DEPARTMENT OF HUMAN SERVICES

Side-by-Side Legislative Changes 2024: All Changes

Includes: Changes to substance use disorder treatment (SUD) services including peer recovery services, opioid treatment programs, comprehensive assessments, client eligibility, rate requirements, demonstration, paperwork reduction, etc.

* Day of Final Enactment is May 17, 2024, for Chapter 108 and May 24, 2024, for Chapter 125 and Chapter 127. Chapter 125 and 127 have the same content and Chapter 125 is referenced in this side by side.

Please note that there are legislative changes in sections 254B.05 Subdivision 1 and 254B.05 Subdivision 5 that are not consistent between S.F. No. 4399 Chapter 108 and S.F. No. 5335 Chapter 125. To help distinguish these changes, the Chapter 108 changes are shown in purple text, and the Chapter 125 changes are shown in red text. The changes that are the same in both chapters are shown in black text. Any inconsistencies in numbering or lettering between the Chapters are indicated in *italics*, and the revisor will make future edits. This information is provided to ensure transparency and clarity regarding the legislative changes in these sections.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
148F.05 Subd. 2	**Education requirements for licensure**. An applicant for licensure must submit evidence satisfactory to the board that the applicant has: (l) received a bachelor's degree from an accredited school or educational program; and (2) received 18 semester credits or 270 clock hours of academic course work and 880 clock hours of supervised alcohol and drug counseling practicum from an accredited school or education program. The course work and practicum do not have to be part of the bachelor's degree earned under clause (1). The academic course work must be in the following areas: (i) an overview of the transdisciplinary foundations of alcohol and drug counseling, including theories of chemical dependency, the continuum of care, and the process of change;	**Education requirements for licensure**. An applicant for licensure must submit evidence satisfactory to the board that the applicant has: (l) received a bachelor's or master's degree from an accredited school or educational program; and (2) received 18 semester credits or 270 clock hours of academic course work and 880 clock hours of supervised alcohol and drug counseling practicum from an accredited school or education program. The course work and practicum do not have to be part of the bachelor's degree earned under clause (1). The academic course work must be in the following areas: (i) an overview of the transdisciplinary foundations of alcohol and drug counseling, including theories of chemical dependency, the continuum of care, and the process of change;	August 1, 2024	S.F. No. 4399 108/4/1

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(ii) pharmacology of substance abuse disorders and the dynamics of addiction, including substance use disorder treatment with medications for opioid use disorder, (iii) professional and ethical responsibilities; (iv) multicultural aspects of chemical dependency; (v) co-occurring disorders; and (vi) the core functions defined in section 148F.01, subdivision 10.	(ii) pharmacology of substance abuse disorders and the dynamics of addiction, including substance use disorder treatment with medications for opioid use disorder, (iii) professional and ethical responsibilities; (iv) multicultural aspects of chemical dependency; (v) co-occurring disorders; and (vi) the core functions defined in section 148F.01, subdivision 10.		
245.91, Subd 4	**Facility or program**. "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.	**Facility or program**. "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02,subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; <u>peer recovery support services provided by a recovery community organization as defined in section 254B.01 ,subdivision 8;</u> and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.	August 1, 2024	S.F. No. 5335 125/3/2
245F.02 Subd. 17	**Peer recovery support services**. "Peer recovery support services" means mentoring and education, advocacy, and nonclinical recovery support provided by a recovery peer.	**Peer recovery support services**. "Peer recovery support services" means ~~mentoring and education, advocacy, and nonclinical recovery support provided by a recovery peer~~ <u>services provided according to section 245F.08, subdivision 3.</u>	Day following final enactment	S.F. No. 4399 108/4/2
245F.02 Subd. 21	**Recovery peer**. "Recovery peer" means a person who has progressed in the person's own recovery from substance use disorder and is willing to serve as a peer to assist others in their recovery.	**Recovery peer**. "Recovery peer" means a person who has progressed in the person's own recovery from substance use disorder and is willing to serve as a peer	Day following final enactment	S.F. No. 4399 108/4/3

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		to assist others in their recovery and is qualified according to section 245F.15, subdivision 7.		
245F.08 Subd. 3	**Peer recovery support services**. (a) Peers in recovery serve as mentors or recovery-support partners for individuals in recovery, and may provide encouragement, self-disclosure of recovery experiences, transportation to appointments, assistance with finding resources that will help locate housing, job search resources, and assistance finding and participating in support groups. (b) Peer recovery support services are provided by a recovery peer and must be supervised by the responsible staff person.	**Peer recovery support services**. ~~(a) Peers in recovery serve as mentors or recovery-support partners for individuals in recovery, and may provide encouragement, self-disclosure of recovery experiences, transportation to appointments, assistance with finding resources that will help locate housing, job search resources, and assistance finding and participating in support groups.~~ ~~(b) Peer recovery support services are provided by a recovery peer and must be supervised by the responsible staff person.~~ Peer recovery support services must meet the requirements in section 245G.07, subdivision 2, clause (8), and must be provided by a person who is qualified according to the requirements in section 245F.15, subdivision 7.	Day following final enactment	S.F. No. 4399 108/4/4
245F.15 Subd. 7.	**Recovery peer qualifications**. Recovery peers must: (1) be at least 21 years of age and have a high school diploma or its equivalent; (2) have a minimum of one year in recovery from substance use disorder; (3) have completed a curriculum designated by the commissioner that teaches specific skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and (4) receive supervision in areas specific to the domains of their role by qualified supervisory staff.	**Recovery peer qualifications**. Recovery peers must: ~~(1) be at least 21 years of age and have a high school diploma or its equivalent;~~ ~~(2) have a minimum of one year in recovery from substance use disorder;~~ ~~(3) have completed a curriculum designated by the commissioner that teaches specific skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and~~ ~~(4) receive supervision in areas specific to the domains of their role by qualified supervisory staff.~~ (1) meet the qualifications in section 245I.04, subdivision 18; and	Day following final enactment	S.F. No. 4399 108/4/5

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(2) provide services according to the scope of practice established in section 245I.04, subdivision 19, under the supervision of an alcohol and drug counselor.		
245G.031 Subd. 2.	**Qualifying accreditation; determination of same and similar standards.** (a) The commissioner must accept a qualifying accreditation from an accrediting body listed in paragraph (c) after determining, in consultation with the accrediting body and license holders, the accrediting body's standards that are the same as or similar to the licensing requirements in this chapter. In determining whether standards of an accrediting body are the same as or similar to licensing requirements under this chapter, the commissioner shall give due consideration to the existence of a standard that aligns in whole or in part to a licensing standard. (b) Upon request by a license holder, the commissioner may allow the accrediting body to monitor for compliance with licensing requirements under this chapter that are determined to be neither the same as nor similar to those of the accrediting body. (c) For purposes of this section, "accrediting body" means the joint commission. (d) Qualifying accreditation only applies to the license holder's licensed programs that are included in the accrediting body's survey during each survey period.	**Qualifying accreditation; determination of same and similar standards**. (a) The commissioner must accept a qualifying accreditation from an accrediting body listed in paragraph (c) after determining, in consultation with the accrediting body and license holders, which of the accrediting body's standards ~~that~~ are the same as or similar to the licensing requirements in this chapter. In determining whether standards of an accrediting body are the same as or similar to licensing requirements under this chapter, the commissioner shall give due consideration to the existence of a standard that aligns in whole or in part to a licensing standard. (b) Upon request by a license holder, the commissioner may allow the accrediting body to monitor for compliance with licensing requirements under this chapter that are determined to be neither the same as nor similar to those of the accrediting body. (c) For purposes of this section, "accrediting body" means The Joint Commission. (d) Qualifying accreditation only applies to the license holder's licensed programs that are included in the accrediting body's survey during each survey period.	August 1, 2024	S.F. No. 4399 108/4/6
245G.04 Subd. 3.		**Opioid educational material**. The license holder must provide opioid educational material to the client on the day of service initiation. The license holder must use the opioid educational material approved by the commissioner that contains information on: (1) risks for opioid use disorder and dependence; (2) treatment options, including the use of a medication for opioid use disorder;	January 1, 2025	S.F. No. 4399 108/4/7

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(3) the risk and recognition of opioid overdose; and (4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.		
245G.05 Subd. 3.	**Comprehensive assessment requirements.** (a) A comprehensive assessment must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c). It must also include: (1) a diagnosis of a substance use disorder or a finding that the client does not meet the criteria for a substance use disorder; (2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245.4863; (3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and (4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1. (b) If the individual is assessed for opioid use disorder, the program must provide educational material to the client within 24 hours of service initiation on: (1) risks for opioid use disorder and dependence; (2) treatment options, including the use of a medication for opioid use disorder; (3) the risk and recognition of opioid overdose; and (4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose. If the client is identified as having opioid use disorder at a later point, the required educational material must be provided at that point. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.	**Comprehensive assessment requirements**. ~~(a)~~ A comprehensive assessment must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c). It must also include: (1) a diagnosis of a substance use disorder or a finding that the client does not meet the criteria for a substance use disorder; (2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245.4863; (3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and (4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1. ~~(b) If the individual is assessed for opioid use disorder, the program must provide educational material to the client within 24 hours of service initiation on:~~ ~~(1) risks for opioid use disorder and dependence;~~ ~~(2) treatment options, including the use of a medication for opioid use disorder;~~ ~~(3) the risk and recognition of opioid overdose; and~~ ~~(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.~~ ~~If the client is identified as having opioid use disorder at a later point, the required educational material must be provided at that point. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement~~.	January 1, 2025	S.F. No. 4399 108/4/8

