

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 4527

(SENATE AUTHORS: EATON)

DATE
04/24/2022

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OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying client education requirements and the
1.3 administering of medication in chemical dependency treatment facilities; prohibiting
1.4 the denial of medications; defining sober houses; prohibiting waivers of tenants'
1.5 rights; modifying the care prisoners receive in county jails; amending Minnesota
1.6 Statutes 2020, sections 245G.07, subdivision 1; 245G.08, subdivision 3; 245G.21,
1.7 by adding a subdivision; 504B.001, subdivisions 7, 12; 641.15, subdivision 1;
1.8 proposing coding for new law in Minnesota Statutes, chapters 254A; 504B.

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

1.10 Section 1. Minnesota Statutes 2020, section 245G.07, subdivision 1, is amended to read:

1.11 Subdivision 1. **Treatment service.** (a) A licensed residential treatment program must
1.12 offer the treatment services in clauses (1) to (5) to each client, unless clinically inappropriate
1.13 and the justifying clinical rationale is documented. A nonresidential treatment program must
1.14 offer all treatment services in clauses (1) to (5) and document in the individual treatment
1.15 plan the specific services for which a client has an assessed need and the plan to provide
1.16 the services:

1.17 (1) individual and group counseling to help the client identify and address needs related
1.18 to substance use and develop strategies to avoid harmful substance use after discharge and
1.19 to help the client obtain the services necessary to establish a lifestyle free of the harmful
1.20 effects of substance use disorder;

1.21 (2) client education strategies to avoid inappropriate substance use and health problems
1.22 related to substance use and the necessary lifestyle changes to regain and maintain health.
1.23 Client education must include information on tuberculosis education on a form approved
1.24 by the commissioner, the human immunodeficiency virus according to section 245A.19,
1.25 other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis.

2.1 Client education must also include education on naloxone by a formalized training program
2.2 or on-site registered nurse and must include the process for administering naloxone,
2.3 information on overdose awareness, and locations where naloxone can be obtained;

2.4 (3) a service to help the client integrate gains made during treatment into daily living
2.5 and to reduce the client's reliance on a staff member for support;

2.6 (4) a service to address issues related to co-occurring disorders, including client education
2.7 on symptoms of mental illness, the possibility of comorbidity, and the need for continued
2.8 medication compliance while recovering from substance use disorder. A group must address
2.9 co-occurring disorders, as needed. When treatment for mental health problems is indicated,
2.10 the treatment must be integrated into the client's individual treatment plan; and

2.11 (5) treatment coordination provided one-to-one by an individual who meets the staff
2.12 qualifications in section 245G.11, subdivision 7. Treatment coordination services include:

2.13 (i) assistance in coordination with significant others to help in the treatment planning
2.14 process whenever possible;

2.15 (ii) assistance in coordination with and follow up for medical services as identified in
2.16 the treatment plan;

2.17 (iii) facilitation of referrals to substance use disorder services as indicated by a client's
2.18 medical provider, comprehensive assessment, or treatment plan;

2.19 (iv) facilitation of referrals to mental health services as identified by a client's
2.20 comprehensive assessment or treatment plan;

2.21 (v) assistance with referrals to economic assistance, social services, housing resources,
2.22 and prenatal care according to the client's needs;

2.23 (vi) life skills advocacy and support accessing treatment follow-up, disease management,
2.24 and education services, including referral and linkages to long-term services and supports
2.25 as needed; and

2.26 (vii) documentation of the provision of treatment coordination services in the client's
2.27 file.

2.28 (b) A treatment service provided to a client must be provided according to the individual
2.29 treatment plan and must consider cultural differences and special needs of a client.

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

3.1 Sec. 2. Minnesota Statutes 2020, section 245G.08, subdivision 3, is amended to read:

3.2 Subd. 3. **Standing order protocol.** A license holder ~~that maintains~~ must maintain a
3.3 proper supply of naloxone available for emergency treatment of opioid overdose on site in
3.4 a conspicuous location and must have a written standing order protocol by a physician who
3.5 is licensed under chapter 147 or advanced practice registered nurse who is licensed under
3.6 chapter 148, that permits the license holder to maintain a supply of naloxone on site. A
3.7 license holder must require staff to undergo training in the specific mode of administration
3.8 used at the program, which may include intranasal administration, intramuscular injection,
3.9 or both.

