

Senator Latz from the Committee on Judiciary and Public Safety, to which was referred

S.F. No. 4576: A bill for an act relating to legislative enactments; making miscellaneous technical corrections to laws and statutes; correcting erroneous, obsolete, and omitted text and references; removing redundant, conflicting, and superseded provisions; amending Minnesota Statutes 2022, sections 12A.02, subdivision 6; 12B.15, subdivision 8; 13.3805, subdivision 1; 13.6401, subdivision 2; 14.37, subdivision 2; 16A.99, subdivision 4; 62V.04, subdivision 12; 115A.952, subdivision 1; 116.07, subdivision 4k; 120A.22, subdivision 11; 122A.182, subdivision 5; 123B.72, subdivision 3; 124E.03, subdivision 7; 124E.14; 126C.05, subdivision 8; 126C.126; 126C.13, subdivision 4; 126C.17, subdivision 5; 150A.091, subdivisions 2, 5, 11a; 152.25, subdivision 1b; 155A.29, subdivision 2; 161.088, subdivision 7; 171.17, subdivision 1; 171.22, subdivision 1; 176.011, subdivision 15; 180.03, subdivision 4; 216B.161, subdivision 1; 241.67, subdivision 2; 245A.11, subdivision 2; 253B.02, subdivisions 7, 9; 256.042, subdivision 4; 256.9742, subdivision 3; 256B.056, subdivision 11; 256B.058, subdivision 2; 256B.0595, subdivisions 1, 4; 256B.0625, subdivision 56; 256B.0941, subdivision 1; 256B.196, subdivision 2; 256B.197, subdivision 3; 256B.4911, subdivision 1; 256D.64, subdivision 2; 256I.04, subdivision 2a; 256L.11, subdivisions 2, 6a; 259.12; 260B.188, subdivision 1; 270C.445, subdivisions 6b, 6c, 6d; 270C.446, subdivision 5; 272.02, subdivision 97; 273.032; 273.121, subdivision 1; 276.04, subdivision 2; 290.0132, subdivision 15; 297A.71, subdivision 14; 297A.75, subdivisions 1, 2, 3; 299K.09, subdivision 1; 326B.164, subdivision 5; 353.6511, subdivision 5; 353.6512, subdivision 5; 462.357, subdivision 7; 504B.178, subdivision 2; 609.2231, subdivision 3; 609.596, subdivision 3; 609.748, subdivision 1; Minnesota Statutes 2023 Supplement, sections 15.06, subdivision 1; 17.457, subdivision 5; 47.60, subdivision 1; 115E.042, subdivision 1a; 116J.871, subdivision 1; 116P.21, subdivision 5; 122A.092, subdivision 5; 124D.65, subdivision 5; 124E.02; 125A.15; 125A.51; 125A.515, subdivision 3; 144E.101, subdivisions 7, 12; 145D.01, subdivision 5; 145D.02; 147.02, subdivision 1; 147.03, subdivision 1; 174.07, subdivision 3; 181.217, subdivision 1; 245A.03, subdivisions 2, 7; 245A.10, subdivision 3; 245G.06, subdivision 3a; 256B.0625, subdivision 13e; 256B.0913, subdivision 5; 256B.0943, subdivision 1; 289A.08, subdivision 7a; 290.0132, subdivision 32; 290.067, subdivision 1; 290A.04, subdivision 2h; 297A.71, subdivision 44; 299C.10, subdivision 1; 326B.164, subdivision 13; 609.185; 624.7178, subdivision 4; Laws 2023, chapter 41, article 1, section 2, subdivision 49; Laws 2023, chapter 57, article 1, section 4, subdivision 2; Laws 2023, chapter 70, article 15, sections 10, subdivision 4; 12; repealing Minnesota Statutes 2022, sections 13.6435, subdivision 8; 16A.727; 256.021, subdivision 3; 273.11, subdivision 16; 297A.71, subdivision 45; Laws 2023, chapter 16, section 36; Laws 2023, chapter 53, article 11, section 31; Laws 2023, chapter 55, article 1, section 2; article 7, section 6; Laws 2023, chapter 57, article 2, section 39; Laws 2023, chapter 60, article 7, section 8; Laws 2023, chapter 63, article 7, sections 1; 3.

