



Minnesota Alliance of Rural Addiction Treatment Programs

March 12, 2024

Rep. Peter Fischer, Chair
House Human Services Policy Committee
100 Rev. Dr. Martin Luther King Jr. Blvd
St. Paul, MN 55155

Dear Chair Fischer and members of the Human Services Policy Committee,

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a 501(c)(6) non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care.

We are writing you today to raise three concerns with the Minnesota Department of Human Services' (DHS) Licensing policy bill, H.F. 4393 (Fischer). Specifically, MARATP has the following concerns:

- **Imposition of Onerous Documentation Requirements:** The bill would require all licensed substance use disorder (SUD) treatment programs (under Chapter 245G) and licensed withdrawal management programs (under Chapter 245F) to notify DHS within five business days of a change or vacancy in a “key staff position,” including the program director, nursing staff, and medical director. (*See Sections 37 & 41*). While this language is intended to identify licensed programs that are failing to meet its senior staffing requirements earlier than a regular licensing review, MARATP believes the language as introduced fails to accomplish DHS’ goal (noncompliant providers simply won’t comply with this requirement either) while inadvertently layering significant new administrative requirements on all providers. MARATP believes there are alternative ways that DHS can find early “touch points” with providers that doesn’t counter the good work that is being done on paperwork reduction. MARATP looks forward to working with DHS on alternative statutory language as the session progresses.
- **Limitation of Telehealth Modalities:** The bill would impose new restrictions on the use of telehealth treatment modalities in licensed SUD treatment programs. (*See Section 38*). MARATP’s concerns center on ambiguity in the proposed language as to what constitutes providing “treatment...away from the licensed location.” The proposed location limitations do not clearly delineate whether it is intended to apply to the telehealth originating site, the distant site, or both. As such, there are concerns that H.F. 4393 could limit the ability of licensed programs, particularly small rural programs, to use telehealth modalities in response to unexpected workforce issues, infectious disease protocols, or weather interruptions. MARATP believes this issue can be addressed with additional clarifying language as the session progresses.

- **Unintended Consequences of Additional Disqualifications:** The bill would add several criminal violations to the list of offenses that could disqualify an individual from being employed by and/or providing services in a licensed program (*See Sections 25 & 27*). MARATP has concerns regarding the unintended consequences of disqualifying (for as many as 15 years) an individual who had their parental rights terminated. Specifically, MARATP is concerned that in the midst of a SUD workforce crisis, this change might catch up individuals who have experienced addiction and now are employed by a treatment program, including as a peer recovery specialist. The current system for variances or set asides can be costly and time consuming. MARATP respectfully requests that the committee and DHS consider a way to revise these provisions to avoid these unintended consequences while ensuring that individuals receiving services from a licensed program are appropriately protected.

Thank you in advance for your consideration and your support of the recovery community.

Sincerely,

Marti Paulson, President

Minnesota Alliance of Rural Addiction Treatment Programs

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LEAD & CARE

Association of Family Child Care Professionals



Partnering with Providers, Supporting Family Child Care Businesses

PO Box 1136
March 13, 2024

Prior Lake, MN 55372

507-330-3110

RE: HF4395 Department of Human Services Office of Inspector General policy bill; and provisions relating to human services licensing, background studies, provider notifications, substance use disorder medications, and electronic signatures modified.

Mister Chair and Committee Members:

My name is Cyndi Cunningham. I have been a Licensed Family Child Care Provider in St. Paul for 26 years and am the current Public Policy Chairperson for Lead & Care (rebranded Minnesota Child Care Provider Information Network, MCCPIN), a 501c3 sitewide association for Licensed Child Care Providers.

I am testifying on behalf of licensed family child care providers regarding background studies.

Licensed Family Child Care is repeatedly said to be important to the system and yet with half of our industry eliminated people wonder why half of our programs have been eliminated. Retirement isn't it. Leaving a job poorly supported by DHS and complicated implementation is why. Having regulations which are high and yet inconsistently implemented, wondering when the next 'trouble we're in' is why many FCCs leave.

We believe that the safety of children is paramount and frankly the first criteria of care. Background checks can and should screen 'bad actors' and people who would not provide safety in a care setting.

This bill is long and detailed, we have attempted to engage over the years with DHS regarding our input however, we have not had any positive response or inclusion in this bill. There are a few areas I would like to comment on:

- **NetStudy2 is a fingerprint fed/state background check. However, counties cannot transfer this fingerprint check from one county to the other.** I and others have had challenges processing employees and/or substitutes which hinders our ability to manage our businesses. I can not testify in person today as the substitute I'm trying to hire has a NetStudy2 BGC but in another county and we must consider fully redoing her Background Check (time, effort money). **A data-based finger print/picture background check should be able to be accessed by all approved entities. We need a system which effectively and efficiently completes background checks, including making the system transferable state wide.**
- **We are asking that there be a filter where records can be public data, and a distinction from public posting.** The public has a right to access information regarding a program, however as care providers we should be afforded an equitable process. When a licensed family child care

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has a licensing action the letters distributed to the provider and the information in background checks is made available on the licensing look up which is then public to anyone anywhere in the world. There is shock and shame when material is posted which is negative against a person written strictly from the DHS perspective with no room to publicly defend the accusations and findings. The provider has not had their appeal processed and accusations may be found to be inaccurate. Even when a program is cleared of wrong doing, the accusatory letters continue to be on the website, continuing to be perceived as guilty.

Guilty until proven innocent, then still guilty, another reason to not be in this field

- **Consequences for background checks should be comparable across care settings.** If a Certified Center has a violation they are issued a correction order. If a Family Child Care provider has a BGC violation there is at minimum a fine if not a Temporary Immediate suspension. It seems the value of a background check is the same, the consequences are not.
- **Page 3 line 16 regarding denial of license:** those applying should be given ample information to ensure that they know whether there could be a denial of license prior to running a background check. The list of denial information is extensive and even reaches into juvenile records which would likely not be expected.

These denials are then made public on the licensing lookup, to serve what purpose? Why would anyone subject themselves to such an unknown result? This information can be available to the public without it being posted on a public website for the world to easily access.

- **Page 18 line 15 refers to annual distribution by the counties regarding variance.** This is not consistently happening. Many providers are having to make multiple requests to find what the counties policies are. **What can be done to ensure providers have the accurate information to manage enrollment in their businesses when the counties nor DHS provide us with accurate up-to-date information?**

These are a few of the discussion points we have attempted to engage with DHS to ensure that FCCs have a fair and equitable correction system. I would be open to all discussion with legislators to attempt to create change so FCCs can be held accountable for licensing requirements and treated respectfully.

Thank you for your time working to support children, families and those providing for their care.

Cyndi Cunningham, Lead & Care Public Policy Chairperson

HF4393 Background Studies

3.13.2024 House Hearing