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245G.07, Subd. 2	**Additional treatment service**. A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan: (1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder; (2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals; (3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being; (4) living skills development to help the client learn basic skills necessary for independent living; (5) employment or educational services to help the client become financially independent; (6) socialization skills development to help the client live and interact with others in a positive and productive manner; (7) room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills; and (8) peer recovery support services provided by an individual in recovery qualified according to section 245I.04, subdivision 18. Peer support services include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to appointments that support	**Additional treatment service**. A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan: (1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder; (2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals; (3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being; (4) living skills development to help the client learn basic skills necessary for independent living; (5) employment or educational services to help the client become financially independent; (6) socialization skills development to help the client live and interact with others in a positive and productive manner; (7) room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills; and (8) peer recovery support services must be provided by ~~an individual in~~ a recovery peer qualified according to section 245I.04, subdivision 18. Peer recovery support services ~~include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to~~	January 1, 2025	S.F. No. 5335 125/3/3

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	recovery; assistance accessing resources to obtain housing, employment, education, and advocacy services; and nonclinical recovery support to assist the transition from treatment into the recovery community.	~~appointments that support recovery; assistance accessing resources to obtain housing, employment, education, and advocacy services; and nonclinical recovery support to assist the transition from treatment into the recovery community~~ must be provided according to sections 254B.05, subdivision 5, and 254B.052.		
245G.09 Subd. 3.	**Contents**. Client records must contain the following: (1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.05, subdivision 3, paragraph (b); (2) an initial services plan completed according to section 245G.04; (3) a comprehensive assessment completed according to section 245G.05; (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable; (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a; (6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and (7) a summary at the time of service termination according to section 245G.06, subdivision 4.	**Contents**. Client records must contain the following: (1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section ~~245G.05~~ 245G.04, subdivision 3~~, paragraph (b)~~; (2) an initial services plan completed according to section 245G.04; (3) a comprehensive assessment completed according to section 245G.05; (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable; (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a; (6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and (7) a summary at the time of service termination according to section 245G.06, subdivision 4.	January 1, 2025	S.F. No. 4399 108/4/9

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245G.11 Subd. 10.	**Student interns and former students**. (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern. (b) An alcohol and drug counselor must supervise and be responsible for a treatment service performed by a former student and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by the former student. (c) A student intern or former student must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students, former students, or licensing candidates with time documented to be directly related to the provision of treatment services for which the staff are authorized.	**Student interns and former students**. (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern. (b) An alcohol and drug counselor must supervise and be responsible for a treatment service performed by a former student and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by the former student. (c) A student intern or former student must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be ~~students,~~ student interns or former students~~, or licensing candidates~~ with time documented to be directly related to the provision of treatment services for which the staff are authorized.	August 1, 2024	S.F. No. 4399 108/4/10
245G.22 Subd. 2.	**Definitions**. (a) For purposes of this section, the terms defined in this subdivision have the meanings given them. (b) "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. (c) "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. (d) "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the	**Definitions**. (a) For purposes of this section, the terms defined in this subdivision have the meanings given them. (b) "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. (c) "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication (d) "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the	Day following final enactment	S.F. No. 4399 108/4/11

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. (e) "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (f) "Minnesota health care programs" has the meaning given in section 256B.0636. (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations, title 42, section 8.12, and includes programs licensed under this chapter. (h) "Practitioner" means a staff member holding a current, unrestricted license to practice medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing and is currently registered with the Drug Enforcement Administration to order or dispense controlled substances in Schedules II to V under the Controlled Substances Act, United States Code, title 21, part B, section 821. Practitioner includes an advanced practice registered nurse and physician assistant if the staff member receives a variance by the state opioid treatment authority under section 254A.03 and the federal Substance Abuse and Mental Health Services Administration. (i) "Unsupervised use" means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.	services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. (e) "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (f) "Minnesota health care programs" has the meaning given in section 256B.0636. (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations, title 42, section 8.12, and includes programs licensed under this chapter. (h) "Practitioner" means a staff member holding a current, unrestricted license to practice medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing and is currently registered with the Drug Enforcement Administration to order or dispense controlled substances in Schedules II to V under the Controlled Substances Act, United States Code, title 21, part B, section 821. ~~Practitioner includes an advanced practice registered nurse and physician assistant if the staff member receives a variance by the state opioid treatment authority under section 254A.03 and the federal Substance Abuse and Mental Health Services Administration.~~ (i) "Unsupervised use" or "take-home dose" means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.		
245G.22 Subd. 6	**Criteria for unsupervised use**. (a) To limit the potential for diversion of medication used for the treatment of opioid use disorder to the illicit market, medication dispensed to a client for unsupervised use shall be subject to the requirements of this subdivision. Any client in an opioid treatment program may receive a	**Criteria for unsupervised use**. (a) To limit the potential for diversion of medication used for the treatment of opioid use disorder to the illicit market, medication dispensed to a client for unsupervised use shall be subject to the requirements of this subdivision. Any client in an opioid treatment program may receive ~~a~~	Day following final enactment	S.F. No. 4399 108/4/12

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays.	~~single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays~~ individualized take-home doses as ordered for days that the clinic is closed for business on one weekend day and state and federal holidays, no matter the client's length of time in treatment, as allowed under Code of Federal Regulations, title 42, section 8.12(i)(1).		
	(b) A practitioner with authority to prescribe must review and document the criteria in this paragraph and paragraph (c) when determining whether dispensing medication for a client's unsupervised use is appropriate to implement, increase, or extend the amount of time between visits to the program. The criteria are:	(b) For take-home doses beyond those allowed in paragraph (a), a practitioner with authority to prescribe must review and document the criteria in ~~this paragraph and paragraph (c)~~ Code of Federal Regulations, title 42, section 8.12(i)(2), when determining whether dispensing medication for a client's unsupervised use is safe and when it is appropriate to implement, increase, or extend the amount of time between visits to the program. ~~The criteria are:~~		
	(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol; (2) regularity of program attendance; (3) absence of serious behavioral problems at the program; (4) absence of known recent criminal activity such as drug dealing; (5) stability of the client's home environment and social relationships; (6) length of time in comprehensive maintenance treatment; (7) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and (8) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance outweighs the potential risks of diversion or unsupervised use.	~~(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol; 5~~ ~~(2) regularity of program attendance;~~ ~~(3) absence of serious behavioral problems at the program;~~ ~~(4) absence of known recent criminal activity such as drug dealing;~~ ~~(5) stability of the client's home environment and social relationships;~~ ~~(6) length of time in comprehensive maintenance treatment;~~ ~~(7) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and~~ ~~(8) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance outweighs the potential risks of diversion or unsupervised use.~~		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(c) The determination, including the basis of the determination must be documented in the client's medical record.	(c) The determination, including the basis of the determination must be documented by a practitioner in the client's medical record.		
245G.22 Subd. 7	**Restrictions for unsupervised use of methadone hydrochloride**. (a) If a medical director or prescribing practitioner assesses and determines that a client meets the criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid addiction, the restrictions in this subdivision must be followed when the medication to be dispensed is methadone hydrochloride. The results of the assessment must be contained in the client file. The number of unsupervised use medication doses per week in paragraphs (b) to (d) is in addition to the number of unsupervised use medication doses a client may receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a). (b) During the first 90 days of treatment, the unsupervised use medication supply must be limited to a maximum of a single dose each week and the client shall ingest all other doses under direct supervision. (c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week. (d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week. (e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.	**Restrictions for unsupervised use of methadone hydrochloride**. ~~(a)~~ If a ~~medical director or prescribing~~ practitioner assesses ~~and~~, determines, and documents that a client meets the criteria in subdivision 6 ~~and may be dispensed a medication used for the treatment of opioid addiction, the restrictions in this subdivision must be followed when the medication to be dispensed is methadone hydrochloride. The results of the assessment must be contained in the client file. The number of unsupervised use medication doses per week in paragraphs (b) to (d) is in addition to the number of unsupervised use medication doses a client may receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a)~~ and that a patient is safely able to manage unsupervised doses of methadone, the number of take-home doses the client receives must be limited by the number allowed by Code of Federal Regulations, title 42, section 8.12(i)(3). ~~(b) During the first 90 days of treatment, the unsupervised use medication supply must be limited to a maximum of a single dose each week and the client shall ingest all other doses under direct supervision.~~ ~~(c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week.~~ ~~(d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week.~~ ~~(e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.~~	Day following final enactment	S.F. No. 4399 108/4/13

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply. (g) After two years of continuous treatment, a client may be given a maximum one-month unsupervised use medication supply, but must make monthly visits to the program.	~~(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply.~~ ~~(g) After two years of continuous treatment, a client may be given a maximum one-month unsupervised use medication supply, but must make monthly visits to the program.~~		
245G.22 Subd. 17	**Policies and procedures.** (a) A license holder must develop and maintain the policies and procedures required in this subdivision. (b) For a program that is not open every day of the year, the license holder must maintain a policy and procedure that covers requirements under section 245G.22, subdivisions 6 and 7. Unsupervised use of medication used for the treatment of opioid use disorder for days that the program is closed for business, including but not limited to Sundays and state and federal holidays, must meet the requirements under section 245G.22, subdivisions 6 and 7. (c) The license holder must maintain a policy and procedure that includes specific measures to reduce the possibility of diversion. The policy and procedure must: (1) specifically identify and define the responsibilities of the medical and administrative staff for performing diversion control measures; and (2) include a process for contacting no less than five percent of clients who have unsupervised use of medication, excluding clients approved solely under subdivision 6, paragraph (a), to require clients to physically return to the program each month. The system must require clients to return to the program within a stipulated time frame and turn in all unused medication containers related to opioid use disorder treatment. The license holder must document all related contacts on a central log and the outcome of the contact	**Policies and procedures**. (a) A license holder must develop and maintain the policies and procedures required in this subdivision. (b) For a program that is not open every day of the year, the license holder must maintain a policy and procedure that covers requirements under ~~section 245G.22,~~ subdivisions 6 and 7. Unsupervised use of medication used for the treatment of opioid use disorder for days that the program is closed for business, ~~including but not limited to Sundays~~ on one weekend day and state and federal holidays, must meet the requirements under ~~section 245G.22,~~ subdivisions 6 and 7. (c) The license holder must maintain a policy and procedure that includes specific measures to reduce the possibility of diversion. The policy and procedure must: (1) specifically identify and define the responsibilities of the medical and administrative staff for performing diversion control measures; and (2) include a process for contacting no less than five percent of clients who have unsupervised use of medication, excluding clients approved solely under subdivision 6,paragraph (a), to require clients to physically return to the program each month. The system must require clients to return to the program within a stipulated time frame and turn in all unused medication containers related to opioid use disorder treatment. The license holder must document all related contacts on a central log and the outcome of the contact	This section is effective July 1, 2024, except the amendments to paragraph (b) are effective the day following final enactment.	S.F. No. 4399 108/4/14

