

Side-by-Side Legislative Changes 2024: 245G

Includes: Changes to substance use disorder (SUD) treatment services including service initiation, comprehensive assessments, treatment service, client records, staff qualifications and opioid treatment programs. For changes in affecting all areas of SUD see the 2024 side by side.

* Day of Final Enactment is May 17, 2024

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245G.031 Subd. 2.	<p>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.</p> <p>(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.</p> <p>(c) For purposes of this section, "accrediting body" means the joint commission.</p> <p>(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.</p>	<p>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, <u>which of</u> 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.</p> <p>(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.</p> <p>(c) For purposes of this section, "accrediting body" means The Joint Commission.</p> <p>(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.</p>	August 1, 2024	S.F. No. 4399 108/4/6

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
<u>245G.04 Subd. 3.</u>		<u>Opioid educational material.</u> 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: <u>(1) risks for opioid use disorder and dependence;</u> <u>(2) treatment options, including the use of a medication for opioid use disorder;</u> <u>(3) the risk and recognition of opioid overdose; and</u> <u>(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.</u>	January 1, 2025	S.F. No. 4399 108/4/7
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	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;	January 1, 2025	S.F. No. 4399 108/4/8

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.</p> <p>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.</p>	<p>(3) the risk and recognition of opioid overdose; and (4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.</p> <p>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.</p>		
245G.07, Subd. 2	<p>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:</p> <p>(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;</p> <p>(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;</p> <p>(3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;</p> <p>(4) living skills development to help the client learn basic skills necessary for independent living;</p> <p>(5) employment or educational services to help the client become financially independent;</p> <p>(6) socialization skills development to help the client live and interact with others in a positive and productive manner;</p>	<p>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:</p> <p>(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;</p> <p>(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;</p> <p>(3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;</p> <p>(4) living skills development to help the client learn basic skills necessary for independent living;</p> <p>(5) employment or educational services to help the client become financially independent;</p> <p>(6) socialization skills development to help the client live and interact with others in a positive and productive manner;</p>	January 1, 2025	S.F. No. 5335 125/3/3

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>(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 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.</p>	<p>(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 <u>must be</u> provided by an individual in a recovery <u>peer</u> qualified according to section 245I.04, subdivision 18. Peer <u>recovery</u> 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 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 <u>must be provided according to sections 254B.05, subdivision 5, and 254B.052.</u></p>		
245G.09 Subd. 3.	<p>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;</p>	<p>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 <u>245G.04, subdivision 3, paragraph (b);</u> (2) an initial services plan completed according to section 245G.04; (3) a comprehensive assessment completed according to section 245G.05;</p>	January 1, 2025	S.F. No. 4399 108/4/9

