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S.F. No. 1160

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DATE	D-PG	OFFICIAL STATUS
02/18/2021	455	Introduction and first reading Referred to Health and Human Services Finance and Policy
02/25/2021	507a	Comm report: To pass as amended and re-refer to Commerce and Consumer Protection Finance and Policy
	574	Authors added Nelson; Klein
03/04/2021	639a	Comm report: To pass as amended and re-refer to Human Services Reform Finance and Policy
03/10/2021	785a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy
03/18/2021	1060a	Comm report: To pass as amended and re-refer to State Government Finance and Policy and Elections
03/25/2021	1162a	Comm report: To pass as amended and re-refer to Rules and Administration Joint rule 2.03, referred to Rules and Administration

- 1.1 A bill for an act
- 1.2 relating to health care; modifying coverage for health care services and consultation
- 1.3 provided through telehealth; amending Minnesota Statutes 2020, sections 147.033;
- 1.4 151.37, subdivision 2; 245G.01, subdivisions 13, 26; 245G.05, subdivision 1;
- 1.5 245G.06, subdivision 1; 254A.19, subdivision 5; 254B.05, subdivision 5;
- 1.6 256B.0625, subdivisions 3b, 46; proposing coding for new law in Minnesota
- 1.7 Statutes, chapter 62A; repealing Minnesota Statutes 2020, sections 62A.67;
- 1.8 62A.671; 62A.672.
- 1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.10 Section 1. **[62A.673] COVERAGE OF SERVICES PROVIDED THROUGH**
- 1.11 **TELEHEALTH.**
- 1.12 Subdivision 1. **Citation.** This section may be cited as the "Minnesota Telehealth Act."
- 1.13 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
- 1.14 have the meanings given.
- 1.15 (b) "Distant site" means a site at which a health care provider is located while providing
- 1.16 health care services or consultations by means of telehealth.
- 1.17 (c) "Health care provider" means a health care professional who is licensed, credentialed,
- 1.18 or registered by the state to perform health care services within the provider's scope of
- 1.19 practice and in accordance with state law. A health care provider includes a mental health
- 1.20 professional as defined under section 245.462, subdivision 18, or 245.4871, subdivision
- 1.21 27; and a mental health practitioner as defined under section 245.462, subdivision 17, or
- 1.22 245.4871, subdivision 26, who is working under the supervision of a mental health
- 1.23 professional.
- 1.24 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

2.1 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
2.2 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
2.3 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
2.4 to pay benefits directly to the policy holder.

2.5 (f) "Originating site" means a site at which a patient is located at the time health care
2.6 services are provided to the patient by means of telehealth. For purposes of store-and-forward
2.7 transfer, the originating site also means the location at which a health care provider transfers
2.8 or transmits information to the distant site.

2.9 (g) "Store-and-forward transfer" means the asynchronous electronic transfer of a patient's
2.10 medical information or data from an originating site to a distant site for the purposes of
2.11 diagnostic and therapeutic assistance in the care of a patient.

2.12 (h) "Telehealth" means the delivery of health care services or consultations through the
2.13 use of real time two-way interactive audio and visual or audio-only communications to
2.14 provide or support health care delivery and facilitate the assessment, diagnosis, consultation,
2.15 treatment, education, and care management of a patient's health care. Telehealth includes
2.16 the application of secure video conferencing, store-and-forward transfers, and synchronous
2.17 interactions between a patient located at an originating site and a health care provider located
2.18 at a distant site. Telehealth includes audio-only communication between a health care
2.19 provider and a patient. Telehealth does not include communication between health care
2.20 providers or between a health care provider and a patient that consists solely of an e-mail
2.21 or facsimile transmission. Telehealth does not include communication between health care
2.22 providers that consists solely of a telephone conversation.

2.23 Subd. 3. **Coverage of telehealth.** (a) A health plan sold, issued, or renewed by a health
2.24 carrier in Minnesota must (1) cover benefits delivered through telehealth in the same manner
2.25 as any other benefits covered under the health plan, and (2) comply with this section.

2.26 (b) Coverage for services delivered through telehealth must not be limited on the basis
2.27 of geography, location, or distance for travel.

2.28 (c) A health carrier must not create a separate provider network or provide incentives
2.29 to patients to use a separate provider network to deliver services through telehealth that
2.30 does not include network providers who provide in-person care to patients for the same
2.31 service.

2.32 (d) A health carrier may require a deductible, co-payment, or coinsurance payment for
2.33 a health care service provided through telehealth, provided that the deductible, co-payment,

3.1 or coinsurance payment is not in addition to, and does not exceed, the deductible, co-payment,
3.2 or coinsurance applicable for the same service provided through in-person contact.