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	for each client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified. (d) Medication used for the treatment of opioid use disorder must be ordered, administered, and dispensed according to applicable state and federal regulations and the standards set by applicable accreditation entities. If a medication order requires assessment by the person administering or dispensing the medication to determine the amount to be administered or dispensed, the assessment must be completed by an individual whose professional scope of practice permits an assessment. For the purposes of enforcement of this paragraph, the commissioner has the authority to monitor the person administering or dispensing the medication for compliance with state and federal regulations and the relevant standards of the license holder's accreditation agency and may issue licensing actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance. (e) A counselor in an opioid treatment program must not supervise more than 50 clients.	for each client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified. (d) Medication used for the treatment of opioid use disorder must be ordered, administered, and dispensed according to applicable state and federal regulations and the standards set by applicable accreditation entities. If a medication order requires assessment by the person administering or dispensing the medication to determine the amount to be administered or dispensed, the assessment must be completed by an individual whose professional scope of practice permits an assessment. For the purposes of enforcement of this paragraph, the commissioner has the authority to monitor the person administering or dispensing the medication for compliance with state and federal regulations and the relevant standards of the license holder's accreditation agency and may issue licensing actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance. e) ~~A counselor in an opioid treatment program must not supervise more than 50 clients.~~ The license holder must maintain a ratio of one full-time equivalent alcohol and drugcounselor for every 60 clients enrolled in the program. The license holder must determine the appropriate number of clients for which each counselor is responsible based on the needs of each client. The license holder must maintain documentation of the clients assigned toeach counselor to demonstrate compliance with this paragraph. For the purpose of this paragraph, "full-time equivalent" means working at least 32 hours each week.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(f) Notwithstanding paragraph (e), from July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may continue to serve a client who was receiving services at the program on June 30, 2024, at a counselor to client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a new client after June 30, 2024, unless the counselor who would supervise the new client is supervising fewer than 50 existing clients.	~~(f) Notwithstanding paragraph (e), From July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may continue to serve a client who was receiving services at the program on June 30, 2024, at a counselor to client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a new client after June 30, 2024, unless the counselor who would supervise the new client is supervising fewer than 50 existing clients.~~		
245I.04 Subd. 18	**Recovery peer qualifications.** (a) A recovery peer must: (1) have a minimum of one year in recovery from substance use disorder; and (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National Association for Alcoholism and Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support. (b) A recovery peer who receives a credential from a Tribal Nation when providing peer recovery support services in a tribally licensed program satisfies the requirement in paragraph (a), clause (2).	**Recovery peer qualifications**. (a) A recovery peer must: (1) have a minimum of one year in recovery from substance use disorder; and (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National Association for Alcoholism and Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support. (b) A recovery peer who receives a credential from a Tribal Nation when providing peer recovery support services in a tribally licensed program satisfies the requirement in paragraph (a), clause (2). <u>(c) A recovery peer hired on or after July 1, 2024, must not be classified or treated as an independent contractor. Beginning January 1, 2025, a recovery peer must not be classified or treated as an independent contractor.</u>	July 1, 2024	S.F. No. 4399 108/4/15
245I.04, Subd. 19	**Recovery peer scope of practice**. A recovery peer, under the supervision of an alcohol and drug counselor, must:	**Recovery peer scope of practice**. (a) A recovery peer, under the supervision of ~~an~~ <u>a licensed</u> alcohol and drug	August 1, 2024	S.F. No. 5335 125/3/4

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(1) provide individualized peer support to each client; (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and (3) support a client's maintenance of skills that the client has learned from other services.	counselor or mental health professional who meets the qualifications under subdivision 2, must: (1) provide individualized peer support and individual recovery planning to each client; (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and (3) support a client's maintenance of skills that the client has learned from other services. (b) A licensed alcohol and drug counselor or mental health professional providing supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely or in person, at least once per month in order to provide adequate supervision to the recovery peer. Supervision must include reviewing individual recovery plans, as defined in section 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services provided for clients and may include client updates, discussion of ethical considerations, and any other questions or issues relevant to peer recovery support services.		
254A.19 Subd. 3	**Comprehensive assessments**. An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall approve the nature, intensity level, and duration of treatment service if a need for services is indicated, but the individual assessed can access any enrolled provider that is licensed to provide the level of service authorized, including the provider or program that completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.	**Comprehensive assessments**. (a) An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall ~~approve~~ recommend the nature, intensity level, and duration of treatment service if a need for services is indicated, but the individual assessed can access any enrolled provider that is licensed to provide the level of service authorized, including the provider or program that completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.	August 1, 2024	S.F. No. 4399 108/4/16

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(b) When a comprehensive assessment is completed while the individual is in a substance use disorder treatment program, the comprehensive assessment must meet the requirements of section 245G.05. (c) When a comprehensive assessment is completed while the individual is in a withdrawal management program, the comprehensive assessment must meet the requirements of section 245F.06. (d) When a comprehensive assessment is completed for purposes of payment under section 254B.05, subdivision 1, paragraph (b), (c), or (i), or if the assessment is completed prior to service initiation by a licensed substance use disorder treatment program licensed under chapter 245G or applicable Tribal license, the assessor must: (1) include all components under section 245G.05, subdivision 3; (2) provide the assessment within five days or at a later date upon the client's request, or refer the individual to other locations where they may access this service sooner; (3) provide information on payment options for substance use disorder services when the individual is uninsured or underinsured; (4) provide the individual with a notice of privacy practices; (5) provide a copy of the completed comprehensive assessment, upon request; (6) provide resources and contact information for the level of care being recommended; and (7) provide an individual diagnosed with an opioid use disorder with educational material approved by the commissioner that contains information on: (i) risks for opioid use disorder and opioid dependence;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(ii) treatment options, including the use of a medication for opioid use disorder; (iii) the risk and recognition of opioid overdose; and (iv) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.		
254B.01 Subd. 4e		**Individual recovery plan**. "Individual recovery plan" means a person-centered outline of supports that an eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support services needs and goals.	August 1, 2024	S.F. No. 5335 125/3/5
254B.01 Subd. 8a		**Recovery peer**. "Recovery peer" means a person who is qualified according to section 245I.04, subdivision 18, to provide peer recovery support services within the scope of practice provided under section 245I.04, subdivision 19.	August 1, 2024	S.F. No. 5335 125/3/6
254B.03 Subd. 4	**Division of costs.** (a) Except for services provided by a county under section 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out of local money, pay the state for 22.95 percent of the cost of substance use disorder services, except for those services provided to persons enrolled in medical assistance under chapter 256B and room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12). Counties may use the indigent hospitalization levy for treatment and hospital payments made under this section. (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent for the cost of payment and collections, must be distributed to the county that paid for a portion of the treatment under this section.	**Division of costs**. (a) Except for services provided by a county under section 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out of local money, pay the state for 22.95 percent of the cost of substance use disorder services, except for those services provided to persons enrolled in medical assistance under chapter 256B and room and board services under section 254B.05, subdivision 5, paragraph (b~~), clause (12)~~. Counties may use the indigent hospitalization levy for treatment and hospital payments made under this section. (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent for the cost of payment and collections, must be distributed to the county that paid for a portion of the treatment under this section.		S.F. No. 4399 108/4/17

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245B.04 Subd. 1a.	**Client eligibility**. (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose. (b) Persons with dependent children who are determined to be in need of substance use disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in need of chemical dependency treatment pursuant to a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable. (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12). (d) A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client: (1) is eligible for MFIP as determined under chapter 256J; (2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150; (3) is eligible for general assistance, general assistance medical care, or work readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or	**Client eligibility**. (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose. (b) Persons with dependent children who are determined to be in need of substance use disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in need of chemical dependency treatment pursuant to a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable. (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b)~~, clause (12)~~. (d) A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client: (1) is eligible for MFIP as determined under chapter 256J; (2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150; (3) is eligible for general assistance, general assistance medical care, or work readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or	August 1, 2024	S.F. No. 4399 108/4/18