3.10 Sec. 3. Minnesota Statutes 2020, section 245G.21, is amended by adding a subdivision to
3.11 read:

3.12 Subd. 9. **Denial of medication.** A license holder cannot deny medications or
3.13 pharmacotherapies to a client if the medications or pharmacotherapies are prescribed by a
3.14 licensed physician.

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

3.16 Sec. 4. **[254A.087] SOBER HOUSES.**

3.17 Subdivision 1. **Definition.** "Sober house" means a cooperative living residence, a room
3.18 and board residence, an apartment, or any other living accommodation that:

3.19 (1) provides temporary housing to persons with alcohol or other drug dependency or
3.20 abuse problems in exchange for compensation;

3.21 (2) stipulates that residents must abstain from using alcohol or drugs not prescribed by
3.22 a licensed physician and meet other requirements as a condition of living in the residence;

3.23 (3) does not provide direct counseling or treatment services to the residents;

3.24 (4) does not deny medications or pharmacotherapies as prescribed by a licensed physician;

3.25 (5) provides lockboxes, controlled medication count, and urinalysis testing; and

3.26 (6) properly maintains a supply of naloxone on site in a conspicuous location.

3.27 Subd. 2. **Provision of counseling services.** Sober housing providers must provide
3.28 residents with alcohol or drug dependency or abuse problems with:

4.1 (1) naloxone training and education by a formalized training program or trained house
4.2 manager. The training must include the process for administration of naloxone, and a supply
4.3 of naloxone must be kept on site in a conspicuous location; and

4.4 (2) counseling and related services by alcohol and drug counselors licensed under chapter
4.5 148C or a referral to counseling and related services provided by alcohol and drug counselors
4.6 licensed under chapter 148C.

4.7 Subd. 3. **Notice; alternative living arrangements; referral for counseling.** Sober
4.8 housing providers must provide residents with alcohol or drug dependency or abuse problems
4.9 receiving residential services with:

4.10 (1) 48 hours' written notice before discharge or termination of services, stating the reason
4.11 for discharge and proposed alternative living arrangements, as recommended by an
4.12 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655. Weekends and legal
4.13 holidays are excluded when calculating the 48-hour notice period;

4.14 (2) alternative living arrangements to meet a resident's needs, as recommended by an
4.15 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, if discharge from the
4.16 program must occur before the expiration of 48 hours is deemed necessary by the facility;

4.17 (3) information in writing regarding whom to contact to appeal the proposed discharge;

4.18 (4) notice of a resident's right to request that designated individuals receive immediate
4.19 notice of the proposed discharge by telephone, fax, or other means of communication.

4.20 Weekends and legal holidays are excluded when calculating the 48-hour notice period; and

4.21 (5) a referral to emergency services, detoxification services, or crisis facilities if relapse
4.22 is the reason for discharge.

4.23 Subd. 4. **Services by licensed providers.** (a) Residential or outpatient facilities licensed
4.24 under chapter 245A shall only refer persons with alcohol or drug dependency or abuse
4.25 problems, or their family members or others affected by the person's dependency or abuse,
4.26 to persons licensed under chapter 148C or to facilities licensed under chapter 245A.

4.27 (b) If a referring facility has an economic interest in the referral, this interest shall be
4.28 disclosed in writing and two alternative referrals shall be provided. A release of information
4.29 for both parties must be presented to the person with alcohol or drug dependency or abuse
4.30 or their family members or others affected by the person's dependency or abuse.

4.31 (c) Organizations and groups that do not receive compensation for their services, such
4.32 as 12-step programs, are excluded from the requirements of this subdivision.