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;</p> <p>(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;</p> <p>(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</p> <p>(7) a summary at the time of service termination according to section 245G.06, subdivision 4.</p>	<p>(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;</p> <p>(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;</p> <p>(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</p> <p>(7) a summary at the time of service termination according to section 245G.06, subdivision 4.</p>		
245G.11 Subd. 10.	<p>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.</p> <p>(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.</p> <p>(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.</p>	<p>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.</p> <p>(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.</p> <p>(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 <u>students, student interns or former students,</u> or licensing candidates with time documented to be directly related to the provision of treatment services for which the staff are authorized.</p>	August 1, 2024	S.F. No. 4399 108/4/10
245G.22 Subd. 2.	<p>Definitions. (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.</p>	<p>Definitions. (a) For purposes of this section, the terms defined in this subdivision have the meanings given them.</p>	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
	<p>(b) "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication.</p> <p>(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.</p> <p>(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 services directly or by delegating specific responsibility to a practitioner of the opioid treatment program.</p> <p>(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.</p> <p>(f) "Minnesota health care programs" has the meaning given in section 256B.0636.</p> <p>(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.</p> <p>(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</p>	<p>(b) "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication.</p> <p>(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</p> <p>(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 services directly or by delegating specific responsibility to a practitioner of the opioid treatment program.</p> <p>(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.</p> <p>(f) "Minnesota health care programs" has the meaning given in section 256B.0636.</p> <p>(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.</p> <p>(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</p>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>federal Substance Abuse and Mental Health Services Administration.</p> <p>(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.</p>	<p>federal Substance Abuse and Mental Health Services Administration.</p> <p>(i) "Unsupervised use" <u>or "take-home dose"</u> means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.</p>		
245G.22 Subd. 6	<p>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 single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays.</p> <p>(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:</p> <p>(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol;</p> <p>(2) regularity of program attendance;</p> <p>(3) absence of serious behavioral problems at the program;</p>	<p>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 single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays <u>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).</u></p> <p>(b) <u>For take-home doses beyond those allowed in paragraph (a),</u> a practitioner with authority to prescribe must review and document the criteria in this paragraph and paragraph (c) <u>Code of Federal Regulations, title 42, section 8.12(i)(2),</u> when determining whether dispensing medication for a client's unsupervised use is <u>safe and when it is</u> appropriate to implement, increase, or extend the amount of time between visits to the program. The criteria are:</p> <p>(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol; 5</p> <p>(2) regularity of program attendance;</p> <p>(3) absence of serious behavioral problems at the program;</p>	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
	<p>(4) absence of known recent criminal activity such as drug dealing;</p> <p>(5) stability of the client's home environment and social relationships;</p> <p>(6) length of time in comprehensive maintenance treatment;</p> <p>(7) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and</p> <p>(8) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance outweighs the potential risks of diversion or unsupervised use.</p> <p>(c) The determination, including the basis of the determination must be documented in the client's medical record.</p>	<p>(4) absence of known recent criminal activity such as drug dealing;</p> <p>(5) stability of the client's home environment and social relationships;</p> <p>(6) length of time in comprehensive maintenance treatment;</p> <p>(7) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and</p> <p>(8) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance outweighs the potential risks of diversion or unsupervised use.</p> <p>(c) The determination, including the basis of the determination must be documented <u>by a practitioner</u> in the client's medical record.</p>		
245G.22 Subd. 7	<p>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).</p>	<p>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).</p>	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
	<p>(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.</p> <p>(c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week.</p> <p>(d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week.</p> <p>(e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.</p> <p>(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply.</p> <p>(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.</p>	<p>(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.</p> <p>(c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week.</p> <p>(d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week.</p> <p>(e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.</p> <p>(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply.</p> <p>(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.</p>		
245G.22 Subd. 17	<p>Policies and procedures. (a) A license holder must develop and maintain the policies and procedures required in this subdivision.</p> <p>(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.</p>	<p>Policies and procedures. (a) A license holder must develop and maintain the policies and procedures required in this subdivision.</p> <p>(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 <u>on one weekend day</u> and state and federal holidays, must meet the requirements under section 245G.22, subdivisions 6 and 7.</p>	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
	<p>(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:</p> <p>(1) specifically identify and define the responsibilities of the medical and administrative staff for performing diversion control measures; and</p> <p>(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 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.</p> <p>(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</p>	<p>(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:</p> <p>(1) specifically identify and define the responsibilities of the medical and administrative staff for performing diversion control measures; and</p> <p>(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 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.</p> <p>(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</p>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance.</p> <p>(e) A counselor in an opioid treatment program must not supervise more than 50 clients.</p> <p>(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.</p>	<p>actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance.</p> <p>e) A counselor in an opioid treatment program must not supervise more than 50 clients. <u>The license holder must maintain a ratio of one full-time equivalent alcohol and drug counselor 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 to each counselor to demonstrate compliance with this paragraph. For the purpose of this paragraph, "full-time equivalent" means working at least 32 hours each week.</u></p> <p>(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.</p>		
254A.19 Subd. 3	<p>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</p>	<p>Comprehensive assessments. <u>(a)</u> An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall approve <u>recommend</u> 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</p>	August 1, 2024	S.F. No. 4399 108/4/16

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	<p>completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.</p>	<p>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.</p> <p><u>(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.</u></p> <p><u>(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.</u></p> <p><u>(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:</u></p> <p><u>(1) include all components under section 245G.05, subdivision 3;</u></p> <p><u>(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;</u></p> <p><u>(3) provide information on payment options for substance use disorder services when the individual is uninsured or underinsured;</u></p> <p><u>(4) provide the individual with a notice of privacy practices;</u></p> <p><u>(5) provide a copy of the completed comprehensive assessment, upon request;</u></p> <p><u>(6) provide resources and contact information for the level of care being recommended; and</u></p>		

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		<p><u>(7) provide an individual diagnosed with an opioid use disorder with educational material approved by the commissioner that contains information on:</u></p> <p><u>(i) risks for opioid use disorder and opioid dependence;</u></p> <p><u>(ii) treatment options, including the use of a medication for opioid use disorder;</u></p> <p><u>(iii) the risk and recognition of opioid overdose; and</u></p> <p><u>(iv) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.</u></p>		
245G.22 Subd. 4	<p>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.</p>	<p>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.</p>	August 1, 2024	S.F. No. 4399 108/4/28