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HOUSE FILE NO. 249

FIRST COMMITTEE ENGROSSMENT

January 22, 2009

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

Referred by Chair to Licensing Division.

March 12, 2009

Returned to the Committee on Health Care and Human Services Policy and Oversight as Amended.

1.1 A bill for an act
1.2 relating to health occupations; modifying the definition of "the practice of
1.3 psychology"; authorizing a doctoral-level licensed psychologist to provide a final
1.4 determination not to certify; adding a member from the Minnesota Psychological
1.5 Association to the Health Care Reform Review Council; amending Minnesota
1.6 Statutes 2008, sections 62M.09, subdivision 3a; 62U.09, subdivision 2; 148.89,
1.7 subdivision 5.

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

1.9 Section 1. Minnesota Statutes 2008, section 62M.09, subdivision 3a, is amended to
1.10 read:

1.11 Subd. 3a. **Mental health and substance abuse reviews.** (a) A peer of the treating
1.12 mental health or substance abuse provider or a physician must review requests for
1.13 outpatient services in which the utilization review organization has concluded that a
1.14 determination not to certify a mental health or substance abuse service for clinical reasons
1.15 is appropriate, provided that any final determination not to certify treatment is made
1.16 by a psychiatrist certified by the American Board of Psychiatry and Neurology and
1.17 appropriately licensed in this state or by a doctoral-level psychologist licensed in this state
1.18 if the treating provider is a psychologist.

1.19 (b) Notwithstanding the notification requirements of section 62M.05, a utilization
1.20 review organization that has made an initial decision to certify in accordance with the
1.21 requirements of section 62M.05 may elect to provide notification of a determination to
1.22 continue coverage through facsimile or mail.

1.23 (c) This subdivision does not apply to determinations made in connection with
1.24 policies issued by a health plan company that is assessed less than three percent of the
1.25 total amount assessed by the Minnesota Comprehensive Health Association.

2.1 Sec. 2. Minnesota Statutes 2008, section 62U.09, subdivision 2, is amended to read:

2.2 Subd. 2. **Members.** (a) The Health Care Reform Review Council shall consist of ~~14~~
2.3 15 members who are appointed as follows:

2.4 (1) two members appointed by the Minnesota Medical Association, at least one
2.5 of whom must represent rural physicians;

2.6 (2) one member appointed by the Minnesota Nurses Association;

2.7 (3) two members appointed by the Minnesota Hospital Association, at least one of
2.8 whom must be a rural hospital administrator;

2.9 (4) one member appointed by the Minnesota Academy of Physician Assistants;

2.10 (5) one member appointed by the Minnesota Business Partnership;

2.11 (6) one member appointed by the Minnesota Chamber of Commerce;

2.12 (7) one member appointed by the SEIU Minnesota State Council;

2.13 (8) one member appointed by the AFL-CIO;

2.14 (9) one member appointed by the Minnesota Council of Health Plans;

2.15 (10) one member appointed by the Smart Buy Alliance;

2.16 (11) one member appointed by the Minnesota Medical Group Management

2.17 Association; ~~and~~

2.18 (12) one consumer member appointed by AARP Minnesota; and

2.19 (13) one member appointed by the Minnesota Psychological Association.

2.20 (b) If a member is no longer able or eligible to participate, a new member shall be
2.21 appointed by the entity that appointed the outgoing member.

2.22 Sec. 3. Minnesota Statutes 2008, section 148.89, subdivision 5, is amended to read:

2.23 Subd. 5. **Practice of psychology.** "Practice of psychology" means the observation,
2.24 description, evaluation, interpretation, or modification of human behavior by the
2.25 application of psychological principles, methods, or procedures for any reason, including
2.26 to prevent, eliminate, or manage symptomatic, maladaptive, or undesired behavior and to
2.27 enhance interpersonal relationships, work, life and developmental adjustment, personal
2.28 and organizational effectiveness, behavioral health, and mental health. The practice of
2.29 psychology includes, but is not limited to, the following services, regardless of whether
2.30 the provider receives payment for the services:

2.31 (1) psychological research and teaching of psychology;

2.32 (2) assessment, including psychological testing and other means of evaluating
2.33 personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and
2.34 neuropsychological functioning;

3.1 (3) a psychological report, whether written or oral, including testimony of a provider
3.2 as an expert witness, concerning the characteristics of an individual or entity;

3.3 (4) psychotherapy, including but not limited to, categories such as behavioral,
3.4 cognitive, emotive, systems, psychophysiological, or insight-oriented therapies;
3.5 counseling; hypnosis; and diagnosis and treatment of:

3.6 (i) mental and emotional disorder or disability;

3.7 (ii) alcohol and substance dependence or abuse;

3.8 (iii) disorders of habit or conduct;

3.9 (iv) the psychological aspects of physical illness or condition, accident, injury, or
3.10 disability, including the psychological impact of medications;

3.11 (v) life adjustment issues, including work-related and bereavement issues; and

3.12 (vi) child, family, or relationship issues;

3.13 (5) psychoeducational services and treatment; and

3.14 (6) consultation and supervision.

3.15 **Sec. 4. DEADLINE FOR APPOINTMENT.**

3.16 The Minnesota Psychological Association must appoint its member to the Health
3.17 Care Reform Review Council under section 2 no later than October 1, 2009.