3.3 (e) Nothing in this section:

3.4 (1) requires a health carrier to provide coverage for services that are not medically
3.5 necessary or are not covered under the enrollee's health plan; or

3.6 (2) prohibits a health carrier from:

3.7 (i) establishing criteria that a health care provider must meet to demonstrate the safety
3.8 or efficacy of delivering a particular service through telehealth for which the health carrier
3.9 does not already reimburse other health care providers for delivering the service through
3.10 telehealth; or

3.11 (ii) establishing reasonable medical management techniques, provided the criteria or
3.12 techniques are not unduly burdensome or unreasonable for the particular service; or

3.13 (iii) requiring documentation or billing practices designed to protect the health carrier
3.14 or patient from fraudulent claims, provided the practices are not unduly burdensome or
3.15 unreasonable for the particular service.

3.16 (f) Nothing in this section requires the use of telehealth when a health care provider
3.17 determines that the delivery of a health care service through telehealth is not appropriate or
3.18 when an enrollee chooses not to receive a health care service through telehealth.

3.19 **Subd. 4. Parity between telehealth and in-person services.** (a) A health carrier must
3.20 not restrict or deny coverage of a health care service that is covered under a health plan
3.21 solely:

3.22 (1) because the health care service provided by the health care provider through telehealth
3.23 is not provided through in-person contact; or

3.24 (2) based on the communication technology or application used to deliver the health
3.25 care service through telehealth, provided the technology or application complies with this
3.26 section and is appropriate for the particular service.

3.27 (b) Prior authorization may be required for health care services delivered through
3.28 telehealth only if prior authorization is required before the delivery of the same service
3.29 through in-person contact.

3.30 (c) A health carrier may require a utilization review for services delivered through
3.31 telehealth, provided the utilization review is conducted in the same manner and uses the

4.1 same clinical review criteria as a utilization review for the same services delivered through
 4.2 in-person contact.

4.3 Subd. 5. **Reimbursement for services delivered through telehealth.** (a) A health carrier
 4.4 must reimburse the health care provider for services delivered through telehealth on the
 4.5 same basis and at the same rate as the health carrier would apply to those services if the
 4.6 services had been delivered by the health care provider through in-person contact.

4.7 (b) A health carrier must not deny or limit reimbursement based solely on a health care
 4.8 provider delivering the service or consultation through telehealth instead of through in-person
 4.9 contact.

4.10 (c) A health carrier must not deny or limit reimbursement based solely on the technology
 4.11 and equipment used by the health care provider to deliver the health care service or
 4.12 consultation through telehealth, provided the technology and equipment used by the provider
 4.13 meets the requirements of this section and is appropriate for the particular service.

4.14 Subd. 6. **Telehealth equipment.** (a) A health carrier must not require a health care
 4.15 provider to use specific telecommunications technology and equipment as a condition of
 4.16 coverage under this section, provided the health care provider uses telecommunications
 4.17 technology and equipment that complies with current industry interoperable standards and
 4.18 complies with standards required under the federal Health Insurance Portability and
 4.19 Accountability Act of 1996, Public Law 104-191, and regulations promulgated under that
 4.20 Act, unless authorized under this section.

4.21 (b) A health carrier must provide coverage for health care services delivered through
 4.22 telehealth by means of the use of audio-only telephone communication if the communication
 4.23 is a result of a scheduled appointment and the standard of care for that particular service
 4.24 can be met through the use of audio-only communication.

4.25 Sec. 2. Minnesota Statutes 2020, section 147.033, is amended to read:

4.26 **147.033 PRACTICE OF ~~TELEMEDICINE~~ TELEHEALTH.**

4.27 Subdivision 1. **Definition.** For the purposes of this section, "~~telemedicine~~" means the
 4.28 ~~delivery of health care services or consultations while the patient is at an originating site~~
 4.29 ~~and the licensed health care provider is at a distant site. A communication between licensed~~
 4.30 ~~health care providers that consists solely of a telephone conversation, e-mail, or facsimile~~
 4.31 ~~transmission does not constitute telemedicine consultations or services. A communication~~
 4.32 ~~between a licensed health care provider and a patient that consists solely of an e-mail or~~
 4.33 ~~facsimile transmission does not constitute telemedicine consultations or services.~~

5.1 ~~Telemedicine may be provided by means of real-time two-way interactive audio, and visual~~
5.2 ~~communications, including the application of secure video conferencing or store-and-forward~~
5.3 ~~technology to provide or support health care delivery, that facilitate the assessment, diagnosis,~~
5.4 ~~consultation, treatment, education, and care management of a patient's health care.~~
5.5 "telehealth" has the meaning given in section 62A.673, subdivision 2, paragraph (h).

5.6 Subd. 2. **Physician-patient relationship.** A physician-patient relationship may be
5.7 established through ~~telemedicine~~ telehealth.

5.8 Subd. 3. **Standards of practice and conduct.** A physician providing health care services
5.9 by ~~telemedicine~~ telehealth in this state shall be held to the same standards of practice and
5.10 conduct as provided in this chapter for in-person health care services.

