

Side-by-Side Legislative Changes 2025: Miscellaneous

Includes: Changes relevant to substance use disorder services which are not directly related to order Side-by-Side sections, including court-ordered chemical dependency assessment charges, school behavioral health grants, reentry demonstration waiver requirements, anti-kickback legislation, and renumbering of Minnesota Statutes, section 254B.05.

Chapter Section Subd	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
169A.284	CHEMICAL DEPENDENCY ASSESSMENT CHARGE; SURCHARGE. Subdivision 1. When required. (a) When a court sentences a person convicted of an offense enumerated in section 169A.70, subdivision 2 (chemical use assessment; requirement; form), it shall order the person to pay the cost of the assessment directly to the entity conducting the assessment or providing the assessment services in an amount determined by the entity conducting or providing the service and shall impose a chemical dependency assessment charge of \$25. The court may waive the \$25 assessment charge, but may not waive the cost for the assessment paid directly to the entity conducting the assessment or providing assessment services. A person shall pay an additional surcharge of \$5 if the person is convicted of a violation of section 169A.20 (driving while impaired) within five years of a prior impaired driving conviction or a prior conviction for an offense arising out of an arrest for a violation of section 169A.20 or Minnesota Statutes 1998, section 169.121 (driver under influence of alcohol or controlled substance) or 169.129 (aggravated DWI-related violations; penalty). This section	<u>CHEMICAL DEPENDENCY COMPREHENSIVE ASSESSMENT CHARGE; SURCHARGE.</u> Subdivision 1. When required. (a) When a court sentences a person convicted of an offense enumerated in section 169A.70, subdivision 2 (chemical use <u>substance use disorder</u> assessment; requirement; form), <u>except as provided in paragraph (c)</u>, it shall order the person to pay the cost of the <u>substance use disorder</u> assessment directly to the entity conducting the assessment or providing the assessment services in an amount determined by the entity conducting or providing the service and shall impose a chemical dependency <u>substance use disorder</u> assessment charge of \$25. The court may waive the \$25 <u>substance use disorder</u> assessment charge, but may not waive the cost for the assessment paid directly to the entity conducting the assessment or providing assessment services. A person shall pay an additional surcharge of \$5 if the person is convicted of a violation of section 169A.20 (driving while impaired) within five years of a prior impaired driving conviction or a prior conviction for an offense arising out of an arrest for a violation of section 169A.20 or Minnesota	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 5

	applies when the sentence is executed, stayed, or suspended. The court may not waive payment or authorize payment of the assessment charge and surcharge in installments unless it makes written findings on the record that the convicted person is indigent or that the assessment charge and surcharge would create undue hardship for the convicted person or that person's immediate family. (b) The chemical dependency assessment charge and surcharge required under this section are in addition to the surcharge required by section 357.021, subdivision 6 (surcharges on criminal and traffic offenders). Subd. 2. Distribution of money. The court administrator shall collect and forward the chemical dependency assessment charge and the \$5 surcharge, if any, to the commissioner of management and budget to be deposited in the state treasury and credited to the general fund.	Statutes 1998, section 169.121 (driver under influence of alcohol or controlled substance) or 169.129 (aggravated DWI-related violations; penalty). This section applies when the sentence is executed, stayed, or suspended. The court may not waive payment <u>of</u> or authorize payment <u>in installments</u> of the <u>substance use disorder</u> assessment charge and surcharge in installments unless it makes written findings on the record that the convicted person is indigent or that the <u>substance use disorder</u> assessment charge and surcharge would create undue hardship for the convicted person or that person's immediate family. (b) The chemical dependency <u>substance use disorder</u> assessment charge and surcharge required under this section are in addition to the surcharge required by section 357.021, subdivision 6 (surcharges on criminal and traffic offenders). (c) <u>The court must not order the person convicted of an offense enumerated in section 169A.70, subdivision 2, to pay the cost of the substance use disorder assessment if the individual is eligible for payment of the assessment under chapter 254B or 256B.</u> Subd. 2. Distribution of money. The court administrator shall collect and forward the chemical dependency <u>substance use disorder</u> assessment charge and the \$5 surcharge, if any, to the commissioner of management and budget to be deposited in the state treasury and credited to the general fund.		
245.4904		<u>INTERMEDIATE SCHOOL DISTRICT BEHAVIORAL HEALTH GRANT PROGRAM.</u> <u>Subdivision 1. Establishment.</u>	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 16

