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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 3534

03/08/2018 Authored by Dean, M.; Zerwas; Pugh and Dehn, R.,
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: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; establishing an opioid reduction pilot program; appropriating
1.3 money.

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

1.5 Section 1. **OPIOID OVERDOSE REDUCTION PILOT PROGRAM.**

1.6 Subdivision 1. Establishment. The commissioner of health shall provide grants to
1.7 ambulance services to fund activities by community paramedic teams to reduce opioid
1.8 overdoses in the state. Under this pilot program, ambulance services shall develop and
1.9 implement projects in which community paramedics connect with patients who are discharged
1.10 from a hospital following an opioid overdose episode, develop personalized care plans for
1.11 those patients, and provide follow-up services to those patients.

1.12 Subd. 2. Priority areas; services. (a) In a project developed under this section, an
1.13 ambulance service must target community paramedic team services to portions of the service
1.14 area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs
1.15 for interventions.

1.16 (b) In a project developed under this section, a community paramedic team shall:

1.17 (1) provide services to patients released from a hospital following an opioid overdose
1.18 episode and place priority on serving patients who were administered the opiate antagonist
1.19 naloxone hydrochloride by emergency medical services personnel in response to a 911 call
1.20 during the opioid overdose episode;

1.21 (2) provide the following evaluations during an initial home visit: a home safety
1.22 assessment including whether there is a need to dispose of prescription drugs that are expired

2.1 or no longer needed; medication reconciliation; an HIV risk assessment; instruction on the
2.2 use of naloxone hydrochloride; and a basic needs assessment;

2.3 (3) provide patients with health assessments, medication management, chronic disease
2.4 monitoring and education, and assistance in following hospital discharge orders; and

2.5 (4) work with a multidisciplinary team to address the overall physical and mental health
2.6 needs of patients and health needs related to substance use disorder treatment.

2.7 Subd. 3. **Evaluation.** An ambulance service that receives a grant under this section must
2.8 evaluate the extent to which the project was successful in reducing the number of opioid
2.9 overdoses and opioid overdose deaths among patients who received services and in reducing
2.10 the inappropriate use of opioids by patients who received services. The commissioner of
2.11 health shall develop specific evaluation measures and reporting timelines for ambulance
2.12 services receiving grants. Ambulance services must submit the information required by the
2.13 commissioner to the commissioner and the chairs and ranking minority members of the
2.14 legislative committees with jurisdiction over health and human services by December 1,
2.15 2019.

2.16 Sec. 2. **APPROPRIATION; OPIOID OVERDOSE REDUCTION PILOT PROGRAM.**

2.17 \$1,000,000 in fiscal year 2019 is appropriated from the general fund to the commissioner
2.18 of health for the opioid overdose reduction pilot program under section 1. This appropriation
2.19 is available until June 30, 2021. Of this appropriation, the commissioner may use up to
2.20 \$50,000 to administer the program.