5.11 Sec. 3. Minnesota Statutes 2020, section 151.37, subdivision 2, is amended to read:

5.12 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of professional
5.13 practice only, may prescribe, administer, and dispense a legend drug, and may cause the
5.14 same to be administered by a nurse, a physician assistant, or medical student or resident
5.15 under the practitioner's direction and supervision, and may cause a person who is an
5.16 appropriately certified, registered, or licensed health care professional to prescribe, dispense,
5.17 and administer the same within the expressed legal scope of the person's practice as defined
5.18 in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference
5.19 to a specific patient, by directing a licensed dietitian or licensed nutritionist, pursuant to
5.20 section 148.634; a nurse, pursuant to section 148.235, subdivisions 8 and 9; physician
5.21 assistant; medical student or resident; or pharmacist according to section 151.01, subdivision
5.22 27, to adhere to a particular practice guideline or protocol when treating patients whose
5.23 condition falls within such guideline or protocol, and when such guideline or protocol
5.24 specifies the circumstances under which the legend drug is to be prescribed and administered.
5.25 An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic
5.26 order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug.
5.27 This paragraph applies to a physician assistant only if the physician assistant meets the
5.28 requirements of ~~section 147A.18~~ sections 147A.02 and 147A.09.

5.29 (b) The commissioner of health, if a licensed practitioner, or a person designated by the
5.30 commissioner who is a licensed practitioner, may prescribe a legend drug to an individual
5.31 or by protocol for mass dispensing purposes where the commissioner finds that the conditions
5.32 triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist. The
5.33 commissioner, if a licensed practitioner, or a designated licensed practitioner, may prescribe,
5.34 dispense, or administer a legend drug or other substance listed in subdivision 10 to control

6.1 tuberculosis and other communicable diseases. The commissioner may modify state drug
6.2 labeling requirements, and medical screening criteria and documentation, where time is
6.3 critical and limited labeling and screening are most likely to ensure legend drugs reach the
6.4 maximum number of persons in a timely fashion so as to reduce morbidity and mortality.

6.5 (c) A licensed practitioner that dispenses for profit a legend drug that is to be administered
6.6 orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must file with the
6.7 practitioner's licensing board a statement indicating that the practitioner dispenses legend
6.8 drugs for profit, the general circumstances under which the practitioner dispenses for profit,
6.9 and the types of legend drugs generally dispensed. It is unlawful to dispense legend drugs
6.10 for profit after July 31, 1990, unless the statement has been filed with the appropriate
6.11 licensing board. For purposes of this paragraph, "profit" means (1) any amount received by
6.12 the practitioner in excess of the acquisition cost of a legend drug for legend drugs that are
6.13 purchased in prepackaged form, or (2) any amount received by the practitioner in excess
6.14 of the acquisition cost of a legend drug plus the cost of making the drug available if the
6.15 legend drug requires compounding, packaging, or other treatment. The statement filed under
6.16 this paragraph is public data under section 13.03. This paragraph does not apply to a licensed
6.17 doctor of veterinary medicine or a registered pharmacist. Any person other than a licensed
6.18 practitioner with the authority to prescribe, dispense, and administer a legend drug under
6.19 paragraph (a) shall not dispense for profit. To dispense for profit does not include dispensing
6.20 by a community health clinic when the profit from dispensing is used to meet operating
6.21 expenses.

6.22 (d) A prescription drug order for the following drugs is not valid, unless it can be
6.23 established that the prescription drug order was based on a documented patient evaluation,
6.24 including an examination, adequate to establish a diagnosis and identify underlying conditions
6.25 and contraindications to treatment:

6.26 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

6.27 (2) drugs defined by the Board of Pharmacy as controlled substances under section
6.28 152.02, subdivisions 7, 8, and 12;

6.29 (3) muscle relaxants;

6.30 (4) centrally acting analgesics with opioid activity;

6.31 (5) drugs containing butalbital; or

6.32 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

7.1 ~~For purposes of prescribing drugs listed in clause (6), the requirement for a documented~~
7.2 ~~patient evaluation, including an examination, may be met through the use of telemedicine,~~
7.3 ~~as defined in section 147.033, subdivision 1.~~

7.4 (e) For the purposes of paragraph (d), the requirement for an examination shall be met
7.5 if:

7.6 (1) an in-person examination has been completed in any of the following circumstances:

7.7 ~~(1)~~ (i) the prescribing practitioner examines the patient at the time the prescription or
7.8 drug order is issued;

7.9 ~~(2)~~ (ii) the prescribing practitioner has performed a prior examination of the patient;

7.10 ~~(3)~~ (iii) another prescribing practitioner practicing within the same group or clinic as
7.11 the prescribing practitioner has examined the patient;

7.12 ~~(4)~~ (iv) a consulting practitioner to whom the prescribing practitioner has referred the
7.13 patient has examined the patient; or

7.14 ~~(5)~~ (v) the referring practitioner has performed an examination in the case of a consultant
7.15 practitioner issuing a prescription or drug order when providing services by means of
7.16 telemedicine; or

7.17 (2) the prescription order is for a drug listed in paragraph (d), clause (6), or for medication
7.18 assisted therapy for a substance use disorder, and the prescribing practitioner has completed
7.19 an examination of the patient via telehealth as defined in section 62A.673, subdivision 2,
7.20 paragraph (h).

