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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **400**

01/28/2019 Authored by Olson, Baker, Winkler, Koegel, Halverson and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Policy  
01/31/2019 Adoption of Report: Amended and re-referred to the Committee on Commerce

1.1 A bill for an act  
1.2 relating to health; establishing the Opioid Stewardship Advisory Council;  
1.3 establishing the opioid stewardship account; establishing an opiate product  
1.4 registration fee; modifying provisions related to opioid addiction prevention,  
1.5 education, intervention, treatment, and recovery; appropriating money; requiring  
1.6 reports; amending Minnesota Statutes 2018, sections 16A.151, subdivision 2;  
1.7 120B.021, subdivision 1; 145.9269, subdivision 1; 151.252, subdivision 1; 151.37,  
1.8 subdivision 12; 151.47, by adding a subdivision; 151.71, by adding a subdivision;  
1.9 152.105, subdivision 2; 152.11, subdivision 2d, by adding subdivisions; 214.12,  
1.10 by adding subdivisions; proposing coding for new law in Minnesota Statutes,  
1.11 chapters 62Q; 120B; 144; 145; 151.

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

1.13 **ARTICLE 1**  
1.14 **OPIOID PRODUCT STEWARDSHIP**

1.15 Section 1. Minnesota Statutes 2018, section 16A.151, subdivision 2, is amended to read:

1.16 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific  
1.17 injured persons or entities, this section does not prohibit distribution of money to the specific  
1.18 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.  
1.19 If money recovered on behalf of injured persons or entities cannot reasonably be distributed  
1.20 to those persons or entities because they cannot readily be located or identified or because  
1.21 the cost of distributing the money would outweigh the benefit to the persons or entities, the  
1.22 money must be paid into the general fund.

1.23 (b) Money recovered on behalf of a fund in the state treasury other than the general fund  
1.24 may be deposited in that fund.

2.1 (c) This section does not prohibit a state official from distributing money to a person or  
2.2 entity other than the state in litigation or potential litigation in which the state is a defendant  
2.3 or potential defendant.

2.4 (d) State agencies may accept funds as directed by a federal court for any restitution or  
2.5 monetary penalty under United States Code, title 18, section 3663(a)(3) or United States  
2.6 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue  
2.7 account and are appropriated to the commissioner of the agency for the purpose as directed  
2.8 by the federal court.

2.9 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph  
2.10 (t), may be deposited as provided in section 16A.98, subdivision 12.

2.11 (f) Any revenues received by the state from the settlement of legal proceedings against  
2.12 opioid manufacturers (State of Minnesota by its Attorney General Keith Ellison v. Purdue  
2.13 Pharma, LP, et al., No. 27-CV-10788, Fourth Judicial District) shall be deposited into the  
2.14 opioid stewardship account established under section 151.256.

2.15 Sec. 2. Minnesota Statutes 2018, section 151.252, subdivision 1, is amended to read:

2.16 Subdivision 1. **Requirements.** (a) No person shall act as a drug manufacturer without  
2.17 first obtaining a license from the board and paying any applicable fee specified in section  
2.18 151.065.

2.19 (b) In addition to the license required under paragraph (a), a manufacturer of a Schedule  
2.20 II through IV opiate controlled substance must pay the applicable registration fee specified  
2.21 in section 151.77, subdivision 3, by June 1 of each year, beginning June 1, 2020. In the  
2.22 event of a change of ownership of the manufacturer, the new owner must pay the registration  
2.23 fee specified under section 151.77, subdivision 3, that the original owner would have been  
2.24 assessed had it retained ownership. The board may assess a late fee of ten percent per month  
2.25 for every portion of a month that the registration fee is paid after the due date.

2.26 ~~(b)~~ (c) Application for a drug manufacturer license under this section shall be made in  
2.27 a manner specified by the board.

2.28 ~~(e)~~ (d) No license shall be issued or renewed for a drug manufacturer unless the applicant  
2.29 agrees to operate in a manner prescribed by federal and state law and according to Minnesota  
2.30 Rules.

2.31 ~~(d)~~ (e) No license shall be issued or renewed for a drug manufacturer that is required to  
2.32 be registered pursuant to United States Code, title 21, section 360, unless the applicant  
2.33 supplies the board with proof of registration. The board may establish by rule the standards

3.1 for licensure of drug manufacturers that are not required to be registered under United States  
3.2 Code, title 21, section 360.

3.3 ~~(e)~~ (f) No license shall be issued or renewed for a drug manufacturer that is required to  
3.4 be licensed or registered by the state in which it is physically located unless the applicant  
3.5 supplies the board with proof of licensure or registration. The board may establish, by rule,  
3.6 standards for the licensure of a drug manufacturer that is not required to be licensed or  
3.7 registered by the state in which it is physically located.

3.8 ~~(f)~~ (g) The board shall require a separate license for each facility located within the state  
3.9 at which drug manufacturing occurs and for each facility located outside of the state at  
3.10 which drugs that are shipped into the state are manufactured.

3.11 ~~(g)~~ (h) The board shall not issue an initial or renewed license for a drug manufacturing  
3.12 facility unless the facility passes an inspection conducted by an authorized representative  
3.13 of the board. In the case of a drug manufacturing facility located outside of the state, the  
3.14 board may require the applicant to pay the cost of the inspection, in addition to the license  
3.15 fee in section 151.065, unless the applicant furnishes the board with a report, issued by the  
3.16 appropriate regulatory agency of the state in which the facility is located or by the United  
3.17 States Food and Drug Administration, of an inspection that has occurred within the 24  
3.18 months immediately preceding receipt of the license application by the board. The board  
3.19 may deny licensure unless the applicant submits documentation satisfactory to the board  
3.20 that any deficiencies noted in an inspection report have been corrected.

