

**Bill Comparison Summary of
Senate File 2934 (third engrossment) / Senate File 2934 (second
unofficial engrossment)**

**Senate Article 4: Behavioral Health
House Article 3: Behavioral Health**

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Comparison Summary of S.F. 2934 – Senate (S.F. 2934, third engrossment) / House (S.F. 2934, second unofficial engrossment)

Section	SENATE Article 4: Behavioral Health	Comparison	HOUSE Article 3: Behavioral Health
1	(4.046, subdivision 6 - Office of addiction and recovery; director) modifies the roll of the addiction and recovery director by establishing an Office of Addiction and Recovery at the Department of Management and Budget and makes the director the administrator of the office.	Similar: technical differences. House includes language specifying youth and adults and youth prevention.	Section 1. Office of Addiction and Recovery; director. Amends § 4.046, subd. 6. Creates the Office of Addiction and Recovery in the Department of Management and Budget.
2	(4.046, subdivision 7 - Staff and administrative support) transfers the administrative role of the director of addiction and recovery and the office from the commissioner of human services to the commissioner of management and budget.	Similar: technical differences.	Section 2. Staff and administrative support. Amends § 4.046, subd. 7. Modifies staff and administrative support provisions related to the creation of the Office of Addiction and Recovery.
3	(4.046, subdivision 8 - Division of Youth Substance Use and Addiction Recovery) creates within the newly created Office of Addiction and Recovery a division of youth substance use and addiction recovery.	Senate only NOTE: see differences in Senate, section 1 and House, Section 1. Also, see Senate Art 9, section 6 and House Art 8, Section 5.	
		House only	Section 3. Facility or program. Amends § 245.91, subd. 4. Adds sober homes to definition of “facility” or “program” in chapter 245.
4	(245G.01, subdivision 4a - American Society of Addiction Medicine criteria or ASAM criteria) adds a definition of “American Society of Addiction Medicine criteria” to the substance use disorder treatment facility licensing chapter of law.	Similar: Senate includes January 1, 2024, effective date; House does not.	Section 4. American Society of Addiction Medicine criteria or ASAM criteria. Amends § 245G.01 by adding subd. 1a. Adds definition of “American Society of Addiction Medicine criteria or ASAM criteria” in SUD treatment licensing chapter.
5	(245G.01, subdivision 20c - Protective factors) adds a definition of “protective factors” to the substance use disorder treatment facility licensing chapter of law.	Similar: Senate includes January 1, 2024, effective date; House does not. Technical language differences.	Section 5. Protective factors. Amends § 245G.01 by adding subd. 20c. Adds definition of “protective factors” in SUD treatment licensing chapter.

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6	(245G.02, subdivision 2 - Exemption from license requirement) exempts a license holder providing the initial set of substance use disorder services to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse from the requirements to create an individual treatment plan.	Same	Section 6. Exemption from license requirement. Amends § 245G.02, subd. 2. Adds cross-reference to new subdivision. Makes section effective January 1, 2024.
7	(245G.05, subdivision 1 - Comprehensive assessment) modifies the number of days to complete a comprehensive assessment from three days to five days, removes information to include in the assessment, and requires an alcohol and drug counselor to sign and date the comprehensive assessment review and update.	Same	Section 7. Comprehensive assessment. Amends § 245G.05, subd. 1. Increases the time for a comprehensive assessment from three days to five days after service initiation; specifies that the number of days excludes the day of service initiation. Removes language regarding comprehensive assessment requirements, to move to new subdivision. Requires that an alcohol and drug counselor sign and date the comprehensive assessment review and update. Makes section effective January 1, 2024.
8	(245G.05, subdivision 3 - Comprehensive assessment requirements) requires comprehensive assessments include some of the same information required for a standard diagnostic assessment under the mental health uniform service standards; specifies that a comprehensive assessment must include an SUD diagnosis, a determination of whether someone screens positive for co-occurring mental health disorders, and a recommendation for ASAM level of care; and requires that individuals are provided information on opioid use disorder, if applicable.	Similar: Senate includes exception for when a comprehensive assessment is being completed as part of a diagnostic assessment; House does not. House includes a risk rating and summary to support the risk ratings; Senate does not. Technical differences.	Section 8. Comprehensive assessment requirements. Amends § 245G.05 by adding subd. 3. Modifies comprehensive assessment requirements. Requires comprehensive assessments to meet specified requirements of diagnostic assessments, and to include: <ol style="list-style-type: none"> 1) a diagnosis of SUD or finding that the client does not meet criteria for SUD; 2) a determination regarding co-occurring mental health disorders; 3) a risk rating and summary to support the risk rating; and

