Minnesota Association of County Social Service Administrators

2018 Legislative Session Review

The 2017-18 Minnesota legislative session adjourned sine die at midnight on Sunday, May 21. While the session will largely go down as a "do nothing" session, it is important to remember that the Legislature did not have any major appropriations or policy bills that were necessary to pass for state government to continue its normal operations.

Heading into the legislative session (which began on February 20, 2018), several major issues loomed:

- **Funding for the State Legislature** – Governor Dayton line-item vetoed the Legislature's funding at the end of the 2017 session so proactive legislation needed to be passed (and signed into law) for the Legislature to continue operations during the 2018 session.
- **Projected surplus** – State economists predicted a $329 million budget surplus for the state, whetting the appetite of many legislators looking to fund various initiatives.
- **Federal tax reform** – Arguably the issue that "needed" to be done, Minnesota tax law needs updating to align with recent federal tax reforms. Without such reform, many Minnesotans will see tax increases and face confusing filing provisions.
- **Senate controversy** – With Governor Dayton's appointment of Lieutenant Governor Tina Smith to United States Senator (to fill Al Franken's seat), Senator Michelle Fischbach (R-Paynesville) instantly became Lieutenant Governor, President of the Minnesota Senate, and Senator. Senate Democrats argued, and challenged in court, her ability to actively serve in both roles. This uncertainty left observers of Fischbach's floor votes keenly aware of her effect on the slim Republican majority in the Senate (34-33).
- **Sexual harassment –** Three Minnesota elected officials (U.S. Senator Al Franken, State Senator Dan Schoen, and Representative Tony Cornish) resigned in the wake of allegations of sexual misconduct. Coupled with increased attention to these issues at the national level, the Legislature's policies and state laws were set to receive focused scrutiny.
- **Bonding** – Traditionally, the even-year session is a bonding year meaning that the Legislature assembles a bill to address capital investments around the state. Over the last several years, political disagreements have prevented a bonding bill from moving forward but 2018 being an election year, it was almost certain a bonding bill would be completed before adjournment so legislators could hit the campaign trail having "brought home the bacon."
- **MNLARS** – The pattern of struggling state technology systems continued with news that the state's vehicle title registration and renewal system has failed. From cash to private deputy registrars harmed by the failure to technology funding to fix the system, legislators on both sides of the aisle looked for a solution.

In the world of human services, we saw two prevailing schools of thought: the Governor and Senate believed that a human services agenda should be limited only to items of emerging/urgent concern, while the House asserted there were still program efficiencies to be found within the Department of Human Services and modifications to MnSURE that should be addressed during the session. As the legislative session developed, it was clear that both the House and Senate human services committees intended to address five main issues:

- **Elder care** – With media reports of abuse against seniors, this issue was certainly front and center.
- **Opioids** – Addiction treatment and prevention was top of mind for many legislators.
- **Mental health** – There was general recognition that more needed to be done with mental health, though not one singular plan emerged.
- **Waste-Fraud-Abuse** – A continued theme at the Legislature, there were several proposals that aimed to address perceived waste within the human services system. From directing DHS to contract with a vendor to perform additional eligibility verification, to implementing new work requirements for various programs, to overhauling or significantly modifying the Minnesota Eligibility Technology System (METS), the Legislature debated several bills under this banner.

With the stage set, the legislative session began.

Supplemental budget

The Governor, House, and Senate assembled supplemental budget bills that included spending and revenue change items. You can compare the general fund impact of the full budget proposals here. In health and human services specifically, the simplest way to see how these proposals compared is to look at the overall general fund impact (spending and cuts):

	Governor (as of 5/1)	House (as of 5/18)	Senate (as of 5/18)	Conference (as of 5/22)
FY2018	-75.1m	-27.2m	-14.0m	-18.6m
FY2019	29.9m	37.4m	35.4m	36.6m
FY2018-19	-45.2m	10.2m	21.4m	18.0m
FY2020-21	-18.6m	56.2m	47.3m	30.9m

During the two months that legislative committees held hearings, over 100 individual proposals were acted upon by House and Senate health and human services committees. The Senate moved its HHS recommendations in two ways – in several stand-alone policy bills and rolled its finance bill into one large supplemental spending omnibus bill that was combined with all committee proposals. In the House, the HHS bill contained both policy and finance provisions and was ultimately combined with a supplemental spending bill related to transportation. (On the House floor when questioned on the connection between HHS and transportation, Representative Matt Dean jokingly referred to the bill as the "ambulance bill" since ambulances are regulated by both human services and transportation statutes)

All supplemental budget proposals from all committees ultimately landed in SF3656, carried by House Ways and Means Chair Jim Knoblach (R-Saint Cloud) and Senate Finance Chair Julie Rosen (R-Vernon Center). A 10-person conference committee was assembled (five members from each body) to develop a final bill. The conference committee spent several days walking through differences and similarities between the House and Senate proposals. With just a few days remaining in the legislative session, committee leadership released a 989-page supplemental spending bill that would be sent to the Governor for his consideration.