3.21 Sec. 3. **[151.255] OPIOID STEWARDSHIP ADVISORY COUNCIL.**

3.22 Subdivision 1. Establishment of advisory council. (a) The Opioid Stewardship Advisory  
3.23 Council is established to confront the opioid addiction and overdose epidemic in this state  
3.24 and focus on:

3.25 (1) prevention and education, including public education and awareness for adults and  
3.26 youth, prescriber education, and the development and sustainability of substance use disorder  
3.27 programs;

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

3.31 (3) training on the treatment of opioid addiction, including the use of all FDA-approved  
3.32 opioid addiction medications, detoxification, relapse prevention, patient assessment,

4.1 individual treatment planning, counseling, recovery supports, diversion control, and other  
4.2 best practices; and

4.3 (4) services to ensure overdose prevention as well as public safety and community  
4.4 well-being, including expanding access to FDA-approved opioid addiction medications and  
4.5 providing social services to families affected by the opioid overdose epidemic.

4.6 (b) The council shall:

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

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

4.12 (3) ensure available funding is aligned with existing state and federal funding to achieve  
4.13 the greatest impact and ensure a coordinated state effort;

4.14 (4) develop criteria and procedures to be used in awarding grants and allocating available  
4.15 funds from the opioid stewardship account; and

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

4.17 (c) The council shall make recommendations on grant and funding options for the funds  
4.18 annually appropriated to the commissioner of human services from the opioid stewardship  
4.19 account. The options for funding may include but are not limited to: prescriber education;  
4.20 the development and sustainability of prevention programs; the creation of a continuum of  
4.21 care for opioid-related substance abuse disorders, including primary prevention, early  
4.22 intervention, treatment, and recovery services; and additional funding for child protection  
4.23 case management services for children and families affected by opioid addiction. The council  
4.24 shall submit recommendations for funding options to the commissioner of human services  
4.25 and to the chairs and ranking minority members of the legislative committees with jurisdiction  
4.26 over health and human services policy and finance by March 1 of each year, beginning  
4.27 March 1, 2020.

4.28 Subd. 2. **Membership.** (a) The council shall consist of 20 members, appointed by the  
4.29 commissioner of human services except as otherwise specified:

4.30 (1) two members of the house of representatives, one from the majority party appointed  
4.31 by the speaker of the house and one from the minority party appointed by the minority  
4.32 leader of the house of representatives;

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

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

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

5.6 (5) one member representing programs licensed under chapter 245G that specialize in  
5.7 servicing people with opioid use disorders;

5.8 (6) one member representing the National Alliance on Mental Illness (NAMI);

5.9 (7) one member who is a medical doctor appointed by the Minnesota Society of Addiction  
5.10 Medicine;

5.11 (8) one member representing professionals providing alternative pain management  
5.12 therapies;

5.13 (9) the commissioner of education or a designee;

5.14 (10) one member representing the Minnesota courts who is a judge or law enforcement  
5.15 officer;

5.16 (11) one member representing the Minnesota Hospital Association;

5.17 (12) one member representing an Indian tribe;

5.18 (13) the commissioner of human services or a designee;

5.19 (14) the commissioner of corrections or a designee;

5.20 (15) one advanced practice registered nurse appointed by the Board of Nursing;

5.21 (16) the commissioner of health or a designee;

5.22 (17) one member representing a local health department; and

5.23 (18) one member with personal experience of opioid addiction, representing a nonprofit  
5.24 entity specializing in providing support to persons recovering from substance use disorder.

5.25 (b) The commissioner shall coordinate appointments to provide geographic diversity  
5.26 and shall ensure that at least one-half of council members reside outside of the seven-county  
5.27 metropolitan area.

5.28 (c) The council is governed by section 15.059, except that members of the council shall  
5.29 receive no compensation other than reimbursement for expenses. Notwithstanding section  
5.30 15.059, subdivision 6, the council shall not expire.

6.1 (d) The chair shall convene the council on a quarterly basis and may convene other  
6.2 meetings as necessary. The chair shall convene meetings at different locations in the state  
6.3 to provide geographic access and shall ensure that at least one-half of the meetings are held  
6.4 at locations outside of the seven-county metropolitan area.

6.5 (e) The commissioner of human services shall provide staff and administrative services  
6.6 for the advisory council.

6.7 (f) The council is subject to chapter 13D.

6.8 Sec. 4. **[151.256] OPIOID STEWARDSHIP ACCOUNT.**

6.9 Subdivision 1. **Establishment.** The opioid stewardship account is established in the  
6.10 state government special revenue fund in the state treasury. The registration fees collected  
6.11 by the Board of Pharmacy under section 151.77 shall be deposited into the account. All  
6.12 state appropriations to the account shall be deposited into the account.

6.13 Subd. 2. **Use of account funds.** (a) For fiscal year 2020, money in the account is  
6.14 appropriated as specified in article 5.

6.15 (b) For fiscal year 2021 and subsequent fiscal years, money in the opioid stewardship  
6.16 account is appropriated to the commissioner of human services, to be distributed, in  
6.17 consultation with the Opioid Advisory Council, as grants or other funding, or as transfers  
6.18 to the Department of Health and other state agencies, as determined appropriate to address  
6.19 the opioid epidemic in the state. The commissioner may retain up to five percent of the  
6.20 appropriation for administrative costs of implementing this paragraph and for administrative  
6.21 costs related to the Opioid Stewardship Advisory Council. The commissioner, in consultation  
6.22 with the advisory council, may provide additional appropriations for the initiatives funded  
6.23 in article 5. Each recipient of grants or funding shall report to the commissioner and the  
6.24 advisory council on how the funds were spent and the outcomes achieved, in the form and  
6.25 manner specified by the commissioner.

6.26 Subd. 3. **Annual report.** Beginning January 15, 2020, and each January 15 thereafter,  
6.27 the commissioner, in consultation with the Opioid Stewardship Advisory Council, shall  
6.28 report to the chairs and ranking minority members of the legislative committees with  
6.29 jurisdiction over health and human services policy and finance on the grants and funds  
6.30 awarded under this section and article 5 and the outcomes achieved. Each report must also  
6.31 identify those instances for which the commissioner did not follow the recommendations  
6.32 of the advisory council and the commissioner's rationale for taking this action.

