

Withdrawal Management Programs: 2020 Legislative Changes

The 2020 Legislature changed several laws that impact Department of Human Services (DHS) licensed withdrawal management programs. The sections below contain an overview of each new or changed requirement, instructions for what providers need to do in response to the change, and a link to the law that was changed.

Licensed practitioners

Overview

The term “qualified medical professional” was removed completely and was replaced in all areas with the term “licensed practitioner” (see definitions on page 4). Licensed practitioners are now allowed to perform some duties that were previously required to be performed by a medical director (see definition on page 4) or qualified medical professional. Qualifications for licensed practitioners are similar to those for a medical director or qualified medical professional. Programs must still have a medical director to meet certain requirements.

The areas where a licensed practitioner replaces the medical director or qualified medical professional include:

- For clinically managed programs, the requirement to be available by telephone or in person for consultation 24 hours a day
- For medically monitored programs, the requirements to be available:
 - by telephone or in person for consultation 24 hours a day
 - to be seen within 24 hours or sooner if indicated by a client’s initial health assessment
 - for on-site monitoring of patient care seven days a week

These changes are effective August 1, 2020. See [Minnesota Session Laws - 2020, 1st Special Session, Chapter 2, Article 5, Sections 26 to 30](#), for the full text of the law.

What do providers need to do?

Be aware of the new qualification requirements and update any policies or procedures that may need to be changed.

Technical corrections and clarifications

Overview

Several areas were changed in Minnesota Statutes, Chapter 245F, to correct inaccurate rule and statutory citations and to clarify existing requirements. These changes include:

- Comprehensive assessment requirements were clarified to include that an assessment summary must be completed along with the comprehensive assessment. (245F.06, subdivision 2)
- The citations for comprehensive assessment requirements were corrected in the definitions for clinically managed and medically monitored programs. (245F.02, subdivisions 7 and 14)
- The medically monitored program definition was clarified to indicate that on-site monitoring of patient care seven days a week by a licensed practitioner must be available. (245F.02, subdivision 14)

What do providers need to do?

Providers must complete comprehensive assessments and assessment summaries as required. These changes are effective August 1, 2020. See [Minnesota Session Laws - 2020, 1st Special Session, Chapter 2, Article 5, Sections 26 to 28](#), for the full text of the law.

Serious maltreatment

Overview

An advanced practice registered nurse (APRN) was added as an alternative to a physician in the definition of “serious maltreatment” in background study law, Minnesota Statutes, section 245C.02, subdivision 18. Serious maltreatment will now include neglect resulting in serious injury which reasonably requires the care of an advanced practice registered nurse (APRN) or a physician. This change is effective August 1, 2020. See [Minnesota Session Laws - 2020, Regular Session, Chapter 115, Article 4, Section 79](#), for the full text of the law.

What do providers need to do?

No action is required from providers at this time.

Maltreatment of Minors Act (MOMA)

Overview

Where MOMA is located in the law is changing from Minnesota Statutes, section 626.556 to [Minnesota Statutes, chapter 260E](#), as of August 1, 2020.

What do providers need to do?

This does not change any reporting or training requirements for withdrawal management providers. Providers will need to update any policies, procedures, or forms that reference Minnesota Statutes, section 626.556 with the new statute number. DHS will update its website and forms to reflect this new statutory citation.

Definitions

Licensed practitioner

"Licensed practitioner" means a practitioner as defined in [section 151.01, subdivision 23](#), who is authorized to prescribe. ([245F.02, subdivision 12](#))

Medical director

"Medical director" means an individual licensed in Minnesota as a doctor of osteopathic medicine or physician, or an individual licensed in Minnesota as an advanced practice registered nurse by the Board of Nursing and certified to practice as a clinical nurse specialist or nurse practitioner by a national nurse organization acceptable to the board. The medical director must be employed by or under contract with the license holder to direct and supervise health care for patients of a program licensed under this chapter. ([245F.02, subdivision 13](#))

Qualified medical professional ([Repealed effective August 1, 2020](#))

"Qualified medical professional" means an individual licensed in Minnesota as a doctor of osteopathic medicine or physician, or an individual licensed in Minnesota as an advanced practice registered nurse by the Board of Nursing and certified to practice as a clinical nurse specialist or nurse practitioner by a national nurse organization acceptable to the board.