

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 54**

(SENATE AUTHORS: REST)

DATE  
01/09/2017

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

1.1 A bill for an act  
1.2 relating to health; requiring a study and report on the efficacy of Masgutova  
1.3 neuro-sensory-motor and reflex integration.

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

1.5 Section 1. STUDY AND REPORT; EFFICACY OF MASGUTOVA  
1.6 NEURO-SENSORY-MOTOR AND REFLEX INTEGRATION.

1.7 (a) The commissioner of health, in consultation with the commissioners of human services  
1.8 and commerce, shall survey available research and evidence from a range of sources to  
1.9 determine the efficacy of Masgutova neuro-sensory-motor and reflex integration (MNRI)  
1.10 in using programs of motor reflex and sensory system integration to treat conditions  
1.11 experienced by physically and emotionally traumatized children and individuals with reflex  
1.12 integration disorders, including behavioral, sensory, and motor disorders. In studying MNRI,  
1.13 the commissioners shall examine the extent to which MNRI is effective in treating  
1.14 neurodevelopmental, psychological, and learning challenges, such as dyslexia, attention  
1.15 deficit disorder, Down syndrome, cerebral palsy, posttraumatic stress disorder, anxiety,  
1.16 autism spectrum disorder, and behavioral disorders; impairments in speech, language, or  
1.17 swallowing; and other conditions determined by the commissioners. Based on this survey  
1.18 and examination, the commissioners shall develop recommendations on whether to include  
1.19 MNRI in the benefit set for medical assistance and MinnesotaCare, and whether to require  
1.20 health carriers to provide coverage for MNRI.

1.21 (b) This study shall be conducted in consultation with a working group of stakeholders,  
1.22 including MNRI practitioners and individuals, families, and health care providers who have  
1.23 experience with MNRI.

- 2.1 (c) By January 15, 2018, the commissioner of health shall submit a report on the results  
2.2 of the study and recommendations to the chairs and ranking minority members of the house  
2.3 of representatives and senate committees with jurisdiction over insurance and health and  
2.4 human services policy and finance.