7.21 (f) Nothing in paragraph (d) or (e) prohibits a licensed practitioner from prescribing a
7.22 drug through the use of a guideline or protocol pursuant to paragraph (a).

7.23 (g) Nothing in this chapter prohibits a licensed practitioner from issuing a prescription
7.24 or dispensing a legend drug in accordance with the Expedited Partner Therapy in the
7.25 Management of Sexually Transmitted Diseases guidance document issued by the United
7.26 States Centers for Disease Control.

7.27 (h) Nothing in paragraph (d) or (e) limits prescription, administration, or dispensing of
7.28 legend drugs through a public health clinic or other distribution mechanism approved by
7.29 the commissioner of health or a community health board in order to prevent, mitigate, or
7.30 treat a pandemic illness, infectious disease outbreak, or intentional or accidental release of
7.31 a biological, chemical, or radiological agent.

8.1 (i) No pharmacist employed by, under contract to, or working for a pharmacy located
 8.2 within the state and licensed under section 151.19, subdivision 1, may dispense a legend
 8.3 drug based on a prescription that the pharmacist knows, or would reasonably be expected
 8.4 to know, is not valid under paragraph (d).

8.5 (j) No pharmacist employed by, under contract to, or working for a pharmacy located
 8.6 outside the state and licensed under section 151.19, subdivision 1, may dispense a legend
 8.7 drug to a resident of this state based on a prescription that the pharmacist knows, or would
 8.8 reasonably be expected to know, is not valid under paragraph (d).

8.9 (k) Nothing in this chapter prohibits the commissioner of health, if a licensed practitioner,
 8.10 or, if not a licensed practitioner, a designee of the commissioner who is a licensed
 8.11 practitioner, from prescribing legend drugs for field-delivered therapy in the treatment of
 8.12 a communicable disease according to the Centers For Disease Control and Prevention Partner
 8.13 Services Guidelines.

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

8.15 Sec. 4. Minnesota Statutes 2020, section 245G.01, subdivision 13, is amended to read:

8.16 Subd. 13. **Face-to-face.** "Face-to-face" means two-way, real-time, interactive audio and
 8.17 visual communication between a client and a treatment service provider and includes services
 8.18 delivered in person or via ~~telemedicine~~ telehealth using electronic combined audio and
 8.19 visual communication.

8.20 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 8.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
 8.22 when federal approval is obtained.

8.23 Sec. 5. Minnesota Statutes 2020, section 245G.01, subdivision 26, is amended to read:

8.24 Subd. 26. **~~Telemedicine~~ Telehealth.** ~~"Telemedicine"~~ "Telehealth" means the delivery
 8.25 of a substance use disorder treatment service while the client is at an originating site and
 8.26 the ~~licensed~~ health care provider is at a distant site via telehealth as defined in section
 8.27 256B.0625, subdivision 3b, and as specified in section 254B.05, subdivision 5, paragraph
 8.28 (f). For purposes of this definition, the originating site means the site in which the client is
 8.29 located at the time the service is provided; the distant site means the site in which the provider
 8.30 is located while providing the service. For purposes of this definition, health care provider
 8.31 includes an alcohol and drug counselor qualified under section 245G.11, subdivision 5; an
 8.32 individual with a temporary permit from the Board of Behavioral Health and Therapy

9.1 providing services under section 245G.11, subdivision 11; a recovery peer qualified under
9.2 section 245G.11, subdivision 8, and working under the supervision of an alcohol and drug
9.3 counselor; or a substance use disorder treatment student intern providing services under
9.4 section 245G.11, subdivision 10.

9.5 Sec. 6. Minnesota Statutes 2020, section 245G.05, subdivision 1, is amended to read:

9.6 Subdivision 1. **Comprehensive assessment.** (a) A comprehensive assessment of the
9.7 client's substance use disorder must be administered ~~face-to-face~~ in-person or via telehealth
9.8 by an alcohol and drug counselor within three calendar days from the day of service initiation
9.9 for a residential program or within three calendar days on which a treatment session has
9.10 been provided of the day of service initiation for a client in a nonresidential program. If the
9.11 comprehensive assessment is not completed within the required time frame, the
9.12 person-centered reason for the delay and the planned completion date must be documented
9.13 in the client's file. The comprehensive assessment is complete upon a qualified staff member's
9.14 dated signature. If the client received a comprehensive assessment that authorized the
9.15 treatment service, an alcohol and drug counselor may use the comprehensive assessment
9.16 for requirements of this subdivision but must document a review of the comprehensive
9.17 assessment and update the comprehensive assessment as clinically necessary to ensure
9.18 compliance with this subdivision within applicable timelines. The comprehensive assessment
9.19 must include sufficient information to complete the assessment summary according to
9.20 subdivision 2 and the individual treatment plan according to section 245G.06. The
9.21 comprehensive assessment must include information about the client's needs that relate to
9.22 substance use and personal strengths that support recovery, including:

9.23 (1) age, sex, cultural background, sexual orientation, living situation, economic status,
9.24 and level of education;

9.25 (2) a description of the circumstances on the day of service initiation;

