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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3397

02/12/2024 Authored by Edelson, Baker, Curran, Frederick and Backer The bill was read for the first time and referred to the Committee on Human Services Policy

1.1 A bill for an act
1.2 relating to behavioral health; modifying requirements for peer recovery support
1.3 services and recovery peers; requiring the development of a tiered reimbursement
1.4 rate structure for recovery peers; appropriating money; amending Minnesota
1.5 Statutes 2023 Supplement, sections 245G.07, subdivision 2; 245I.04, subdivisions
1.6 18, 19; 254B.05, subdivision 1.

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

1.8 Section 1. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is
1.9 amended to read:

1.10 Subd. 2. Additional treatment service. (a) A license holder may provide or arrange
1.11 the following additional treatment service as a part of the client's individual treatment plan:

1.12 (1) relationship counseling provided by a qualified professional to help the client identify
1.13 the impact of the client's substance use disorder on others and to help the client and persons
1.14 in the client's support structure identify and change behaviors that contribute to the client's
1.15 substance use disorder;

1.16 (2) therapeutic recreation to allow the client to participate in recreational activities
1.17 without the use of mood-altering chemicals and to plan and select leisure activities that do
1.18 not involve the inappropriate use of chemicals;

1.19 (3) stress management and physical well-being to help the client reach and maintain an
1.20 appropriate level of health, physical fitness, and well-being;

1.21 (4) living skills development to help the client learn basic skills necessary for independent
1.22 living;

1.23 (5) employment or educational services to help the client become financially independent;

2.1 (6) socialization skills development to help the client live and interact with others in a
2.2 positive and productive manner;

2.3 (7) room, board, and supervision at the treatment site to provide the client with a safe
2.4 and appropriate environment to gain and practice new skills; and

2.5 (8) peer recovery support services provided by an individual in recovery qualified
2.6 according to section 245I.04, subdivision 18. Peer recovery support services include
2.7 education; recovery wellness planning; advocacy; mentoring through self-disclosure of
2.8 personal recovery experiences; attending recovery and other support groups with a client;
2.9 accompanying the client to appointments that support recovery; assistance accessing resources
2.10 to obtain housing, employment, education, and advocacy services; and nonclinical recovery
2.11 support to assist the transition from treatment into the recovery community. Nonclinical
2.12 recovery support may include attending informal events or gatherings of individuals in
2.13 recovery with a client, subject to the restrictions under paragraph (b).

2.14 (b) No more than ten percent of a license holder's total monthly billing hours for peer
2.15 recovery support services provided to a client may be for attendance at informal events or
2.16 gatherings of individuals in recovery.

2.17 Sec. 2. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 18, is amended
2.18 to read:

2.19 Subd. 18. **Recovery peer qualifications.** (a) A recovery peer must:

2.20 (1) have a minimum of one year in recovery from substance use disorder; and

2.21 (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest
2.22 Indian Council on Addictive Disorders, or the National Association for Alcoholism and
2.23 Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and
2.24 boundaries, advocacy, mentoring and education, and recovery and wellness support.

2.25 (b) A recovery peer who receives a credential from a Tribal Nation when providing peer
2.26 recovery support services in a tribally licensed program satisfies the requirement in paragraph
2.27 (a), clause (2).

2.28 (c) A recovery peer who meets the requirements under paragraphs (a) and (b) is qualified
2.29 to provide peer recovery support services and group recovery education for a group of more
2.30 than four clients and up to ten clients, if the recovery peer has completed the training on
2.31 group education peer recovery support developed by the Minnesota Certification Board.

3.1 Sec. 3. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended
3.2 to read:

3.3 Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision
3.4 of an a licensed alcohol and drug counselor or mental health professional who meets the
3.5 qualifications under subdivision 2, must:

3.6 (1) provide individualized peer support and recovery wellness planning to each client;

3.7 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
3.8 of natural supports; and

3.9 (3) support a client's maintenance of skills that the client has learned from other services.

3.10 (b) A licensed alcohol and drug counselor or mental health professional providing
3.11 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely
3.12 or in person, at least once per month, in order to provide adequate supervision to the recovery
3.13 peer. Supervision must include reviewing recovery wellness plans for clients, and may
3.14 include client updates, discussion of ethical considerations, and any other questions or issues
3.15 relevant to peer recovery support services.

3.16 Sec. 4. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
3.17 to read:

3.18 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
3.19 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
3.20 notwithstanding the provisions of section 245A.03. American Indian programs that provide
3.21 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
3.22 services, and are licensed by tribal government are eligible vendors.

3.23 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
3.24 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
3.25 vendor of a comprehensive assessment and assessment summary provided according to
3.26 section 245G.05, and treatment services provided according to sections 245G.06 and
3.27 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
3.28 (1) to (6).