		<u>The commissioner of human services must establish a grant program to improve behavioral health outcomes for youth attending a qualifying school unit and to build the capacity of schools to support student and teacher needs in the classroom. For purposes of this section, "qualifying school unit" means an intermediate school district organized under section 136D.01.</u> Subd. 2. Eligible applicants. <u>An eligible applicant is an intermediate school district organized under section 136D.01, and a partner entity or provider that has demonstrated capacity to serve the youth identified in subdivision 1 that is:</u> <u>(1) a mental health clinic certified under section 245I.20;</u> <u>(2) a community mental health center under section 256B.0625, subdivision 5;</u> <u>(3) an Indian health service facility or a facility owned and operated by a Tribe or Tribal organization operating under United States Code, title 25, section 5321;</u> <u>(4) a provider of children's therapeutic services and supports as defined in section 256B.0943;</u> <u>(5) enrolled in medical assistance as a mental health or substance use disorder provider agency and employs at least two full-time equivalent mental health professionals qualified according to section 245I.04, subdivision 2, or two alcohol and drug counselors licensed or exempt from licensure under chapter 148F who are qualified to provide clinical services to children and families;</u> <u>(6) licensed under chapter 245G and in compliance with the applicable requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544; or</u>		
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		<u>(7) a licensed professional in private practice as defined in section 245G.01, subdivision 17, who meets the requirements of section 254B.05, subdivision 1, paragraph (b).</u> <u>Subd. 3. Allowable grant activities and related expenses.</u> <u>(a) Allowable grant activities and related expenses include but are not limited to:</u> <u>(1) identifying mental health conditions and substance use disorders of students;</u> <u>(2) delivering mental health and substance use disorder treatment and supportive services to students and their families within the classroom, including via telehealth consistent with section 256B.0625, subdivision 3b;</u> <u>(3) delivering therapeutic interventions and customizing an array of supplementary learning experiences for students;</u> <u>(4) supporting families in meeting their child's needs, including navigating health care, social service, and juvenile justice systems;</u> <u>(5) providing transportation for students receiving behavioral health services when school is not in session;</u> <u>(6) building the capacity of schools to meet the needs of students with mental health and substance use disorder concerns, including school staff development activities for licensed and nonlicensed staff; and</u> <u>(7) purchasing equipment, connection charges, on-site coordination, set-up fees, and site fees in order to deliver school-linked behavioral health services via telehealth.</u> <u>(b) Grantees must obtain all available third-party reimbursement sources as a condition of receiving grant funds. For purposes of this grant program, a third-party reimbursement source does not include</u>		
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		a public school as defined in section 120A.20, subdivision 1. Grantees shall serve students regardless of health coverage status or ability to pay. Subd. 4. Calculating the share of the appropriation. (a) Grants must be awarded to qualifying school units proportionately. (b) The commissioner must calculate the share of the appropriation to be used in each qualifying school unit by multiplying the total appropriation going to the grantees by the qualifying school unit's average daily membership in a setting of federal instructional level 4 or higher and then dividing by the total average daily membership in a setting of federal instructional level 4 or higher for the same year for all qualifying school units. Subd. 5. Data collection and outcome measurement. Grantees must provide data to the commissioner for the purpose of evaluating the Intermediate School District Behavioral Health Innovation grant program. The commissioner must consult with grantees to develop outcome measures for program capacity and performance.		
256.01, Subd. 34	Subd. 34. Federal administrative reimbursement dedicated. Federal administrative reimbursement resulting from the following activities is appropriated to the commissioner for the designated purposes: (1) reimbursement for the Minnesota senior health options project; and (2) reimbursement related to prior authorization, review of medical necessity, and inpatient admission certification by a professional review organization. A portion of these funds must be	Subd. 34. Federal administrative reimbursement dedicated. Federal administrative reimbursement resulting from the following activities is appropriated to the commissioner for the designated purposes: (1) reimbursement for the Minnesota senior health options project; and (2) reimbursement related to prior authorization, review of medical necessity, and inpatient admission certification by a professional review organization. A portion of these funds must be	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 34