9.26 (3) a list of previous attempts at treatment for substance misuse or substance use disorder,
9.27 compulsive gambling, or mental illness;

9.28 (4) a list of substance use history including amounts and types of substances used,
9.29 frequency and duration of use, periods of abstinence, and circumstances of relapse, if any.
9.30 For each substance used within the previous 30 days, the information must include the date
9.31 of the most recent use and address the absence or presence of previous withdrawal symptoms;

9.32 (5) specific problem behaviors exhibited by the client when under the influence of
9.33 substances;

10.1 (6) the client's desire for family involvement in the treatment program, family history
10.2 of substance use and misuse, history or presence of physical or sexual abuse, and level of
10.3 family support;

10.4 (7) physical and medical concerns or diagnoses, current medical treatment needed or
10.5 being received related to the diagnoses, and whether the concerns need to be referred to an
10.6 appropriate health care professional;

10.7 (8) mental health history, including symptoms and the effect on the client's ability to
10.8 function; current mental health treatment; and psychotropic medication needed to maintain
10.9 stability. The assessment must utilize screening tools approved by the commissioner pursuant
10.10 to section 245.4863 to identify whether the client screens positive for co-occurring disorders;

10.11 (9) arrests and legal interventions related to substance use;

10.12 (10) a description of how the client's use affected the client's ability to function
10.13 appropriately in work and educational settings;

10.14 (11) ability to understand written treatment materials, including rules and the client's
10.15 rights;

10.16 (12) a description of any risk-taking behavior, including behavior that puts the client at
10.17 risk of exposure to blood-borne or sexually transmitted diseases;

10.18 (13) social network in relation to expected support for recovery;

10.19 (14) leisure time activities that are associated with substance use;

10.20 (15) whether the client is pregnant and, if so, the health of the unborn child and the
10.21 client's current involvement in prenatal care;

10.22 (16) whether the client recognizes needs related to substance use and is willing to follow
10.23 treatment recommendations; and

10.24 (17) information from a collateral contact may be included, but is not required.

10.25 (b) If the client is identified as having opioid use disorder or seeking treatment for opioid
10.26 use disorder, the program must provide educational information to the client concerning:

10.27 (1) risks for opioid use disorder and dependence;

10.28 (2) treatment options, including the use of a medication for opioid use disorder;

10.29 (3) the risk of and recognizing opioid overdose; and

10.30 (4) the use, availability, and administration of naloxone to respond to opioid overdose.

11.1 (c) The commissioner shall develop educational materials that are supported by research
11.2 and updated periodically. The license holder must use the educational materials that are
11.3 approved by the commissioner to comply with this requirement.

11.4 (d) If the comprehensive assessment is completed to authorize treatment service for the
11.5 client, at the earliest opportunity during the assessment interview the assessor shall determine
11.6 if:

11.7 (1) the client is in severe withdrawal and likely to be a danger to self or others;

11.8 (2) the client has severe medical problems that require immediate attention; or

11.9 (3) the client has severe emotional or behavioral symptoms that place the client or others
11.10 at risk of harm.

11.11 If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the
11.12 assessment interview and follow the procedures in the program's medical services plan
11.13 under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The
11.14 assessment interview may resume when the condition is resolved.

11.15 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
11.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
11.17 when federal approval is obtained.

11.18 Sec. 7. Minnesota Statutes 2020, section 245G.06, subdivision 1, is amended to read:

11.19 Subdivision 1. **General.** Each client must have a person-centered individual treatment
11.20 plan developed by an alcohol and drug counselor within ten days from the day of service
11.21 initiation for a residential program and within five calendar days on which a treatment
11.22 session has been provided from the day of service initiation for a client in a nonresidential
11.23 program. Opioid treatment programs must complete the individual treatment plan within
11.24 21 days from the day of service initiation. The individual treatment plan must be signed by
11.25 the client and the alcohol and drug counselor and document the client's involvement in the
11.26 development of the plan. The individual treatment plan is developed upon the qualified staff
11.27 member's dated signature. Treatment planning must include ongoing assessment of client
11.28 needs. An individual treatment plan must be updated based on new information gathered
11.29 about the client's condition, the client's level of participation, and on whether methods
11.30 identified have the intended effect. A change to the plan must be signed by the client and
11.31 the alcohol and drug counselor. If the client chooses to have family or others involved in
11.32 treatment services, the client's individual treatment plan must include how the family or
11.33 others will be involved in the client's treatment. If a client is receiving treatment services

12.1 or an assessment via telehealth, the alcohol and drug counselor may document the client's
12.2 verbal approval of the treatment plan or change to the treatment plan in lieu of the client's
12.3 signature.

12.4 Sec. 8. Minnesota Statutes 2020, section 254A.19, subdivision 5, is amended to read:

12.5 Subd. 5. **Assessment via ~~telemedicine~~ telehealth.** Notwithstanding Minnesota Rules,
12.6 part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via
12.7 ~~telemedicine~~ telehealth as defined in section 256B.0625, subdivision 3b.