5.1 Subd. 5. Resident property upon service termination. Upon the service termination
 5.2 of a resident, a sober house must:

5.3 (1) return all property that belonged to a resident upon that resident's service termination
 5.4 regardless of that resident's service termination status;

5.5 (2) retain the resident's property for a minimum of seven days after the resident's service
 5.6 termination if the resident did not claim the resident's property upon service termination;
 5.7 and

5.8 (3) retain the resident's property for a minimum of 30 days after the resident's service
 5.9 termination if the resident did not claim the resident's property upon service termination
 5.10 and received room and board, emergency services, crisis services, detoxification services,
 5.11 or facility transfer.

5.12 Subd. 6. Sober house management. A sober house must:

5.13 (1) have written procedures for scheduled drug monitoring;

5.14 (2) have written procedures for counting and documenting a resident's controlled
 5.15 medications, including a standardized data collection tool for collecting, documenting, and
 5.16 filing daily controlled medications counts that includes the date, time, and the signature of
 5.17 the staff member taking the daily count of controlled medications;

5.18 (3) have a statement that no medication supply for one resident shall be provided to
 5.19 another resident; and

5.20 (4) file and store controlled medications counts for a minimum of two years.

5.21 **EFFECTIVE DATE.** This section is effective May 1, 2023.

5.22 Sec. 5. Minnesota Statutes 2020, section 504B.001, subdivision 7, is amended to read:

5.23 Subd. 7. **Landlord.** "Landlord" means an owner of real property, a contract for deed
 5.24 vendee, receiver, executor, trustee, lessee, agent, or other person directly or indirectly in
 5.25 control of rental property or a sober house, as defined in section 254A.087.

5.26 Sec. 6. Minnesota Statutes 2020, section 504B.001, subdivision 12, is amended to read:

5.27 Subd. 12. **Residential tenant.** "Residential tenant" means a person who is occupying a
 5.28 dwelling in a residential building under a lease or contract, whether oral or written, that
 5.29 requires the payment of money or exchange of services, all other regular occupants of that
 5.30 dwelling unit, ~~or~~; a resident of a manufactured home park; or a resident of sober housing
 5.31 under section 254A.087.

6.1 Sec. 7. **[504B.392] WAIVER OF TENANT RIGHTS; REMEDIES.**

6.2 Subdivision 1. **Waiver prohibited.** It is unlawful for any landlord or owner to include
6.3 in a lease, contract, or policy a provision that requires a tenant to waive or modify any rights
6.4 or remedies provided by state or federal law or local ordinance, including but not limited
6.5 to security deposits, accommodations, and medication or pharmacotherapies as prescribed
6.6 by a licensed physician. An attempted waiver or modification by a landlord and tenant, by
6.7 contract or otherwise, is contrary to public policy and is void and unenforceable.

6.8 Subd. 2. **Attorney general; authority.** The attorney general has authority under section
6.9 8.31 to investigate and prosecute violations of this section.

6.10 **EFFECTIVE DATE.** This section is effective May 1, 2023.

6.11 Sec. 8. Minnesota Statutes 2020, section 641.15, subdivision 1, is amended to read:

6.12 Subdivision 1. **Clothing and care.** The county board shall provide suitable jail clothing,
6.13 without distinctive marks, underclothing, linen and bedding, towels, and medical aid for
6.14 prisoners, including providing medications as prescribed, which includes but is not limited
6.15 to medication-assisted recovery pharmacologics, and fuel for the jail and, if adjoining and
6.16 connected, the sheriff's residence. The sheriff may require a prisoner to wear jail clothing
6.17 during confinement, but shall restore personal clothing upon discharge. No prisoner must
6.18 be required to wear clothing previously used until it has been thoroughly cleansed. The
6.19 sheriff or jailer shall keep the jail in a clean and healthy condition, have each prisoner's
6.20 clothing washed at least once a week, furnish to each sufficient clean water for drinking
6.21 and bathing, and serve each three times a day with a sufficient quantity of wholesome, well
6.22 cooked food. No prisoner shall be denied the use of any medications prescribed by a licensed
6.23 physician, including evidence-based, medication-assisted recovery pharmacologics.

6.24 **EFFECTIVE DATE.** This section is effective September 1, 2022.