	used for activities to decrease unnecessary pharmaceutical costs in medical assistance.	used for activities to decrease unnecessary pharmaceutical costs in medical assistance-; and <u>(3) reimbursement for capacity building and implementation grant expenditures for the medical assistance reentry demonstration waiver under section 256B.0761.</u>		
256B.0761, Subd. 4	(b) Facilities must offer the following services using either community-based or corrections-based providers: (1) case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals and other activities to address assessed needs, and monitoring and follow-up activities; (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up to a 30-day supply of drugs upon release; (3) substance use disorder comprehensive assessments according to section 254B.05, subdivision 5, paragraph (b), clause (2); (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph (b), clause (3); (5) peer recovery support services according to sections 245I.04, subdivisions 18 and 19, and 254B.05, subdivision 5, paragraph (b), clause (4); (6) substance use disorder individual and group counseling provided according to sections 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05; (7) mental health diagnostic assessments as required under section 245I.10; (8) group and individual psychotherapy as required under section 256B.0671;	(b) Facilities must offer the following services using either community-based or corrections-based providers: (1) case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals and other activities to address assessed needs, and monitoring and follow-up activities; (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up to a 30-day supply of drugs upon release; (3) substance use disorder comprehensive assessments according to section 254B.05, subdivision 5, paragraph (b), clause (2); (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph (b), clause (3); (5) peer recovery support services according to sections 245I.04, subdivisions 18 and 19, and 254B.05, subdivision 5, paragraph (b), clause (4); (6) substance use disorder individual and group counseling provided according to sections 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05; (7) mental health diagnostic assessments as required under section 245I.10; (8) group and individual psychotherapy as required under section 256B.0671;	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 39

	(9) peer specialist services as required under sections 245I.04 and 256B.0615; (10) family planning and obstetrics and gynecology services; and (11) physical health well-being and screenings and care for adults and youth-	(9) peer specialist services as required under sections 245I.04 and 256B.0615; (10) family planning and obstetrics and gynecology services; and (11) physical health well-being and screenings and care for adults and youth-; <u>and</u> <u>(12) medications used for the treatment of opioid use disorder and nonmedication treatment services for opioid use disorder under section 245G.22.</u>		
256B.064, Subd. 1a	Subd. 1a. Grounds for sanctions. (a) The commissioner may impose sanctions against any individual or entity that receives payments from medical assistance or provides goods or services for which payment is made from medical assistance for any of the following: (1) fraud, theft, or abuse in connection with the provision of goods and services to recipients of public assistance for which payment is made from medical assistance; (2) a pattern of presentment of false or duplicate claims or claims for services not medically necessary; (3) a pattern of making false statements of material facts for the purpose of obtaining greater compensation than that to which the individual or entity is legally entitled; (4) suspension or termination as a Medicare vendor; (5) refusal to grant the state agency access during regular business hours to examine all records necessary to disclose the extent of services provided to program recipients and appropriateness of claims for payment; (6) failure to repay an overpayment or a fine finally established under this section;	Subd. 1a. Grounds for sanctions. (a) The commissioner may impose sanctions against any individual or entity that receives payments from medical assistance or provides goods or services for which payment is made from medical assistance for any of the following: (1) fraud, theft, or abuse in connection with the provision of goods and services to recipients of public assistance for which payment is made from medical assistance; (2) a pattern of presentment of false or duplicate claims or claims for services not medically necessary; (3) a pattern of making false statements of material facts for the purpose of obtaining greater compensation than that to which the individual or entity is legally entitled; (4) suspension or termination as a Medicare vendor; (5) refusal to grant the state agency access during regular business hours to examine all records necessary to disclose the extent of services provided to program recipients and appropriateness of claims for payment; (6) failure to repay an overpayment or a fine finally established under this section;	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 28

