

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2647

(SENATE AUTHORS: ABELER and Boldon)

DATE
03/17/2025

D-PG
865 Introduction and first reading
Referred to Human Services

OFFICIAL STATUS

- 1.1 A bill for an act
- 1.2 relating to behavioral health; modifying substance use disorder comprehensive
- 1.3 assessment requirements and treatment provider qualifications; requiring a study
- 1.4 and report on substance use disorder treatment practice limitations; amending
- 1.5 Minnesota Statutes 2024, sections 245G.05, subdivision 1; 245G.11, subdivision
- 1.6 7.
- 1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.8 Section 1. Minnesota Statutes 2024, section 245G.05, subdivision 1, is amended to read:
- 1.9 Subdivision 1. **Comprehensive assessment.** (a) A comprehensive assessment of the
- 1.10 client's substance use disorder must be administered face-to-face ~~by an alcohol and drug~~
- 1.11 ~~counselor~~ within five calendar days from the day of service initiation for a residential
- 1.12 program or by the end of the fifth day on which a treatment service is provided in a
- 1.13 nonresidential program. The number of days to complete the comprehensive assessment
- 1.14 excludes the day of service initiation. ~~If the comprehensive assessment is not completed~~
- 1.15 ~~within the required time frame, the person-centered reason for the delay and the planned~~
- 1.16 ~~completion date must be documented in the client's file. The comprehensive assessment is~~
- 1.17 ~~complete upon a qualified staff member's dated signature. If the client received a~~
- 1.18 ~~comprehensive assessment that authorized the treatment service, an alcohol and drug~~
- 1.19 ~~counselor may use the comprehensive assessment for requirements of this subdivision but~~
- 1.20 ~~must document a review of the comprehensive assessment and update the comprehensive~~
- 1.21 ~~assessment as clinically necessary to ensure compliance with this subdivision within~~
- 1.22 ~~applicable timelines. An alcohol and drug counselor must sign and date the comprehensive~~
- 1.23 ~~assessment review and update.~~
- 1.24 (b) A comprehensive assessment must be administered by:

2.1 (1) an alcohol and drug counselor;

2.2 (2) a mental health professional who meets the qualifications under section 245I.04,
2.3 subdivision 2, practices within the scope of their professional licensure, and has training in
2.4 addiction, co-occurring disorders, and substance use disorder diagnosis and treatment
2.5 according to the requirements in section 245G.13, subdivision 2, paragraph (f);

2.6 (3) a clinical trainee who meets the qualifications under section 245I.04, subdivision 6,
2.7 practicing under the supervision of a mental health professional who meets the requirements
2.8 of clause (2); or

2.9 (4) a licensed registered nurse as defined in section 148.171, subdivision 20, who practices
2.10 within the scope of their professional licensure and has training in addiction, co-occurring
2.11 disorders, and substance use disorder diagnosis and treatment according to the requirements
2.12 in section 245G.13, subdivision 2, paragraph (f).

2.13 (c) If the comprehensive assessment is not completed within the required time frame,
2.14 the person-centered reason for the delay and the planned completion date must be documented
2.15 in the client's file. The comprehensive assessment is complete upon a qualified staff member's
2.16 dated signature. If the client received a comprehensive assessment that authorized the
2.17 treatment service, an alcohol and drug counselor may use the comprehensive assessment
2.18 to meet the requirements of this subdivision but must document a review of the
2.19 comprehensive assessment and update the comprehensive assessment as clinically necessary
2.20 to ensure compliance with this subdivision within applicable timelines. A staff member
2.21 qualified under paragraph (b) must sign and date the comprehensive assessment review and
2.22 update.

2.23 Sec. 2. Minnesota Statutes 2024, section 245G.11, subdivision 7, is amended to read:

2.24 Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination
2.25 must be provided by qualified staff. An individual is qualified to provide treatment
2.26 coordination if the individual meets the qualifications of an alcohol and drug counselor
2.27 under subdivision 5 or if the individual:

2.28 (1) is skilled in the process of identifying and assessing a wide range of client needs;

2.29 (2) is knowledgeable about local community resources and how to use those resources
2.30 for the benefit of the client;

2.31 (3) ~~has successfully completed 30 hours of classroom instruction on treatment~~
2.32 ~~coordination for an individual with substance use disorder~~ specific training on substance

3.1 use disorder and co-occurring disorders that is consistent with national evidence-based
3.2 practices; and

3.3 (4) ~~has either~~ meets one of the following criteria:

3.4 (i) has a bachelor's degree in one of the behavioral sciences or related fields and at least
3.5 1,000 hours of supervised experience working with individuals with substance use disorder;
3.6 ~~or~~

3.7 (ii) has current certification as an alcohol and drug counselor, level I, by the Upper
3.8 Midwest Indian Council on Addictive Disorders; ~~and~~ or

3.9 (iii) is a mental health practitioner who meets the qualifications under section 245I.04,
3.10 subdivision 4.

3.11 ~~(5) has at least 2,000 hours of supervised experience working with individuals with~~
3.12 ~~substance use disorder.~~

3.13 (b) A treatment coordinator must receive at least one hour of supervision regarding
3.14 individual service delivery from an alcohol and drug counselor, or a mental health
3.15 professional who has substance use treatment and assessments within the scope of their
3.16 practice, on a monthly basis.

3.17 Sec. 3. **DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER**
3.18 **TREATMENT STAFF REPORT AND RECOMMENDATIONS.**

3.19 The commissioner of human services must, in consultation with the Board of Nursing,
3.20 Board of Behavioral Health and Therapy, and Board of Medical Practice, conduct a study
3.21 and develop recommendations to the legislature for amendments to Minnesota Statutes,
3.22 chapter 245G, that would eliminate any limitations on licensed health professionals' ability
3.23 to provide substance use disorder treatment services while practicing within their licensed
3.24 or statutory scopes of practice. The commissioner must submit a report on the study and
3.25 recommendations to the chairs and ranking minority members of the legislative committees
3.26 with jurisdiction over human services finance and policy by January 15, 2027.