1.1 .... moves to amend H.F. No. 1117, the first engrossment, as follows:

1.2 Page 2, after line 11, insert:

1.3 "(c) "Guest dose or dosing" means the practice of administering a medication used
1.4 for the treatment of opioid addiction to a person who is not a client of the program that is
1.5 administering or dispensing the medication.

1.6 (d) "Medical director" means a physician, licensed to practice medicine in the
1.7 jurisdiction in which the opioid treatment program is located, who assumes responsibility
1.8 for administering all medical services performed by the program, either by performing
1.9 them directly or by delegating specific responsibility to authorized program physicians
1.10 and health care professionals functioning under the medical director's direct supervision."

1.11 Page 2, line 27, delete "by" and insert "from"

1.12 Page 2, line 34, delete everything after the period and insert "The license holder
1.13 must report to the commissioner any medication error that endangers a patient's health, as
1.14 determined by the medical director."

1.15 Page 2, delete line 35

1.16 Page 4, line 25, delete everything after "dosing."

1.17 Page 4 delete lines 26 to 27

1.18 Page 5, delete subdivision 10 and insert:

1.19 "Subd. 10. **Nonmedication treatment services; documentation.** (a) The program
1.20 must offer at least 50 consecutive minutes of individual or group therapy treatment services
1.21 as defined in Minnesota Rules, part 9530.6430, subpart 1, item A, subitem (1), per week,
1.22 for the first ten weeks following admission, and at least 50 consecutive minutes per month
1.23 thereafter. As clinically appropriate, the program may offer these services cumulatively
1.24 and not consecutively in increments of no less than 15 minutes over the required time
1.25 period, and for a total of 60 minutes of treatment services over the time period, and must
1.26 document the reason for providing services cumulatively in the client's record. The
1.27 program may offer additional levels of service when deemed clinically necessary.

2.1 (b) Notwithstanding the requirements of individual treatment plans set forth in
2.2 Minnesota Rules, part 9530.6425:
2.3 (1) treatment plan contents for maintenance clients are not required to include goals
2.4 the client must reach to complete treatment and have services terminated;
2.5 (2) treatment plans for clients in a taper or detox status must include goals the client
2.6 must reach to complete treatment and have services terminated;
2.7 (3) for the initial ten weeks after admission for all new admissions, readmissions, and
2.8 transfers, progress notes must be entered in a client's file at least weekly and be recorded
2.9 in each of the six dimensions upon the development of the treatment plan and thereafter.
2.10 Subsequently, the counselor must document progress no less than one time monthly,
2.11 recorded in the six dimensions or when clinical need warrants more frequent notations; and
2.12 (4) treatment plan reviews must occur weekly, or after each treatment service,
2.13 whichever is less frequent, for the first ten weeks of treatment for all new admissions,
2.14 readmissions, and transfers. Following the first ten weeks of treatment, treatment plan
2.15 reviews may occur monthly, unless the client has needs that warrant more frequent
2.16 revisions or documentation."
2.17 Page 5, line 27, after "that" insert "the Department of Human Services and"
2.18 Page 5, line 34, delete "monthly" and insert "quarterly" and after the period insert "
2.19 When the PMP data shows a recent history of multiple prescribers or multiple prescriptions
2.20 for controlled substances, then subsequent reviews of the PMP data must occur monthly
2.21 and be documented in the client's individual file. If, at any time the medical director
2.22 believes the use of the controlled substances places the client at risk of harm, the program
2.23 must seek the client's consent to discuss the client's opioid treatment with other prescribers
2.24 and must seek consent for the other prescriber to disclose to the opioid treatment programs'
2.25 medical director the client's condition that formed the basis of the other prescriptions."
2.26 Page 6, delete lines 3 to 14 and insert:
2.27 "(b) The commissioner shall collaborate with the Minnesota Board of Pharmacy
2.28 to develop and implement an electronic system through which the commissioner shall
2.29 routinely access the data from the Minnesota Board of Pharmacy, prescription monitoring
2.30 program established under section 152.126 for the purpose of determining whether
2.31 any client enrolled in an opioid addiction treatment program licensed according to this
2.32 section has also been prescribed or dispensed a controlled substance in addition to
2.33 that administered or dispensed by the opioid addiction treatment program. When the
2.34 commissioner determines there have been multiple prescribers or multiple prescriptions of
2.35 controlled substances, the commissioner shall:

3.1 (1) inform the medical director of the opioid treatment program only that the
3.2 commissioner determined the existence of multiple prescribers or multiple prescriptions of
3.3 controlled substances; and

3.4 (2) direct the medical director of the opioid treatment program to access the data
3.5 directly, review the effect of the multiple prescribers or multiple prescriptions, and
3.6 document the review.

3.7 (c) If determined necessary, the commissioner shall seek a federal waiver of, or
3.8 exception to, any applicable provision of Code of Federal Regulations, title 42, part 2.34,
3.9 item (c), prior to implementing this paragraph."

3.10 Page 6, line 23, delete everything after the period

3.11 Page 6, delete line 24

3.12 Page 10, line 16, before "The" insert "With available appropriations,"

3.13 Renumber the sections in sequence and correct the internal references

3.14 Amend the title accordingly