Reports the same back with the recommendation that the bill be amended as follows:

Page 5, after line 25, insert:

"Sec. 11. Minnesota Statutes 2022, section 62V.05, subdivision 5, is amended to read:

Subd. 5. Health carrier and health plan requirements; participation. (a) Beginning January 1, 2015, the board may establish certification requirements for health carriers and health plans to be offered through MNsure that satisfy federal requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148.

(b) Paragraph (a) does not apply if by June 1, 2013, the legislature enacts regulatory requirements that:

2.1 (1) apply uniformly to all health carriers and health plans in the individual market;

2.2 (2) apply uniformly to all health carriers and health plans in the small group market; and

2.3 (3) satisfy minimum federal certification requirements under section 1311(c)(1) of the
2.4 Affordable Care Act, Public Law 111-148.

2.5 (c) In accordance with section 1311(e) of the Affordable Care Act, Public Law 111-148,
2.6 the board shall establish policies and procedures for certification and selection of health
2.7 plans to be offered as qualified health plans through MNsure. The board shall certify and
2.8 select a health plan as a qualified health plan to be offered through MNsure, if:

2.9 (1) the health plan meets the minimum certification requirements established in paragraph
2.10 (a) or the market regulatory requirements in paragraph (b);

2.11 (2) the board determines that making the health plan available through MNsure is in the
2.12 interest of qualified individuals and qualified employers;

2.13 (3) the health carrier applying to offer the health plan through MNsure also applies to
2.14 offer health plans at each actuarial value level and service area that the health carrier currently
2.15 offers in the individual and small group markets; and

2.16 (4) the health carrier does not apply to offer health plans in the individual and small
2.17 group markets through MNsure under a separate license of a parent organization or holding
2.18 company under section 60D.15, that is different from what the health carrier offers in the
2.19 individual and small group markets outside MNsure.

2.20 (d) In determining the interests of qualified individuals and employers under paragraph
2.21 (c), clause (2), the board may not exclude a health plan for any reason specified under section
2.22 1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148. The board may consider:

2.23 (1) affordability;

2.24 (2) quality and value of health plans;

2.25 (3) promotion of prevention and wellness;

2.26 (4) promotion of initiatives to reduce health disparities;

2.27 (5) market stability and adverse selection;

2.28 (6) meaningful choices and access;

2.29 (7) alignment and coordination with state agency and private sector purchasing strategies
2.30 and payment reform efforts; and

2.31 (8) other criteria that the board determines appropriate.

(e) For qualified health plans offered through MNsure on or after January 1, 2015, the board shall establish policies and procedures under paragraphs (c) and (d) for selection of health plans to be offered as qualified health plans through MNsure by February 1 of each year, beginning February 1, 2014. The board shall consistently and uniformly apply all policies and procedures and any requirements, standards, or criteria to all health carriers and health plans. For any policies, procedures, requirements, standards, or criteria that are defined as rules under section 14.02, subdivision 4, the board may use the process described in subdivision ~~9~~ 8.

(f) For 2014, the board shall not have the power to select health carriers and health plans for participation in MNsure. The board shall permit all health plans that meet the certification requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148, to be offered through MNsure.

(g) Under this subdivision, the board shall have the power to verify that health carriers and health plans are properly certified to be eligible for participation in MNsure.

(h) The board has the authority to decertify health carriers and health plans that fail to maintain compliance with section 1311(c)(1) of the Affordable Care Act, Public Law 111-148.