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7. (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have a third-party payment source are eligible for the behavioral health fund if the third-party payment source pays less than 100 percent of the cost of treatment services for eligible clients. (f) A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client: (1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or (2) has an available third-party payment source that will pay the total cost of the client's treatment. (g) A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client: (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04. (h) When a county commits a client under chapter 253B to a regional treatment center for substance use disorder services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to section 254B.05, subdivision 4.	(4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7. (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have a third-party payment source are eligible for the behavioral health fund if the third-party payment source pays less than 100 percent of the cost of treatment services for eligible clients. (f) A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client: (1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or (2) has an available third-party payment source that will pay the total cost of the client's treatment. (g) A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client: (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04. (h) When a county commits a client under chapter 253B to a regional treatment center for substance use disorder services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to section 254B.05, subdivision 4.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
254B.04 Subd. 2a	**Eligibility for room and board services for persons in outpatient substance use disorder treatment**. A person eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12), must score at level 4 on assessment dimensions related to readiness to change, relapse, continued use, or recovery environment in order to be assigned to services with a room and board component reimbursed under this section. Whether a treatment facility has been designated an institution for mental diseases under United States Code, title 42, section 1396d, shall not be a factor in making placements.	**Eligibility for room and board services for persons in outpatient substance use disorder treatment**. A person eligible for room and board services under section 254B.05, subdivision 5, paragraph (b)~~, clause (12)~~, must score at level 4 on assessment dimensions related to readiness to change, relapse, continued use, or recovery environment in order to be assigned to services with a room and board component reimbursed under this section. Whether a treatment facility has been designated an institution for mental diseases under United States Code, title 42, section 1396d, shall not be a factor in making placements.	August 1, 2024	S.F. No. 4399 108/4/19
254B.04 Subd. 6	**Local agency to determine client financial eligibility.** (a) The local agency shall determine a client's financial eligibility for the behavioral health fund according to section 254B.04, subdivision 1a, with the income calculated prospectively for one year from the date of comprehensive assessment. The local agency shall pay for eligible clients according to chapter 256G. The local agency shall enter the financial eligibility span within ten calendar days of request. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's substance use disorder treatment. (b) A client who is a minor child must not be deemed to have income available to pay for substance use disorder treatment, unless the minor child is responsible for payment under section 144.347 for substance use	**Local agency to determine client financial eligibility**. (a) The local agency shall determine a client's financial eligibility for the behavioral health fund according to section 254B.04, subdivision 1a, with the income calculated prospectively for one year from the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients according to chapter 256G. ~~The local agency shall enter the financial eligibility span within ten calendar days of request.~~ Client eligibility must be determined using only forms prescribed by the ~~department~~ commissioner unless the local agency has a reasonable basis for believing that the information submitted on a form is false. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's substance use disorder treatment. (b) A client who is a minor child must not be deemed to have income available to pay for substance use disorder treatment, unless the minor child is responsible for payment under section 144.347 for substance use	August 1, 2024	S.F. No. 4399 108/4/20

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	disorder treatment services sought under section 144.343, subdivision 1. (c) The local agency must determine the client's household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's birth or adoptive parents; and (iii) the client's siblings who are minors; and (2) if the client is an adult, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's spouse; (iii) the client's minor children; and (iv) the client's spouse's minor children. For purposes of this paragraph, household size includes a person listed in clauses (1) and (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing to the cost of care of the person in out-of-home placement. (d) The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of co-payment. (e) The local agency must provide the required eligibility information to the department in the manner specified by the department. (f) The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.	disorder treatment services sought under section 144.343, subdivision 1. (c) The local agency must determine the client's household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's birth or adoptive parents; and (iii) the client's siblings who are minors; and (2) if the client is an adult, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's spouse; (iii) the client's minor children; and (iv) the client's spouse's minor children. For purposes of this paragraph, household size includes a person listed in clauses (1) and (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing to the cost of care of the person in out-of-home placement. (d) The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of co-payment. (e) The local agency must provide the required eligibility information to the department in the manner specified by the department. (f) The local agency shall require the client and policyholder to conditionally assign to the department the client and policy holder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(g) The local agency must redetermine a client's eligibility for the behavioral health fund every 12 months. (h) A client, responsible relative, and policyholder must provide income or wage verification, household size verification, and must make an assignment of third-party payment rights under paragraph (f). If a client, responsible relative, or policyholder does not comply with the provisions of this subdivision, the client is ineligible for behavioral health fund payment for substance use disorder treatment, and the client and responsible relative must be obligated to pay for the full cost of substance use disorder treatment services provided to the client.	(g) The local agency must redetermine a client's eligibility for the behavioral health fund every 12 months. (h) A client, responsible relative, and policyholder must provide income or wage verification, household size verification, and must make an assignment of third-party payment rights under paragraph (f). If a client, responsible relative, or policyholder does not comply with the provisions of this subdivision, the client is ineligible for behavioral health fund payment for substance use disorder treatment, and the client and responsible relative must be obligated to pay for the full cost of substance use disorder treatment services provided to the client.		
254B.04 Subd. 6a.		**Span of eligibility**. The local agency must enter the financial eligibility span within five business days of a request. If the comprehensive assessment is completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date services were initiated. If the comprehensive assessment is not completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date the comprehensive assessment was completed.	August 1, 2024	S.F. No. 4399 108/4/21
254B.05 Subd. 1	**Licensure required**. (a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indian programs that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by tribal government are eligible vendors.	**Licensure or certification required**. (a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indianprograms that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by Tribal government are eligible vendors.	August 1, 2024, except that paragraph (d), clauses (11) and (12), are effective July 1, 2024.	S.F. No. 4399 108/4/22

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(b) A licensed professional in private practice as defined in section 245G.01, subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6). (c) A county is an eligible vendor for a comprehensive assessment and assessment summary when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section 245G.05. A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer recovery services when the services are provided by an individual who meets the requirements of section 245G.11, subdivision 8. (d) A recovery community organization that meets the requirements of clauses (1) to (10) and meets membership or accreditation requirements of the Association of Recovery Community Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery community organization identified by the commissioner is an eligible vendor of peer support services. Eligible vendors under this paragraph must:	(b) A licensed professional in private practice as defined in section 245G.01,subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment ~~and assessment summary~~ provided according to section ~~245G.05~~ 254A.19, subdivision 3, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6). (c) A county is an eligible vendor for a comprehensive assessment ~~and assessment summary~~ when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section ~~245G.05~~ 254A.19, subdivision 3. A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer recovery services when the services are provided by an individual who meets the requirements of section 245G.11, subdivision 8. (d) A recovery community organization that meets the requirements of clauses (1) to ~~(10)~~ (12) and meets ~~membership~~ certification or accreditation requirements of the ~~Association of Recovery Community Organizations,~~ Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery ~~community~~ organization identified by the commissioner is an eligible vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for	This section is effective the day following final enactment, except the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective July 1, 2025	S.F. No. 5335 125/3/7

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		certification or accreditation on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:		
	(1) be nonprofit organizations;	(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;		
	(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;	(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;		
	(3) primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus;	(3) ~~primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus~~ have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;		
	(4) be grassroots and reflective of and engaged with the community served;	(4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate ongoing community engagement with the identified primary region and population served by the organization, including individuals in recovery and their families, friends, and recovery allies;		
	(5) be accountable to the recovery community through processes that promote the involvement and engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;	(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that promote the ~~involvement and~~ engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building groups, and harm-reduction activities; (7) allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths; (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color communities, including board and staff development activities, organizational practices, service offerings, advocacy efforts, and culturally informed outreach and service plans; (9) be stewards of recovery-friendly language that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; and (10) maintain an employee and volunteer code of ethics and easily accessible grievance procedures posted in physical spaces, on websites, or on program policies or forms.	(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building groups, and harm-reduction activities, and provide recovery public education and advocacy; (7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths; (8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, ~~including~~ LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff ~~development activities, organizational practices~~ training, service offerings, advocacy efforts, and culturally informed outreach and ~~service plans~~ services; (9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; ~~and~~ (10) establish and maintain ~~an employee and volunteer~~ a publicly available recovery community organization code of ethics and ~~easily accessible~~ grievance policy and procedures ~~posted in physical spaces, on websites, or on program policies or forms.~~; *(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor; and* *(11) provide an orientation for recovery peers that includes an overview of the consumer advocacy services provided by the Ombudsman for Mental Health and*		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		Developmental Disabilities and other relevant advocacy services; and *(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025.* *(12) provide notice to peer recovery support services participants that includes the following statement: "If you have a complaint about the provider or the person providing your peer recovery support services, you may contact the Minnesota Alliance of Recovery Community Organizations. You may also contact the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement must also include:* *(i) the telephone number, website address, email address, and mailing address of the Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman for Mental Health and Developmental Disabilities;* *(ii) the recovery community organization's name, address, email, telephone number, and name or title of the person at the recovery community organization to whom problems or complaints may be directed; and* *(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint.*		
	(e) Recovery community organizations approved by the commissioner before June 30, 2023, shall retain their designation as recovery community organizations.	(e) A recovery community ~~organizations~~ organization approved by the commissioner before June 30, 2023, ~~shall retain their designation as recovery community organizations~~ must have begun the application process as required by an approved certifying or accrediting entity and have begun the process to meet the requirements under paragraph (d) by September 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.		
	(f) A recovery community organization that is aggrieved by an accreditation or membership determination and	(f) A recovery community organization that is aggrieved by an accreditation, certification, or membership		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	believes it meets the requirements under paragraph (d) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15), for reconsideration as an eligible vendor. (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors. (h) Hospitals, federally qualified health centers, and rural health clinics are eligible vendors of a comprehensive assessment when the comprehensive assessment is completed according to section 245G.05 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reported on the claim as the individual who provided the service.	determination and believes it meets the requirements under paragraph (d) may appeal the determination undersection 256.045, subdivision 3, paragraph (a), clause (15), for reconsideration as an eligible vendor. If the human services judge determines that the recovery community organization meets the requirements under paragraph (d), the recovery community organization is an eligible vendor of peer recovery support services. (g) All recovery community organizations must be certified or accredited by an entity listed in paragraph (d) by June 30, 2025. ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by Tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors. *~~(h)~~ (i) Hospitals, federally qualified health centers, and rural health clinics are eligiblevendors of a comprehensive assessment when the comprehensive assessment is completed according to section ~~245G.05~~ 254A.19, subdivision 3 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reportedon the claim as the individual who provided the service.* (i) Any complaints about a recovery community organization or peer recovery support services may be made to and reviewed or investigated by the ombudsperson for behavioral health and developmental disabilities under sections 245.91 and 245.94.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
254B.05 Subd. 5	**Rate requirements**. (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter. (b) Eligible substance use disorder treatment services include: (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care: (i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1); (ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2); (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3); (iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4); (v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5); vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and (vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);	**Rate requirements**. (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter. (b) Eligible substance use disorder treatment services include: (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care: (i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1); (ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2); (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3); (iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4); (v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5). The commissioner shall use the base payment rate of $79.84 per day for services provided under this item; (vi) ASAM level 3.1 clinically managed low-intensity residential services according to section 254B.19, subdivision 1, clause (5), provided at 15 or more hours of skilled treatment services each week. The commissioner shall use the base payment rate of $166.13 per day for services provided under this item; (vii) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19,subdivision 1, clause (6). The commissioner shall use the specified base payment rate of $224.06 per day for services provided under this item; and	August 1, 2024, except the amendments to paragraph (b), clauses (1) and (8), which are effective retroactively from January 1, 2024, with federal approval or retroactively from a later federally approved date. The commissioner of human services shall inform the revisor of statutes of the effective date upon federal approval. January 1, 2025	S.F. No. 4399 108/4/23 S.F. No. 5335 125/3/8

