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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2140

03/06/2017 Authored by Kresha; Dean, M.; Liebling; Murphy, E.; Baker and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
By motion, recalled and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; requiring the commissioner of health to establish opioid abuse
1.3 prevention pilot projects; appropriating money.

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

1.5 Section 1. OPIOID ABUSE PREVENTION.

1.6 (a) The commissioner of health shall establish opioid abuse prevention pilot projects in
1.7 geographic areas throughout the state, to reduce opioid abuse through the use of controlled
1.8 substance care teams and community-wide coordination of abuse-prevention initiatives.
1.9 The commissioner may award up to grants to health care providers, health plan
1.10 companies, local units of government, or other entities to establish pilot projects.

1.11 (b) Each pilot project must:

1.12 (1) be designed to reduce emergency room and other health care provider visits resulting
1.13 from opioid use or abuse, and reduce rates of opioid addiction in the community;

1.14 (2) establish multidisciplinary controlled substance care teams, that may consist of
1.15 physicians, pharmacists, social workers, nurse care coordinators, and mental health
1.16 professionals;

1.17 (3) deliver health care services and care coordination, through controlled substance care
1.18 teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

1.19 (4) address any unmet social service needs that create barriers to managing pain
1.20 effectively and obtaining optimal health outcomes;

2.1 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate
2.2 prescribing and dispensing of opioids;

2.3 (6) promote the adoption of best practices related to opioid disposal and reducing
2.4 opportunities for illegal access to opioids; and

2.5 (7) engage partners outside of the health care system, including schools, law enforcement,
2.6 and social services, to address root causes of opioid abuse and addiction at the community
2.7 level.

2.8 (c) The commissioner shall contract with an accountable community for health that
2.9 operates an opioid abuse prevention project, and can document success in reducing opioid
2.10 use through the use of controlled substance care teams, to assist the commissioner in
2.11 administering this section, and to provide technical assistance to the commissioner and to
2.12 entities selected to operate a pilot project.

2.13 (d) The contract under paragraph (c) shall require the accountable community for health
2.14 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate
2.15 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,
2.16 the number of emergency room visits related to opioid use, and other relevant measures.
2.17 The accountable community for health shall report evaluation results to the chairs and
2.18 ranking minority members of the legislative committees with jurisdiction over health and
2.19 human services policy and finance and public safety by December 15, 2019.

2.20 **Sec. 2. APPROPRIATION.**

2.21 \$..... for the biennium ending June 30, 2019, is appropriated from the general fund to
2.22 the commissioner of health to implement opioid abuse prevention pilot projects and to
2.23 contract with an accountable community for health for administrative and technical assistance,
2.24 and for an evaluation of the pilot projects.