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			<p>4) a recommendation for the ASAM level of care.</p> <p>Also requires a program to provide listed educational material to the client within 24 hours, if the client is assessed for opioid use disorder.</p> <p>Makes section effective January 1, 2024.</p>
9	<p>(245G.06, subdivision 1 – General) clarifies when individual treatment plans must be completed by an alcohol and drug counselor.</p>	Same	<p>Section 9. General.</p> <p>Amends § 245G.06, subd. 1. Modifies time frames by which an SUD treatment provider must develop an individual treatment plan for a client.</p> <p>Makes section effective January 1, 2024.</p>
10	<p>(245G.06, Subdivision 1a - Individual treatment plan contents and process) specifies requirements for individual treatment plans.</p>	Similar: technical differences. Staff recommends House.	<p>Section 10. Individual treatment plan contents and process.</p> <p>Amends § 245G.06 by adding subd. 1a. Specifies individual treatment plan requirements and what individual treatment plans must identify for each client.</p> <p>Makes section effective January 1, 2024.</p>
11	<p>(245G.06, subdivision 3 - Treatment plan review) removes a requirement that treatment plan reviews occur weekly (but see subdivision 3a) and clarifies what must be included in each review.</p>	Similar: technical differences. Staff recommends Senate.	<p>Section 11. Treatment plan review.</p> <p>Amends § 245G.06, subd. 3. Modifies treatment plan review requirements. Removes weekly entry requirement and reference to six dimensions for assessments. Adds requirement to include toxicology results, if available; clarifies others whose participation must be documented; requires documentation of referrals made since the previous treatment plan review.</p>

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			Makes section effective January 1, 2024.
12	(245G.06, subdivision 3a - Frequency of treatment plan reviews) replaces the prior weekly treatment plan review period with the following: every 14 days for residential programs; every 14 days for nonresidential programs, unless the treatment plan indicates services will be less frequent; every 30 days for people in a nonresidential program that need less than 20 hours of skilled treatment per week; and every 90 days for people in a nonresidential program that need less than 5 hours of skilled treatment services pers week.	Similar: technical difference. Staff recommends House.	Section 12. Frequency of treatment plan review. Amends § 245G.06 by adding subd. 3a. Establishes treatment plan review frequency requirements for clients in residential treatment programs, once every 14 days. Requires treatment plan reviews for clients’ nonresidential treatment at varying frequencies depending on client need and level of care. Makes section effective January 1, 2024.
13	(245G.06, subdivision 4 – Service discharge summary) modifies cross-references related to risk assessments for service discharge summaries.	Similar: House includes January 1, 2024, effective date; Senate does not.	Section 13. Service discharge summary. Amends § 245G.06, subd. 4. Updates cross-references. Makes section effective January 1, 2024.
14	(245G.09, subdivision 3 – Contents) is a conforming change related to the repeal of the assessment summary requirements and corrects a cross-reference.	Similar: technical differences; House includes January 1, 2024, effective date; Senate does not. Staff recommends Senate for technical differences, House for effective date.	Section 14. Contents. Amends § 245G.09, subd. 3. Modifies requirements for client record contents by removing assessment summary and updating cross-references. Makes section effective January 1, 2024.
15	(245G.22, subdivision 15 - Nonmedication treatment services; documentation) modifies nonmedication treatment documentation requirements for opioid treatment programs.	Similar: technical differences. Staff recommends Senate.	Section 15. Nonmedication treatment services; documentation. Amends § 245G.22, subd. 15. Modifies individual and group counseling requirements for nonmedication opioid treatment services. Requires documentation of each offer of counseling services and of services provided. Strikes requirements for specific offers of treatment services and requirements related

