

1.1 Senator moved to amend S.F. No. 4399 as follows:

1.2 Pages 13 to 14, delete sections 12 to 15

1.3 Page 15, lines 14 to 21, reinstate the stricken language

1.4 Page 15, line 22, delete "(b)" and insert "(d)"

1.5 Page 15, line 25, delete "(c)" and insert "(e)"

1.6 Page 15, line 29, delete "(d)" and insert "(f)"

1.7 Page 15, line 31, delete "(e)" and insert "(g)"

1.8 Page 16, line 1, delete "(f)" and insert "(h)"

1.9 Page 16, delete section 17

1.10 Page 35, delete section 31

1.11 Page 46, line 24, after "hire" insert "as an assisted living director"

1.12 Page 61, delete sections 6 and 7

1.13 Page 62, delete sections 8 to 10

1.14 Page 63, lines 4 to 6, delete the new language

1.15 Page 63, delete section 13

1.16 Pages 65 to 69, delete sections 15 to 21

1.17 Page 70, delete section 23

1.18 Page 82, line 2, strike "two hours" and insert "one hour"

1.19 Page 82, strike lines 8 to 13, and insert "(ii) the program employs a mental health

1.20 professional as defined in section 245I.04, subdivision 2;"

1.21 Page 83, after line 14, insert:

1.22 "(j) A license holder that is unable to provide all residential treatment services because

1.23 a client missed services remains eligible to bill for the client's intensity level of services

1.24 under this paragraph if the license holder can document the reason the client missed services

1.25 and the interventions done to address the client's absence.

1.26 (k) Hours in a treatment week may be reduced in observance of federally recognized

1.27 holidays."

1.28 Page 89, after line 6, insert:

2.1 "Sec. 23. Laws 2021, First Special Session chapter 7, article 11, section 38, as amended
2.2 by Laws 2022, chapter 98, article 4, section 50, is amended to read:

2.3 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER
2.4 TREATMENT PAPERWORK REDUCTION.**

2.5 (a) The commissioner of human services, in consultation with counties, tribes, managed
2.6 care organizations, substance use disorder treatment professional associations, and other
2.7 relevant stakeholders, shall develop, assess, and recommend systems improvements to
2.8 minimize regulatory paperwork and improve systems for substance use disorder programs
2.9 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
2.10 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
2.11 of human services shall make available any resources needed from other divisions within
2.12 the department to implement systems improvements.

2.13 (b) The commissioner of health shall make available needed information and resources
2.14 from the Division of Health Policy.

2.15 (c) The Office of MN.IT Services shall provide advance consultation and implementation
2.16 of the changes needed in data systems.

2.17 (d) The commissioner of human services shall contract with a vendor that has experience
2.18 with developing statewide system changes for multiple states at the payer and provider
2.19 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
2.20 vendor with the requisite qualifications, the commissioner may select the best qualified
2.21 vendor available. When developing recommendations, the commissioner shall consider
2.22 input from all stakeholders. The commissioner's recommendations shall maximize benefits
2.23 for clients and utility for providers, regulatory agencies, and payers.

2.24 (e) The commissioner of human services and the contracted vendor shall follow the
2.25 recommendations from the report issued in response to Laws 2019, First Special Session
2.26 chapter 9, article 6, section 76.

2.27 (f) ~~Within two years of contracting with a qualified vendor according to paragraph (d)~~
2.28 By December 15, 2024, the commissioner of human services shall take steps to implement
2.29 paperwork reductions and systems improvements within the commissioner's authority and
2.30 submit to the chairs and ranking minority members of the legislative committees with
2.31 jurisdiction over health and human services a report that includes recommendations for
2.32 changes in statutes that would further enhance systems improvements to reduce paperwork.
2.33 The report shall include a summary of the approaches developed and assessed by the

3.1 commissioner of human services and stakeholders and the results of any assessments
3.2 conducted."

3.3 Page 94, delete section 13 and insert:

3.4 "Sec. 13. Minnesota Statutes 2022, section 246.716, subdivision 2, as amended by Laws
3.5 2024, chapter 79, article 2, section 58, is amended to read:

3.6 **Subd. 2. Procedures without consent.** (a) A ~~secure treatment facility state-operated~~
3.7 ~~treatment program~~ or an employee of a ~~secure treatment facility state-operated treatment~~
3.8 ~~program~~ may bring a petition for a court order to require a patient to provide a blood sample
3.9 for testing for blood-borne pathogens. The petition shall be filed in the district court in the
3.10 county where the patient is receiving treatment from the ~~secure treatment facility~~
3.11 ~~state-operated treatment program~~. The ~~secure treatment facility state-operated treatment~~
3.12 ~~program~~ shall serve the petition on the patient three days before a hearing on the petition.
3.13 The petition shall include one or more affidavits attesting that:

