
15.24 144.1501, subdivision 4, \$1,000,000 of the appropriation in fiscal year 2022 and \$1,000,000  
15.25 of the appropriation in fiscal year 2023 must be used for loan forgiveness for members of  
15.26 one of the following professions who are Black, indigenous, or people of color: eligible  
15.27 alcohol and drug counselors as defined in Minnesota Statutes, section 144.1501, subdivision  
15.28 1, paragraph (c); and eligible mental health professionals as defined in Minnesota Statutes,  
15.29 section 144.1501, subdivision 1, paragraph (h).