7.1 Sec. 5. Minnesota Statutes 2018, section 151.47, is amended by adding a subdivision to  
7.2 read:

7.3 Subd. 1a. **Controlled substance wholesale drug distributor requirements.** In addition  
7.4 to the license required under subdivision 1, a wholesale drug distributor distributing a  
7.5 Schedule II through IV opiate controlled substance must pay the applicable registration fee  
7.6 specified in section 151.77, subdivision 4, by June 1 of each year beginning June 1, 2020.  
7.7 In the event of a change in ownership of the wholesale drug distributor, the new owner must  
7.8 pay the registration fee specified in section 151.77, subdivision 4, that the original owner  
7.9 would have been assessed had it retained ownership. The board may assess a late fee of ten  
7.10 percent per month for every portion of a month that the registration fee is paid after the due  
7.11 date.

7.12 Sec. 6. **[151.77] OPIATE PRODUCT REGISTRATION FEE.**

7.13 Subdivision 1. **Definition.** For purposes of this section, the following terms have the  
7.14 meanings given them in this subdivision.

7.15 (1) "manufacturer" means a manufacturer licensed under section 151.252 that is engaged  
7.16 in the manufacturing of an opiate;

7.17 (2) "opiate" means any opiate-containing controlled substance listed in section 152.02,  
7.18 subdivisions 3 to 5, that is distributed, delivered, sold, or dispensed into or within this state;  
7.19 and

7.20 (3) "wholesaler" means a wholesale drug distributor who is licensed under section 151.47,  
7.21 and is engaged in the wholesale drug distribution of an opiate.

7.22 Subd. 2. **Reporting requirements.** (a) By March 1 of each year, beginning March 1,  
7.23 2020, each manufacturer and each wholesale drug distributor must report to the board every  
7.24 sale, delivery, or other distribution within or into this state of any opiate that is made to any  
7.25 practitioner, pharmacy, hospital, veterinary hospital, or other person who is permitted by  
7.26 section 151.37 to possess controlled substances for administration or dispensing to patients  
7.27 that occurred during the previous calendar year. Reporting must be in the automation of  
7.28 reports and consolidated orders system format unless otherwise specified by the board. If  
7.29 a manufacturer or wholesaler fails to provide information required under this paragraph on  
7.30 a timely basis, the board may assess an administrative penalty of \$500 per day. This penalty  
7.31 shall not be considered a form of disciplinary action.

7.32 (b) By March 1 of each year, beginning March 1, 2020, each owner of a pharmacy with  
7.33 at least one location within this state must report to the board the intracompany delivery or

8.1 distribution into this state of any opiate, to the extent that those deliveries and distributions  
8.2 are not reported to the board by a licensed wholesale drug distributor owned by, under  
8.3 contract to, or otherwise operating on behalf of the owner of the pharmacy. Reporting must  
8.4 be in the manner and format specified by the board for deliveries and distributions that  
8.5 occurred during the previous calendar year. The report must include the name of the  
8.6 manufacturer or wholesaler from which the owner of the pharmacy ultimately purchased  
8.7 the opiate, and the amount and date that the purchases occurred.

8.8 Subd. 3. **Determination of each manufacturer's registration fee.** (a) The board shall  
8.9 annually assess manufacturer registration fees that in an aggregate amount total \$12,000,000.  
8.10 The board shall determine each manufacturer's annual registration fee that is prorated and  
8.11 based on the manufacturer's percentage of the total number of units reported to the board  
8.12 under subdivision 2.

8.13 (b) By April 1 of each year, beginning April 1, 2020, the board shall notify each  
8.14 manufacturer of the annual amount of the manufacturer's registration fee to be paid by June  
8.15 1, in accordance with section 151.252, subdivision 1, paragraph (b).

8.16 (c) In conjunction with the data reported under this section, and notwithstanding section  
8.17 152.126, subdivision 6, the board may use the data reported under section 152.126,  
8.18 subdivision 4, to determine the manufacturer registration fees required under this subdivision.

8.19 (d) A manufacturer may dispute the registration fee as determined by the board no later  
8.20 than 30 days after the date of notification; however, the manufacturer must still remit the  
8.21 fee as required by section 151.252, subdivision 1, paragraph (b). The dispute must be filed  
8.22 with the board in the manner and using the forms specified by the board. A manufacturer  
8.23 must submit, with the required forms, data satisfactory to the board that demonstrates that  
8.24 the registration fee was incorrect. The board must make a decision concerning a dispute no  
8.25 later than 60 days after receiving the required dispute forms. If the board determines that  
8.26 the manufacturer has satisfactorily demonstrated that the original fee was incorrect, the  
8.27 board must adjust the manufacturer's registration fee due the next year by the amount that  
8.28 is in excess of the correct fee that should have been paid.

8.29 Subd. 4. **Determination of each wholesaler's registration fee.** (a) The board shall  
8.30 annually assess wholesaler registration fees that in an aggregate amount total \$8,000,000.  
8.31 The board shall determine each wholesaler's annual registration fee that is prorated and  
8.32 based on the wholesaler's percentage of the total number of units reported to the board under  
8.33 subdivision 2. This paragraph does not apply to a wholesaler if the wholesaler is also licensed  
8.34 as a drug manufacturer under section 151.252.

9.1 (b) By April 1 of each year, beginning April 1, 2020, the board shall notify each  
9.2 wholesaler of the annual amount of the wholesaler's registration fee to be paid by June 1,  
9.3 in accordance with section 151.47, subdivision 1a.

