	04/01/25 01:51 pm	COUNSEL	LM/SC	SCS2443A-9
1.1	Senator moves to	amend the delete-ever	rything amendmen	t (SCS2443A-5)
1.2	to S.F. No. 2443 as follows:			
1.3	Page 127, after line 18, insert:			
1.4	"Section 1. Minnesota Statutes 2	2024, section 4.046, su	ıbdivision 2, is am	ended to read:
1.5	Subd. 2. Subcabinet members	ship. The subcabinet o	consists of the follo	owing members:
1.6	(1) the commissioner of human	n services;		
1.7	(2) the commissioner of health	•		
1.8	(3) the commissioner of education	tion;		
1.9	(4) the commissioner of public	safety;		
1.10	(5) the commissioner of correc	etions;		
1.11	(6) the commissioner of manag	gement and budget;		
1.12	(7) the commissioner of higher	education;		
1.13	(8) the commissioner of children	en, youth, and familie	<u>s;</u>	
1.14	(9) the chief executive officer of	of direct care and treat	tment;	
1.15	(10) the commissioner of commi	merce;		
1.16	(11) the director of the Office of	of Cannabis Managem	nent;	
1.17	$\frac{(8)}{(12)}$ the chair of the Interag	gency Council on Hon	nelessness; and	
1.18	(9) (13) the governor's director	of addiction and reco	overy, who shall se	erve as chair of
1.19	the subcabinet.			
1.20	Section 1. Minnesota Statutes 20)24, section 4.046, sub	odivision 3, is ame	ended to read:
1.21	Subd. 3. Policy and strategy do	evelopment. The subc	abinet must engage	in the following
1.22	duties related to the development	of opioid use, substand	ce use, and addict	ion policy and
1.23	strategy:			
1.24	(1) identify challenges and opp	portunities that exist re	elating to accessing	g treatment and
1.25	support services and develop recor	mmendations to overc	ome these barriers	s for all
1.26	Minnesotans;			
1.27	(2) with input from affected con	nmunities, develop pol	licies and strategie	s that will reduce

barriers and gaps in service for all Minnesotans seeking treatment for opioid or substance

Section 1.

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use disorder, particularly for those Minnesotans who are members of communities 2.1 disproportionately impacted by substance use and addiction; 2.2 (3) develop policies and strategies that the state may adopt to expand Minnesota's recovery 2.3 infrastructure, including detoxification or withdrawal management facilities, treatment 2.4 facilities, and sober housing; 2.5 (4) identify innovative services and strategies for effective treatment and support; 2.6 (5) develop policies and strategies to expand services and support for people in Minnesota 2.7 suffering from opioid or substance use disorder through partnership with the Opioid Epidemic 2.8 Response Advisory Council and other relevant partnerships; 2.9 (6) develop policies and strategies for agencies to manage addiction and the relationship 2.10 it has with co-occurring conditions; 2.11 (7) identify policies and strategies to address opioid or substance use disorder among 2.12 Minnesotans experiencing homelessness; and 2.13 (8) submit recommendations to the legislature addressing opioid use, substance use, and 2.14 addiction in Minnesota-; and 2.15 (9) develop and publish a comprehensive substance use and addiction plan for the state. 2.16 The plan must establish goals and priorities for a comprehensive continuum of care for 2.17 substance misuse and substance use disorder for Minnesota. All state agencies' operating 2.18 programs related to substance use prevention, harm reduction, treatment, or recovery or 2.19 that are administering state or federal funds for those programs shall set program goals and 2.20 priorities in accordance with the state plan. Each state agency shall submit its relevant plans 2.21 and budgets to the subcabinet for review upon request." 2.22 Page 129, after line 13, insert: 2.23 "Sec. 5. Minnesota Statutes 2024, section 254A.03, subdivision 1, is amended to read: 2.24 Subdivision 1. Alcohol and Other Drug Abuse Section. There is hereby created an 2.25 Alcohol and Other Drug Abuse Section in the Department of Human Services. This section 2.26 shall be headed by a director. The commissioner may place the director's position in the 2.27 unclassified service if the position meets the criteria established in section 43A.08, 2.28 subdivision 1a. The section shall: 2.29 (1) conduct and foster basic research relating to the cause, prevention and methods of 2.30

diagnosis, treatment and recovery of persons with substance misuse and substance use

Sec. 5. 2

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disorder;

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(2) coordinate and review all activities and programs of all the various state departments as they relate to problems associated with substance misuse and substance use disorder;

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(3) (2) develop, demonstrate, and disseminate new methods and techniques for prevention, early intervention, treatment and recovery support for substance misuse and substance use disorder;

(4) (3) gather facts and information about substance misuse and substance use disorder, and about the efficiency and effectiveness of prevention, treatment, and recovery support services from all comprehensive programs, including programs approved or licensed by the commissioner of human services or the commissioner of health or accredited by the Joint Commission on Accreditation of Hospitals. The state authority is authorized to require information from comprehensive programs which is reasonable and necessary to fulfill these duties. When required information has been previously furnished to a state or local governmental agency, the state authority shall collect the information from the governmental agency. The state authority shall disseminate facts and summary information about problems associated with substance misuse and substance use disorder to public and private agencies, local governments, local and regional planning agencies, and the courts for guidance to and assistance in prevention, treatment and recovery support;

(5) (4) inform and educate the general public on substance misuse and substance use disorder;

(6) (5) serve as the state authority concerning substance misuse and substance use disorder by monitoring the conduct of diagnosis and referral services, research and comprehensive programs. The state authority shall submit a biennial report to the governor containing a description of public services delivery and recommendations concerning increase of coordination and quality of services, and decrease of service duplication and cost;

(7) establish a state plan which shall set forth goals and priorities for a comprehensive continuum of care for substance misuse and substance use disorder for Minnesota. All state agencies operating substance misuse or substance use disorder programs or administering state or federal funds for such programs shall annually set their program goals and priorities in accordance with the state plan. Each state agency shall annually submit its plans and budgets to the state authority for review. The state authority shall certify whether proposed services comply with the comprehensive state plan and advise each state agency of review findings;

(8) (6) make contracts with and grants to public and private agencies and organizations, both profit and nonprofit, and individuals, using federal funds, and state funds as authorized

Sec. 5. 3

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to pay for costs of state administration, including evaluation, statewide programs and services,
research and demonstration projects, and American Indian programs;

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(9) (7) receive and administer money available for substance misuse and substance use disorder programs under the alcohol, drug abuse, and mental health services block grant, United States Code, title 42, sections 300X to 300X-9;

(10) (8) solicit and accept any gift of money or property for purposes of Laws 1973, chapter 572, and any grant of money, services, or property from the federal government, the state, any political subdivision thereof, or any private source; and

(11) (9) with respect to substance misuse and substance use disorder programs serving the American Indian community, establish guidelines for the employment of personnel with considerable practical experience in substance misuse and substance use disorder, and understanding of social and cultural problems related to substance misuse and substance use disorder, in the American Indian community."

Renumber the sections in sequence and correct the internal references

Sec. 5. 4