3.14 (1) the ~~secure treatment facility state-operated treatment program~~ followed the procedures
3.15 in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results
3.16 according to those sections;

3.17 (2) a licensed physician, advanced practice registered nurse, or physician assistant
3.18 knowledgeable about the most current recommendations of the United States Public Health
3.19 Service has determined that a significant exposure has occurred to the employee of a ~~secure~~
3.20 ~~treatment facility state-operated treatment program~~ under section 246.721; and

3.21 (3) a physician, advanced practice registered nurse, or physician assistant has documented
3.22 that the employee has provided a blood sample and consented to testing for blood-borne
3.23 pathogens and blood-borne pathogen test results are needed for beginning, continuing,
3.24 modifying, or discontinuing medical treatment for the employee under section 246.721.

3.25 (b) ~~Secure treatment facilities~~ State-operated treatment programs shall cooperate with
3.26 petitioners in providing any necessary affidavits to the extent that facility staff can attest
3.27 under oath to the facts in the affidavits.

3.28 (c) The court may order the patient to provide a blood sample for blood-borne pathogen
3.29 testing if:

3.30 (1) there is probable cause to believe the employee of a ~~secure treatment facility~~
3.31 ~~state-operated treatment program~~ has experienced a significant exposure to the patient;

4.1 (2) the court imposes appropriate safeguards against unauthorized disclosure that must
4.2 specify the persons who have access to the test results and the purposes for which the test
4.3 results may be used;

4.4 (3) a licensed physician, advanced practice registered nurse, or physician assistant for
4.5 the employee of a ~~secure treatment facility~~ state-operated treatment program needs the test
4.6 results for beginning, continuing, modifying, or discontinuing medical treatment for the
4.7 employee; and

4.8 (4) the court finds a compelling need for the test results. In assessing compelling need,
4.9 the court shall weigh the need for the court-ordered blood collection and test results against
4.10 the interests of the patient, including, but not limited to, privacy, health, safety, or economic
4.11 interests. The court shall also consider whether involuntary blood collection and testing
4.12 would serve the public interests.

4.13 (d) The court shall conduct the proceeding in camera unless the petitioner or the patient
4.14 requests a hearing in open court and the court determines that a public hearing is necessary
4.15 to the public interest and the proper administration of justice.

4.16 (e) The patient may arrange for counsel in any proceeding brought under this subdivision."

4.17 Page 95, delete section 15

4.18 Page 95, delete section 16 and insert:

4.19 "Sec. 15. Minnesota Statutes 2022, section 246.721, as amended by Laws 2024, chapter
4.20 79, article 2, section 60, is amended to read:

4.21 **246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS.**

4.22 (a) A ~~secure treatment facility~~ state-operated treatment program shall follow applicable
4.23 Occupational Safety and Health Administration guidelines under Code of Federal
4.24 Regulations, title 29, part 1910.1030, for blood-borne pathogens.

4.25 (b) Every ~~secure treatment facility~~ state-operated treatment program shall adopt and
4.26 follow a postexposure protocol for employees at a ~~secure treatment facility~~ state-operated
4.27 treatment program who have experienced a significant exposure. The postexposure protocol
4.28 must adhere to the most current recommendations of the United States Public Health Service
4.29 and include, at a minimum, the following:

4.30 (1) a process for employees to report an exposure in a timely fashion;

4.31 (2) a process for an infectious disease specialist, or a licensed physician, advanced
4.32 practice registered nurse, or physician assistant who is knowledgeable about the most current

5.1 recommendations of the United States Public Health Service in consultation with an infectious
5.2 disease specialist, (i) to determine whether a significant exposure to one or more blood-borne
5.3 pathogens has occurred, and (ii) to provide, under the direction of a licensed physician,
5.4 advanced practice registered nurse, or physician assistant, a recommendation or
5.5 recommendations for follow-up treatment appropriate to the particular blood-borne pathogen
5.6 or pathogens for which a significant exposure has been determined;

5.7 (3) if there has been a significant exposure, a process to determine whether the patient
5.8 has a blood-borne pathogen through disclosure of test results, or through blood collection
5.9 and testing as required by sections 246.71 to 246.722;

5.10 (4) a process for providing appropriate counseling prior to and following testing for a
5.11 blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and
5.12 follow-up recommendations according to the most current recommendations of the United
5.13 States Public Health Service for testing and treatment;

5.14 (5) a process for providing appropriate counseling under clause (4) to the employee of
5.15 a secure treatment facility state-operated treatment program and to the patient; and

5.16 (6) compliance with applicable state and federal laws relating to data practices,
5.17 confidentiality, informed consent, and the patient bill of rights."

5.18 Renumber the sections in sequence and correct the internal references

5.19 Amend the title accordingly

5.20 The motion prevailed. #did not prevail. So the amendment was #not adopted.