This Document can be made available in alternative formats upon request

1.1

1.2

1.3

State of Minnesota

HOUSE OF REPRESENTATIVES

A bill for an act

relating to human services; creating a suspicion-based substance abuse screening

and testing pilot program for MFIP applicants and recipients; requiring a report.

EIGHTY-NINTH SESSION

н. **F.** No. 2360

05/16/2015 Authored by Green, Rarick, Kiel, Pugh and Drazkowski The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.5	Section 1. SUSPICION-BASED SUBSTANCE ABUSE SCREENING AND
1.6	TESTING PILOT PROGRAM.
1.7	Subdivision 1. Establishment. The commissioner of human services shall establish
1.8	and administer a suspicion-based substance abuse screening and testing pilot program for
1.9	applicants and recipients of the Minnesota Family Investment Program (MFIP) under
1.10	Minnesota Statutes, chapter 256J.
1.11	Subd. 2. Definitions. (a) For purposes of this section, the terms defined in this
1.12	subdivision have the meanings given them.
1.13	(b) "Applicant" or "recipient" means an individual who is applying for or receiving
1.14	MFIP assistance and who is 18 years of age or older.
1.15	(c) "Commissioner" means the commissioner of human services.
1.16	(d) "Community mental health center" has the meaning given in Minnesota Statutes,
1.17	section 245.62.
1.18	(e) "Controlled substance" has the meaning given in Minnesota Statutes, section
1.19	152.01, subdivision 4.
1.20	(f) "Use of a controlled substance" does not include a recipient or applicant who:
1.21	(1) has a valid prescription for a Schedule II to V controlled substance under
1.22	Minnesota Statutes, section 152.02, from a treating physician and who is complying
1.23	with the recommended dosage; or

Section 1. 1 05/13/15 REVISOR ELK/JC 15-4414

(2) tests positive for cannabis if the applicant or recipient is actively registered as a patient under Minnesota Statutes, sections 152.22 to 152.37, for the use of medical cannabis.

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

2.10

2.11

2.12

2.13

2.14

2.15

2.16

2.17

2.18

2.19

2.20

2.21

2.22

2.23

2.24

2.25

2.26

2.27

2.28

2.29

2.30

2.31

2.32

2.33

2.34

2.35

2.36

- Subd. 3. Suspicion-based substance abuse screening and testing. (a) Subject to state appropriation, the commissioner and lead agencies shall administer a suspicion-based substance abuse screening and testing pilot program for MFIP applicants and recipients in at least three counties in Minnesota, including one urban county, one suburban county, and one rural county. The commissioner shall determine which counties shall begin the initial administration of suspicion-based substance abuse screening and testing required in this section.
- (b) Upon initial application and at annual recertification, the lead agency shall screen MFIP applicants and recipients for substance abuse using an empirically validated substance abuse screening tool. If the results of the substance abuse screening gives the lead agency a reasonable suspicion to believe that the applicant or recipient has engaged in the use of a controlled substance, the applicant or recipient is required to take a substance abuse test.
- (1) If an applicant or recipient refuses to take the substance abuse test, the individual is ineligible for MFIP, but may reapply after 180 days. If the applicant or former recipient reapplies for MFIP assistance, the individual must test negative for a controlled substance in order to receive MFIP assistance.
- (2) If an applicant or recipient tests negative for a controlled substance, the cost of administering the substance abuse test to the individual shall be paid for by the state.
- (3) If an applicant or recipient tests positive for a controlled substance and it is the first time the individual has tested positive for a controlled substance under this section, the lead agency shall refer the individual to a community mental health center and, if the individual is otherwise eligible, provide or continue to provide MFIP assistance to the individual. For an applicant under this clause, the cost of administering the substance abuse test to the applicant shall be deducted from the applicant's first MFIP assistance payment. For a recipient under this clause, the cost of administering the substance abuse test to the recipient shall be deducted from the recipient's first MFIP assistance payment after the recertification. If an applicant or recipient described in this clause fails to participate in treatment offered by the community mental health center, or fails to submit to periodic substance abuse testing required by the community mental health center, the lead agency shall close the individual's case.
- (4) If an applicant or recipient tests positive for a controlled substance and it is the second or subsequent time that the individual tested positive for a controlled substance

Section 1. 2

05/13/15	REVISOR	ELK/JC	15-4414
05/15/15	TCE VIDOR		10 1111

3.1

3.2

3.3

3.4

3.5

3.6

3.7

3.8

3.9

3.10

3.11

3.12

3.13

3.14

3.15

3.16

3.17

3.18

3.19

3.20

3.21

3.22

3.23

3.24

3.25

3.26

3.27

3.28

3.29

3.30

3.31

3.32

3.33

3.34

3.35

under this section, the individual is ineligible for MFIP assistance for months. If
the applicant or former recipient reapplies for MFIP assistance, the individual must test
negative for a controlled substance in order to receive MFIP assistance. The lead agency
may provide a referral to the applicant or former recipient to a community mental health
center for substance abuse treatment.
(5) MFIP assistance may be provided to any eligible child in a household that
includes an ineligible applicant or recipient under clause (1), (3), or (4), if the child has a
representative payee.
Subd. 4. Expiration. The pilot program under this section shall begin no later
than October 1, 2016, and expire no later than September 30, 2017, but shall last for
at least 12 months.
Subd. 5. Report. No later than 60 days after the expiration of the pilot program
under this section, the commissioner shall submit a report to the chairs and ranking
minority members of the house of representatives and senate committees and divisions
with jurisdiction over human services policy and finance that includes:
(1) the number of individuals screened;
(2) the number of individuals screened for whom there was a reasonable suspicion
of use of a controlled substance;
(3) the number of individuals who consented to submit to a substance abuse test;
(4) the number of individuals who refused to submit to a substance abuse test;
(5) the number of individuals who submitted to a substance abuse test who tested
positive for a controlled substance;
(6) the number of individuals who submitted to a substance abuse test who tested
negative for a controlled substance;
(7) the number of individuals who tested positive for a controlled substance a secon
or subsequent time;
(8) the costs incurred by the state for the pilot program;
(9) the number of applicants and recipients who were referred to a community
mental health center under this section;
(10) sanctions, if any, that were imposed on recipients as a result of the substance
abuse testing under this section; and
(11) an analysis of the random drug testing requirement under Minnesota Statutes,
section 256J.26, including how many recipients were tested in the previous fiscal year,
the percentage of recipients tested who received a positive test result, and lead agency
compliance with the random drug testing requirement.

Section 1. 3