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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1486

- 02/08/2023 Authored by Frederick, Hicks, Baker, Kiel and Fischer
The bill was read for the first time and referred to the Committee on Human Services Policy
- 02/16/2023 Adoption of Report: Amended and re-referred to the Committee on Health Finance and Policy
- 03/13/2023 Adoption of Report: Placed on the General Register and recommended to be placed on the Consent Calendar
Read for the Second Time
- 04/03/2023 Consent Calendar
Read for the Third Time
Passed by the House and transmitted to the Senate
- 05/15/2023 Passed by the Senate as Amended and returned to the House
The House concurred in the Senate Amendments
Read Third Time as Amended by the Senate
Bill was repassed as Amended by the Senate
- 05/18/2023 Presented to Governor
- 05/19/2023 Governor Approval

1.1 A bill for an act

1.2 relating to human services; allowing supervised practice of alcohol and drug

1.3 counseling by former students for limited time; modifying HIV training

1.4 requirements in substance use disorder treatment programs; modifying withdrawal

1.5 management license requirements; modifying substance use disorder treatment

1.6 client record documentation requirements; amending Minnesota Statutes 2022,

1.7 sections 148F.01, by adding a subdivision; 148F.11, by adding a subdivision;

1.8 245A.19; 245F.04, subdivision 1; 245G.06, subdivision 2b.

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

1.10 Section 1. Minnesota Statutes 2022, section 148F.01, is amended by adding a subdivision

1.11 to read:

1.12 Subd. 14a. Former student. "Former student" means an individual who has completed

1.13 the educational requirements under section 148F.025, subdivision 2, or 148F.035, paragraph

1.14 (a).

1.15 Sec. 2. Minnesota Statutes 2022, section 148F.11, is amended by adding a subdivision to

1.16 read:

1.17 Subd. 2a. Former students. (a) A former student may practice alcohol and drug

1.18 counseling for 90 days from the former student's degree conferral date from an accredited

1.19 school or educational program or from the last date the former student received credit for

1.20 an alcohol and drug counseling course from an accredited school or educational program.

1.21 The former student's practice must be supervised by an alcohol and drug counselor or an

1.22 alcohol and drug counselor supervisor, as defined in section 245G.11. The former student's

1.23 practice is limited to the site where the student completed their internship or practicum. A

1.24 former student must be paid for work performed during the 90-day period.

2.1 (b) The former student's right to practice automatically expires after 90 days from the
2.2 former student's degree conferral date or date of last course credit for an alcohol and drug
2.3 counseling course, whichever occurs last.

2.4 Sec. 3. Minnesota Statutes 2022, section 245A.19, is amended to read:

2.5 **245A.19 HIV TRAINING IN SUBSTANCE USE DISORDER TREATMENT**
2.6 **PROGRAM.**

2.7 (a) Applicants and license holders for substance use disorder residential and nonresidential
2.8 programs must demonstrate compliance with HIV minimum standards ~~prior to~~ before their
2.9 application ~~being~~ is complete. The HIV minimum standards contained in the HIV-1
2.10 Guidelines for substance use disorder treatment and care programs in Minnesota are not
2.11 subject to rulemaking.

2.12 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all
2.13 substance use disorder treatment staff and clients to the HIV minimum standards. Thereafter,
2.14 orientation shall be provided to all staff and clients, within 72 hours of employment or
2.15 admission to the program. In-service training shall be provided to all staff on at least an
2.16 annual basis and the license holder shall maintain records of training and attendance.

2.17 (c) The license holder shall maintain a list of referral sources for the purpose of making
2.18 necessary referrals of clients to HIV-related services. The list of referral services shall be
2.19 updated at least annually.

2.20 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
2.21 developed and followed by the license holder. All policies and procedures concerning HIV
2.22 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
2.23 ~~training on HIV minimum standards to applicants~~ must outline the content required in the
2.24 annual staff training under paragraph (b).

2.25 (e) The commissioner may permit variances from the requirements in this section. License
2.26 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

2.27 Sec. 4. Minnesota Statutes 2022, section 245F.04, subdivision 1, is amended to read:

2.28 Subdivision 1. **General application and license requirements.** An applicant for licensure
2.29 as a clinically managed withdrawal management program or medically monitored withdrawal
2.30 management program must meet the following requirements, except where otherwise noted.
2.31 All programs must comply with federal requirements and the general requirements in sections
2.32 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management

3.1 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
3.2 be a supervised living facility with a class A or B license from the Department of Health
3.3 under Minnesota Rules, parts 4665.0100 to 4665.9900.

3.4 Sec. 5. Minnesota Statutes 2022, section 245G.06, subdivision 2b, is amended to read:

3.5 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
3.6 document in the client record any significant event that occurs at the program ~~on the day~~
3.7 within 24 hours of the event occurs. A significant event is an event that impacts the client's
3.8 relationship with other clients, staff, or the client's family, or the client's treatment plan.

3.9 (b) A residential treatment program must document in the client record the following
3.10 items on the day that each occurs:

3.11 (1) medical and other appointments the client attended;

3.12 (2) concerns related to medications that are not documented in the medication
3.13 administration record; and

3.14 (3) concerns related to attendance for treatment services, including the reason for any
3.15 client absence from a treatment service.

3.16 (c) Each entry in a client's record must be accurate, legible, signed, dated, and include
3.17 the job title or position of the staff person that made the entry. A late entry must be clearly
3.18 labeled "late entry." A correction to an entry must be made in a way in which the original
3.19 entry can still be read.