(i) For qualified health plans offered through MNsure beginning January 1, 2015, health carriers must use the most current addendum for Indian health care providers approved by the Centers for Medicare and Medicaid Services and the tribes as part of their contracts with Indian health care providers. MNsure shall comply with all future changes in federal law with regard to health coverage for the tribes."

Page 50, after line 9, insert:

"Sec. 59. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended to read:

Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter.

(b) Eligible substance use disorder treatment services include:

(1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care:

(i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);

- 4.1 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,
4.2 subdivision 1, clause (2);
- 4.3 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
4.4 subdivision 1, clause (3);
- 4.5 (iv) ASAM level 2.5 partial hospitalization services provided according to section
4.6 254B.19, subdivision 1, clause (4);
- 4.7 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
4.8 according to section 254B.19, subdivision 1, clause (5);
- 4.9 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
4.10 services provided according to section 254B.19, subdivision 1, clause (6); and
- 4.11 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
4.12 according to section 254B.19, subdivision 1, clause (7);
- 4.13 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
4.14 and 245G.05;
- 4.15 (3) treatment coordination services provided according to section 245G.07, subdivision
4.16 1, paragraph (a), clause (5);
- 4.17 (4) peer recovery support services provided according to section 245G.07, subdivision
4.18 2, clause (8);
- 4.19 (5) withdrawal management services provided according to chapter 245F;
- 4.20 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
4.21 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
4.22 144.56;
- 4.23 (7) adolescent treatment programs that are licensed as outpatient treatment programs
4.24 according to sections 245G.01 to 245G.18 or as residential treatment programs according
4.25 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
4.26 applicable tribal license;
- 4.27 (8) ASAM 3.5 clinically managed high-intensity residential services that are licensed
4.28 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which
4.29 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
4.30 and are provided by a state-operated vendor or to clients who have been civilly committed
4.31 to the commissioner, present the most complex and difficult care needs, and are a potential
4.32 threat to the community; and

- 5.1 (9) room and board facilities that meet the requirements of subdivision 1a.
- 5.2 (c) The commissioner shall establish higher rates for programs that meet the requirements
5.3 of paragraph (b) and one of the following additional requirements:
- 5.4 (1) programs that serve parents with their children if the program:
- 5.5 (i) provides on-site child care during the hours of treatment activity that:
- 5.6 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
5.7 9503; or
- 5.8 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or
- 5.9 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
5.10 licensed under chapter 245A as:
- 5.11 (A) a child care center under Minnesota Rules, chapter 9503; or
- 5.12 (B) a family child care home under Minnesota Rules, chapter 9502;
- 5.13 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
5.14 subdivision 4a;
- 5.15 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 5.16 (4) programs that offer medical services delivered by appropriately credentialed health
5.17 care staff in an amount equal to two hours per client per week if the medical needs of the
5.18 client and the nature and provision of any medical services provided are documented in the
5.19 client file; or
- 5.20 (5) programs that offer services to individuals with co-occurring mental health and
5.21 substance use disorder problems if:
- 5.22 (i) the program meets the co-occurring requirements in section 245G.20;
- 5.23 (ii) 25 percent of the counseling staff are licensed mental health professionals under
5.24 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
5.25 of a licensed alcohol and drug counselor supervisor and mental health professional under
5.26 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
5.27 staff may be students or licensing candidates with time documented to be directly related
5.28 to provisions of co-occurring services;
- 5.29 (iii) clients scoring positive on a standardized mental health screen receive a mental
5.30 health diagnostic assessment within ten days of admission;

(iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented;

(v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and

(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.

(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services.

(e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause ~~(4)~~ (5), items (i) to (iv).

(f) Subject to federal approval, substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services.

(g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.

(h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

(i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines."

Renumber the sections in sequence

Amend the title numbers accordingly

7.1 And when so amended the bill do pass. Amendments adopted. Report adopted.

7.2 _____
7.3 (Committee Chair)

7.4 March 13, 2024.....

7.5 (Date of Committee recommendation)