As the conference committee assembled its bill, Governor Dayton weighed in with some cautionary words that he would not sign a budget bill that was filled with policy proposals he opposed. He also indicated his strong preference that bills relating to opioids, elder care, and school safety be sent to him as stand-alone bills and not wrapped up in larger bills. In response to the conference committee bill, Governor Dayton issued a list of 117 objections three days before adjournment. The conference committee met and addressed over half of those concerns and released the final bill at 7:09 pm on the Saturday before adjournment.

Just 5 hours later, the Senate (36-32) and then House (76-49) and passed the conference committee report on bipartisan votes. Just a few hours before the Legislature cast its votes, Governor Dayton indicated he would veto that bill and a tax/school safety bill. Three days after the Legislature's adjournment, Dayton followed through on his statement and vetoed the supplemental spending bill and a tax/school safety bill.

> The tax bill contained many federal conformity measures aimed to align Minnesota and federal tax codes, as well as a phased-in tax cut to the state's two lowest income brackets. The Governor vetoed a similar bill this session, stating that it did not penalize foreign business income enough. In the final week of the legislative session, the original bill was amended to include $50 million in funding for school safety, one of Governor Dayton's stated priorities.
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> Underlining his previous indications that he would not negotiate or sign a tax bill until there was an agreement on $138 million in school aid, Dayton vetoed the tax/school safety bill with additional concerns that the Republican bill did not provide new funding for schools but rather repurposed funding and raised the state's budget reserve.

Dayton was more critical of the supplemental spending bill, calling it "[a] terrible bill." The Governor's full statement can be read **here.** Republican legislative leaders were quick to respond to Dayton's veto. Senate Majority Leader Paul Gazelka said of Dayton's veto, "It feels impulsive. It feels vindictive. And it didn't help anybody in Minnesota."

In the days that followed Dayton's veto, several constituent groups came forward with their disappointment. Many business and professional services groups expressed concerns with what a veto of tax conformity provisions might mean for Minnesota tax filers in 2019. DFL Senator John Hoffman (Champlin) and Republican Senator Jim Abeler (Anoka) joined advocates from the disability community to express their concerns over a 7% cut to reimbursements and wages for those supporting individuals with disabilities which would have been addressed in the supplemental spending bill.

Below is a list of provisions that we tracked through the legislative session that were ultimately vetoed as part of SF3656:

> **MnCHOICES reform** – MACSSA supported a bill to find efficiencies within the MnCHOICES system, sunset the county cost share, and the establishment of benchmarks so that DHS could be compelled to change policies to address process areas causing delays. After meetings with DHS and legislators, only some small provisions of that bill moved forward. The language that appeared in SF3656 would have allowed for flexibility in DHS timelines and directed DHS to work with stakeholders to develop specific benchmarks to better facilitate efficiencies. There still is a fair amount of work to do within this priority area – MACSSA will need to work with the new administration and stakeholders that emerged toward the end of the legislative session to be able to move forward with additional reforms in this area.
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> **Hospitalization criteria** – MICA supported a bill that would have worked to reduce the costs associated with the Anoka Metro Regional Treatment Center (AMRTC) and Community Behavioral Health Hospitals (CBHHs) and individuals who no longer meet hospitalization criteria. After discussions with DHS regarding the fiscal impact of

the proposed legislation, the bill was ultimately narrowed to only allow for a county to appeal costs related to an individual's placement delay, if the county believed that costs were attributable to factors outside of the county's control. DHS estimated that this appeals process would have cost the state $250,000 in the current fiscal year, and $500,000 in the next.

Telemedicine – LPHA supported legislation that would allow for medical assistance (MA) to be used for telemedicine used by public health professionals. The bill was further amended throughout the committee process and the final bill would have allow MA to be used for telemedicine services for the treatment and control of tuberculosis and expanded the definition of providers to include community paramedics.