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		~~(vii)~~ (viii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7). The commissioner shall use the specified base payment rate of $224.06 per day for services provided under this item;		
	(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;	(2) comprehensive assessments provided according to ~~sections 245.4863, paragraph (a), and 245G.05~~ section 254A.19, subdivision 3;		
	(3) treatment coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);	(3) treatment coordination services provided according to section 245G.07, subdivision1, paragraph (a), clause (5);		
	(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);	(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);		
	(5) withdrawal management services provided according to chapter 245F;	(5) withdrawal management services provided according to chapter 245F;		
	(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;	(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to 144.56;		
		(7) substance use disorder treatment services with medications for opioid use disorder provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17 and 245G.22, or under an applicable Tribal license;		
		(8) medium-intensity residential treatment services that provide 15 hours of skilled treatment services each week and are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license;		
	(7) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license;	~~(7)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable Tribal license;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(8) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and (9) room and board facilities that meet the requirements of subdivision 1a. (c) The commissioner shall establish higher rates for programs that meet the requirements of paragraph (b) and one of the following additional requirements: (1) programs that serve parents with their children if the program: (i) provides on-site child care during the hours of treatment activity that: (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as: (A) a child care center under Minnesota Rules, chapter 9503; or (B) a family child care home under Minnesota Rules, chapter 9502; (2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a; (3) disability responsive programs as defined in section 254B.01, subdivision 4b;	~~(8)~~ (10) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and ~~(9)~~ (11) room and board facilities that meet the requirements of subdivision 1a. (c) The commissioner shall establish higher rates for programs that meet the requirementsof paragraph (b) and one of the following additional requirements: (1) programs that serve parents with their children if the program: (i) provides on-site child care during the hours of treatment activity that: (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or 71.32 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as: (A) a child care center under Minnesota Rules, chapter 9503; or (B) a family child care home under Minnesota Rules, chapter 9502; (2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a; (3) disability responsive programs as defined in section 254B.01, subdivision 4b;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if: (i) the program meets the co-occurring requirements in section 245G.20; (ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services; (iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission; (iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented; (v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.	(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to ~~two hours~~ one hour per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if: (i) the program meets the co-occurring requirements in section 245G.20; ~~(ii) 25 percent of the counseling staff are licensed mental health professionals undersection 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;~~ (ii) the program employs a mental health professional as defined in section 245I.04, subdivision 2; (iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission; (iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented; (v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services. (e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.06 90, are exempt from the requirements in paragraph (c), clause (4), items (i) to (iv). (f) Subject to federal approval, substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services. (g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio. (h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.	(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services. (e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause (4), items (i) to (iv). (f) ~~Subject to federal approval,~~ substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services. (g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under thischapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio. (h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.	(i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines. *(j) A license holder that is unable to provide all residential treatment services because a client missed services remains eligible to bill for the client's intensity level of services under this paragraph if the license holder can document the reason the client missed services and the interventions done to address the client's absence.* *(j) Eligible vendors of peer recovery support services must:* *(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and* *(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.* *(k) Peer recovery support services not provided in accordance with section 254B.052 are subject to monetary recovery under section 256B.064 as money improperly paid.* *(k) Hours in a treatment week may be reduced in observance of federally recognized holidays.*		
254B.052		**PEER RECOVERY SUPPORT SERVICES REQUIREMENTS**. Subdivision 1. **Peer recovery support services; service requirements**. (a) Peer recovery support services are face-to-face interactions between a recovery peer and a client, on a one-on-one basis, in which specific goals identified in an	January 1, 2025	S.F. No. 5335 125/3/9

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		individual recovery plan, treatment plan, or stabilization plan are discussed and addressed. Peer recovery support services are provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports and to support maintenance of a client's recovery. (b) Peer recovery support services must be provided according to an individual recovery plan if provided by a recovery community organization or county, a treatment plan if provided in a substance use disorder treatment program under chapter 245G, or a stabilization plan if provided by a withdrawal management program under chapter 245F. (c) A client receiving peer recovery support services must participate in the services voluntarily. Any program that incorporates peer recovery support services must provide written notice to the client that peer recovery support services will be provided. (d) Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom they receive services. Subd. 2. **Individual recovery plan**. (a) The individual recovery plan must be developed with the client and must be completed within the first three sessions with a recovery peer. (b) The recovery peer must document how each session ties into the client's individual recovery plan. The individual recovery plan must be updated as needed. The individual recovery plan must include: (1) the client's name; (2) the recovery peer's name; (3) the name of the recovery peer's supervisor; (4) the client's recovery goals; (5) the client's resources and assets to support recovery;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(6) activities that may support meeting identified goals; and (7) the planned frequency of peer recovery support services sessions between the recovery peer and the client. Subd. 3. **Eligible vendor documentation requirements**. An eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must keep a secure file for each individual receiving medical assistance peer recovery support services. The file must include, at a minimum: (1) the client's comprehensive assessment under section 245G.05 that led to the client's referral for peer recovery support services; (2) the client's individual recovery plan; and (3) documentation of each billed peer recovery support services interaction between the client and the recovery peer, including the date, start and end time with a.m. and p.m. designations, the client's response, and the name of the recovery peer who provided the service.		
254B.181 Subd. 1	**Requirements**. All sober homes must comply with applicable state laws and regulations and local ordinances related to maximum occupancy, fire safety, and sanitation. In addition, all sober homes must: (1) maintain a supply of an opiate antagonist in the home and post information on proper use; (2) have written policies regarding access to all prescribed medications; (3) have written policies regarding evictions; (4) return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to	**Requirements**. All sober homes must comply with applicable state laws and regulations and local ordinances related to maximum occupancy, fire safety, and sanitation. In addition, all sober homes must: (1) maintain a supply of an opiate antagonist in the home in a conspicuous location and post information on proper use; (2) have written policies regarding access to all prescribed medications; (3) have written policies regarding evictions; (4) return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to	January 1, 2025, except clause (9) is effective June 1, 2026	S.F. No. 4399 108/4/24

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	contact persons listed as emergency contacts for the discharged person so that the items are returned;	contact persons listed as emergency contacts for the discharged person so that the items are returned;		
	(5) document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency contact designated by the resident under certain circumstances, including but not limited to death due to an overdose;	(5) document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency contact designated by the resident under certain circumstances, including but not limited to death due to an overdose;		
	(6) maintain contact information for emergency resources in the community to address mental health and health emergencies;	(6) maintain contact information for emergency resources in the community to address mental health and health emergencies;		
	(7) have policies on staff qualifications and prohibition against fraternization;	(7) have policies on staff qualifications and prohibition against fraternization;		
	(8) have a policy on whether the use of medications for opioid use disorder is permissible;	(8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~ permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration for the treatment of opioid use disorder;		
		(9) permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration to treat co-occurring substance use disorders and mental health conditions;		
	(9) have a fee schedule and refund policy;	~~(9)~~ (10) have a fee schedule and refund policy;		
	(10) have rules for residents;	~~(10)~~ (11) have rules for residents;		
	(11) have policies that promote resident participation in treatment, self-help groups, or other recovery supports;	~~(11)~~ (12) have policies that promote resident participation in treatment, self-help groups, or other recovery supports;		
	(12) have policies requiring abstinence from alcohol and illicit drugs; and	~~(12)~~ (13) have policies requiring abstinence from alcohol and illicit drugs; and		
	(13) distribute the sober home bill of rights.	~~(13)~~ (14) distribute the sober home bill of rights.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
254B.19, Subd. 1	**Level of care requirements.** For each client assigned an ASAM level of care, eligible vendors must implement the standards set by the ASAM for the respective level of care. Additionally, vendors must meet the following requirements: (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed substance use disorder, early intervention services may include individual or group counseling, treatment coordination, peer recovery support, screening brief intervention, and referral to treatment provided according to section 254A.03, subdivision 3, paragraph (c). (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week. Services must be licensed according to section 245G.20 and meet requirements under section 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours per week of skilled treatment services and adolescents must receive six or more hours per week. Vendors must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Peer recovery services and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.	**Level of care requirements**. (a) For each client assigned an ASAM level of care, eligible vendors must implement the standards set by the ASAM for the respective level of care. Additionally, vendors must meet the following requirements: (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed substance use disorder, early intervention services may include individual or group counseling, treatment coordination, peer recovery support, screening brief intervention, and referral to treatment provided according to section 254A.03, subdivision 3, paragraph (c). (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week. Services must be licensed according to section 245G.20 and meet requirements undersection 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours per week of skilled treatment services and adolescents must receive six or more hours per week. Vendors must be licensed according to section 245G.20 and must meet requirements undersection 256B.0759. Peer recovery services and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.	Day following enactment	S.F. No. 5335 125/3/10