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			to treatment plan contents. Makes section effective January 1, 2024.
16	(245I.10, subdivision 6 - Standard diagnostic assessment; required elements) clarifies that an alcohol and drug counselor may gather certain required information and document it in a comprehensive assessment for SUD services.	Similar: technical differences. Staff recommends House.	Section 16. Standard diagnostic assessment; required elements. Amends § 245I.10, subd. 6. Permits an alcohol and drug counselor to gather and document listed information when completing a comprehensive assessment. Adds information about withdrawal and other health symptoms; adds substance use and SUD assessment items.
		House only	Section 17. Administrative requirements. Amends § 253.10, subd. 1. Modifies “48-hour rule” requirements. Allows the commissioner to prioritize civilly committed patients who require emergency admission to a state-operated treatment program; specifies that the requirement for priority admission to state-operated treatment programs within 48 hours begins when a medically appropriate bed is available.
17	(254B.01, Subdivision 2a - American Society of Addiction Medicine criteria or ASAM criteria) adds a definition of “American Society of Addiction Medicine criteria” to the substance use disorder treatment services chapter of law.	Similar: technical difference. Staff recommends Senate.	Section 18. American Society of Addiction Medicine criteria or ASAM criteria. Amends § 254B.01 by adding subd. 2a. Adds definition of “American Society of Addiction Medicine criteria or ASAM criteria” in SUD treatment chapter.
18	(254B.01, subdivision 8 - Recovery community organization) makes a technical change to the definition of recovery community organization.	Senate only	

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		*Section included in H.F. 1403, second engrossment (DHS policy bill); similar: House specifies that a recovery community organization must be a nonprofit; Senate does not.	
19	(254B.01, Subdivision 9 - Skilled treatment services) adds a definition of “skilled treatment services” to the substance use disorder treatment services chapter of law.	Same	Section 19. Skilled treatment services. Amends § 254B.01 by adding subd. 9. Adds definition of “skilled treatment services” in SUD treatment chapter.
		House only	Section 20. Sober home. Amends § 254B.01 by adding subd. 10. Adds definition of “sober home” in SUD treatment chapter.
20	(254B.01, subdivision 11 - Comprehensive assessment) adds a definition of “comprehensive assessment” to the substance use disorder treatment services chapter of law.	Same	Section 21. Comprehensive assessment. Amends § 254B.01 by adding subd. 11. Adds definition of “comprehensive assessment” in SUD treatment chapter.
21	(254B.04, subdivision 4 – Assessment criteria and risk descriptions) adds language for determining the substance use disorder treatment level of care.	Similar: technical differences. Senate specifies “scoring” throughout; House does not.	Section 22. Assessment criteria and risk descriptions. Amends § 254B.04 by adding subd. 4. Codifies required SUD assessment criteria dimensions and risk descriptions currently in Minnesota Rules, part 9530.6622.
22	(254B.05, subdivision 1 - Eligible vendors) specifies that counties, recovery community organizations previously approved by the commissioner of human services, and newly certified recovery community organizations are eligible vendors of peer recovery support services.	Senate only *Section included in H.F. 1403, second engrossment (DHS policy bill); different.	

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Section	SENATE Article 4: Behavioral Health	Comparison	HOUSE Article 3: Behavioral Health
23	<p>(254B.05, subdivision 5 - Rate requirements) modifies the descriptions of services and service enhancements eligible for payments by replacing existing descriptions with ASAM levels of care for outpatient treatment services, removing high medium and low intensity enhancements for residential treatment services, and removing enhancements for opioid treatment program services; removes a limit on provided services without prior authorization; and clarifies the timelines for payments to providers.</p>	<p>Similar: technical difference. Staff recommends House.</p> <p>House adds paragraph (i), specifying payment timeline for SUD services provided under this section.</p> <p>Technical differences in effective date; staff recommends Senate.</p>	<p>Section 23. Rate requirements.</p> <p>Amends § 254B.05, subd. 5. Updates cross-reference to licensed outpatient treatment services; adds ASAM levels of care to SUD treatment services eligible for payment under chapter 254B; updates terminology and makes clarifying and technical changes; removes treatment services in clauses (7) and (8).</p>
		<p>House only</p>	<p>Section 25. Sober homes.</p> <p>Proposes coding for § 254B.18. Establishes sober home requirements, certification, registry, resident bill of rights, and private right of action.</p> <p>Subd. 1. Requirements. Lists requirements for sober homes; requires all sober homes to register with DHS.</p> <p>Subd. 2. Certification. Requires the commissioner to establish a certification program for sober homes, which would be mandatory for any sober home receiving state, federal, or local funding. Lists what the certification requirements must include; requires certification renewal every three years.</p> <p>Subd. 3. Registry. Requires the commissioner to create a registry listing certified sober homes; specifies information that must be included in the registry.</p> <p>Subd. 4. Bill of rights. Lists the rights of individuals living in sober homes.</p>