12.8 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
12.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
12.10 when federal approval is obtained.

12.11 Sec. 9. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

12.12 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
12.13 use disorder services and service enhancements funded under this chapter.

12.14 (b) Eligible substance use disorder treatment services include:

12.15 (1) outpatient treatment services that are licensed according to sections 245G.01 to
12.16 245G.17, or applicable tribal license;

12.17 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
12.18 and 245G.05;

12.19 (3) care coordination services provided according to section 245G.07, subdivision 1,
12.20 paragraph (a), clause (5);

12.21 (4) peer recovery support services provided according to section 245G.07, subdivision
12.22 2, clause (8);

12.23 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
12.24 services provided according to chapter 245F;

12.25 (6) medication-assisted therapy services that are licensed according to sections 245G.01
12.26 to 245G.17 and 245G.22, or applicable tribal license;

12.27 (7) medication-assisted therapy plus enhanced treatment services that meet the
12.28 requirements of clause (6) and provide nine hours of clinical services each week;

13.1 (8) high, medium, and low intensity residential treatment services that are licensed
13.2 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
13.3 provide, respectively, 30, 15, and five hours of clinical services each week;

13.4 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
13.5 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
13.6 144.56;

13.7 (10) adolescent treatment programs that are licensed as outpatient treatment programs
13.8 according to sections 245G.01 to 245G.18 or as residential treatment programs according
13.9 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
13.10 applicable tribal license;

13.11 (11) high-intensity residential treatment services that are licensed according to sections
13.12 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
13.13 clinical services each week provided by a state-operated vendor or to clients who have been
13.14 civilly committed to the commissioner, present the most complex and difficult care needs,
13.15 and are a potential threat to the community; and

13.16 (12) room and board facilities that meet the requirements of subdivision 1a.

13.17 (c) The commissioner shall establish higher rates for programs that meet the requirements
13.18 of paragraph (b) and one of the following additional requirements:

13.19 (1) programs that serve parents with their children if the program:

13.20 (i) provides on-site child care during the hours of treatment activity that:

13.21 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
13.22 9503; or

13.23 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
13.24 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

13.25 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
13.26 licensed under chapter 245A as:

13.27 (A) a child care center under Minnesota Rules, chapter 9503; or

13.28 (B) a family child care home under Minnesota Rules, chapter 9502;

13.29 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
13.30 programs or subprograms serving special populations, if the program or subprogram meets
13.31 the following requirements:

- 14.1 (i) is designed to address the unique needs of individuals who share a common language,
14.2 racial, ethnic, or social background;
- 14.3 (ii) is governed with significant input from individuals of that specific background; and
- 14.4 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
14.5 whom are of that specific background, except when the common social background of the
14.6 individuals served is a traumatic brain injury or cognitive disability and the program employs
14.7 treatment staff who have the necessary professional training, as approved by the
14.8 commissioner, to serve clients with the specific disabilities that the program is designed to
14.9 serve;
- 14.10 (3) programs that offer medical services delivered by appropriately credentialed health
14.11 care staff in an amount equal to two hours per client per week if the medical needs of the
14.12 client and the nature and provision of any medical services provided are documented in the
14.13 client file; and
- 14.14 (4) programs that offer services to individuals with co-occurring mental health and
14.15 chemical dependency problems if:
- 14.16 (i) the program meets the co-occurring requirements in section 245G.20;
- 14.17 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
14.18 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
14.19 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
14.20 mental health professional, except that no more than 50 percent of the mental health staff
14.21 may be students or licensing candidates with time documented to be directly related to
14.22 provisions of co-occurring services;
- 14.23 (iii) clients scoring positive on a standardized mental health screen receive a mental
14.24 health diagnostic assessment within ten days of admission;
- 14.25 (iv) the program has standards for multidisciplinary case review that include a monthly
14.26 review for each client that, at a minimum, includes a licensed mental health professional
14.27 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 14.28 (v) family education is offered that addresses mental health and substance abuse disorders
14.29 and the interaction between the two; and
- 14.30 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
14.31 training annually.

15.1 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
15.2 that provides arrangements for off-site child care must maintain current documentation at
15.3 the chemical dependency facility of the child care provider's current licensure to provide
15.4 child care services. Programs that provide child care according to paragraph (c), clause (1),
15.5 must be deemed in compliance with the licensing requirements in section 245G.19.

15.6 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
15.7 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
15.8 in paragraph (c), clause (4), items (i) to (iv).

15.9 (f) Subject to federal approval, chemical dependency services that are otherwise covered
15.10 as direct ~~face-to-face~~ in-person services may be provided via ~~two-way interactive video~~
15.11 telehealth as defined in section 256B.0625, subdivision 3b. The use of ~~two-way interactive~~
15.12 ~~video~~ telehealth to deliver services must be medically appropriate to the condition and needs
15.13 of the person being served. Reimbursement shall be at the same rates and under the same
15.14 conditions that would otherwise apply to direct face-to-face services. ~~The interactive video~~
15.15 ~~equipment and connection must comply with Medicare standards in effect at the time the~~
15.16 ~~service is provided.~~

15.17 (g) For the purpose of reimbursement under this section, substance use disorder treatment
15.18 services provided in a group setting without a group participant maximum or maximum
15.19 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
15.20 At least one of the attending staff must meet the qualifications as established under this
15.21 chapter for the type of treatment service provided. A recovery peer may not be included as
15.22 part of the staff ratio.

