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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **1440**

02/20/2017 Authored by Baker, Hamilton, Schomacker, Poston, Kresha and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
03/19/2018 Adoption of Report: Amended and re-referred to the Committee on Civil Law and Data Practices Policy

1.1 A bill for an act
1.2 relating to health; establishing the Opioid Addiction Prevention and Treatment
1.3 Advisory Council; establishing a special revenue fund for opioid addiction
1.4 prevention and treatment; appropriating money; requiring reports; proposing coding
1.5 for new law in Minnesota Statutes, chapter 151.

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

1.7 Section 1. **[151.255] OPIOID ADDICTION PREVENTION AND TREATMENT**
1.8 **ADVISORY COUNCIL.**

1.9 Subdivision 1. **Establishment of advisory council.** (a) The Opioid Addiction Prevention
1.10 and Treatment Advisory Council is established to confront the opioid addiction and overdose
1.11 epidemic in this state and focus on:

1.12 (1) prevention and education, including public education and awareness for adults and
1.13 youth, prescriber education, and the development and sustainability of opioid overdose
1.14 prevention programs;

1.15 (2) the expansion and enhancement of a continuum of care for opioid-related substance
1.16 use disorders, including primary prevention, early intervention, treatment, and recovery
1.17 services; and

1.18 (3) services to ensure overdose prevention as well as public safety and community
1.19 well-being, including expanding access to naloxone and providing social services to families
1.20 affected by the opioid overdose epidemic.

1.21 (b) The council shall:

2.1 (1) review local, state, and federal initiatives and activities related to education,
2.2 prevention, and services for individuals and families experiencing and affected by opioid
2.3 addiction;

2.4 (2) establish priorities and actions to address the state's opioid epidemic for the purpose
2.5 of allocating funds;

2.6 (3) ensure optimal allocation of available funding and alignment of existing state and
2.7 federal funding to achieve the greatest impact and ensure a coordinated state effort;

2.8 (4) develop criteria and procedures to be used in awarding grants and allocating available
2.9 funds from the opioid addiction prevention and treatment account; and

2.10 (5) develop measurable outcomes to determine the effectiveness of the funds allocated.

2.11 (c) The council shall make recommendations on grant and funding options for the funds
2.12 annually appropriated to the commissioner of human services from the opioid addiction
2.13 prevention and treatment account. The options for funding may include, but are not limited
2.14 to: prescriber education; the development and sustainability of prevention programs; the
2.15 creation of a continuum of care for opioid-related substance abuse disorders, including
2.16 primary prevention, early intervention, treatment, and recovery services; and additional
2.17 funding for child protection case management services for children and families affected
2.18 by opioid addiction. The council shall submit recommendations for funding options to the
2.19 commissioner of human services and to the chairs and ranking minority members of the
2.20 legislative committees with jurisdiction over health and human services policy and finance
2.21 by March 1 of each year, beginning March 1, 2019.

2.22 Subd. 2. **Membership.** (a) The council shall consist of 17 members appointed by the
2.23 commissioner of human services, except as otherwise specified:

2.24 (1) two members of the house of representatives, one from the majority party appointed
2.25 by the speaker of the house and one from the minority party appointed by the minority
2.26 leader;

2.27 (2) two members of the senate, one from the majority party appointed by the senate
2.28 majority leader and one from the minority party appointed by the senate minority leader;

2.29 (3) one member appointed by the Board of Pharmacy;

2.30 (4) one member who is a medical doctor appointed by the Minnesota chapter of the
2.31 American College of Emergency Physicians;

- 3.1 (5) one member representing programs licensed under chapter 245G that specialize in
3.2 servicing people with opioid use disorders;
- 3.3 (6) one member who is a medical doctor appointed by the Minnesota Hospital
3.4 Association;
- 3.5 (7) one member who is a medical doctor appointed by the Minnesota Society of Addiction
3.6 Medicine;
- 3.7 (8) one member representing a pain psychologist;
- 3.8 (9) one member appointed by the Steve Rummeler Hope Network;
- 3.9 (10) one member appointed by the Minnesota Ambulance Association;
- 3.10 (11) one member representing the Minnesota courts who is a judge or law enforcement
3.11 officer;
- 3.12 (12) one public member who is a Minnesota resident and who has been impacted by the
3.13 opioid epidemic;
- 3.14 (13) one member representing an Indian tribe;
- 3.15 (14) the commissioner of human services or designee; and
- 3.16 (15) the commissioner of health or designee.
- 3.17 (b) The commissioner shall coordinate appointments to provide geographic diversity
3.18 and shall ensure that at least one-half of council members reside outside of the seven-county
3.19 metropolitan area.
- 3.20 (c) The council is governed by section 15.059, except that members of the council shall
3.21 receive no compensation other than reimbursement for expenses. Notwithstanding section
3.22 15.059, subdivision 6, the council shall not expire.
- 3.23 (d) The chair shall convene the council at least quarterly, and may convene other meetings
3.24 as necessary. The chair shall convene meetings at different locations in the state to provide
3.25 geographic access and shall ensure that at least one-half of the meetings are held at locations
3.26 outside of the seven-county metropolitan area.
- 3.27 (e) The commissioner of human services shall provide staff and administrative services
3.28 for the advisory council.
- 3.29 (f) The council is subject to chapter 13D.

