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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 4434

03/21/2022 Authored by Gomez; Xiong, J.; Hassan; Koegel and Keeler The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; directing the commissioner of health to issue grants for drug
1.3 overdose prevention and substance use prevention activities and related activities
1.4 to prevent infectious diseases; requiring reports; amending Minnesota Statutes
1.5 2020, section 145.924; proposing coding for new law in Minnesota Statutes, chapter
1.6 144.

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

1.8 Section 1. [144.8611] DRUG OVERDOSE AND SUBSTANCE ABUSE
1.9 PREVENTION.

1.10 Subdivision 1. **Strategies.** The commissioner of health shall support collaboration and
1.11 coordination between state and community partners to develop, refine, and expand
1.12 comprehensive funding to address the drug overdose epidemic by implementing three
1.13 strategies: (1) create regional multidisciplinary overdose prevention teams to implement
1.14 overdose prevention in local communities and local public health organizations; (2) enhance
1.15 supportive services for the homeless who are at risk of overdose by providing emergency
1.16 and short-term housing subsidies through the Homeless Overdose Prevention Hub; and (3)
1.17 enhance employer resources to promote health and well-being of employees through the
1.18 recovery-friendly workplace initiative. These strategies address the underlying social
1.19 conditions that impact health status.

1.20 Subd. 2. **Regional teams.** The commissioner of health shall establish community-based
1.21 prevention grants and contracts for the eight regional multidisciplinary overdose prevention
1.22 teams. These teams are geographically aligned with the eight emergency medical services
1.23 regions described in section 144E.52. The regional teams shall implement prevention

2.1 programs, policies, and practices that are specific to the challenges and responsive to the
2.2 data of the region.

2.3 Subd. 3. **Homeless Overdose Prevention Hub.** The commissioner of health shall
2.4 establish a community-based grant to enhance supportive services for the homeless who
2.5 are at risk of overdose by providing emergency and short-term housing subsidies through
2.6 the Homeless Overdose Prevention Hub. The Homeless Overdose Prevention Hub serves
2.7 primarily urban American Indians in Minneapolis and St. Paul and is managed by the Native
2.8 American Community Clinic.

2.9 Subd. 4. **Workplace health.** The commissioner of health shall establish a grants and
2.10 contracts program to strengthen the recovery-friendly workplace initiative. This initiative
2.11 shall help create work environments that promote employee health, safety, and well-being
2.12 by: (1) preventing abuse and misuse of drugs in the first place; (2) providing training to
2.13 employers; and (3) reducing stigma and supporting recovery for people seeking services
2.14 and who are in recovery.

2.15 Subd. 5. **Eligible grantees.** (a) Organizations eligible to receive grant funding under
2.16 subdivision 4 include not-for-profit agencies or organizations that have: (1) the existing
2.17 organizational structure, capacity, trainers, facilities, and infrastructure designed to deliver
2.18 model workplace policies and practices; (2) training and education for employees,
2.19 supervisors, and executive leadership of companies, businesses, and industry; and (3) the
2.20 ability to evaluate the three goals of the workplace initiative specified in subdivision 4.

2.21 (b) At least one organization may be selected with statewide reach and influence. Up to
2.22 five smaller organizations may be selected to reach specific geographic or population groups.

2.23 Subd. 6. **Evaluation.** The commissioner of health shall design, conduct, and evaluate
2.24 each of the components of the drug overdose and substance abuse prevention program using
2.25 measures such as mortality, morbidity, homelessness, workforce wellness, employee
2.26 retention, and program reach.

2.27 Subd. 7. **Report.** Grantees must report grant program outcomes to the commissioner on
2.28 the forms and according to the timelines established by the commissioner.

2.29 Sec. 2. Minnesota Statutes 2020, section 145.924, is amended to read:

2.30 **145.924 AIDS PREVENTION GRANTS.**

2.31 (a) The commissioner may award grants to community health boards as defined in section
2.32 145A.02, subdivision 5, state agencies, state councils, or nonprofit corporations to provide
2.33 evaluation and counseling services to populations at risk for acquiring human

3.1 immunodeficiency virus infection, including, but not limited to, minorities, adolescents,
3.2 intravenous drug users, and homosexual men.

3.3 (b) The commissioner may award grants to agencies experienced in providing services
3.4 to communities of color, for the design of innovative outreach and education programs for
3.5 targeted groups within the community who may be at risk of acquiring the human
3.6 immunodeficiency virus infection, including intravenous drug users and their partners,
3.7 adolescents, gay and bisexual individuals and women. Grants shall be awarded on a request
3.8 for proposal basis and shall include funds for administrative costs. Priority for grants shall
3.9 be given to agencies or organizations that have experience in providing service to the
3.10 particular community which the grantee proposes to serve; that have policy makers
3.11 representative of the targeted population; that have experience in dealing with issues relating
3.12 to HIV/AIDS; and that have the capacity to deal effectively with persons of differing sexual
3.13 orientations. For purposes of this paragraph, the "communities of color" are: the
3.14 American-Indian community; the Hispanic community; the African-American community;
3.15 and the Asian-Pacific community.

3.16 (c) All state grants awarded under this section for programs targeted to adolescents shall
3.17 include the promotion of abstinence from sexual activity and drug use.

3.18 (d) The commissioner may manage a program and award grants to agencies experienced
3.19 in syringe services programs to expand access to harm reduction services and improve
3.20 access to care that prevents HIV/AIDS, hepatitis, and other infectious diseases for those
3.21 experiencing homelessness or housing instability.