

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 2489

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DATE	D-PG	OFFICIAL STATUS
03/02/2023	1285	Introduction and first reading Referred to Health and Human Services
03/07/2023	1385	Withdrawn and re-referred to Human Services

1.1 A bill for an act

1.2 relating to human services; modifying treatment review and staffing requirements

1.3 for opioid treatment programs; amending Minnesota Statutes 2022, section 245G.22,

1.4 subdivisions 15, 17.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2022, section 245G.22, subdivision 15, is amended to read:

1.7 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must

1.8 offer at least 50 consecutive minutes of individual or group therapy treatment services as

1.9 defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first

1.10 ten weeks following the day of service initiation, and at least 50 consecutive minutes per

1.11 month thereafter. As clinically appropriate, the program may offer these services cumulatively

1.12 and not consecutively in increments of no less than 15 minutes over the required time period,

1.13 and for a total of 60 minutes of treatment services over the time period, and must document

1.14 the reason for providing services cumulatively in the client's record. The program may offer

1.15 additional levels of service when deemed clinically necessary.

1.16 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,

1.17 the assessment must be completed within 21 days from the day of service initiation.

1.18 (c) Notwithstanding the requirements of individual treatment plans set forth in section

1.19 245G.06:

1.20 (1) treatment plan contents for a maintenance client are not required to include goals

1.21 the client must reach to complete treatment and have services terminated;

2.1 (2) treatment plans for a client in a taper or detox status must include goals the client
2.2 must reach to complete treatment and have services terminated; and

2.3 (3) for the ten weeks following the day of service initiation for all new admissions,
2.4 readmissions, and transfers, a weekly treatment plan review must be documented once the
2.5 treatment plan is completed. Subsequently, the counselor must document treatment plan
2.6 reviews in the six dimensions at least once ~~monthly~~ every three months or, when clinical
2.7 need warrants, more frequently.

2.8 Sec. 2. Minnesota Statutes 2022, section 245G.22, subdivision 17, is amended to read:

2.9 Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the
2.10 policies and procedures required in this subdivision.

2.11 (b) For a program that is not open every day of the year, the license holder must maintain
2.12 a policy and procedure that covers requirements under section 245G.22, subdivisions 6 and
2.13 7. Unsupervised use of medication used for the treatment of opioid use disorder for days
2.14 that the program is closed for business, including but not limited to Sundays and state and
2.15 federal holidays, must meet the requirements under section 245G.22, subdivisions 6 and 7.

2.16 (c) The license holder must maintain a policy and procedure that includes specific
2.17 measures to reduce the possibility of diversion. The policy and procedure must:

2.18 (1) specifically identify and define the responsibilities of the medical and administrative
2.19 staff for performing diversion control measures; and

2.20 (2) include a process for contacting no less than five percent of clients who have
2.21 unsupervised use of medication, excluding clients approved solely under subdivision 6,
2.22 paragraph (a), to require clients to physically return to the program each month. The system
2.23 must require clients to return to the program within a stipulated time frame and turn in all
2.24 unused medication containers related to opioid use disorder treatment. The license holder
2.25 must document all related contacts on a central log and the outcome of the contact for each
2.26 client in the client's record. The medical director must be informed of each outcome that
2.27 results in a situation in which a possible diversion issue was identified.

2.28 (d) Medication used for the treatment of opioid use disorder must be ordered,
2.29 administered, and dispensed according to applicable state and federal regulations and the
2.30 standards set by applicable accreditation entities. If a medication order requires assessment
2.31 by the person administering or dispensing the medication to determine the amount to be
2.32 administered or dispensed, the assessment must be completed by an individual whose
2.33 professional scope of practice permits an assessment. For the purposes of enforcement of

3.1 this paragraph, the commissioner has the authority to monitor the person administering or
3.2 dispensing the medication for compliance with state and federal regulations and the relevant
3.3 standards of the license holder's accreditation agency and may issue licensing actions
3.4 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
3.5 determination of noncompliance.

3.6 (e) A counselor in an opioid treatment program must supervise clients at a level sufficient
3.7 to ensure that patients have reasonable and prompt access to the counselor and receive
3.8 counseling services at the required frequency and intensity but must not supervise more
3.9 than ~~50~~ 75 clients.