9.4 (c) A wholesaler may dispute the registration fee as determined by the board no later  
9.5 than 30 days after the date of notification. However, the wholesaler must still remit the fee  
9.6 as required by section 151.47, subdivision 1a. The dispute must be filed with the board in  
9.7 the manner and using the forms specified by the board. A wholesaler must submit, with the  
9.8 required forms, data satisfactory to the board that demonstrates that the registration fee was  
9.9 incorrect. The board must make a decision concerning a dispute no later than 60 days after  
9.10 receiving the required dispute forms. If the board determines that the wholesaler has  
9.11 satisfactorily demonstrated that the original fee was incorrect, the board must adjust the  
9.12 wholesaler's registration fee due the next year by the amount that is in excess of the correct  
9.13 fee that should have been paid.

9.14 Subd. 5. **Report.** (a) The Board of Pharmacy shall evaluate the registration fee on drug  
9.15 manufacturers and wholesalers established under this section, and whether the fee has  
9.16 impacted the prescribing practices for opiates by reducing the number of opiate prescriptions  
9.17 issued during calendar years 2020, 2021, and 2022, to the extent the board has the ability  
9.18 to effectively identify a correlation. Notwithstanding section 152.126, subdivision 6, the  
9.19 board may access the data reported under section 152.126, subdivision 4, to conduct this  
9.20 evaluation.

9.21 (b) The board shall submit the results of its evaluation to the chairs and ranking minority  
9.22 members of the legislative committees with jurisdiction over health and human services  
9.23 policy and finance by March 1, 2023.

9.24 Subd. 6. **Legislative review.** The legislature shall review the reports from the Opioid  
9.25 Stewardship Advisory Council under section 151.255, subdivision 1, paragraph (c), the  
9.26 report from the Board of Pharmacy under subdivision 5, and any other relevant report or  
9.27 information related to the opioid crisis in Minnesota, to make a determination about whether  
9.28 the opiate product registration fee assessed under this section should continue beyond July  
9.29 1, 2023.

9.30 Sec. 7. **ADVISORY COUNCIL FIRST MEETING.**

9.31 The commissioner of human services shall convene the first meeting of the Opioid  
9.32 Stewardship Advisory Council established under Minnesota Statutes, section 151.255, no  
9.33 later than October 1, 2019. The members shall elect a chair at the first meeting.

**ARTICLE 2****HEALTH PLAN COMPANY REQUIREMENTS**Section 1. **[62Q.528] COVERAGE FOR PAIN MANAGEMENT SERVICES.**

All health plans must cover acupuncture services for the treatment of pain and ongoing pain management when those services are performed by an individual who is licensed as:

(1) an acupuncture practitioner under chapter 147B; or

(2) a chiropractor under chapter 148.

**EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health plans offered, issued, or renewed to a Minnesota resident on or after that date.

Sec. 2. Minnesota Statutes 2018, section 151.71, is amended by adding a subdivision to read:

**Subd. 3. Lowest cost to consumers.** (a) A health plan company or pharmacy benefits manager shall not require an individual to make a payment at the point of sale for a covered prescription medication in an amount greater than the allowable cost to consumers, as defined in paragraph (b).

(b) For purposes of paragraph (a), "allowable cost to consumers" means the lowest of:  
(1) the applicable co-payment for the prescription medication; or (2) the amount an individual would pay for the prescription medication if the individual purchased the prescription medication without using a health plan benefit.

**ARTICLE 3****PREVENTION AND EDUCATION**

Section 1. Minnesota Statutes 2018, section 120B.021, subdivision 1, is amended to read:

Subdivision 1. **Required academic standards.** (a) The following subject areas are required for statewide accountability:

(1) language arts;

(2) mathematics;

(3) science;

(4) social studies, including history, geography, economics, and government and citizenship that includes civics consistent with section 120B.02, subdivision 3;

(5) physical education;

11.1 (6) health, for which locally developed academic standards apply, consistent with  
11.2 paragraph (e); and

11.3 (7) the arts, for which statewide or locally developed academic standards apply, as  
11.4 determined by the school district. Public elementary and middle schools must offer at least  
11.5 three and require at least two of the following four arts areas: dance; music; theater; and  
11.6 visual arts. Public high schools must offer at least three and require at least one of the  
11.7 following five arts areas: media arts; dance; music; theater; and visual arts.

11.8 (b) For purposes of applicable federal law, the academic standards for language arts,  
11.9 mathematics, and science apply to all public school students, except the very few students  
11.10 with extreme cognitive or physical impairments for whom an individualized education  
11.11 program team has determined that the required academic standards are inappropriate. An  
11.12 individualized education program team that makes this determination must establish  
11.13 alternative standards.

11.14 (c) The department must adopt the most recent SHAPE America (Society of Health and  
11.15 Physical Educators) kindergarten through grade 12 standards and benchmarks for physical  
11.16 education as the required physical education academic standards. The department may  
11.17 modify and adapt the national standards to accommodate state interest. The modification  
11.18 and adaptations must maintain the purpose and integrity of the national standards. The  
11.19 department must make available sample assessments, which school districts may use as an  
11.20 alternative to local assessments, to assess students' mastery of the physical education  
11.21 standards beginning in the 2018-2019 school year.

11.22 (d) A school district may include child sexual abuse prevention instruction in a health  
11.23 curriculum, consistent with paragraph (a), clause (6). Child sexual abuse prevention  
11.24 instruction may include age-appropriate instruction on recognizing sexual abuse and assault,  
11.25 boundary violations, and ways offenders groom or desensitize victims, as well as strategies  
11.26 to promote disclosure, reduce self-blame, and mobilize bystanders. A school district may  
11.27 provide instruction under this paragraph in a variety of ways, including at an annual assembly  
11.28 or classroom presentation. A school district may also provide parents information on the  
11.29 warning signs of child sexual abuse and available resources.

11.30 (e) A school district must include instruction in a health curriculum for students in grades  
11.31 5, 6, 8, 10, and 12 on substance misuse prevention, including opioids; controlled substances  
11.32 as defined in section 152.01, subdivision 4; prescription and nonprescription medications;  
11.33 and illegal drugs. A school district is not required to use a specific methodology or  
11.34 curriculum.