Yellow Line Project – Several provisions in the bill would have modified 2017 legislation related to the Yellow Line Project brought forward by Blue Earth County and MICA. The 2018 updates would have added an alcohol and drug counselor and recovery peer specialists to the individuals able to provide care coordination; included American Indian tribes as entities eligible to provide the services; and directed the State to pick up the non-federal share of costs.

Data sharing – Building upon 2017 work, a provision in the bill would have allowed for the limited exchange of information between the sheriff and social services departments for the purposes of arranging services upon an individual's discharge.

Project Legacy – Project Legacy partners with Olmsted County in several areas (social services, workforce development, corrections) to provide intensive long-term supports for youth of color living in generational poverty. SF3656 would have provided $200,000 in one-time funding for this program.

Tobacco cessation services – SF3656 contained a little over $300,000 in funding for statewide tobacco cessation efforts. The services, however, would have been funded through raiding the Statewide Health Improvement Program (SHIP). ClearWay Minnesota (and other public health groups) expressed concerns with this provision.

Technology systems – While not specifically directed at HHS technology projects, language in the state government portion of SF3656 would have required Mn.IT to permit local units of government the opportunity to share feedback on technology projects if that local unit will be the primary users of the technology.

Consolidated Chemical Dependency Treatment Fund (CCDTF) – Legislation to refinance CCDTF operations was included in the vetoed omnibus bill.

Results First – Results First is a state initiative in partnership with the Pew Charitable Trusts that funds evidence-based practices in several areas (HHS, higher education, and criminal justice) In 2017, the Legislature created the Legislative Budget Office. In 2018, there were several proposals floating around to transfer duties to this office such as the creation of fiscal notes, various evaluation processes, etc. It was proposed that the Results First evaluation process be transferred to the Legislative Budget Office, but MICA successfully stymied those efforts and that provision did NOT make it into the final bill.

Opioids – Despite the Governor and legislative leaders agreeing on the need to address opioid use in the state, they could not come to an agreement on how to fund prevention activities. A bipartisan group of legislators attempting to fund significant programs through "penny-a-pill" tax or "opioid stewardship fee" on pharmaceutical manufacturers, but that was ultimately not part of a final agreement. The vetoed bill did contain $16 million for various prevention and treatment programs, including: funding for prevention program at St. Gabriel's in Little Falls; Prescription Monitoring Program enhancements to prevent over-prescribing; prescription limits; and resources for first responders.

Elder care – After Star Tribune reports of widespread incidents of elder abuse, a subcommittee led targeted hearings and developed a series of reforms for the state's elder care facilities. More expansive reforms on private providers did not move forward due to disagreements between providers and advocacy groups. SF3656 did contain limited reforms costing the state $2.5 million this biennium and $2.7 million next biennium.

Disability Waiver Rate System (DWRS) – After receiving word from CMS that Minnesota's waivered services rate system structure would not be approved, providers banded together to support a 7% provider rate increase to prevent future cuts to those caring for the state's disabled population. MACSSA and AMC has been part of ongoing conversations with DHS about the county impact to this increase (since the bill was vetoed).

Nonemergency Medical Transportation (NEMT) – Several provisions related to NEMT were included in SF3656: direction to DHS to contract with a vendor (or dedicated staff) to oversee providers; statute change so that terminated NEMT providers would not be eligible to enroll as a provider for five years following termination; and, direction to DHS to provide training materials to providers and drivers.

Person-centered innovation – As part of the conversation around telemedicine and opportunities to use technology for more person-centered care, legislators proposed that DHS convene the Telepresence Platform Expansion Work Group to collaborate and expand these strategies in HHS, education, and corrections services.

Suicide prevention – SF3656 would have appropriated $969,000 in one-time funding to a nonprofit for telephone counseling services for individuals in suicidal crises or distress.

School-linked mental health – The vetoed bill contained $5 million for the continued expansion of school-linked mental health grants.

Chemical dependency treatment rates – Chemical dependency treatment providers would have received a 1.7% rate increase if SF3656 became law.

There was also a lengthy list of items that MACSSA and its partners worked to defeat (or significantly modify) that were also part of SF3656 as it was sent to the Governor:

Waste, fraud and abuse – Under this banner, legislators proposed several pieces of legislation this year that sought to ferret out fraud, reduce waste, and prevent abuse of our human services system.

