

SENATE  
STATE OF MINNESOTA  
NINETY-FIRST SESSION

S.F. No. 1481

(SENATE AUTHORS: RELPH, Klein, Draheim, Franzen and Jensen)		
DATE	D-PG	OFFICIAL STATUS
02/21/2019	468	Introduction and first reading Referred to Human Services Reform Finance and Policy
03/07/2019	652	Comm report: To pass and re-referred to Health and Human Services Finance and Policy

1.1

A bill for an act

1.2

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

1.3

services; modifying primary care residency expansion grants; establishing practicum

1.4

incentive payments; developing a mental health training program; appropriating

1.5

money; amending Minnesota Statutes 2018, sections 62A.15, subdivision 4, by

1.6

adding a subdivision; 62J.692, subdivisions 1, 3; 144.1506, subdivision 2; 245.464,

1.7

by adding a subdivision; 245.4661, subdivision 9.

1.8

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

1.9

Section 1. Minnesota Statutes 2018, section 62A.15, is amended by adding a subdivision

1.10

to read:

1.11

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

1.12

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

1.13

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

1.14

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

1.15

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

1.16

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

1.17

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

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

1.19

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

1.20

**EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to policies

1.21

and contracts offered, issued, or renewed on or after that date.

2.1 Sec. 2. Minnesota Statutes 2018, section 62A.15, subdivision 4, is amended to read:

2.2 Subd. 4. **Denial of benefits.** (a) No carrier referred to in subdivision 1 may, in the  
2.3 payment of claims to employees in this state, deny benefits payable for services covered by  
2.4 the policy or contract if the services are lawfully performed by a licensed chiropractor,  
2.5 licensed optometrist, a registered nurse meeting the requirements of subdivision 3a, or a  
2.6 licensed acupuncture practitioner.

2.7 (b) When carriers referred to in subdivision 1 make claim determinations concerning  
2.8 the appropriateness, quality, or utilization of chiropractic health care for Minnesotans, any  
2.9 of these determinations that are made by health care professionals must be made by, or  
2.10 under the direction of, or subject to the review of licensed doctors of chiropractic.

2.11 (c) When a carrier referred to in subdivision 1 makes a denial of payment claim  
2.12 determination concerning the appropriateness, quality, or utilization of acupuncture services  
2.13 for individuals in this state performed by a licensed acupuncture practitioner, a denial of  
2.14 payment claim determination that is made by a health professional must be made by, under  
2.15 the direction of, or subject to the review of a licensed acupuncture practitioner.

2.16 (d) When a carrier referred to in subdivision 1 makes a denial of payment claim  
2.17 determination concerning the appropriateness, quality, or utilization of mental health services  
2.18 for individuals in this state performed by a licensed mental health professional or clinical  
2.19 trainee, a denial of payment claim determination that is made by a health professional must  
2.20 be made by, under the direction of, or subject to the review of a licensed mental health  
2.21 professional.

2.22 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to policies  
2.23 and contracts offered, issued, or renewed on or after that date.

2.24 Sec. 3. Minnesota Statutes 2018, section 62J.692, subdivision 1, is amended to read:

2.25 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions  
2.26 apply:

2.27 (b) "Accredited clinical training" means the clinical training provided by a medical  
2.28 education program that is accredited through an organization recognized by the Department  
2.29 of Education, the Centers for Medicare and Medicaid Services, or another national body  
2.30 who reviews the accrediting organizations for multiple disciplines and whose standards for  
2.31 recognizing accrediting organizations are reviewed and approved by the commissioner of  
2.32 health.

2.33 (c) "Commissioner" means the commissioner of health.

(d) "Clinical medical education program" means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, doctors of chiropractic, dentists, advanced practice nurses (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, ~~and~~ community health workers, marriage and family therapists, and professional clinical counselors.

(e) "Sponsoring institution" means a hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

(f) "Teaching institution" means a hospital, medical center, clinic, or other organization that conducts a clinical medical education program in Minnesota.

(g) "Trainee" means a student or resident involved in a clinical medical education program.

(h) "Eligible trainee FTE's" means the number of trainees, as measured by full-time equivalent counts, that are at training sites located in Minnesota with currently active medical assistance enrollment status and a National Provider Identification (NPI) number where training occurs in either an inpatient or ambulatory patient care setting and where the training is funded, in part, by patient care revenues. Training that occurs in nursing facility settings is not eligible for funding under this section.