12.1 ~~(e)~~ (f) District efforts to develop, implement, or improve instruction or curriculum as a  
12.2 result of the provisions of this section must be consistent with sections 120B.10, 120B.11,  
12.3 and 120B.20.

12.4 **EFFECTIVE DATE.** This section is effective for the 2020-2021 school year and later.

12.5 Sec. 2. **[120B.215] SUBSTANCE MISUSE PREVENTION.**

12.6 School districts and charter schools are encouraged to provide substance misuse  
12.7 prevention instruction for students in grades 5 through 12 integrated into existing programs,  
12.8 curriculum, or the general school environment of a district or charter school. The  
12.9 commissioner of education, in consultation with the director of the Alcohol and Other Drug  
12.10 Abuse Section under section 254A.03 and substance misuse prevention and treatment  
12.11 organizations, must, upon request, provide districts and charter schools with:

12.12 (1) information regarding substance misuse prevention services; and

12.13 (2) assistance in using Minnesota student survey results to inform prevention programs.

12.14 **EFFECTIVE DATE.** This section is effective July 1, 2019.

12.15 Sec. 3. **[144.348] VOLUNTARY NONOPIOID DIRECTIVE.**

12.16 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions  
12.17 apply.

12.18 (b) "Commissioner" means the commissioner of health.

12.19 (c) "Opioid" means any product containing opium or opiates listed in section 152.02,  
12.20 subdivision 3, paragraphs (b) and (c); any product containing narcotics listed in section  
12.21 152.02, subdivision 4, paragraphs (e) and (h); or any product containing narcotic drugs  
12.22 listed in section 152.02, subdivision 5, paragraph (b), other than products containing  
12.23 difenoxin or eluxadoline.

12.24 Subd. 2. **Execution of directive.** (a) An individual who is 18 years of age or older or  
12.25 an emancipated minor, a parent or legal guardian of a minor, or an individual's guardian or  
12.26 other person appointed by the individual or the court to manage the individual's health care  
12.27 may execute a voluntary nonopioid directive instructing health care providers that an opioid  
12.28 may not be administered or prescribed to the individual or the minor. The directive must  
12.29 be in the format prescribed by the commissioner. The person executing the directive may  
12.30 submit the directive to a health care provider or hospital.

13.1 (b) An individual executing a directive may revoke the directive at any time in writing  
13.2 or orally.

13.3 Subd. 3. **Duties of the commissioner.** The commissioner shall adopt rules establishing  
13.4 requirements related to the use of voluntary nonopioid health care directives. The  
13.5 requirements must address:

13.6 (1) verification by a health care provider and comply with the written consent  
13.7 requirements under United States Code, title 42, section 290dd-2(b);

13.8 (2) standard procedures for the person executing a directive to use when submitting the  
13.9 directive to a health care provider or hospital;

13.10 (3) procedures to include the directive in the individual's medical record or interoperable  
13.11 electronic health record, and to submit the directive to the prescription monitoring program  
13.12 database;

13.13 (4) procedures to modify, override, or revoke a directive;

13.14 (5) exemptions for the administration of naloxone or other opioid overdose drugs in an  
13.15 emergency situation;

13.16 (6) confidentiality of a voluntary nonopioid directive; and

13.17 (7) exemptions for an opioid used to treat substance abuse or opioid dependence.

13.18 Subd. 4. **Exemption from liability.** (a) A health care provider, a hospital, or an employee  
13.19 of a health care provider or hospital may not be subject to disciplinary action by the health  
13.20 care provider's or employee's professional licensing board or held civilly or criminally liable  
13.21 for failure to administer, prescribe, or dispense an opioid, or for inadvertent administration  
13.22 of an opioid, to an individual or minor who has a voluntary nonopioid directive.

13.23 (b) A prescription presented to a pharmacy is presumed to be valid, and a pharmacist  
13.24 may not be subject to disciplinary action by the pharmacist's professional licensing board  
13.25 or held civilly or criminally liable for dispensing an opioid in contradiction to an individual's  
13.26 or minor's voluntary nonopioid directive.

13.27 Subd. 5. **Construction.** Nothing in this section shall be construed to:

13.28 (1) alter a health care directive under chapter 145C;

13.29 (2) limit the prescribing, dispensing, or administering of an opioid overdose drug; or

13.30 (3) limit an authorized health care provider or pharmacist from prescribing, dispensing,  
13.31 or administering an opioid for the treatment of substance abuse or opioid dependence.

14.1 Sec. 4. Minnesota Statutes 2018, section 152.105, subdivision 2, is amended to read:

14.2 Subd. 2. **Sheriff to maintain collection receptacle.** The sheriff of each county shall  
14.3 maintain or contract for the maintenance of at least one collection receptacle for the disposal  
14.4 of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs,  
14.5 as permitted by federal law. For purposes of this section, "legend drug" has the meaning  
14.6 given in section 151.01, subdivision 17. The collection receptacle must comply with federal  
14.7 law. In maintaining and operating the collection receptacle, the sheriff shall follow all  
14.8 applicable provisions of Code of Federal Regulations, title 21, parts 1300, 1301, 1304, 1305,  
14.9 1307, and 1317, as amended through May 1, 2017. The sheriff of each county may meet  
14.10 the requirements of this subdivision through the use of an alternative method for the disposal  
14.11 of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs  
14.12 that has been approved by the Minnesota Pollution Control Agency, in consultation with  
14.13 the Board of Pharmacy. This may include making available to the public, without charge,  
14.14 at-home prescription drug deactivation and disposal products that render drugs and  
14.15 medications inert and irretrievable.