Eligibility verification – Legislation proposed and pushed in the House would have required DHS to hire a vendor to verify MA, MinnesotaCare, CCAP, and SNAP eligibility. Despite raised concerns, there was no legislative discussion for how this verification step would align with efforts underway regarding periodic data matching (PDM). This provision was included as part of the omnibus supplemental finance bill.

State agency to address fraud – An idea brought forward by the Senate, this provision in the omnibus bill would have direction DHS and MDH to plan for a new department to house oversight functions currently housed in various agencies. This new agency would investigate fraud in CCAP, PCA services, MA benefits to ineligible persons, and elder abuse claims, replacing the work now conducted by the Office of the Inspector General, the MN Adult Abuse Reporting Center (MAARC), and the Office of Health Facility Complaints (OHFC).

Fund transfer – One of the accounting tools that the Legislature proposed to fund its initiatives was a transfer of approximately $18 million from DHS Systems Funds. This would have included funding intended for technology system upgrades

<u>Bonding bill</u>

To support Minnesota's continuum of mental health care, AMC and MACSSA supported capital investment (bonding) dollars to build mental health crisis centers and supportive housing. The initiative was spearheaded by Olmsted County in 2017 and supported by several other counties. In 2018, statewide organizations made this a priority.

This proposal grabbed the attention of many lawmakers, with all 87 county boards signing letters in support of the legislation and several legislators introducing similar bills. During the legislative session it became clear that *if* a bonding bill was going to be passed, it would likely contain some level of funding for crisis centers and supportive housing.

A bonding bill is unlike many other pieces of legislation. It does not follow the traditional committee path. In fact, much of the bonding bill is written regardless of committee hearings. Prior to the legislative session, counties worked diligently to ensure that the capital investment committees visited current facilities and talked with local elected officials and advocates about what these projects might look like. These bonding

committee tours are often the critical first step in ensuring that legislators can visualize what these projects could look like, they can ask questions, and understand the local stakeholders involved in projects.

HF2274/SF2161 (Albright/Senjem) and HF2303/SF2159 (Albright/Senjem) served as the base bills for our efforts. As the bills moved forward in 2018, MACSSA met with NAMI and DHS to address concerns around the naming of these facilities and the process for grant administration. Language within the bills was slightly modified to address these concerns. As mentioned, other legislators introduced similar bills to address this issue. HF3064/SF2627 (Albright/Ruud) was one such bill.

Ultimately, the Legislature included these proposals as part of its final bonding bill. It is worth noting that this funding is rather significant, not only because of the dollar amount, but also because it is rare that the Legislature funds a project with capital investment dollars that is not "shovel ready." The fact that we were successful despite this is a clear indication of legislators' understanding of our state's mental health crisis and willingness to make investments in the continuum of care.

After some fanfare in the Senate (the first version of a bonding bill failed to pass), a bonding bill (HF4425) was passed with several provisions of interest. You can see a quick overview of the authorized bonding projects here.

- $28.1 million for behavioral health crisis facilities grants (policy language appears in Article 2, Section 11)
- $30 million in appropriations bonds to MN Housing Finance Agency (MHFA) for permanent supportive housing for people with behavioral health needs
- $10 million for The Family Partnership (Minneapolis) for a mental health, early childhood, and counseling services facility
- $1.9 million to Scott County for a regional intensive residential and treatment services (IRTS) and residential crisis stabilization facility
- $900,000 to White Earth Nation for Opioid Center
- $15.073 to Hennepin County for a regional medical examiner's facility
- $6.2 million to Dakota County for a Safety and Mental Health Alternative Response Training (SMART) Center
- $50 million to MHFA to rehabilitate public housing
- Authorization to Veterans Affairs Office to apply for federal funding for facilities of up to 72 beds in Preston, Montevideo, and Bemidji for veterans/spouses

Other bills

While most active bills this session traveled in the omnibus supplemental budget bill, there were a host of bills that traveled on their own and were signed into law. (The links provided to the bills below connect to the final language signed into law.)

SF2685 (Lang/Franson) exempts licensed child care programs from the **positive supports rule** (PSR). As originally implemented, PSR applied to all home and community based services and all DHS-licensed entities (including child care centers, licensed family, and group family child care programs).

HF3015 (Quam/Nelson) removes the requirement to physically post a **correction order** and removes some additional provisions related to correction order posting.