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			<p>Subd. 5. Private right of action. Allows an individual to bring an action to recover damages caused by a violation of this section; specifies that a prevailing individual will receive double damages, costs, disbursements, attorney fees, and any other equitable relief the court deems appropriate.</p> <p>Subd. 6. Complaints; ombudsman for mental health and developmental disabilities. Specifies that any complaints about a sober home may be made to and reviewed or investigated by the ombudsman for mental health and developmental disabilities.</p>
24	<p>(254B.19 AMERICAN SOCIETY OF ADDICTION MEDICINE STANDARDS OF CARE) codifies ASAM criteria for SUD programs; requires patient referral arrangement agreement, evidence-based practices, and program outreach plans.</p>	<p>Similar: technical differences; staff recommends House.</p> <p>House includes January 1, 2024, effective date; Senate does not.</p>	<p>Section 26. American Society of Addiction Medicine standards of care.</p> <p>Proposes coding for § 254B.19. Requires eligible vendors to implement the standards set by the ASAM for the respective level of care, for each client assigned an ASAM level of care. Lists additional requirements for ASAM levels 0.5, 1.0, 2.1, 2.5, 3.1, 3.3, 3.5, 3.2, and 3.7.</p> <p>Requires a license holder to document formal patient referral arrangement agreements for specified ASAM levels of care not provided by the license holder.</p> <p>Requires documentation of evidence-based practice utilization; lists required elements.</p> <p>Requires eligible vendors providing services under ASAM levels of care to have a program outreach plan; lists plan requirements.</p>

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			Makes section effective January 1, 2024.
25	(254B.191 EVIDENCE-BASED TRAINING) requires the commissioner to establish on-going training opportunities for SUD treatment providers related to ASAM criteria and best practices relative to SUD treatment services.	Similar: Senate codifies section and specifies ongoing training; House section not codified, not ongoing funding. House includes providers licensed under chapter 245G and by Tribes; Senate only includes providers licensed under chapter 245F.	Section 28. Evidence-based training. Requires the commissioner to establish training opportunities for SUD treatment providers to increase knowledge and develop skills to adopt evidence-based and promising practices, and to support the transition to ASAM standards. Specifies topics that training may include.
26	(254B.20 DEFINITIONS) defines terms for the purposes of establishing the Board of Recovery Services.	Senate only	
27	(254B.21 MINNESOTA BOARD OF RECOVERY SERVICES) creates the Board of Recovery Services and specifies its officers and membership terms.	Senate only	
28	(254B.22 DUTIES OF THE BOARD) specifies the duties of the board with respect to credentialing recovery organizations.	Senate only	
29	(254B.23 REQUIREMENTS FOR CREDENTIALING) specifies the criteria for a recovery organization to be credentialed by the board.	Senate only	
30	(254B.24 APPEAL AND HEARING) provides for contested case hearings for appeals of credentialing decisions.	Senate only	
31	(254B.30 PROJECT ECHO GRANTS) codifies a new on-going Project ECHO grant.	Similar: Senate codifies Project ECHO grants; House does not (includes as appropriations rider, onetime funding). Both	See House article 8, section 2, subd. 17.

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		specify grants to expand Project ECHO program at Hennepin Healthcare.	
32	(256B.0759, subdivision 2 - Provider participation) requires nonresidential and residential substance use disorder programs to enroll in the medical assistance substance use disorder demonstration project by January 1, 2025, to continue to receive medical assistance reimbursement.	Same	Section 27. Provider participation. Amends § 256B.0759, subd. 2. Requires licensed nonresidential SUD treatment programs that receive payment under MA to enroll in the federal demonstration project and meet requirements by January 1, 2025, to remain eligible for MA payment.
33	(256I.05, subdivision 1s - Supplemental rate; Douglas County) authorizes Douglas County to negotiate a supplementary rate not to exceed \$750 for a housing support provider in that county.	Senate only	
34	(256I.05, subdivision 1t - Supplemental rate; Crow Wing County) authorizes Crow Wing County to negotiate a supplementary rate not to exceed \$750 for a housing support provider in that county.	Senate only	
35	(256I.05, subdivision 1u – Supplemental rate; Douglas County) authorizes Douglas County to negotiate a supplementary rate not to exceed \$750 for a housing support provider in that county.	Senate only	
36	(325F.725 SOBER HOME TITLE PROTECTION) creates a new consumer protection provision prohibiting the use of “sober home” unless the user of term meets certain requirements, including following the sober living guidelines published by the	Senate only	