14.16 Sec. 5. Minnesota Statutes 2018, section 152.11, subdivision 2d, is amended to read:

14.17 Subd. 2d. **Identification requirement for ~~Schedule II or III~~ controlled substance**  
14.18 **prescriptions.** ~~(a)~~ No person may dispense a controlled substance included in ~~Schedule II~~  
14.19 ~~or III~~ Schedules II through V without requiring the person purchasing the controlled  
14.20 substance, who need not be the ~~person~~ patient for whom the controlled substance prescription  
14.21 is written, to present valid photographic identification, unless the person purchasing the  
14.22 controlled substance, ~~or if applicable the person for whom the controlled substance~~  
14.23 ~~prescription is written,~~ is known to the dispenser. A doctor of veterinary medicine who  
14.24 dispenses a controlled substance must comply with this subdivision.

14.25 ~~(b) This subdivision applies only to purchases of controlled substances that are not~~  
14.26 ~~covered, in whole or in part, by a health plan company or other third-party payor.~~

14.27 Sec. 6. Minnesota Statutes 2018, section 152.11, is amended by adding a subdivision to  
14.28 read:

14.29 Subd. 5. **Limitations on dispensing of opioid prescription drug orders.** (a) No  
14.30 prescription drug order for an opioid drug listed in Schedule II may be dispensed by a  
14.31 pharmacist or other dispenser more than 30 days after the date on which the prescription  
14.32 drug order was issued.

15.1 (b) No prescription drug order for an opioid drug listed in Schedules III through V may  
15.2 be initially dispensed by a pharmacist or other dispenser more than 30 days after the date  
15.3 on which the prescription drug order was issued. No prescription drug order for an opioid  
15.4 drug listed in Schedules III through V may be refilled by a pharmacist or other dispenser  
15.5 more than 30 days after the previous date on which it was dispensed.

15.6 (c) For purposes of this section, "dispenser" has the meaning given in section 152.126,  
15.7 subdivision 1.

15.8 Sec. 7. Minnesota Statutes 2018, section 152.11, is amended by adding a subdivision to  
15.9 read:

15.10 Subd. 6. **Limit on quantity of opiates prescribed for acute pain associated with a**  
15.11 **major trauma or surgical procedure.** (a) When used for the treatment of acute pain  
15.12 associated with a major trauma or surgical procedure, initial prescriptions for opiate or  
15.13 narcotic pain relievers listed in Schedules II through IV of section 152.02 shall not exceed  
15.14 a seven-day supply. The quantity prescribed shall be consistent with the dosage listed in  
15.15 the professional labeling for the drug that has been approved by the United States Food and  
15.16 Drug Administration.

15.17 (b) For the purposes of this subdivision, "acute pain" means pain resulting from disease,  
15.18 accidental or intentional trauma, surgery, or another cause that the practitioner reasonably  
15.19 expects to last only a short period of time. Acute pain does not include chronic pain or pain  
15.20 being treated as part of cancer care, palliative care, or hospice or other end-of-life care.

15.21 (c) Notwithstanding paragraph (a), if in the professional clinical judgment of a practitioner  
15.22 more than a seven-day supply of a prescription listed in Schedules II through IV of section  
15.23 152.02 is required to treat a patient's acute pain, the practitioner may issue a prescription  
15.24 for the quantity needed to treat such acute pain.

15.25 (d) This subdivision does not apply to the treatment of acute dental pain or acute pain  
15.26 associated with refractive surgery, and the quantity of opiates that may be prescribed for  
15.27 those conditions is governed by subdivision 4.

15.28 Sec. 8. Minnesota Statutes 2018, section 214.12, is amended by adding a subdivision to  
15.29 read:

15.30 Subd. 6. **Opioid and controlled substances prescribing.** (a) The Board of Medical  
15.31 Practice, the Board of Nursing, the Board of Dentistry, the Board of Optometry, and the  
15.32 Board of Podiatric Medicine shall require that licensees with the authority to prescribe

16.1 controlled substances obtain at least two hours of continuing education credit on best practices  
16.2 in prescribing opioids and controlled substances, as part of the continuing education  
16.3 requirements for licensure renewal. Licensees shall not be required to complete more than  
16.4 two credit hours of continuing education on best practices in prescribing opioids and  
16.5 controlled substances before this subdivision expires. Continuing education credit on best  
16.6 practices in prescribing opioids and controlled substances must meet board requirements.

16.7 (b) This subdivision expires January 1, 2024.

16.8 **EFFECTIVE DATE.** This section is effective January 1, 2020.

16.9 Sec. 9. Minnesota Statutes 2018, section 214.12, is amended by adding a subdivision to  
16.10 read:

16.11 Subd. 7. **Opioid alternatives.** The Board of Medical Practice, the Board of Nursing,  
16.12 and the Board of Dentistry shall require that licensees with the authority to prescribe opioid  
16.13 medicines receive two hours of continuing education on nonpharmacological alternatives  
16.14 for treatment of pain and ongoing pain management.

16.15 **EFFECTIVE DATE.** This section is effective January 1, 2020.

#### 16.16 **ARTICLE 4**

#### 16.17 **INTERVENTION, TREATMENT, AND RECOVERY**

16.18 Section 1. Minnesota Statutes 2018, section 145.9269, subdivision 1, is amended to read:

16.19 Subdivision 1. **Definitions.** For purposes of this section and section 145.9272, "federally  
16.20 qualified health center" means an entity that is receiving a grant under United States Code,  
16.21 title 42, section 254b, or, based on the recommendation of the Health Resources and Services  
16.22 Administration within the Public Health Service, is determined by the secretary to meet the  
16.23 requirements for receiving such a grant.

16.24 Sec. 2. **[145.9272] GRANTS FOR OPIOID ADDICTION AND SUBSTANCE USE**  
16.25 **DISORDER TREATMENT, RECOVERY, AND PREVENTION PROGRAMS.**

16.26 Subdivision 1. **Grant program established.** (a) The commissioner of health shall  
16.27 distribute grants to qualified entities operating in Minnesota as of January 1, 2019, for  
16.28 integrated, community-based programs in primary care settings to treat, prevent, and raise  
16.29 awareness of opioid addiction and substance use disorders. The commissioner shall determine  
16.30 the maximum award for grants.