SF2683 (Kiffmeyer/Albright) exempts minors (ages 12-17) who are family members of a child care provider from a **national criminal history record check**.

SF3310 (Weber/Peterson) makes several modifications to **child care licensing**. Provisions include: requiring DHS to consider variances for child care center staff qualification requirements that do not affect the health and safety of children; requires DHS to use plain language when explaining why a license application is denied, a correction order is issued, or a licensed is revoked/suspended; gives flexibility to group family day care providers; amends child care license holder insurance; and requires DHS to enhance its website to make monitoring results available online.

> The bill also requires a county or private agency to provide a written notice to the license holder when a licensing action is recommended to the commissioner. The law (in Section 9) contains requirements of that notice. The recommendations are considered confidential data. DHS is also directed to convene regional meetings with license holders and county licensing agencies to review posting guidelines and website enhancements.
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> Finally, a 2019 report on the status of child care is due to the Legislature that includes several items, including a summary of how the department is engaging providers and counties.

HF3265 (Kresha/Relph) addressed several issues in **child foster care**. The Senate version of this bill contained MACSSA's priority position of removing the 20% withhold related to child protection performance measures. Unfortunately, for reasons described below, that provision was removed in conference committee. The bill, as signed into law, contains a requirement that foster families complete one hour of training on fetal alcohol spectrum disorders; requires DHS to consult with communities of color to review/revise the MN Assessment of Parenting for Children and Youth (MAPCY) tool; and creates a Foster Care Sibling Bill of Rights.

HF2945 (Peterson/Utke) was a bill introduced by the MN Hospital Association. The bill modifies **IRTS and crisis stabilization services provider requirements** be removing the requirement that providers have a contract with the host county to provide services. In the place of that requirement, the provider entity must provide documentation that it required a statement of need from each county board and tribal authority that serves as a local mental health authority in the service territory. If the local mental health authority does not respond within 60 days of the request, DHS shall determine the need.

HF3551 (Lohmer/Relph) modifies the **Safe at Home** program with some technical changes regarding individual privacy.

HF3389 (Scott/Kiffmeyer) modifies the **presumptions in child support** so that all enactment, amendment, or repeal of law constitutes a substantial change for purposes of modifying child support orders.

SF2777 (Westrom/Pugh) modifies the **Deaf, DeafBlind, and Hard-of-Hearing Commission**.

HF3295 (Scott/Kiffmeyer) allows **joint petitions for custody, parenting time, and child suppo**rt to be filed in family court when the parties agree.

SF3066 (Rosen/Albright) modifies **requirements for case manager associate** to allow for 6,000 hours of supervised experience in service delivery to be used as a qualification; makes modifications to the definition of mental health practitioner; and allows for MA to cover diagnostic assessment and services to be reimbursed when performed by a mental health practitioner working as a clinical trainee.

SF2554 (Benson/Lohmer) expands the information on **human trafficking** that is collected by the Department of Public Safety to include arrest, prosecution, and conviction data for crimes involving minor or pornography. It also expands the penalty assessment for crimes that are prostitution-related.

HF3689 (Kiel/Abeler) changes information that is collected related to the state's **birth defect information** system.

HF3833 (Schomacker/Housley) creates **financial exploitation protections** for older and vulnerable adults by allowing broker-dealers and investment advisors to disclose information and delay reimbursements when financial exploitation is suspected.

SF3143 (Utke/Albright) extends the **expiration dates** of the Traumatic Brain Injury Advisory Committee, American Indian Advisory Council, American Indian Child Welfare Advisory Council, and the Formulary Committee within DHS.

SF3102 (Benson/Quam) expands definition of **communicable disease** for purposes of isolation or quarantine.

SF3367 (Abeler/Whelan) requires that **lodging facility employees** be trained to recognize sex trafficking.

SF2675 (Jensen/Zerwas) changes the data restriction for use of the **all-payer claims database** by MDH to analyze health care costs.

SF3673 (Limmer/Johnson, B.) clarifies **civil commitment discharge** language for persons committed as mental ill and dangerous.

MACSSA priorities

Heading into the legislative session, MACSSA identified three main legislative priorities:

- **Remove 20% child protection withhold**
  SF3173/HF4031 (Lourey/Zerwas) was introduced to eliminate the 20% performance measure withholds from the child protection staffing formula. Legislators, by and large, were supportive of removing this withhold as they understood that instead of improving performance, it hurt counties that were not meeting performance measures. The bill moved quickly through the Senate committee process and passed to the Senate floor. It was also amended into a larger bill mentioned above (SF2902).

