

1.1 moves to amend H.F. No. 4464 as follows:

1.2 Page 2, line 12, delete the new language and insert "section 254B.052"

1.3 Page 2, line 13, delete the new language

1.4 Page 3, after line 7, insert:

1.5 "Sec. 6. Minnesota Statutes 2025 Supplement, section 245G.09, subdivision 3, is amended
1.6 to read:

1.7 Subd. 3. **Contents.** (a) Client records must contain the following:

1.8 (1) documentation that the client was given:

1.9 (i) information on client rights and responsibilities and grievance procedures on the day
1.10 of service initiation;

1.11 (ii) information on tuberculosis and HIV within 72 hours of service initiation;

1.12 (iii) an orientation to the program abuse prevention plan required under section 245A.65,
1.13 subdivision 2, paragraph (a), clause (4), within 24 hours of admission or, for clients who
1.14 would benefit from a later orientation, 72 hours; and

1.15 (iv) opioid educational material according to section 245G.04, subdivision 3, and tobacco
1.16 educational material according to section 245G.04, subdivision 4, on the day of service
1.17 initiation;

1.18 (2) an initial services plan completed according to section 245G.04;

1.19 (3) a comprehensive assessment completed according to section 245G.05;

1.20 (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2,
1.21 and 626.557, subdivision 14, when applicable;

1.22 (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

2.1 (6) documentation of treatment services, significant events, appointments, concerns, and
 2.2 treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

2.3 (7) a summary at the time of service termination according to section 245G.06,
 2.4 subdivision 4.

2.5 (b) For a client that transfers to another of the license holder's licensed treatment locations,
 2.6 the license holder is not required to complete new documents or orientation for the client,
 2.7 except that the client must receive an orientation to the new location's grievance procedure,
 2.8 program abuse prevention plan, and maltreatment of minor and vulnerable adults reporting
 2.9 procedures.

2.10 **EFFECTIVE DATE.** This section is effective January 1, 2027."

2.11 Page 4, line 5, delete "August 1, 2026" and insert "the day following final enactment"

2.12 Page 5, delete lines 17 and 18

2.13 Page 5, line 19, delete "(g)" and insert "(f)"

2.14 Page 9, after line 29, insert:

2.15 "Sec. 14. Minnesota Statutes 2025 Supplement, section 254B.0501, subdivision 6, is
 2.16 amended to read:

2.17 Subd. 6. **Recovery community organizations.** (a) A recovery community organization
 2.18 that meets the requirements of clauses (1) to (15), complies with the training requirements
 2.19 in section 254B.052, subdivision 4, and meets certification requirements of the Minnesota
 2.20 Alliance of Recovery Community Organizations or another Minnesota statewide recovery
 2.21 organization identified by the commissioner is an eligible vendor of peer recovery support
 2.22 services. If the commissioner does not identify another statewide recovery organization, or
 2.23 the Minnesota Alliance of Recovery Community Organizations or the statewide recovery
 2.24 organization identified by the commissioner is not reasonably positioned to certify vendors,
 2.25 the commissioner must determine the eligibility of a vendor of peer recovery support services.
 2.26 A Minnesota statewide recovery organization identified by the commissioner must update
 2.27 recovery community organization applicants for certification on the status of the application
 2.28 within 45 days of receipt. If the approved statewide recovery organization denies an
 2.29 application, it must provide a written explanation for the denial to the recovery community
 2.30 organization. Eligible vendors under this paragraph must:

2.31 (1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be
 2.32 free from conflicting self-interests, and be autonomous in decision-making, program

3.1 development, peer recovery support services provided, and advocacy efforts for the purpose
3.2 of supporting the recovery community organization's mission;

3.3 (2) be led and governed by individuals in the recovery community, with more than 50
3.4 percent of the board of directors or advisory board members self-identifying as people in
3.5 personal recovery from substance use disorders;

3.6 (3) have a mission statement and conduct corresponding activities indicating that the
3.7 organization's primary purpose is to support recovery from substance use disorder;

3.8 (4) demonstrate ongoing community engagement with the identified primary region and
3.9 population served by the organization, including individuals in recovery and their families,
3.10 friends, and recovery allies;

3.11 (5) be accountable to the recovery community through documented priority-setting and
3.12 participatory decision-making processes that promote the engagement of, and consultation
3.13 with, people in recovery and their families, friends, and recovery allies;

3.14 (6) provide nonclinical peer recovery support services, including but not limited to
3.15 recovery support groups, recovery coaching, telephone recovery support, skill-building,
3.16 and harm-reduction activities, and provide recovery public education and advocacy;

3.17 (7) have written policies that allow for and support opportunities for all paths toward
3.18 recovery and refrain from excluding anyone based on their chosen recovery path, which
3.19 may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based
3.20 paths;

3.21 (8) maintain organizational practices to meet the needs of Black, Indigenous, and people
3.22 of color communities, LGBTQ+ communities, and other underrepresented or marginalized
3.23 communities. Organizational practices may include board and staff training, service offerings,
3.24 advocacy efforts, and culturally informed outreach and services;

