



February 17, 2023

Dear Members of the Senate Health and Human Services Committee:

On behalf of the Mental Health Legislative Network (MHLN) we are writing to share our concerns with SF 73. The MHLN is made up of over 40 organizations representing advocates, professionals, and providers with broad perspective and expertise on the needs of our mental health system and the people who are directly impacted by mental health legislation. We have shared with the authors in both bodies our concerns and an amendment. We have outlined the changes below. Line numbers correlate to HF 100 the 6<sup>th</sup> Engrossment.

- **Cannabis Advisory Council:** Mental health professionals should be included on the council because of the impact cannabis can have on a person's mental health.
  - Line 19.12 add "(32) two licensed mental health professionals"
- **Data collection:** Rather than a study, the Office could collect better targeted data. The existing language asks for a study requires using some data that simply doesn't exist.
  - Lines 20.23 through 21.2 delete and insert: "(e) The office shall collect existing data from the Department of Human Services, Minnesota Department of Health, State Courts, and hospitals on utilization of mental health and substance use disorder services, emergency room visits, and commitments. The purpose is to identify any increased usage. The office shall also contact existing first episode of psychosis programs to obtain summary data on the number of people served and number of people on the waiting list. This information shall be included in the report required under (f)"
- **Warnings and Labels:** Regardless of the legal age to use cannabis, we should warn people that it can still have disproportionate impacts on the brain before the age of 25. Additionally, labels and warnings must address impacts to mental health and pregnant people. There really is plenty of research demonstrating the impact on pregnant women and other states have already included the warning label. Why would we want to wait? Additionally, 988 should be listed as a resource in addition to the poison control center.
  - Line 21.24 delete "21" and insert "25"
  - Line 61.32 after the period add (4) a statement that cannabis flower, cannabinoid products and hemp-derived consumer products may negatively impact one's mental health and should be avoided by pregnant or breastfeeding women, or by women planning to become pregnant."
  - Line 109.6 before "and" insert "(13) Use by pregnant or breastfeeding women, or by women planning to become pregnant, may result in fetal injury, preterm birth, low birth weight or developmental problems for the child."
  - Line 110.13-14.
  - Line 110.18 delete "may" and insert "must"
  - Line 111.1 after "center" insert "988 suicide and crisis lifeline"

- **Safe Usage:** Cannabis should be treated the same as other legal substances like alcohol in home childcare settings and child welfare workers should also receive education on cannabis. Mental health facilities should also be allowed to regulate use on their grounds.
  - Line 21.28 after “programs” insert “child welfare workers”
  - Line 27.15 after the period add “Cannabis flower or cannabinoid products must be inaccessible to children and be stored away from food products.”
  - Line 93.23 delete “six caregivers at a time” and insert “two”
  - Line 98.12 insert “(iii) residential or nonresidential program or foster care licensed or operated by the commissioner of human services;”
  - Line 98.27 after the semicolon insert “residential or nonresidential program or foster care licensed or operated by the commissioner of human services under 245A”
  - Line 98.27 after “commissioner of health” add “or the commissioner of human services”
- **Education:** Like warning labels, education must be clear that cannabis can negatively impact people under 25.
  - Line 196.4 delete “adolescents” and insert youth under the age of 25.”
  - Line 196.29 after “health” insert “in consultation with the commissioners of human services and education,”
  - Line 197.31 “delete 21 and insert ‘25”
  - Line 198.14 before “and” insert “child welfare workers”
- **Substance Use Disorder Council and Grants:** This funding should not be used to increase rates, since rates are set under Medicaid and private insurance. Money could be used for targeted services that currently are not funded or are underfunded. Additionally, there is already a Governor's Advisory Council on Opioids, Substance Use, and Addiction under Section 4.046, members could be added if needed.
  - Line 117.5 delete everything after “treatment” through 117.9 and insert “providers to adopt evidence-based and culturally informed and responsive treatment and services. Funds can be used to support expansion of peer and recovery specialists, cover housing costs in a sober home for people with low incomes, expand co-occurring programming for people with mental illnesses and substance use disorders, first episode of psychosis programs, harm reduction, and start-up funding for culturally specific providers of substance use disorder services.
  - Line 119.8 delete “implement”
  - Line 121.20 delete the entire section.
  - Line 122.19 delete and insert “mental health professional”
  - Line 122.25 – delete “patient advocate” and instead add “two substance use disorder providers representing underserved communities.”
  - Line 123.2 before “geographic” insert “cultural and”

We also share concerns with many about potency and packaging in safe doses. Finally, we are in full support of the provisions in the bill to allow for expungement of cannabis-related crimes. We appreciate the proactive provisions in the bill to inform people about expungement opportunities. This is one good step in addressing the disparities in our legal system against Black, Indigenous, and people of color communities, as well as people with mental illnesses and substance use disorders.

Thank you for your attention to these concerns. We hope we can work together to ensure that any bill that is passed is safe for people with mental illnesses and all Minnesotans.

Sincerely,

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Executive Director, NAMI Minnesota  
Co-Chair, Mental Health Legislative Network

Shannah Mulvihill, MA  
Executive Director, Mental Health Minnesota  
Co-Chair, Mental Health Legislative Network

**The following organizations are members of the Mental Health Legislative Network:**

ACCORD	Minnesota Association for Marriage and Family Therapy
Allina Health System	Minnesota Association of Community Mental Health Programs
Amherst H. Wilder Foundation	Minnesota Behavioral Health Network
Avivo	MN Office of Ombudsman for Mental Health and Developmental Disabilities
AspireMN	Minnesota Prenatal to Three Coalition
Barbara Schneider Foundation	Minnesota Psychiatric Society
Catholic Charities Twin Cities	Minnesota Psychological Association
Central Minnesota Mental Health Center	Minnesota School Social Workers Association
Children's Minnesota	Minnesota Social Service Association
East Metro Crisis Alliance	NAMI Minnesota
Epilepsy Foundation of Minnesota	National Association of Social Workers, Minnesota Chapter
Fraser	Nurse-Family Partnership
Guild	NUWAY
Hennepin Healthcare	Nystrom
Lutheran Social Service of Minnesota	People Incorporated
Mental Health Minnesota	Pregnancy Postpartum Support Minnesota
Mental Health Providers Association of Minnesota	RISE, Inc.
Mental Health Resources	State Advisory Council on Mental Health Subcommittee on Children's Mental Health
Mid-Minnesota Legal Assistance/Minnesota Disability Law Center	Touchstone Mental Health
MARRCH - Minnesota Association of Resources for Recovery and Chemical Health	Vail Place
Minnesota Association of Black Psychologists	Washburn Center for Children
Minnesota Association for Children's Mental Health	Wellness in the Woods