15.23 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
15.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
15.25 when federal approval is obtained.

15.26 Sec. 10. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

15.27 Subd. 3b. **Telemedicine Telehealth services.** (a) Medical assistance covers medically
15.28 necessary services and consultations delivered by a ~~licensed~~ health care provider ~~via~~
15.29 ~~telemedicine~~ through telehealth in the same manner as if the service or consultation was
15.30 delivered ~~in person~~ through in-person contact. ~~Coverage is limited to three telemedicine~~
15.31 ~~services per enrollee per calendar week, except as provided in paragraph (f).~~ Telemedicine
15.32 Services or consultations delivered through telehealth shall be paid at the full allowable
15.33 rate.

16.1 (b) The commissioner ~~shall~~ may establish criteria that a health care provider must attest
16.2 to in order to demonstrate the safety or efficacy of delivering a particular service ~~via~~
16.3 ~~telemedicine~~ through telehealth. The attestation may include that the health care provider:

16.4 (1) has identified the categories or types of services the health care provider will provide
16.5 ~~via telemedicine~~ through telehealth;

16.6 (2) has written policies and procedures specific to ~~telemedicine~~ services delivered through
16.7 telehealth that are regularly reviewed and updated;

16.8 (3) has policies and procedures that adequately address patient safety before, during,
16.9 and after the ~~telemedicine~~ service is ~~rendered~~ delivered through telehealth;

16.10 (4) has established protocols addressing how and when to discontinue telemedicine
16.11 services; and

16.12 (5) has an established quality assurance process related to ~~telemedicine~~ delivering services
16.13 through telehealth.

16.14 (c) As a condition of payment, a licensed health care provider must document each
16.15 occurrence of a health service ~~provided by telemedicine~~ delivered through telehealth to a
16.16 medical assistance enrollee. Health care service records for services ~~provided by telemedicine~~
16.17 delivered through telehealth must meet the requirements set forth in Minnesota Rules, part
16.18 9505.2175, subparts 1 and 2, and must document:

16.19 (1) the type of service ~~provided by telemedicine~~ delivered through telehealth;

16.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.
16.21 designation;

16.22 (3) the ~~licensed~~ health care provider's basis for determining that ~~telemedicine~~ telehealth
16.23 is an appropriate and effective means for delivering the service to the enrollee;

16.24 (4) the mode of transmission ~~of~~ used to deliver the telemedicine service through telehealth
16.25 and records evidencing that a particular mode of transmission was utilized;

16.26 (5) the location of the originating site and the distant site;

16.27 (6) if the claim for payment is based on a physician's ~~telemedicine~~ consultation with
16.28 another physician through telehealth, the written opinion from the consulting physician
16.29 providing the ~~telemedicine~~ telehealth consultation; and

16.30 (7) compliance with the criteria attested to by the health care provider in accordance
16.31 with paragraph (b).

17.1 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
17.2 "telemedicine" is defined as the delivery of health care services or consultations while the
17.3 patient is at an originating site and the licensed health care provider is at a distant site. A
17.4 communication between licensed health care providers, or a licensed health care provider
17.5 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
17.6 does not constitute telemedicine consultations or services. Telemedicine may be provided
17.7 by means of real-time two-way, interactive audio and visual communications, including the
17.8 application of secure video conferencing or store-and-forward technology to provide or
17.9 support health care delivery, which facilitate the assessment, diagnosis, consultation,
17.10 treatment, education, and care management of a patient's health care.;

17.11 (1) "telehealth" means the delivery of health care services or consultations through the
17.12 use of real time two-way interactive audio and visual or audio-only communications to
17.13 provide or support health care delivery and facilitate the assessment, diagnosis, consultation,
17.14 treatment, education, and care management of a patient's health care. Telehealth includes
17.15 the application of secure video conferencing, store-and-forward transfers, and synchronous
17.16 interactions between a patient located at an originating site and a health care provider located
17.17 at a distant site. Unless interactive visual and audio communication is specifically required,
17.18 telehealth includes audio-only communication between a health care provider and a patient,
17.19 if the communication is a result of a scheduled appointment with the health care provider
17.20 and the standard of care for the service can be met through the use of audio-only
17.21 communication. Telehealth does not include communication between health care providers
17.22 or between a health care provider and a patient that consists solely of an e-mail or facsimile
17.23 transmission. Telehealth does not include communication between health care providers
17.24 that consists solely of a telephone conversation;

17.25 ~~(e) For purposes of this section, "licensed (2) "health care provider" means a licensed~~
17.26 ~~health care provider under section 62A.671, subdivision 6 as defined under section 62A.673,~~
17.27 ~~a community paramedic as defined under section 144E.001, subdivision 5f, or a mental~~
17.28 ~~health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision~~
17.29 ~~26, working under the general supervision of a mental health professional, and a community~~
17.30 ~~health worker who meets the criteria under subdivision 49, paragraph (a); "health care~~
17.31 ~~provider" is defined under section 62A.671, subdivision 3; and~~

17.32 (3) "originating site" is defined under section 62A.671, subdivision 7, "distant site," and
17.33 "store-and-forward transfer" have the meanings given in section 62A.673, subdivision 2.

