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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2257

03/07/2019 Authored by Kresha, Olson and Theis
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; requiring the commissioner of human services to
1.3 establish opioid abuse 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 PILOT PROJECTS.

1.6 (a) The commissioner of human services shall establish opioid abuse prevention pilot
1.7 projects in geographic areas throughout the state based on the most recently available data
1.8 on opioid overdose and abuse rates, to reduce opioid abuse through the use of controlled
1.9 substance care teams and community-wide coordination of abuse prevention initiatives.
1.10 The commissioner shall award grants to health care providers, tribal governments, or other
1.11 entities to establish pilot projects.

1.12 (b) Each pilot project must:

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

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

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

1.20 (4) include one or more physicians who have obtained federal waivers to provide
1.21 medication-assisted treatment for opioid use disorders;

2.1 (5) address any unmet social service needs that create barriers to managing pain  
2.2 effectively and obtaining optimal health outcomes;

2.3 (6) provide prescriber and dispenser education and assistance to reduce the inappropriate  
2.4 prescribing and dispensing of opioids;

2.5 (7) promote the adoption of best practices related to opioid disposal and reducing  
2.6 opportunities for illegal access to opioids;

2.7 (8) engage partners outside of the health care system, including schools, law enforcement,  
2.8 and social services, to address root causes of opioid abuse and addiction at the community  
2.9 level; and

2.10 (9) participate in a web-based educational telehealth series to further the qualifications  
2.11 of the project's care team.

2.12 (c) The commissioner, using a competitive request for proposal process, shall contract  
2.13 with an accountable community for health that operates an opioid abuse prevention project  
2.14 and a web-based educational telehealth series, and can document success in reducing opioid  
2.15 use through the use of controlled substance care teams, to assist the commissioner in  
2.16 administering this section and to provide technical assistance to the commissioner and to  
2.17 entities selected to operate a pilot project.

2.18 (d) The contract under paragraph (c) shall require the accountable community for health  
2.19 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate  
2.20 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,  
2.21 number of emergency room visits related to opioid use, number of buprenorphine patients,  
2.22 number of providers offering medication-assisted treatment, and other relevant measures.  
2.23 The accountable community for health shall report evaluation results to the chairs and  
2.24 ranking minority members of the legislative committees with jurisdiction over health and  
2.25 human services policy and finance and public safety by December 15, 2019.

2.26 (e) The commissioner may award one grant that, in addition to the other requirements  
2.27 of this section, allows a root cause approach to reduce opioid abuse in an American Indian  
2.28 community.

2.29 **Sec. 2. APPROPRIATION.**

2.30 (a) \$6,400,000 is appropriated from the general fund to the commissioner of human  
2.31 services, for the biennium beginning July 1, 2019, to establish opioid abuse prevention pilot  
2.32 projects. Of this amount, \$400,000 each fiscal year is for the entity under contract with the  
2.33 commissioner to provide technical assistance to the commissioner and to grantees.

3.1 (b) The base funding for this initiative for the biennium beginning July 1, 2021, is  
3.2 \$7,800,000. Of this amount, \$400,000 each fiscal year is for the entity under contract with  
3.3 the commissioner to provide technical assistance to the commissioner and to grantees.

3.4 (c) The base funding for this initiative for the biennium beginning July 1, 2023, is  
3.5 \$3,800,000. Of this amount, \$400,000 each fiscal year is for the entity under contract with  
3.6 the commissioner to provide technical assistance to the commissioner and to grantees.