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a. (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide at least 5 hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan. Programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan. (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according	(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a. (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide at least 5 hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan. Programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hourstaffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan. (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan. (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F. (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.	to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan. (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F. (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F. <u>(b) Notwithstanding the minimum daily skilled treatment service requirements under paragraph (a), clauses (6) and (7), ASAM level 3.3 and 3.5 vendors must provide each client at least 30 hours of treatment services per week for the period between January 1, 2024, through June 30, 2024.</u>		
256.043, Subd. 3	**Appropriations from registration and license fee account.** (a) The appropriations in paragraphs (b) to (n) shall be made from the registration and license fee account on a fiscal year basis in the order specified. (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be made accordingly. (c) $100,000 is appropriated to the commissioner of human services for grants for opiate antagonist distribution. Grantees may utilize funds for opioid overdose prevention, community asset mapping, education, and opiate antagonist distribution. (d) $2,000,000 is appropriated to the commissioner of human services for grants to Tribal nations and five urban Indian communities for traditional healing	**Appropriations from registration and license fee account**. (a) The appropriations in paragraphs (b) to (n) shall be made from the registration and license fee account on a fiscal year basis in the order specified. (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be made accordingly. (c) $100,000 is appropriated to the commissioner of human services for grants for opiate antagonist distribution. Grantees may utilize funds for opioid overdose prevention, community asset mapping, education, and opiate antagonist distribution. (d) $2,000,000 is appropriated to the commissioner of human services for grants to Tribal nations and five urban Indian communities for traditional healing	August 1, 2024	S.F. No. 5335 125/3/11

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	practices for American Indians and to increase the capacity of culturally specific providers in the behavioral health workforce. (e) $400,000 is appropriated to the commissioner of human services for competitive grants for opioid-focused Project ECHO programs. (f) $277,000 in fiscal year 2024 and $321,000 each year thereafter is appropriated to the commissioner of human services to administer the funding distribution and reporting requirements in paragraph (o). (g) $3,000,000 in fiscal year 2025 and $3,000,000 each year thereafter is appropriated to the commissioner of human services for safe recovery sites start-up and capacity building grants under section 254B.18. (h) $395,000 in fiscal year 2024 and $415,000 each year thereafter is appropriated to the commissioner of human services for the opioid overdose surge alert system under section 245.891. (i) $300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c). (j) $261,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (n). (k) $126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066. (l) $672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, $384,000 is for drug scientists and lab supplies and $288,000 is for special agent positions focused on drug interdiction and drug trafficking.	practices for American Indians and to increase the capacity of culturally specific providers in the behavioral health workforce. (e) $400,000 is appropriated to the commissioner of human services for competitive grants for opioid-focused Project ECHO programs. (f) $277,000 in fiscal year 2024 and $321,000 each year thereafter is appropriated to the commissioner of human services to administer the funding distribution and reporting requirements in paragraph (o). (g) $3,000,000 in fiscal year 2025 and $3,000,000 each year thereafter is appropriated to the commissioner of human services for safe recovery sites start-up and capacity building grants under section 254B.18. (h) $395,000 in fiscal year 2024 and $415,000 each year thereafter is appropriated to the commissioner of human services for the opioid overdose surge alert system under section 245.891. (i) $300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c). (j) $261,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (n). (k) $126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066. (l) $672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, $384,000 is for drug scientists and lab supplies and $288,000 is for special agent positions focused on drug interdiction and drug trafficking.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects based on out-of-home placement episodes where parental drug abuse is the primary reason for the out-of-home placement using data from the previous calendar year. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction. (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.	(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide prevention and child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects through a formula based on intake data from the previous three calendar years related to substance use and out-of-home placement episodes where parental drug abuse is ~~the primary~~ a reason for the out-of-home placement ~~using data from the previous calendar year~~. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide prevention and child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction. (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis. (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.	(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis. (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.		
256B.0759 Subd. 2	**Provider participation**. (a) Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (b) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (c) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter and are licensed as a hospital under sections 144.50 to 144.581 must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025.	**Provider participation**. (a) Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (b) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (c) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter and, are licensed as a hospital under sections 144.50 to 144.581 ~~must~~, and provide only ASAM 3.7medically monitored inpatient level of care are not required to enroll as demonstration project providers	August 1, 2024	S.F. No. 4399 108/4/25

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		~~and meet the requirements of subdivision 3 by January 1, 2025~~. Programs meeting these criteria must submit evidence of providing the required level of care to the commissioner to be exempt from enrolling in the demonstration.		
	(d) Programs licensed by the Department of Human Services as withdrawal management programs according to chapter 245F that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (e) Out-of-state residential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (f) Tribally licensed programs may elect to participate in the demonstration project and meet the requirements of subdivision 3. The Department of Human Services must consult with Tribal nations to discuss participation in the substance use disorder demonstration project. (g) The commissioner shall allow providers enrolled in the demonstration project before July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for all services provided on or after the date of enrollment, except that the commissioner shall allow a provider to receive applicable rate enhancements authorized under subdivision 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after January 1, 2021, to	(d) Programs licensed by the Department of Human Services as withdrawal management programs according to chapter 245F that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (e) Out-of-state residential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625. (f) Tribally licensed programs may elect to participate in the demonstration project and meet the requirements of subdivision 3. The Department of Human Services must consult with Tribal Nations to discuss participation in the substance use disorder demonstration project. (g) The commissioner shall allow providers enrolled in the demonstration project before July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for all services provided on or after the date of enrollment, except that the commissioner shall allow a provider to receive applicable rate enhancements authorized under subdivision 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after January 1, 2021, to		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	managed care enrollees, if the provider meets all of the following requirements: (1) the provider attests that during the time period for which the provider is seeking the rate enhancement, the provider took meaningful steps in their plan approved by the commissioner to meet the demonstration project requirements in subdivision 3; and (2) the provider submits attestation and evidence, including all information requested by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in a format required by the commissioner. (h) The commissioner may recoup any rate enhancements paid under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.	managed care enrollees, if the provider meets all of the following requirements: (1) the provider attests that during the time period for which the provider is seeking the rate enhancement, the provider took meaningful steps in their plan approved by the commissioner to meet the demonstration project requirements in subdivision 3; and (2) the provider submits attestation and evidence, including all information requested by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in a format required by the commissioner. (h) The commissioner may recoup any rate enhancements paid under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.		
256B.0759 Subd. 4	**Provider payment rates**. (a) Payment rates for participating providers must be increased for services provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision 3. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject	**Provider payment rates**. (a) Payment rates for participating providers must be increased for services provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels ofcare. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject	The day following final enactment	S.F. No. 4399 108/4/26

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to the commissioner, upon request, of the steps being taken. (b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met. (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019. (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clauses (1), (6), and (7), and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. (e) Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in paragraphs (c) and (d). The commissioner must monitor the effect of this requirement on the rate of access to substance use	to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to thecommissioner, upon request, of the steps being taken. (b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met. ~~(c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019.~~ ~~(d)~~ (c) For outpatient individual and group substance use disorder services undersection 254B.05, subdivision 5, paragraph (b), ~~clauses~~ clause (1), ~~(6), and (7)~~, and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. ~~(e)~~ (d) Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in ~~paragraphs~~ paragraph (c) ~~and (d)~~. The commissioner must monitor the effect of this		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	disorder services and residential substance use disorder rates. Capitation rates paid to managed care organizations and county-based purchasing plans must reflect the impact of this requirement. This paragraph expires if federal approval is not received at any time as required under this paragraph. (f) Effective July 1, 2021, contracts between managed care plans and county-based purchasing plans and providers to whom paragraph (e) applies must allow recovery of payments from those providers if, for any contract year, federal approval for the provisions of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment recoveries must not exceed the amount equal to any decrease in rates that results from this provision.	requirement on the rate of access to substance use disorder services and residential substance use disorder rates. Capitation rates paid to managed care organizations and county-based purchasing plans must reflect the impact of this requirement. This paragraph expires if federal approval is not received at any time as required under this paragraph. ~~(f)~~ (e) Effective July 1, 2021, contracts between managed care plans and county-based purchasing plans and providers to whom paragraph ~~(e)~~ (d) applies must allow recovery of payments from those providers if, for any contract year, federal approval for the provisions of paragraph ~~(e)~~ (d) is not received, and capitation rates are adjusted as a result. Payment recoveries must not exceed the amount equal to any decrease in rates that results from this provision. (f) For substance use disorder services with medications for opioid use disorder under section 254B.05, subdivision 5, clause (7), provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon implementation of new rates according to section 254B.121, the 20 percent increase will no longer apply.		
256B.0761		**REENTRY DEMONSTRATION WAIVER**. Subdivision 1. **Establishment**. The commissioner must submit a waiver application to the Centers for Medicare and Medicaid Services to implement a medical assistance demonstration project to provide health care and coordination services that bridge to community-based services for individuals confined in state, local, or Tribal correctional facilities, or facilities located outside of the seven-county metropolitan area that have an inmate census with a significant proportion of Tribal	January 1, 2026, or upon federal approval, whichever is later, except subdivision 7 is effective July 1, 2024. The commissione	S.F. No. 5335 125/3/12