17.1 (b) For purposes of this section, a "qualified entity" means a federally qualified health  
17.2 center, substance use disorder treatment program, or other provider of opioid prevention,  
17.3 treatment, and recovery services as designated by the commissioner.

17.4 Subd. 2. **Grant allocation; allowable uses.** (a) The commissioner shall allocate grants  
17.5 to qualified entities operating in Minnesota as of January 1, 2019, through a competitive  
17.6 process. The commissioner shall award grants to qualified entities to establish new opioid  
17.7 addiction and substance use disorder programs and to expand existing programs.

17.8 (b) In awarding grants, the commissioner shall give preference to proposals that expand  
17.9 access to culturally appropriate services for low-income persons, populations at greatest  
17.10 risk of opioid addiction, or populations or areas of the state that are underserved.

17.11 Subd. 3. **Report.** Each grant recipient shall report to the commissioner, at a time and in  
17.12 a manner specified by the commissioner, information on the use of grant funding and  
17.13 outcomes achieved. The commissioner shall compile this information into a report and shall  
17.14 provide the report to the chairs and ranking minority members of the legislative committees  
17.15 with jurisdiction over health and human services policy and finance by December 15, 2020.

17.16 Sec. 3. Minnesota Statutes 2018, section 151.37, subdivision 12, is amended to read:

17.17 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed  
17.18 physician, a licensed advanced practice registered nurse authorized to prescribe drugs  
17.19 pursuant to section 148.235, or a licensed physician assistant authorized to prescribe drugs  
17.20 pursuant to section 147A.18 may authorize the following individuals to administer opiate  
17.21 antagonists, as defined in section 604A.04, subdivision 1:

17.22 (1) an emergency medical responder registered pursuant to section 144E.27;

17.23 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

17.24 ~~and~~

17.25 (3) staff of community-based health disease prevention or social service programs;

17.26 (4) a probation or supervised release officer; and

17.27 (5) a volunteer firefighter.

17.28 (b) For the purposes of this subdivision, opiate antagonists may be administered by one  
17.29 of these individuals only if:

17.30 (1) the licensed physician, licensed physician assistant, or licensed advanced practice  
17.31 registered nurse has issued a standing order to, or entered into a protocol with, the individual;  
17.32 and

18.1 (2) the individual has training in the recognition of signs of opiate overdose and the use  
18.2 of opiate antagonists as part of the emergency response to opiate overdose.

18.3 (c) Nothing in this section prohibits the possession and administration of naloxone  
18.4 pursuant to section 604A.04.

## 18.5 ARTICLE 5

### 18.6 APPROPRIATIONS

#### 18.7 Section 1. BUREAU OF CRIMINAL APPREHENSION.

18.8 \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the  
18.9 state government special revenue fund to the Bureau of Criminal Apprehension for two  
18.10 additional special agent positions within the bureau focused on drug interdiction and drug  
18.11 trafficking. The special agents whose positions are authorized under this section shall,  
18.12 whenever possible, coordinate with the federal Drug Enforcement Administration in efforts  
18.13 to address drug trafficking in Minnesota.

#### 18.14 Sec. 2. COMMISSIONER OF HUMAN SERVICES.

18.15 (a) \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the  
18.16 state government special revenue fund to the commissioner of human services. The  
18.17 commissioner, in consultation with the Opioid Stewardship Advisory Council, shall distribute  
18.18 the appropriation according to this section. All appropriations in this section are onetime,  
18.19 unless otherwise specified.

18.20 (b) At least 30 percent of the available funds shall be used for county social services  
18.21 agencies to provide services to children in placement. The commissioner shall distribute  
18.22 the money allocated under this subdivision proportionally to counties based on the number  
18.23 of open child protection case management cases in the county using data from the previous  
18.24 calendar year.

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

18.27 (d) The commissioner may use up to five percent of the available funds for administration  
18.28 of this section and to provide staff and administrative services for the Opioid Stewardship  
18.29 Advisory Council.

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

19.1 (1) providing grants to nonprofit organizations for the purpose of expanding prescriber  
19.2 education and public awareness and the purchase of opiate antagonists for distribution to  
19.3 the health care and public safety communities; and

19.4 (2) providing a ... percent increase in payment rates for substance use disorder services  
19.5 under Minnesota Statutes, section 254B.05, subdivision 5, beginning July 1, 2019. This  
19.6 appropriation is ongoing and is added to the agency base.

19.7 (f) Each recipient of grants or funding for fiscal year 2020 shall report to the  
19.8 commissioner and the Opioid Stewardship Advisory Council on how the funds were spent  
19.9 and the outcomes achieved, in the form and manner specified by the commissioner.

19.10 Sec. 3. **COMMISSIONER OF HEALTH.**

19.11 Subdivision 1. **Grants to qualified entities.** \$..... in fiscal year 2020 is appropriated  
19.12 from the opioid stewardship account in the state government special revenue fund to the  
19.13 commissioner of health for grants to qualified entities for opioid addiction and substance  
19.14 use disorder programs under Minnesota Statutes, section 145.9272. This is a onetime  
19.15 appropriation.

19.16 Subd. 2. **Opioid prevention pilot project.** \$..... in fiscal year 2020 is appropriated  
19.17 from the opioid stewardship account in the state government special revenue fund to the  
19.18 commissioner of health to continue and expand opioid abuse prevention pilot projects under  
19.19 Laws 2017, First Special Session chapter 6, article 10, section 144. This is a onetime  
19.20 appropriation.

19.21 Subd. 3. **Non-narcotic pain management and wellness.** \$..... is appropriated in fiscal  
19.22 year 2020 from the opioid stewardship account in the state government special revenue  
19.23 fund to the commissioner of health, to provide funding for:

19.24 (1) statewide mapping and assessment of community-based non-narcotic pain  
19.25 management and wellness resources; and

19.26 (2) up to five demonstration projects in different geographic areas of the state, awarded  
19.27 based on the results of the statewide mapping and assessment, to provide community-based  
19.28 non-narcotic pain management and wellness resources to patients and consumers.