	(7) failure to correct errors in the maintenance of health service or financial records for which a fine was imposed or after issuance of a warning by the commissioner; and (8) any reason for which an individual or entity could be excluded from participation in the Medicare program under section 1128, 1128A, or 1866(b)(2) of the Social Security Act. For the purposes of this section, goods or services for which payment is made from medical assistance includes but is not limited to care and services identified in section 256B.0625 or provided pursuant to any federally approved waiver. (b) The commissioner may impose sanctions against a pharmacy provider for failure to respond to a cost of dispensing survey under section 256B.0625, subdivision 13e, paragraph (h).	(7) failure to correct errors in the maintenance of health service or financial records for which a fine was imposed or after issuance of a warning by the commissioner; and (8) any reason for which an individual or entity could be excluded from participation in the Medicare program under section 1128, 1128A, or 1866(b)(2) of the Social Security Act. (b) For the purposes of this section, goods or services for which payment is made from medical assistance includes but is not limited to care and services identified in section 256B.0625 or provided pursuant to any federally approved waiver. (c) <u>Regardless of the source of payment or other item of value, the commissioner may impose sanctions against any individual or entity that solicits, receives, pays, or offers to pay any illegal remuneration as described in section 142E.51, subdivision 6a, in violation of section 609.542, subdivision 2, or in violation of United States Code, title 42, section 1320a-7b(b)(1) or (2). No conviction is required before the commissioner can impose sanctions under this paragraph.</u> (b) (d) The commissioner may impose sanctions against a pharmacy provider for failure to respond to a cost of dispensing survey under section 256B.0625, subdivision 13e, paragraph (h).		
609.542		<u>ILLEGAL REMUNERATIONS.</u> <u>Subdivision 1. Definition.</u> <u>For purposes of this section, "federal health care program" has the meaning given in United States Code, title 42, section 1320a-7b(f).</u> <u>Subd. 2.</u> <u>Human services program; unauthorized remuneration.</u>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 32

		<u>(a) A person who intentionally solicits or receives money, a discount, a credit, a waiver, a rebate, a good, a service, employment, or anything else of value in return for doing any of the following is guilty of a crime and may be sentenced as provided in subdivision 4:</u> <u>(1) referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E;</u> <u>(2) purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E; or</u> <u>(3) applying for or receiving any item or service for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E.</u> <u>(b) A person who intentionally offers or provides money, a discount, a credit, a waiver, a rebate, a good, a service, employment, or anything else of value to induce a person to do any of the following is guilty of a crime and may be sentenced as provided in subdivision 4:</u> <u>(1) refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E;</u>		
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		<u>(2) purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E; or</u> <u>(3) apply for or receive any item or service for which payment may be made in whole or in part under a federal health care program, behavioral health program under chapter 254B, or program under chapter 142E.</u> <u>Subd. 3.</u> <u>Exceptions.</u> <u>(a) Subdivision 2 does not apply to any payment, discount, waiver, or other remuneration exempted under United States Code, title 42, section 1320a-7b(b)(3), or payment made under a federal health care program that is exempt from liability by United States Code, title 42, section 1001.952.</u> <u>(b) For actions involving a program under chapter 142E, subdivision 2 does not apply to:</u> <u>(1) any amount paid by an employer to a bona fide employee for providing covered items or services under chapter 142E while acting in the course and scope of employment; or</u> <u>(2) child care provider discounts, scholarships, or other financial assistance to families allowed under section 142E.17, subdivision 7.</u> <u>Subd. 4.</u> <u>Penalties.</u> <u>An individual who violates subdivision 2 may be sentenced as follows:</u> <u>(1) imprisonment of not more than 20 years or payment of a fine of not more than \$100,000, or both, if the value of any money, discount, credit, waiver, rebate, good, service, employment, or</u>		
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		<u>other thing of value solicited, received, offered, or provided exceeds \$35,000;</u> <u>(2) imprisonment of not more than ten years or payment of a fine of not more than \$20,000, or both, if the value of any money, discount, credit, waiver, rebate, good, service, employment, or other item of value solicited, received, offered, or provided is more than \$5,000 but not more than \$35,000; or</u> <u>(3) imprisonment for not more than five years or payment of a fine of not more than \$10,000, or both, if the value of any money, discount, credit, waiver, rebate, good, service, employment, or other item of value solicited, received, offered, or provided is not more than \$5,000.</u> <u>Subd. 5.</u> <u>Aggregation.</u> <u>In a prosecution under this section, the value of any money, discount, credit, waiver, rebate, good, service, employment, or other item of value solicited, received, offered, or provided within a six-month period may be aggregated and the defendant charged accordingly. When two or more offenses are committed by the same person in two or more counties, the accused may be prosecuted in any county in which one of the offenses was committed for all of the offenses aggregated under this subdivision.</u> <u>Subd. 6.</u> <u>False claims.</u> <u>In addition to the penalties provided in this section, a claim, as defined in section 15C.01, subdivision 2, that includes items or services resulting from a violation of this section constitutes a false or fraudulent claim for purposes of section 15C.02.</u>		
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Revisor Instruction		REVISOR INSTRUCTION. <u>The revisor of statutes shall renumber each provision of Minnesota Statutes listed in column A as amended in this act to the number listed in column B. The revisor shall also make necessary cross-reference changes consistent with the renumbering.</u> [see columns below]		HF 3 Chapter 9, Article 4, Section 55
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Column A