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		members or American Indians, prior to community reentry. The demonstration must be designed to: (1) increase continuity of coverage; (2) improve access to health care services, including mental health services, physical health services, and substance use disorder treatment services; (3) enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers; (4) reduce overdoses and deaths following release; (5) decrease disparities in overdoses and deaths following release; and (6) maximize health and overall community reentry outcomes. Subd. 2. **Eligible individuals**. Notwithstanding section 256B.055, subdivision 14, individuals are eligible to receive services under this demonstration if they are eligible under section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the commissioner in collaboration with correctional facilities, local governments, and Tribal governments. Subd. 3. **Eligible correctional facilities**. (a) The commissioner's waiver application is limited to: (1) three state correctional facilities to be determined by the commissioner of corrections, one of which must be the Minnesota Correctional Facility-Shakopee; (2) two facilities for delinquent children and youth licensed under section 241.021, subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association and the Minnesota Sheriffs' Association; (3) four correctional facilities for adults licensed under section 241.021, subdivision 1, identified in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties; and	r of human services must notify the revisor of statutes when federal approval is obtained	

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(4) one correctional facility owned and managed by a Tribal government or a facility located outside of the seven-county metropolitan area that has an inmate census with a significant proportion of Tribal members or American Indians. (b) Additional facilities may be added to the waiver contingent on legislative authorization and appropriations. Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an individual's release date or, if an individual's confinement is less than 90 days, during the time period between a medical assistance eligibility determination and the release to the community. (b) Facilities must offer the following services using either community-based or corrections-based providers: (1) case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals and other activities to address assessed needs, and monitoring and follow-up activities; (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up to a 30-day supply of drugs upon release; (3) substance use disorder comprehensive assessments according section 254B.05, subdivision 5, paragraph (b), clause (2); (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph (b), clause (3); (5) peer recovery support services according to sections 245I.04, subdivisions 18 and 19, and 254B.05, subdivision 5, paragraph (b), clause (4); (6) substance use disorder individual and group counseling provided according to sections 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(7) mental health diagnostic assessments as required under section 245I.10; (8) group and individual psychotherapy as required under section 256B.0671; (9) peer specialist services as required under sections 245I.04 and 256B.0615; (10) family planning and obstetrics and gynecology services; and (11) physical health well-being and screenings and care for adults and youth. (c) Services outlined in this subdivision must only be authorized when an individual demonstrates medical necessity or other eligibility as required under this chapter or applicable state and federal laws. Subd. 5. **Provider requirements and standards**. (a) Service providers must adhere to applicable licensing and provider standards as required by federal guidance. (b) Service providers must be enrolled to provide services under Minnesota health care programs. (c) Services must be provided by eligible providers employed by the correctional facility or by eligible community providers under contract with the correctional facility. (d) The commissioner must determine whether each facility is ready to participate in this demonstration based on a facility-submitted assessment of the facility's readiness to implement: (1) prerelease medical assistance application and enrollment processes for inmates not enrolled in medical assistance coverage; (2) the provision or facilitation of all required prerelease services for a period of up to 90 days prior to release; (3) coordination among county and Tribal human services agencies and all other entities with a role in furnishing health care and supports to address health related social needs;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(4) appropriate reentry planning, prerelease care management, and assistance with care transitions to the community; (5) operational approaches to implementing certain Medicaid and CHIP requirements including applications, suspensions, notices, fair hearings, and reasonable promptness for coverage of services; (6) a data exchange process to support care coordination and transition activities; and (7) reporting of all requested data to the commissioner of human services to support program monitoring, evaluation, oversight, and all financial data to meet reinvestment requirements. (e) Participating facilities must detail reinvestment plans for all new federal Medicaid money expended for reentry services that were previously the responsibility of each facility and provide detailed financial reports to the commissioner. Subd. 6. **Payment rates**. (a) Payment rates for services under this section that are approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid Services are equal to current and applicable state law and federal requirements. (b) Case management payment rates are equal to rates authorized by the commissioner for relocation targeted case management under section 256B.0621, subdivision 10. (c) Claims for covered drugs purchased through discount purchasing programs, such as the Federal Supply Schedule of the United States General Services Administration or the MMCAP Infuse program, must be no more than the actual acquisition cost plus the professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to members must be billed on a professional claim in accordance with		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		section 256B.0625, subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may establish written protocols for establishing or calculating the facility's actual acquisition drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition drug cost through the discount purchasing program. A written protocol must not include an inflation, markup, spread, or margin to be added to the provider's actual purchase price after subtracting all discounts. Subd. 7. **Reentry services working group**. (a) The commissioner of human services, in collaboration with the commissioner of corrections, must convene a reentry services working group to consider ways to improve the demonstration under this section and related policies for justice-involved individuals. (b) The working group must be composed of balanced representation, including: (1) people with lived experience; and (2) representatives from: (i) community health care providers; (ii) the Minnesota Sheriffs' Association; (iii) the Minnesota Association for County Social Service Administrators; (iv) the Association of Minnesota Counties; (v) the Minnesota Juvenile Detention Association; (vi) the Office of Addiction and Recovery; (vii) NAMI Minnesota; (viii) the Minnesota Association of Resources for Recovery and Chemical Health;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(ix) Tribal Nations; and (x) the Minnesota Alliance of Recovery Community Organizations. (c) The working group must: (1) advise on the waiver application, implementation, monitoring, evaluation, and reinvestment plans; (2) recommend strategies to improve processes that ensure notifications of the individual's release date, current location, post release location, and other relevant information are provided to state, county, and Tribal eligibility systems and managed care organizations; (3) consider the value of expanding, replicating, or adapting the components of the demonstration authorized under this section to additional populations; (4) consider information technology and other implementation needs for participating correctional facilities; and (5) recommend ideas to fund expanded reentry services.		
256B.69, Subd. 4	**Limitation of choice**. (a) The commissioner shall develop criteria to determine when limitation of choice may be implemented in the experimental counties. The criteria shall ensure that all eligible individuals in the county have continuing access to the full range of medical assistance services as specified in subdivision 6. (b) The commissioner shall exempt the following persons from participation in the project, in addition to those who do not meet the criteria for limitation of choice: (1) persons eligible for medical assistance according to section 256B.055, subdivision 1; (2) persons eligible for medical assistance due to blindness or disability as determined by the Social	**Limitation of choice**. (a) The commissioner shall develop criteria to determine when limitation of choice may be implemented in the experimental counties. The criteria shall ensure that all eligible individuals in the county have continuing access to the full range of medical assistance services as specified in subdivision 6. (b) The commissioner shall exempt the following persons from participation in the project, in addition to those who do not meet the criteria for limitation of choice: (1) persons eligible for medical assistance according to section 256B.055, subdivision 1; (2) persons eligible for medical assistance due to blindness or disability as determined by the Social	January 1, 2026, or upon federal approval, whichever is later.	S.F. No. 5335 125/3/13

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	Security Administration or the state medical review team, unless: (i) they are 65 years of age or older; or (ii) they reside in Itasca County or they reside in a county in which the commissioner conducts a pilot project under a waiver granted pursuant to section 1115 of the Social Security Act; (3) recipients who currently have private coverage through a health maintenance organization; (4) recipients who are eligible for medical assistance by spending down excess income for medical expenses other than the nursing facility per diem expense; (5) recipients who receive benefits under the Refugee Assistance Program, established under United States Code, title 8, section 1522(e); (6) children who are both determined to be severely emotionally disturbed and receiving case management services according to section 256B.0625, subdivision 20, except children who are eligible for and who decline enrollment in an approved preferred integrated network under section 245.4682; (7) adults who are both determined to be seriously and persistently mentally ill and received case management services according to section 256B.0625, subdivision 20; (8) persons eligible for medical assistance according to section 256B.057, subdivision 10; (9) persons with access to cost-effective employer-sponsored private health insurance or persons enrolled in a non-Medicare individual health plan determined to be cost-effective according to section 256B.0625, subdivision 15; and (10) persons who are absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision 1, paragraph (b).	Security Administration or the state medical review team, unless: (i) they are 65 years of age or older; or (ii) they reside in Itasca County or they reside in a county in which the commissioner conducts a pilot project under a waiver granted pursuant to section 1115 of the Social Security Act; (3) recipients who currently have private coverage through a health maintenance organization; (4) recipients who are eligible for medical assistance by spending down excess income for medical expenses other than the nursing facility per diem expense; (5) recipients who receive benefits under the Refugee Assistance Program, established under United States Code, title 8, section 1522(e); (6) children who are both determined to be severely emotionally disturbed and receiving case management services according to section 256B.0625, subdivision 20, except children who are eligible for and who decline enrollment in an approved preferred integrated network under section 245.4682; (7) adults who are both determined to be seriously and persistently mentally ill and received case management services according to section 256B.0625, subdivision 20; (8) persons eligible for medical assistance according to section 256B.057, subdivision 10; (9) persons with access to cost-effective employer-sponsored private health insurance or persons enrolled in a non-Medicare individual health plan determined to be cost-effective according to section 256B.0625, subdivision 15; ~~and~~ (10) persons who are absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision 1, paragraph (b)~~.~~; and		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	Children under age 21 who are in foster placement may enroll in the project on an elective basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective basis. The commissioner may enroll recipients in the prepaid medical assistance program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending down excess income. (c) The commissioner may allow persons with a one-month spenddown who are otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly spenddown to the state. (d) The commissioner may require those individuals to enroll in the prepaid medical assistance program who otherwise would have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L. (e) Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. The commissioner may assign an individual with private coverage through a health maintenance organization, to the same health maintenance organization for medical assistance coverage, if the health maintenance organization is under contract for medical assistance in the individual's county of residence. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.	<u>(11) persons who are enrolled in the reentry demonstration waiver under section 256B.0761.</u> Children under age 21 who are in foster placement may enroll in the project on an elective basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective basis. The commissioner may enroll recipients in the prepaid medical assistance program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending down excess income. (c) The commissioner may allow persons with a one-month spenddown who are otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly spenddown to the state. (d) The commissioner may require those individuals to enroll in the prepaid medical assistance program who otherwise would have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L. (e) Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. The commissioner may assign an individual with private coverage through a health maintenance organization, to the same health maintenance organization for medical assistance coverage, if the health maintenance organization is under contract for medical assistance in the individual's county of residence. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(f) An infant born to a woman who is eligible for and receiving medical assistance and who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to the month of birth in the same managed care plan as the mother once the child is enrolled in medical assistance unless the child is determined to be excluded from enrollment in a prepaid plan under this section.	(f) An infant born to a woman who is eligible for and receiving medical assistance and who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to the month of birth in the same managed care plan as the mother once the child is enrolled in medical assistance unless the child is determined to be excluded from enrollment in a prepaid plan under this section.		
604A.04, Subd. 3	**Health care professionals; release from liability**. A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed.	**Health care professionals; release from liability**. (a) A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed. (b) A local unit of government, if acting in good faith, may distribute and administer an opiate antagonist that is obtained pursuant to paragraph (a) without being subject to civil liability or criminal prosecution for the act.	August 1, 2024	S.F. No. 5335 125/3/14
Laws 2021, First Special Session chapter 7, article 11, section 38, as	**DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT PAPERWORK REDUCTION**. (a) The commissioner of human services, in consultation with counties, tribes, managed care organizations, substance use disorder treatment professional associations, and other relevant stakeholders, shall develop, assess, and recommend systems improvements to minimize regulatory paperwork and improve systems	**DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT PAPERWORK REDUCTION**. (a) The commissioner of human services, in consultation with counties, tribes, managed care organizations, substance use disorder treatment professional associations, and other relevant stakeholders, shall develop, assess, and recommend systems improvements to minimize regulatory paperwork and improve systems		S.F. No. 4399 108/4/27