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	federal Substance Abuse and Mental Health Services Administration.		
37	(CULTURALLY RESPONSIVE RECOVERY COMMUNITY GRANTS) establishes a new temporary grant program for prospective or new recovery community organizations serving or intending to serve culturally specific or population-specific recovery communities.	Senate only	
38	(WITHDRAWAL MANAGEMENT START-UP AND CAPACITY-BUILDING GRANTS) establishes a new temporary grant program for prospective or new withdrawal management programs.	Similar: House codifies grant program; Senate does not. House specifies programs licensed under chapter 245F; Senate does not.	Section 24. Withdrawal management start-up and capacity-building grants. Proposes coding for § 254B.17. Establishes start-up and capacity-building grants for prospective or new withdrawal management programs that will meet medically monitored or clinically monitored levels of care; lists eligible uses of grant funds related to staffing, infrastructure, and operations.
39	FAMILY TREATMENT START-UP AND CAPACITY-BUILDING GRANTS) establishes a new temporary grant program for prospective or new substance use disorder treatment programs that serve parents with their children.	Similar: technical difference and Senate includes July 1, 2023, effective date. Staff recommends House.	Section 29. Family treatment start-up and capacity-building grants. Requires the commissioner to establish start-up and capacity-building grants for prospective or new SUD treatment programs that serve families with their children. Lists eligible uses for grant funds.
		House only	Section 30. Safe recovery sites start-up and capacity-building grants. Requires the commissioner to establish start-up and capacity-building grants for current or prospective harm reduction organizations; specifies eligible uses of grant funds related to the establishment of safe recovery sites. Requires the

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			<p>commissioner to conduct local community outreach and engagement in collaboration with newly established safe recovery sites; requires the commissioner to prioritize grant applications for culturally specific or culturally responsive organizations committed to serving individuals from communities disproportionately impacted by the opioid epidemic.</p>
		House only	<p>Section 32. Revised payment methodology for opioid treatment programs. Requires the commissioner to revise the payment methodology for substance use services with medications for opioid use disorder. Specifies requirements for the revised payment methodology.</p> <p>Makes this section effective January 1, 2024, or upon federal approval, whichever is later.</p>
40	<p>MEDICAL ASSISTANCE BEHAVIORAL HEALTH SYSTEM TRANSFORMATION STUDY) establishes a study on traditional healing, behavioral health services in correctional facilities, and contingency management.</p>	Similar: technical difference. Staff recommends House.	<p>Section 33. Medical assistance behavioral health system transformation study. Requires the commissioner, in consultation with stakeholders, to evaluate coverage of traditional healing, behavioral health services in correctional facilities, and contingency management under MA.</p>
		House only	<p>Section 34. Opioid treatment program work group. Requires the commissioner to convene a work group of community partners to evaluate the opioid treatment program model and make recommendations; requires a report to the legislature on the recommendations by January 15, 2024.</p>

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41	<p>(REVISOR INSTRUCTION) requires the revisor of statutes to renumber section 245G.01, subdivision 20b, as section 245G.01, subdivision 20d, and make any necessary changes to cross references.</p>	<p>Similar: technical difference. Staff recommends Senate.</p>	<p>Section 35. Revisor instruction. Instructs the revisor to renumber and correct cross-references as necessary.</p>
42	<p>(REPEALER)</p> <p>Paragraph (a) repeals the requirements for an assessment summary following initiation of SUD services; and repeals base payment rate for the medium intensity residential SUD treatment programs.</p> <p>Paragraph (b) repeals requirements revenue generated by certain state-operated SUD treatment programs be credited to the behavioral health fund.</p>	<p>Similar: repeal different sections in paragraph (a). House repeals section 245G.06, subd. 2 (individual treatment plan contents); Senate does not. Senate repeals section 245G.05, subd. 2 (assessment summary); House does not.</p>	<p>Section 36. Repealer. Repeals §§ 245G.06, subd. 2 (individual treatment plan contents); 256B.0759, subd. 6 (medium intensity residential program demonstration project participation); and 246.18, subdivisions 2 and 2a (governing transfer of funds received by an SUD facility operated by a state-operated regional treatment center or nursing home). Provides effective dates for repealer paragraphs.</p>