Sec. 4. Minnesota Statutes 2018, section 62J.692, subdivision 3, is amended to read:

Subd. 3. **Application process.** (a) A clinical medical education program conducted in Minnesota by a teaching institution to train physicians, doctor of pharmacy practitioners, dentists, chiropractors, physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, ~~or~~ community health workers, marriage and family therapists, or professional clinical counselors is eligible for funds under subdivision 4 if the program:

(1) is funded, in part, by patient care revenues;

(2) occurs in patient care settings that face increased financial pressure as a result of competition with nonteaching patient care entities; and

(3) emphasizes primary care or specialties that are in undersupply in Minnesota.

(b) A clinical medical education program for advanced practice nursing is eligible for funds under subdivision 4 if the program meets the eligibility requirements in paragraph (a), clauses (1) to (3), and is sponsored by the University of Minnesota Academic Health Center, the Mayo Foundation, or institutions that are part of the Minnesota State Colleges and Universities system or members of the Minnesota Private College Council.

(c) Applications must be submitted to the commissioner by a sponsoring institution on behalf of an eligible clinical medical education program and must be received by October 31 of each year for distribution in the following year. An application for funds must contain the following information:

(1) the official name and address of the sponsoring institution and the official name and site address of the clinical medical education programs on whose behalf the sponsoring institution is applying;

(2) the name, title, and business address of those persons responsible for administering the funds;

(3) for each clinical medical education program for which funds are being sought; the type and specialty orientation of trainees in the program; the name, site address, and medical assistance provider number and national provider identification number of each training site used in the program; the federal tax identification number of each training site used in the program, where available; the total number of trainees at each training site; and the total number of eligible trainee FTEs at each site; and

(4) other supporting information the commissioner deems necessary to determine program eligibility based on the criteria in paragraphs (a) and (b) and to ensure the equitable distribution of funds.

(d) An application must include the information specified in clauses (1) to (3) for each clinical medical education program on an annual basis for three consecutive years. After that time, an application must include the information specified in clauses (1) to (3) when requested, at the discretion of the commissioner:

(1) audited clinical training costs per trainee for each clinical medical education program when available or estimates of clinical training costs based on audited financial data;

(2) a description of current sources of funding for clinical medical education costs, including a description and dollar amount of all state and federal financial support, including Medicare direct and indirect payments; and

(3) other revenue received for the purposes of clinical training.

(e) An applicant that does not provide information requested by the commissioner shall not be eligible for funds for the current funding cycle.

Sec. 5. Minnesota Statutes 2018, section 144.1506, subdivision 2, is amended to read:

Subd. 2. **Expansion grant program.** (a) The commissioner of health shall award primary care residency expansion grants to eligible primary care residency programs to plan and implement new residency slots. A planning grant shall not exceed \$75,000, and a training grant shall not exceed \$150,000 per new residency slot for the first year, \$100,000 for the second year, and \$50,000 for the third year of the new residency slot. For eligible residency programs longer than three years, training grants may be awarded for the duration of the residency, not exceeding an average of \$100,000 per residency slot per year.

(b) Funds may be spent to cover the costs of:

(1) planning related to establishing an accredited primary care residency program;

(2) obtaining accreditation by the Accreditation Council for Graduate Medical Education or another national body that accredits residency programs;

(3) establishing new residency programs or new resident training slots;

(4) recruitment, training, and retention of new residents and faculty;

(5) travel and lodging for new residents;

(6) faculty, new resident, and preceptor salaries related to new residency slots;

(7) training site improvements, fees, equipment, and supplies required for new primary care resident training slots; and

(8) supporting clinical education in which trainees are part of a primary care team model.

Sec. 6. Minnesota Statutes 2018, section 245.464, is amended by adding a subdivision to read:

Subd. 4. **Practicum incentive payments.** (a) The commissioner shall, in consultation with stakeholders, establish a payment mechanism and criteria for payment to mental health service providers who demonstrate a commitment to providing students with practicum opportunities focused on evidence-based treatment interventions.