254B.05, subdivision 1, paragraph (a)
254B.05, subdivision 1, paragraph (i)
254B.05, subdivision 4
254B.05, subdivision 1, paragraph (b)
254B.05, subdivision 1, paragraph (c)
254B.05, subdivision 1, paragraph (d)
254B.05, subdivision 1, paragraph (e)
254B.05, subdivision 1, paragraph (f)
254B.05, subdivision 1, paragraph (g)
254B.05, subdivision 1, paragraph (h)
254B.05, subdivision 1b
254B.05, subdivision 2
254B.05, subdivision 3
254B.05, subdivision 1a, paragraph (a)
254B.05, subdivision 1a, paragraph (c)
254B.05, subdivision 1a, paragraph (d)
254B.05, subdivision 1a, paragraph (e)
254B.05, subdivision 1a, paragraph (b)
254B.05, subdivision 1a, paragraph (e)
254B.05, subdivision 5, paragraph (a)
254B.05, subdivision 5, paragraph (c)
254B.05, subdivision 5, paragraph (d)
254B.05, subdivision 5, paragraph (e)
254B.05, subdivision 5, paragraph (f)
254B.05, subdivision 5, paragraph (g)

Column B

254B.0501, subdivision 1
254B.0501, subdivision 2
254B.0501, subdivision 3
254B.0501, subdivision 4
254B.0501, subdivision 5
254B.0501, subdivision 6, paragraph (a)
254B.0501, subdivision 6, paragraph (b)
254B.0501, subdivision 6, paragraph (c)
254B.0501, subdivision 6, paragraph (d)
254B.0501, subdivision 7
254B.0501, subdivision 8
254B.0501, subdivision 9
254B.0501, subdivision 10
254B.0503, subdivision 1, paragraph (a)
254B.0503, subdivision 1, paragraph (b)
254B.0503, subdivision 1, paragraph (c)
254B.0503, subdivision 1, paragraph (d)
254B.0503, subdivision 2, paragraph (a)
254B.0503, subdivision 2, paragraph (b)
254B.0505, subdivision 1
254B.0505, subdivision 2
254B.0505, subdivision 3
254B.0505, subdivision 4
254B.0505, subdivision 5
254B.0505, subdivision 6

254B.05, subdivision 5, paragraph (h)
254B.05, subdivision 5, paragraph (i)
254B.05, subdivision 5, paragraph (b), first sentence
254B.05, subdivision 5, paragraph (b), clause (1), items (i) and (ii)
254B.05, subdivision 5, paragraph (b), block left paragraph
254B.05, subdivision 5, paragraph (b), clause (2)
254B.05, subdivision 5, paragraph (b), clause (3)
254B.05, subdivision 5, paragraph (b), clause (4)
254B.05, subdivision 5, paragraph (b), clause (5)
254B.05, subdivision 5, paragraph (b), clause (5), block left paragraph
254B.05, subdivision 6, paragraph (a)
254B.05, subdivision 6, paragraph (b)
254B.05, subdivision 1, paragraph (j)
254B.05, subdivision 5, paragraph (j)