17.34 ~~(f) The limit on coverage of three telemedicine services per enrollee per calendar week~~
17.35 ~~does not apply if:~~

18.1 ~~(1) the telemedicine services provided by the licensed health care provider are for the~~
18.2 ~~treatment and control of tuberculosis; and~~

18.3 ~~(2) the services are provided in a manner consistent with the recommendations and best~~
18.4 ~~practices specified by the Centers for Disease Control and Prevention and the commissioner~~
18.5 ~~of health.~~

18.6 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
18.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.8 when federal approval is obtained.

18.9 Sec. 11. Minnesota Statutes 2020, section 256B.0625, subdivision 46, is amended to read:

18.10 Subd. 46. **Mental health telemedicine telehealth.** ~~Effective January 1, 2006, and Subject~~
18.11 ~~to federal approval, mental health services that are otherwise covered by medical assistance~~
18.12 ~~as direct face-to-face in-person services may be provided via two-way interactive video~~
18.13 ~~telehealth as defined in subdivision 3b. Use of two-way interactive video telehealth to deliver~~
18.14 ~~services must be medically appropriate to the condition and needs of the person being served.~~
18.15 ~~Reimbursement is at the same rates and under the same conditions that would otherwise~~
18.16 ~~apply to the service. The interactive video equipment and connection must comply with~~
18.17 ~~Medicare standards in effect at the time the service is provided.~~

18.18 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
18.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
18.20 when federal approval is obtained.

18.21 Sec. 12. **REVISOR INSTRUCTION.**

18.22 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall substitute the
18.23 term "telemedicine" with "telehealth" whenever the term appears and substitute Minnesota
18.24 Statutes, section 62A.673, whenever references to Minnesota Statutes, sections 62A.67,
18.25 62A.671, and 62A.672 appear.

18.26 Sec. 13. **REPEALER.**

18.27 Minnesota Statutes 2020, sections 62A.67; 62A.671; and 62A.672, are repealed.

62A.67 SHORT TITLE.

Sections 62A.67 to 62A.672 may be cited as the "Minnesota Telemedicine Act."

62A.671 DEFINITIONS.

Subdivision 1. **Applicability.** For purposes of sections 62A.67 to 62A.672, the terms defined in this section have the meanings given.

Subd. 2. **Distant site.** "Distant site" means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine.

Subd. 3. **Health care provider.** "Health care provider" has the meaning provided in section 62A.63, subdivision 2.

Subd. 4. **Health carrier.** "Health carrier" has the meaning provided in section 62A.011, subdivision 2.

Subd. 5. **Health plan.** "Health plan" means a health plan as defined in section 62A.011, subdivision 3, and includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental plans that provide indemnity-based benefits, regardless of expenses incurred and are designed to pay benefits directly to the policyholder.

Subd. 6. **Licensed health care provider.** "Licensed health care provider" means a health care provider who is:

(1) licensed under chapter 147, 147A, 148, 148B, 148E, 148F, 150A, or 153; a mental health professional as defined under section 245.462, subdivision 18, or 245.4871, subdivision 27; or vendor of medical care defined in section 256B.02, subdivision 7; and

(2) authorized within their respective scope of practice to provide the particular service with no supervision or under general supervision.

Subd. 7. **Originating site.** "Originating site" means a site including, but not limited to, a health care facility at which a patient is located at the time health care services are provided to the patient by means of telemedicine.

Subd. 8. **Store-and-forward technology.** "Store-and-forward technology" means the transmission of a patient's medical information from an originating site to a health care provider at a distant site without the patient being present, or the delivery of telemedicine that does not occur in real time via synchronous transmissions.

Subd. 9. **Telemedicine.** "Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

62A.672 COVERAGE OF TELEMEDICINE SERVICES.

Subdivision 1. **Coverage of telemedicine.** (a) A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract, and shall comply with the regulations of this section.

(b) Nothing in this section shall be construed to:

(1) require a health carrier to provide coverage for services that are not medically necessary;

(2) prohibit a health carrier from establishing criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine for which the health carrier does not already reimburse other health care providers for delivering via telemedicine, so long as the criteria are not unduly burdensome or unreasonable for the particular service; or

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(3) prevent a health carrier from requiring a health care provider to agree to certain documentation or billing practices designed to protect the health carrier or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular service.

Subd. 2. **Parity between telemedicine and in-person services.** A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.

Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.

(b) It is not a violation of this subdivision for a health carrier to include a deductible, co-payment, or coinsurance requirement for a health care service provided via telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same services were provided through in-person contact.