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
amended by Laws 2022, chapter 98, article 4, section 50 Sec. 38.	for substance use disorder programs licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes, chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner of human services shall make available any resources needed from other divisions within the department to implement systems improvements. (b) The commissioner of health shall make available needed information and resources from the Division of Health Policy. (c) The Office of MN.IT Services shall provide advance consultation and implementation of the changes needed in data systems. (d) The commissioner of human services shall contract with a vendor that has experience with developing statewide system changes for multiple states at the payer and provider levels. If the commissioner, after exercising reasonable diligence, is unable to secure a vendor with the requisite qualifications, the commissioner may select the best qualified vendor available. When developing recommendations, the commissioner shall consider input from all stakeholders. The commissioner's recommendations shall maximize benefits for clients and utility for providers, regulatory agencies, and payers. (e) The commissioner of human services and the contracted vendor shall follow the recommendations from the report issued in response to Laws 2019, First Special Session chapter 9, article 6, section 76. (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor according to paragraph (d), the commissioner of human services shall take steps to implement paperwork reductions and systems improvements within the commissioner's authority and submit to the chairs and ranking minority	for substance use disorder programs licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes, chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner of human services shall make available any resources needed from other divisions within the department to implement systems improvements. (b) The commissioner of health shall make available needed information and resources from the Division of Health Policy. (c) The Office of MN.IT Services shall provide advance consultation and implementation of the changes needed in data systems. (d) The commissioner of human services shall contract with a vendor that has experience with developing statewide system changes for multiple states at the payer and provider levels. If the commissioner, after exercising reasonable diligence, is unable to secure a vendor with the requisite qualifications, the commissioner may select the best qualified vendor available. When developing recommendations, the commissioner shall consider input from all stakeholders. The commissioner's recommendations shall maximize benefits for clients and utility for providers, regulatory agencies, and payers. (e) The commissioner of human services and the contracted vendor shall follow the recommendations from the report issued in response to Laws 2019, First Special Session chapter 9, article 6, section 76. (f) ~~Within two years of contracting with a qualified vendor according to paragraph (d)~~ By December 15, 2024, the commissioner of human services shall take steps to implement paperwork reductions and systems improvements within the commissioner's authority and submit to the chairs and ranking minority members of		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	members of the legislative committees with jurisdiction over health and human services a report that includes recommendations for changes in statutes that would further enhance systems improvements to reduce paperwork. The report shall include a summary of the approaches developed and assessed by the commissioner of human services and stakeholders and the results of any assessments conducted.	the legislative committees with jurisdiction over health and human services a report that includes recommendations forchanges in statutes that would further enhance systems improvements to reduce paperwork. The report shall include a summary of the approaches developed and assessed by the commissioner of human services and stakeholders and the results of any assessments conducted.		
2024 MN Law Sec 15		**DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**. By September 30, 2025, the ombudsman for mental health and developmental disabilities must provide a report to the governor and the chairs and ranking minority members of the legislative committees with jurisdiction over human services that contains summary information on complaints received regarding peer recovery support services provided by a recovery community organization as defined in Minnesota Statutes, section 254B.01, and any recommendations to the legislature to improve the quality of peer recovery support services, recovery peer worker misclassification, and peer recovery support services billing codes and procedures.	August 1, 2024	S.F. No. 5335 125/3/15
2024 MN Law Sec 16		**PEER RECOVERY SUPPORT SERVICES AND RECOVERY COMMUNITY ORGANIZATION WORKING GROUP**. Subdivision 1. **Establishment; duties**. The commissioner of human services must convene a working group to develop recommendations on: (1) peer recovery support services billing rates and practices, including a billing model for providing services to groups of up to four clients and groups larger than four clients at one time;	August 1, 2024	S.F. No. 5335 125/3/16

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(2) acceptable activities to bill for peer recovery services, including group activities and transportation related to individual recovery plans; (3) ways to address authorization for additional service hours and a review of the amount of peer recovery support services clients may need; (4) improving recovery peer supervision and reimbursement for the costs of providing recovery peer supervision for provider organizations; (5) certification or other regulation of recovery community organizations and recovery peers; and (6) policy and statutory changes to improve access to peer recovery support services and increase oversight of provider organizations. Subd. 2. **Membership; meetings**. (a) Members of the working group must include but not be limited to: (1) a representative of the Minnesota Alliance of Recovery Community Organizations; (2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health; (3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1; (4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18; (5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19; (6) the commissioner of human services or a designee; (7) a representative of county social services agencies; and (8) a representative of a Tribal social services agency.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(b) Members of the working group may include a representative of the Alliance for Recovery Centered Organizations and a representative of the Council on Accreditation of Peer Recovery Support Services. (c) The commissioner of human services must make appointments to the working group by October 1, 2024, and convene the first meeting of the working group by December 1, 2024. (d) The commissioner of human services must provide administrative support and meeting space for the working group. The working group may conduct meetings remotely. Subd. 3. **Report**. The commissioner must complete and submit a report on the recommendations in this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before August 1, 2025. Subd. 4. **Expiration**. The working group expires upon submission of the report to the legislature under subdivision 3.		
2024 MN Law Sec 17		**CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE MEDICAL ASSISTANCE REENTRY DEMONSTRATION**. The commissioner of human services must establish capacity-building grants for eligible local correctional facilities as they prepare to implement reentry demonstration services under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant include: (1) developing, in coordination with incarcerated individuals and community members with lived experience, processes and protocols listed under Minnesota Statutes, section 256B.0761, subdivision 5, paragraph (d);	August 1, 2024	S.F. No. 5335 125/3/17

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(2) establishing or modifying information technology systems to support implementation of the reentry demonstration waiver; (3) personnel costs; and (4) other expenses as determined by the commissioner.		
2024 MN Law Sec 18		**1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY DEMONSTRATION**. The commissioner of human services must submit an application to the United States Secretary of Health and Human Services to implement a medical assistance reentry demonstration that covers services for incarcerated individuals as described under Minnesota Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval of the demonstration and the required implementation and reinvestment plans.	August 1, 2024	S.F. No. 5335 125/3/18
2024 MN Law Sec 19		**RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE**. The commissioner of human services must increase rates for residential substance use disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5, paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January 1, 2024.	January 1, 2025, or upon federal approval, whichever is later.	S.F. No. 5335 125/3/19
~~245G.22 Subd. 4~~	**High dose requirements**. A client being administered or dispensed a dose beyond that set forth in subdivision 6, paragraph (a), that exceeds 150 milligrams of methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase, must meet face-to-face with a prescribing practitioner. The meeting must occur before the administration or dispensing of the increased medication dose.	**REPEALER**. ~~**High dose requirements**. A client being administered or dispensed a dose beyond that set forth in subdivision 6, paragraph (a), that exceeds 150 milligrams of methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase, must meet face-to-face with a prescribing practitioner. The meeting must occur before the administration or dispensing of the increased medication dose.~~	August 1. 2024	S.F. No. 4399 108/4/28

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
~~256.043, Subd. 4~~	**Settlement; sunset**. (a) If the state receives a total sum of $250,000,000: (1) as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids; (2) from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response fund established in this section; or (3) from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to $5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a result of a settlement agreement specified in this paragraph and directly allocated or distributed and received by either the state or a municipality as defined in section 466.01, subdivision 1, shall be counted toward determining when the $250,000,000 is reached. (b) The commissioner of management and budget shall inform the Board of Pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period. (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2031.	**REPEALER** ~~**Settlement; sunset**. (a) If the state receives a total sum of $250,000,000: (1) as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids; (2) from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response fund established in this section; or (3) from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to $5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a result of a settlement agreement specified in this paragraph and directly allocated or distributed and received by either the state or a municipality as defined in section 466.01, subdivision 1, shall be counted toward determining when the $250,000,000 is reached. (b) The commissioner of management and budget shall inform the Board of Pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period. (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2031.~~	July 1, 2024	S.F. No. 5335 125/3/20