254B.0505, subdivision 7
254B.0505, subdivision 8
254B.0507, subdivision 1
254B.0507, subdivision 2, paragraph (a)
254B.0507, subdivision 2, paragraph (b)
254B.0507, subdivision 3
254B.0507, subdivision 4
254B.0507, subdivision 5
254B.0507, subdivision 6, paragraph (a)
254B.0507, subdivision 6, paragraph (b)
254B.0509, subdivision 1
254B.0509, subdivision 2
254B.052, subdivision 4
254B.052, subdivision 5

In addition, the following directions to the commissioner of human services were included in the legislative changes:

HF 3, Chapter 9, Article 4, Section 51	<u>RECOVERY RESIDENCE WORK GROUP.</u> <u>(a) The commissioner of human services must convene a work group to develop recommendations specific to recovery residences.</u> <u>The work group must:</u> <u>(1) produce a report that examines how other states fund recovery residences, identifying best practices and models that could be applicable to Minnesota;</u> <u>(2) engage with stakeholders to ensure meaningful collaboration with key external stakeholders on the ideas being developed that will inform the final plan and recommendations; and</u> <u>(3) create an implementable plan addressing housing needs for individuals in outpatient substance use disorder treatment that includes:</u> <u>(i) clear strategies for aligning housing models with individual treatment needs;</u> <u>(ii) an assessment of funding streams, including potential federal funding sources;</u> <u>(iii) a timeline for implementation with key milestones and action steps;</u> <u>(iv) recommendations for future resource allocation to ensure long-term housing stability for individuals in recovery;</u> <u>(v) specific recommendations for policy or legislative changes that may be required to support sustainable recovery housing solutions, including challenges faced by recovery residences resulting from state and local housing regulations and ordinances; and</u> <u>(vi) recommendations for potentially delegating the commissioner's recovery residence certification duties under Minnesota Statutes, sections 254B.21 to 254B.216 to a third-party organization.</u>
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	<u>(b) The work group must include but is not limited to:</u> <u>(1) at least two designees from the Department of Human Services representing: (i) behavioral health; and (ii) homelessness and housing and support services;</u> <u>(2) the commissioner of health or a designee;</u> <u>(3) two people who have experience living in a recovery residence;</u> <u>(4) representatives from at least three substance use disorder lodging facilities currently operating in Minnesota;</u> <u>(5) three representatives from county social services agencies, at least one from inside the seven-county metropolitan area and one from outside the seven-county metropolitan area;</u> <u>(6) a representative from a Tribal social services agency;</u> <u>(7) representatives from the state affiliate of the National Alliance for Recovery Residences; and</u> <u>(8) representatives from state mental health advocacy and adult mental health provider organizations.</u> <u>(c) The work group must meet at least monthly and as necessary to fulfill its responsibilities. The commissioner of human services must provide administrative support and meeting space for the work group. The work group may conduct meetings remotely.</u> <u>(d) The commissioner of human services must make appointments to the work group by October 1, 2025, and convene the first meeting of the work group by January 15, 2026.</u> <u>(e) The work group must submit a final report with recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before January 1, 2027.</u>
HF 3, Chapter 9, Article 4, Section 52	<u>DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT STAFF REPORT AND RECOMMENDATIONS.</u> The commissioner of human services must, in consultation with the Board of Nursing, Board of Behavioral Health and Therapy, and Board of Medical Practice, conduct a study and develop recommendations to the legislature for amendments to Minnesota Statutes, chapter 245G, that would eliminate any limitations on licensed health professionals' ability to provide substance use disorder treatment services while practicing within their licensed or statutory scopes of practice. The commissioner must submit a report on the study and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy by January 15, 2027.
HF 3, Chapter 9, Article 4, Section 53	<u>DIRECTION TO COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT BILLING UNITS.</u> The commissioner of human services must establish six new billing codes for nonresidential substance use disorder individual and group counseling, individual and group psychoeducation, and individual and group recovery support services. The commissioner must identify reimbursement rates for the newly defined codes and update the substance use disorder fee schedule. The new billing codes must correspond to a 15-minute unit and become effective for services provided on or after July 1, 2026, or upon federal approval, whichever is later.