  The bill met a roadblock in the House. Chair Dean (R-Dellwood) was not supportive of this bill which prevented committee action. To move this, Representative Kresha approached MACSSA to support the concept of "floating" the withhold dollars for a year to fund a Child Welfare Training Academy (in coordination with the University of Minnesota) with the hope that this would be a bargaining chip with

  Chair Dean that would convince him to include the withhold language in the omnibus spending bill. MACSSA opposed this concept because the withhold dollars are intended for county staffing.

  Ultimately, neither the child protection withhold provision nor the Child Welfare Training Academy could find the support or funding to move forward. This is an issue that MACSSA will most certainly want to pursue in 2019 with a new Governor and House of Representatives.

- **Modify MnCHOICES and sunset the cost share**
  HF3192/SF2933 (Albright/Utke) was introduced and gained most traction in the Senate. This was not surprising as the modifications to MnCHOICES was an issue brought forward by the Senate in the 2017 legislative session. In the bill's first Senate hearing, DHS expressed some concerns with the bill and senators directed MACSSA to work on compromise language with the department. Of most concern to the Senate was the sunset of the cost share, as there was not room in allowable budget targets to address this. The House did not hear the bill.

Ultimately, MACSSA found some policy compromise with DHS and dropped the cost share provision. The entirety of this compromise was in the omnibus supplemental spending bill that was vetoed.

- **Procure bonding dollars for supportive housing and mental health crisis facilities**
  As mentioned above, we were successful in securing just over $28 million for crisis facilities and $30 million for supportive housing.

What else?

In addition to the already-mentioned laundry list of provisions and bills that did not make it past the finish line, there are still a few more:

Work requirements for SNAP and MA/welfare reform – Several bills were introduced on this topic. Ranging in approaches, HF118 (Howe) would modify income and asset limits on SNAP households, HF3722/SF3611 (Fenton/Johnson, M.) would impose work/community engagement requirements on MA enrollees, and SF3333/HF3613 (Rosen/Swedzinski) would modify asset limits on various cash assistance programs and EBT cards and require probation officers to report probationers who test positive for drug use to welfare fraud division.

HF3722/SF3611 were heard in committees and legislators heard a chorus of voices in opposition to the bills. As the bill progress, the State released a local fiscal impact note that reflected a county cost of $121.3 million (FY2020) and $162.6 million (FY2021). Those astonishing numbers had an impact on legislators. The bills did not move to either the House or Senate floor for consideration by the full body but we expect these bills, or similar ones, will be back. In fact, during a hearing on her bill (SF3333), Senator Rosen indicated she intends to work on these issues during the interim and next session.

HF2725 (Dean) would have repealed MnSURE and replaced the MN Eligibility Technology System (METS) with a **county-based eligibility determination system**, leaving counties responsible for administering both MA and MinnesotaCare. Representative Dean argued for this approach because counties are closest to the clients and service delivery. The bill did not outline specifics of how the county-based system would be funded or constructed. The bill was heard in several House committees but got no traction in the Senate.

HF4519 (Dean) was introduced late in session after news reports indicating that **CCAP** dollars may be inappropriately funneled overseas to promote terrorist groups. The bill would have enabled DHS to close child care facilities that do not cooperate with investigations; required DHS to contract with a vendor to ensure eligibility in MA, MinnesotaCare, CCAP and SNAP; created new criminal penalties for individuals who transfer fraudulently-obtained funds to travel ban counties; and directed the Office of the Legislative Auditor (OLA) to investigate CCAP. While the bill did not move forward, the OLA did indicate that it will be pursuing an investigation of the alleged fraud and DHS oversight.

Governor Dayton has long been a proponent of a **buy-in option for MinnesotaCare**, claiming there may be Minnesotans willing to pay for the full cost of health insurance which would reduce the overall state cost by mitigating the risk pool. Claiming that this would cost taxpayers more and hurt providers, Republican legislators did not act on his proposal.

HF1139 (Kiel) would have required supervision for individuals post release from civil commitment. County case managers would be required to provider weekly oversight of the client and their treatment team. Navigating the politics of this delicately, MACSSA communicated the increased county costs associated with this proposal. The bill was heard in one committee in each the House and Senate but did not move forward after that.