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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **2389**

03/13/2017 Authored by Gruenhagen, Franson, Hamilton, Zerwas, Baker and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/19/2018 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

1.1 A bill for an act
1.2 relating to human services; establishing alternative pain management pilot program;
1.3 requiring evaluation of pilot program.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **ALTERNATIVE PAIN MANAGEMENT PILOT PROGRAM.**

1.6 (a) The commissioner of human services shall develop and implement a pilot program
1.7 to direct patients towards effective nonpharmacologic treatments and methods of managing
1.8 musculoskeletal pain. The commissioner may consider the following nonpharmacologic
1.9 treatment options: acupuncture; chiropractic; osteopathic manipulative treatment; massage;
1.10 physical therapy; yoga, taiji, and other movement therapies; meditation; relaxation therapy;
1.11 and cognitive behavioral therapy.

1.12 (b) The commissioner shall form a working group comprised of an equal number of the
1.13 following health care practitioners: acupuncture practitioners licensed under Minnesota
1.14 Statutes, chapter 147B; chiropractors licensed under Minnesota Statutes, section 148.06;
1.15 physical therapists licensed under Minnesota Statutes, section 148.705; and psychologists
1.16 licensed under Minnesota Statutes, section 148.907. The working group shall establish
1.17 guidelines for nonpharmacologic pain management that are clinically viable, sustainable,
1.18 and reduce and eliminate pain conditions. The program guidelines must be based on best
1.19 practices for the effective treatment of musculoskeletal pain for each licensed profession.
1.20 Each represented licensee shall present the minimum best integrative practice guidelines,
1.21 including, but not limited to, CPT codes and references to nonpharmacologic treatment
1.22 options for eliminating pain within their full professional scope. The working group shall
1.23 determine a single integrative reimbursement rate appropriate for all participating providers

2.1 to be administered by managed care plans. The working group shall develop procedures to
2.2 ensure that managed care plans provide the same payment to all provider types in a timely
2.3 manner. The commissioner shall utilize the working group to refine and improve program
2.4 guidelines and administration as needed.

2.5 (c) The working group shall present recommendations on guidelines to the commissioner
2.6 by August 1, 2018.

2.7 (d) The commissioner shall contract with a managed care plan to implement the pilot
2.8 program beginning January 1, 2019, based on guidelines and procedures established by the
2.9 working group.

2.10 (e) The commissioner and the managed care plan shall establish outcome measures for
2.11 the pilot program that assess reductions in pain levels, medication use, emergency room
2.12 visits, and improvements in function. These outcome measures shall be reviewed by the
2.13 working group before implementation under the pilot program.

2.14 (f) The commissioner shall submit an evaluation of the pilot program, and
2.15 recommendations on how to implement the pilot program guidelines and procedures as the
2.16 standard pain protocol used by the Department of Human Services, to the chairs and ranking
2.17 minority members of the legislative committees with jurisdiction over health and human
2.18 services policy and finance by December 15, 2020.

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