(b) For the purposes of this section:

(1) "practicum" means formal experience gained by a student and supervised by a person licensed under chapter 147, 148B, 148D, or 148F, or sections 148.88 to 148.98 as part of

6.1 an accredited school or educational program in counseling, psychology, or a related mental  
6.2 health field; and

6.3 (2) "student" means an individual who is enrolled in an accredited educational institution  
6.4 in counseling, psychology, or a related mental health field that requires practicum experience  
6.5 for credit.

6.6 Sec. 7. Minnesota Statutes 2018, section 245.4661, subdivision 9, is amended to read:

6.7 Subd. 9. **Services and programs.** (a) The following three distinct grant programs are  
6.8 funded under this section:

6.9 (1) mental health crisis services;

6.10 (2) housing with supports for adults with serious mental illness; and

6.11 (3) projects for assistance in transitioning from homelessness (PATH program).

6.12 (b) In addition, the following are eligible for grant funds:

6.13 (1) community education and prevention;

6.14 (2) client outreach;

6.15 (3) early identification and intervention;

6.16 (4) adult outpatient diagnostic assessment and psychological testing;

6.17 (5) peer support services;

6.18 (6) community support program services (CSP);

6.19 (7) adult residential crisis stabilization;

6.20 (8) supported employment;

6.21 (9) assertive community treatment (ACT);

6.22 (10) housing subsidies;

6.23 (11) basic living, social skills, and community intervention;

6.24 (12) emergency response services;

6.25 (13) adult outpatient psychotherapy;

6.26 (14) adult outpatient medication management;

6.27 (15) adult mobile crisis services;

6.28 (16) adult day treatment;

- 7.1 (17) partial hospitalization;
- 7.2 (18) adult residential treatment;
- 7.3 (19) adult mental health targeted case management;
- 7.4 (20) intensive community rehabilitative services (ICRS); ~~and~~
- 7.5 (21) transportation; and
- 7.6 (22) traditional healing provided to American Indians.

7.7 Sec. 8. **MENTAL HEALTH TRAINING PROGRAM FOR PEDIATRIC**  
7.8 **RESIDENTS.**

7.9 The Board of Regents of the University of Minnesota is requested to develop a clinical  
7.10 mental health training program located in outpatient child psychiatric care clinics for pediatric  
7.11 residents. The training program shall:

- 7.12 (1) place pediatric residents in multidisciplinary mental health teams;
- 7.13 (2) provide education on conducting comprehensive clinical mental health assessments;
- 7.14 (3) provide psychiatric consultation to pediatric residents in their primary care community  
7.15 clinic rotation;
- 7.16 (4) emphasize longitudinal care for patients with behavioral health needs; and
- 7.17 (5) develop partnerships with community resources.

7.18 Sec. 9. **APPROPRIATIONS.**

7.19 Subdivision 1. **Mental health training program.** \$540,000 in fiscal year 2020 is  
7.20 appropriated from the general fund to the Board of Regents of the University of Minnesota  
7.21 for the planning, design, and implementation of the clinical mental health training program  
7.22 for pediatric residents in section 8.

7.23 Subd. 2. **Health professional education loan forgiveness program.** (a) \$3,000,000 in  
7.24 fiscal year 2020 and \$3,000,000 in fiscal year 2021 are appropriated from the general fund  
7.25 to the commissioner of health for the health professional education loan forgiveness program  
7.26 under Minnesota Statutes, section 144.1501.

7.27 (b) Notwithstanding the priorities and distribution requirements for loan forgiveness in  
7.28 Minnesota Statutes, section 144.1501, subdivision 4, \$300,000 of this appropriation is for  
7.29 loan forgiveness to mental health professionals, as defined in Minnesota Statutes, section  
7.30 144.1501, subdivision 1, paragraph (g), who are practicing in an underserved urban

8.1 community, as defined in Minnesota Statutes, section 144.1501, subdivision 1, paragraph  
8.2 (r), and practicing at a clinical location where at least 50 percent of the clients served are  
8.3 covered by medical assistance.

8.4 Subd. 3. **Adult mental health grants.** \$..... is appropriated in fiscal years 2020 and  
8.5 2021 for adult mental health grants under section 245.4661, subdivision 9, paragraph (b),  
8.6 clause (22).