



To: Chair Hoffman; Senate Human Services Committee
From: Brian Zirbes, MARRCH Executive Director
Subject: Support for SF1826; SF1827; and SF1966
Date: February 28, 2025

MARRCH, the statewide trade association for Substance Use Disorder (SUD) programs and professionals, represents thousands of dedicated individuals and organizations committed to providing life-saving care to Minnesotans. Through education, training, advocacy, and public policy engagement, we support the critical work of our members and the countless lives they touch each year.

We are grateful to the leadership and dedication to authors Senator Abeler, Chair Hoffman, and Senator Utke. We look forward to continued work and support of this committee on these important bills. For over a decade, SUD providers have endured numerous rate studies, each shining a spotlight on the chronic underfunding of these essential services. The most recent study by Burnes & Associates offered a glimmer of hope, with data-backed recommendations reflecting the true cost of delivering care under the American Society of Addiction Medicine (ASAM) Levels of Care. Despite broad consensus on the accuracy of these findings and the urgent need for change, this budget overlooks the crisis.

[SF 1826](#), section 2 seeks to implement the SUD rates from the outpatient study at 100% of the modeled rate. Investments in SUD treatment has a great return on investment to individuals, families, and society. The bill also includes language in section 3 for an annual automatic inflation adjustment so rates do not get behind again.

[SF 1827](#) Section 1 eliminates the Chemical Dependency (SUD) Assessment Surcharge for people with impaired driving offenses. The language would exempt people with income eligibility for Medical Assistance or the Behavioral Health Fund to pay a provider for an assessment. Sections 2 and 3 will be removed via an author's amendment. Section 4 seeks to update statute 169A from using outdated language regarding 'chemical dependency.'

[SF1966](#) is our policy bill. Section 1 seeks to clarify that when a Managed Care Organization does a claw back, that the timely filing clock needs to reset. Section 2 would mirror program closure requirements for Recovery Community Organizations to the same requirements for DHS licensed programs. Section 3 would change Diagnostic Assessment timelines in co-occurring

enhanced programs changed to exclude weekends and holidays. Section 4 clarifies that the County of Financial Responsibility for Withdrawal Management is the county of residence, same as the current determination for residential treatment.

We have appreciated the ongoing work and collaboration with DHS policy and legislative staff, MACSSA's Behavioral Health Committee, partners in the Mental Health Legislative Network, and many other stakeholders and advocates in developing these proposals.

We know that treatment works and recovery is possible! By addressing the funding disparities and supporting the dedicated providers on the frontlines, Minnesota can reaffirm its commitment to the health and well-being of its citizens. We ask for your leadership and action to ensure that these life-saving programs are not just sustained but strengthened for the future.

Thank you for your time and consideration. We stand ready to assist and provide any further information to support these critical changes.