3.29 (c) A county is an eligible vendor for a comprehensive assessment and assessment
3.30 summary when provided by an individual who meets the staffing credentials of section
3.31 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
3.32 245G.05. A county is an eligible vendor of care coordination services when provided by an
3.33 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and

4.1 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
4.2 clause (5). A county is an eligible vendor of peer recovery services when the services are
4.3 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

4.4 (d) A recovery community organization that meets the requirements of clauses (1) to
4.5 (10) and meets membership or accreditation requirements of the Association of Recovery
4.6 Community Organizations, the Council on Accreditation of Peer Recovery Support Services,
4.7 or a Minnesota statewide recovery community organization identified by the commissioner
4.8 is an eligible vendor of peer support services. Eligible vendors under this paragraph must:

4.9 (1) be nonprofit organizations;

4.10 (2) be led and governed by individuals in the recovery community, with more than 50
4.11 percent of the board of directors or advisory board members self-identifying as people in
4.12 personal recovery from substance use disorders;

4.13 (3) primarily focus on recovery from substance use disorders, with missions and visions
4.14 that support this primary focus;

4.15 (4) be grassroots and reflective of and engaged with the community served;

4.16 (5) be accountable to the recovery community through processes that promote the
4.17 involvement and engagement of, and consultation with, people in recovery and their families,
4.18 friends, and recovery allies;

4.19 (6) provide nonclinical peer recovery support services, including but not limited to
4.20 recovery support groups, recovery coaching, telephone recovery support, skill-building
4.21 groups, and harm-reduction activities;

4.22 (7) allow for and support opportunities for all paths toward recovery and refrain from
4.23 excluding anyone based on their chosen recovery path, which may include but is not limited
4.24 to harm reduction paths, faith-based paths, and nonfaith-based paths;

4.25 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
4.26 communities, including board and staff development activities, organizational practices,
4.27 service offerings, advocacy efforts, and culturally informed outreach and service plans;

4.28 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
4.29 across diverse geographical and cultural contexts and reduces stigma; ~~and~~

4.30 (10) ensure and document supervision of recovery peers under section 245I.04,
4.31 subdivision 19, and fully reimburse supervising professionals for supervision hours
4.32 conducted;

5.1 (11) ensure compliance with all relevant statutes and rules, including but not limited to
5.2 the requirements for peer recovery support services under section 245G.07, subdivision 2,
5.3 and recovery peers under section 245I.04, subdivisions 18 and 19; and

5.4 ~~(10)~~ (12) maintain an employee and volunteer code of ethics and easily accessible
5.5 grievance procedures posted in physical spaces, on websites, or on program policies or
5.6 forms.

5.7 (e) Recovery community organizations approved by the commissioner before June 30,
5.8 2023, shall retain their designation as recovery community organizations.

5.9 (f) A recovery community organization that is aggrieved by an accreditation or
5.10 membership determination and believes it meets the requirements under paragraph (d) may
5.11 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
5.12 for reconsideration as an eligible vendor.

5.13 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
5.14 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
5.15 nonresidential substance use disorder treatment or withdrawal management program by the
5.16 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
5.17 and 1b are not eligible vendors.

5.18 (h) Hospitals, federally qualified health centers, and rural health clinics are eligible
5.19 vendors of a comprehensive assessment when the comprehensive assessment is completed
5.20 according to section 245G.05 and by an individual who meets the criteria of an alcohol and
5.21 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor
5.22 must be individually enrolled with the commissioner and reported on the claim as the
5.23 individual who provided the service.

5.24 Sec. 5. **RECOVERY PEERS; TIERED REIMBURSEMENT RATES.**

5.25 (a) The commissioner of human services shall develop and implement a tiered
5.26 reimbursement rate structure for recovery peers who meet the qualifications under Minnesota
5.27 Statutes, section 245I.04, subdivision 18. The rate structure must include three rate tiers, as
5.28 follows:

5.29 (1) tier one, providing peer recovery support services on a one-on-one basis;

5.30 (2) tier two, providing peer recovery support services for a group of up to four clients,
5.31 if appropriate based on each client's recovery wellness plan; and

6.1 (3) tier three, providing peer recovery support services and group recovery education
6.2 for a group of more than four clients and up to ten clients, if the recovery peer has completed
6.3 the required training under Minnesota Statutes, section 245I.04, subdivision 18, paragraph
6.4 (c).

6.5 (b) The commissioner shall implement the tiered reimbursement rate structure no later
6.6 than September 1, 2024, for tier one and tier two services, and no later than December 1,
6.7 2024, for tier three.

6.8 **Sec. 6. APPROPRIATION; RECOVERY PEER TRAINING GRANT.**

6.9 \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of
6.10 human services for a grant to the Minnesota Certification Board, to develop a five- to
6.11 ten-hour training course for recovery peers seeking to become qualified to provide group
6.12 education peer recovery support services to groups of more than four clients, under Minnesota
6.13 Statutes, section 245I.04, subdivision 18, paragraph (c). The training course developed
6.14 under this section must be available in person and online no later than December 1, 2024,
6.15 and must include documentation of satisfactory completion.