3.25 (9) use recovery-friendly language in all media and written materials that is supportive
3.26 of and promotes recovery across diverse geographical and cultural contexts and reduces
3.27 stigma;

3.28 (10) establish and maintain a publicly available recovery community organization code
3.29 of ethics and grievance policy and procedures;

3.30 (11) not classify or treat any recovery peer hired on or after July 1, 2024, as an
3.31 independent contractor;

4.1 (12) not classify or treat any recovery peer as an independent contractor on or after
4.2 January 1, 2025;

4.3 (13) provide an orientation for recovery peers that includes an overview of the consumer
4.4 advocacy services provided by the Ombudsman for Mental Health and Developmental
4.5 Disabilities and other relevant advocacy services;

4.6 (14) provide notice to peer recovery support services participants that includes the
4.7 following statement: "If you have a complaint about the provider or the person providing
4.8 your peer recovery support services, you may contact the Minnesota Alliance of Recovery
4.9 Community Organizations. You may also contact the Office of Ombudsman for Mental
4.10 Health and Developmental Disabilities." The statement must also include:

4.11 (i) the telephone number, website address, email address, and mailing address of the
4.12 Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman
4.13 for Mental Health and Developmental Disabilities;

4.14 (ii) the recovery community organization's name, address, email, telephone number, and
4.15 name or title of the person at the recovery community organization to whom problems or
4.16 complaints may be directed; and

4.17 (iii) a statement that the recovery community organization will not retaliate against a
4.18 peer recovery support services participant because of a complaint; and

4.19 (15) comply with the requirements of section 245A.04, subdivision 15a.

4.20 (b) A recovery community organization approved by the commissioner before June 30,
4.21 2023, must have begun the application process as required by an approved certifying or
4.22 accrediting entity and have begun the process to meet the requirements under paragraph (a)
4.23 by September 1, 2024, in order to be considered as an eligible vendor of peer recovery
4.24 support services.

4.25 (c) A recovery community organization that is aggrieved by a certification determination
4.26 and believes it meets the requirements under paragraph (a) may appeal the determination
4.27 under section 256.045, subdivision 3, paragraph (a), clause (14), for reconsideration as an
4.28 eligible vendor. If the human services judge determines that the recovery community
4.29 organization meets the requirements under paragraph (a), the recovery community
4.30 organization is an eligible vendor of peer recovery support services for up to two years from
4.31 the date of the determination. After two years, the recovery community organization must
4.32 apply for certification under paragraph (a) to continue to be an eligible vendor of peer
4.33 recovery support services.

5.1 (d) All recovery community organizations must be certified by an entity listed in
5.2 paragraph (a) by June 30, ~~2027~~ 2026.

5.3 **EFFECTIVE DATE.** This section is effective the day following final enactment."

5.4 Page 9, line 32, delete "(a)"

5.5 Page 9, line 33, delete ", (4) to (8), and" and insert "to"

5.6 Page 10, line 2, strike everything after "necessity"

5.7 Page 10, line 3, strike "support services"

5.8 Page 10, line 5, delete the new language

5.9 Page 10, line 6, delete the new language and strike the old language

5.10 Page 10, strike line 7

5.11 Page 10, after line 7, insert:

5.12 "Sec. 16. Minnesota Statutes 2025 Supplement, section 254B.0505, is amended by adding
5.13 a subdivision to read:

5.14 **Subd. 9. Monetary recovery.** Reimbursement for services authorized under this chapter
5.15 that are not provided in accordance with this chapter are subject to monetary recovery under
5.16 section 256B.064 as money improperly paid."

5.17 Page 10, delete section 15

5.18 Page 11, before line 1, insert:

5.19 "Sec. 18. Minnesota Statutes 2024, section 254B.052, is amended by adding a subdivision
5.20 to read:

5.21 **Subd. 7. Billing limits.** Eligible vendors of peer recovery support services must limit
5.22 an individual client to 14 hours per week for peer recovery support services from an
5.23 individual provider of peer recovery support services.

5.24 **EFFECTIVE DATE.** This section is effective the day following final enactment."

5.25 Page 12, line 30, strike everything after "(a)"

5.26 Page 12, strike line 31

5.27 Page 12, line 32, strike "project." and delete "licensed by the Department of Human
5.28 Services"

6.1 Page 13, line 1, after "must" insert "enroll as a Minnesota Health Care Programs provider,
6.2 meet the requirements established by the commissioner, and"

6.3 Page 14, line 1, delete everything after "to" and insert "certify the ASAM 3.7 level of
6.4 care. If a program described in this paragraph provides any additional ASAM levels of care,
6.5 the program must certify those levels of care according to section 254B.19."

6.6 Page 14, line 2, delete everything before "Programs"

6.7 Page 25, delete section 27 and insert:

6.8 "Sec. 30. **REPEALER.**

6.9 (a) Minnesota Statutes 2024, section 256B.0759, subdivisions 2 and 5, are repealed.

6.10 (b) Minnesota Statutes 2025 Supplement, section 254B.052, subdivision 6, is repealed."

6.11 Renumber the sections in sequence and correct the internal references

6.12 Amend the title accordingly