4.1 Sec. 2. [151.256] OPIOID ADDICTION PREVENTION AND TREATMENT
4.2 ACCOUNT.

4.3 Subdivision 1. Establishment. The opioid addiction prevention and treatment account
4.4 is established in the special revenue fund in the state treasury. All state appropriations to
4.5 the account, and any federal funds or grant dollars received for the prevention and treatment
4.6 of opioid addiction, shall be deposited into the account.

4.7 Subd. 2. Use of account funds. (a) For fiscal year 2019, money in the account is
4.8 appropriated as specified in section 3.

4.9 (b) For fiscal year 2020 and subsequent fiscal years, money in the opioid addiction
4.10 prevention and treatment account is appropriated to the commissioner of human services,
4.11 to be awarded, in consultation with the Opioid Addiction Prevention and Treatment Advisory
4.12 Council, as grants or as other funding as determined appropriate to address the opioid
4.13 epidemic in the state. Each recipient of grants or funding shall report to the commissioner
4.14 and the advisory council on how the funds were spent and the outcomes achieved, in the
4.15 form and manner specified by the commissioner.

4.16 Subd. 3. Annual report. Beginning January 15, 2019, and each January 15 thereafter,
4.17 the commissioner, in consultation with the Opioid Addiction Prevention and Treatment
4.18 Advisory Council, shall report to the chairs and ranking minority members of the legislative
4.19 committees with jurisdiction over health and human services policy and finance on the
4.20 grants and funds awarded under this section and section 3 and the outcomes achieved. Each
4.21 report must also identify those instances for which the commissioner did not follow the
4.22 recommendations of the advisory council and the commissioner's rationale for taking this
4.23 action.

4.24 Sec. 3. APPROPRIATION; OPIOID ADDICTION PREVENTION AND
4.25 TREATMENT.

4.26 Subdivision 1. Commissioner of human services. (a) For fiscal year 2019, \$16,500,000
4.27 is transferred from the general fund to the opioid addiction prevention and treatment account.
4.28 This money is appropriated from the account to the commissioner of human services. The
4.29 commissioner, in consultation with the Opioid Addiction Prevention and Treatment Advisory
4.30 Council, shall distribute the appropriation according to this subdivision.

4.31 (b) At least 30 percent of the available funds shall be used for county social services
4.32 agencies to provide services to children in placement who are affected by opioid addiction.
4.33 The commissioner shall distribute the money allocated under this subdivision proportionally

5.1 to counties based on the number of open child protection case management cases in the
5.2 county using data from the previous calendar year.

5.3 (c) At least ten percent of the available funds shall be used to provide grants to county
5.4 boards to fund programs and services to prevent and treat opioid addiction.

5.5 (d) The commissioner may use up to five percent of the available funds for administration
5.6 of this section and to provide staff and administrative services for the Opioid Addiction
5.7 Prevention and Treatment Advisory Council.

5.8 (e) The remaining appropriation must be used for the following purposes:

5.9 (1) providing grants to nonprofit organizations, including grants to regional emergency
5.10 medical services programs regulated under Minnesota Statutes, section 144E.50, for the
5.11 purpose of expanding prescriber education and public awareness and the purchase of opiate
5.12 antagonists for distribution to the health care and public safety communities; and

5.13 (2) providing a five percent increase in medical assistance payment rates for substance
5.14 use disorder services under Minnesota Statutes, section 254B.05, subdivision 5.

5.15 (f) Each recipient of grants or funding shall report to the commissioner and the Opioid
5.16 Addiction Prevention and Treatment Advisory Council on how the funds were spent and
5.17 the outcomes achieved, in the form and manner specified by the commissioner.

5.18 (g) Of the amount transferred in paragraph (a), \$15,000,000 shall remain as base funding
5.19 for the opioid addiction prevention and treatment account for fiscal year 2020 and subsequent
5.20 fiscal years.

5.21 Subd. 2. **Board of Pharmacy.** For fiscal year 2019, \$3,500,000 from the general fund
5.22 is transferred to the opioid addiction prevention and treatment account. This money is
5.23 appropriated from the account to the Board of Pharmacy, to integrate the prescription
5.24 monitoring program database with electronic health records on a statewide basis. The board
5.25 may use this funding to contract with a vendor for technical assistance, provide grants to
5.26 health care providers, and to make any necessary technological modifications to the
5.27 prescription monitoring program database. This funding does not cancel and is available
5.28 until expended.

5.29 Sec. 4. **APPROPRIATION; BEYOND OPIOIDS PROJECT.**

5.30 \$1,600,000 in fiscal year 2018 is appropriated from the general fund to the commissioner
5.31 of administration for grants to Twin Cities Public Television and to the Association of
5.32 Minnesota Public Educational Radio Stations to produce the Beyond Opioids Project in

6.1 collaboration with the stations of the Minnesota Public Television Association. Seventy
6.2 percent of this funding shall go to Twin Cities Public Television and 30 percent shall go to
6.3 the Association of Minnesota Public Educational Radio Stations. This appropriation is
6.4 available until June 30, 2019.

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

6.6 Sec. 5. **ADVISORY COUNCIL FIRST MEETING.**

6.7 The commissioner of human services shall convene the first meeting of the Opioid
6.8 Addiction Prevention and Treatment Advisory Council established under Minnesota Statutes,
6.9 section 151.255, no later than October 1, 2018. The members shall elect a chair at the first
6.10 meeting.