19.29 The demonstration projects must include an evaluation component and scalability analysis.

19.30 The commissioner shall award the grant for the statewide mapping and assessment, and the  
19.31 demonstration project grants, through a competitive request for proposal process. In awarding  
19.32 demonstration project grants, the commissioner shall give preference to proposals that  
19.33 incorporate innovative community partnerships. This is a onetime appropriation.

20.1 Subd. 4. **Culturally specific opioid addiction prevention and treatment programs.** (a)  
20.2 \$..... is appropriated from the opioid stewardship account in the state government special  
20.3 revenue fund to the commissioner of health, to award, beginning July 1, 2019, five-year  
20.4 grants to: (1) tribal governments; and (2) American Indian organizations providing services  
20.5 to American Indians residing in urban areas of the state. Grant dollars may be used to design,  
20.6 implement, and evaluate culturally specific opioid addiction prevention and treatment  
20.7 programs, or to expand or modify existing programs. Program design, implementation,  
20.8 expansion, modification, and evaluation shall be conducted by tribal health and elected  
20.9 leaders, and the leaders of American Indian organizations awarded grants. These leaders  
20.10 shall also determine which strategies and activities are culturally appropriate. The  
20.11 commissioner shall provide the tribes and organizations awarded grants with technical  
20.12 assistance. Grant awards may be used to support competitive compensation for staff members  
20.13 and to pay for fringe, indirect, training and continued education, travel, supply, and evaluation  
20.14 costs.

20.15 (b) The commissioner shall provide grants of \$..... per fiscal year per tribe, and each  
20.16 fiscal year shall apportion an additional \$..... among the tribes based on the number of  
20.17 tribal members.

20.18 (c) The commissioner shall award grants to American Indian organizations providing  
20.19 services in urban areas, using a competitive request for proposal process. A grant to an  
20.20 organization shall not exceed \$..... per fiscal year.

20.21 **Sec. 4. DEPARTMENT OF EDUCATION.**

20.22 (a) \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the  
20.23 state government special revenue fund to the commissioner of education for a grant to a  
20.24 private sector entity to collaborate with school districts throughout Minnesota to integrate  
20.25 evidence-based substance misuse prevention instruction on the dangers of substance misuse,  
20.26 particularly the use of opioids, into school district programs and curricula, including health  
20.27 education curricula. This is a onetime appropriation.

20.28 (b) Funds appropriated in this section are to:

20.29 (1) identify effective substance misuse prevention tools and strategies, including  
20.30 innovative uses of technology and media;

20.31 (2) develop and promote a comprehensive substance misuse prevention curriculum for  
20.32 students in grades 5 through 12 that educates students and families about the dangers of  
20.33 substance misuse;

21.1 (3) integrate substance misuse prevention into curricula across subject areas;

21.2 (4) train school district teachers, athletic coaches, and other school staff in effective  
 21.3 substance misuse prevention strategies; and

21.4 (5) collaborate with school districts to evaluate the effectiveness of districts' substance  
 21.5 misuse prevention efforts.

21.6 (c) By February 15, 2020, the grantee must submit a report detailing expenditures and  
 21.7 outcomes of the grant to the chairs and ranking minority members of the legislative  
 21.8 committees with primary jurisdiction over kindergarten through grade 12 education policy  
 21.9 and finance. The report must identify the school districts that have implemented or plan to  
 21.10 implement the substance misuse prevention curriculum.

21.11 (d) The department may retain up to five percent of the appropriation amount to  
 21.12 administer the grant program and assist school districts with implementation of substance  
 21.13 misuse prevention instruction.

21.14 **Sec. 5. HEALTH RELATED BOARDS.**

21.15 Subdivision 1. **Board of Dentistry; continuing education.** \$..... in fiscal year 2020 is  
 21.16 appropriated from the opioid stewardship account in the state government special revenue  
 21.17 fund to the Board of Dentistry for costs associated with continuing education on prescribing  
 21.18 opioids and controlled substances and nonpharmacologic alternatives for pain management.  
 21.19 This is a onetime appropriation.

21.20 Subd. 2. **Board of Nursing; continuing education.** \$..... in fiscal year 2020 is  
 21.21 appropriated from the opioid stewardship account in the state government special revenue  
 21.22 fund to the Board of Nursing for costs associated with continuing education on prescribing  
 21.23 opioids and controlled substances and nonpharmacologic alternatives for pain management.  
 21.24 This is a onetime appropriation.

21.25 Subd. 3. **Board of Optometry; continuing education.** \$..... in fiscal year 2020  
 21.26 appropriated is from the opioid stewardship account in the state government special revenue  
 21.27 fund to the Board of Optometry for costs associated with continuing education on prescribing  
 21.28 opioids and controlled substances. This is a onetime appropriation.

21.29 Subd. 4. **Board of Podiatric Medicine; continuing education.** \$..... in fiscal year  
 21.30 2020 is appropriated from the opioid stewardship account in the state government special  
 21.31 revenue fund to the Board of Podiatric Medicine for costs associated with continuing  
 21.32 education on prescribing opioids and controlled substances. This is a onetime appropriation.

22.1 Subd. 5. **Board of Medical Practice; continuing education.** \$..... in fiscal year 2020  
22.2 is appropriated from the opioid stewardship account in the state government special revenue  
22.3 fund to the Board of Medical Practice for costs associated with continuing education on  
22.4 prescribing opioids and controlled substances and nonpharmacologic alternatives for pain  
22.5 management. This is a onetime appropriation.

22.6 Subd. 6. **Board of Pharmacy.** \$..... in fiscal year 2020 is appropriated from the opioid  
22.7 stewardship account in the state government special revenue fund to the Board of Pharmacy  
22.8 for collection of the registration fee under Minnesota Statutes, section 151.77.