

SENATE
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NINETY-SECOND SESSION

S.F. No. 4025

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Table with columns: DATE, D-PG, OFFICIAL STATUS. Rows include dates from 03/16/2022 to 05/09/2022 and corresponding bill numbers and descriptions.

1.1 A bill for an act
1.2 relating to opioids; providing for the deposit and allocation of opioid settlement
1.3 proceeds; establishing two accounts in the opiate epidemic response fund;
1.4 eliminating a separate opioid account in the state treasury; modifying the time
1.5 frame for eliminating the opioid manufacturer registration fee and reducing license
1.6 fees; barring municipal claims against litigants in certain settled opioid cases;
1.7 amending Minnesota Statutes 2020, sections 256.042, subdivisions 1, 5, by adding
1.8 a subdivision; 256.043, subdivision 1, by adding a subdivision; Minnesota Statutes
1.9 2021 Supplement, sections 16A.151, subdivision 2; 151.066, subdivision 3;
1.10 256.042, subdivision 4; 256.043, subdivisions 3, 4; Laws 2019, chapter 63, article
1.11 3, section 1, as amended; Laws 2021, First Special Session chapter 7, article 16,
1.12 section 12; proposing coding for new law in Minnesota Statutes, chapter 3.

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

1.14 Section 1. [3.757] RELEASE OF OPIOID-RELATED CLAIMS.

1.15 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
1.16 the meanings given.

1.17 (b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

1.18 (c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation
1.19 alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this
1.20 state or other alleged illegal actions that contributed to the excessive use of opioids.

1.21 (d) "Released claim" means any cause of action or other claim that has been released in
1.22 a statewide opioid settlement agreement, including matters identified as a released claim as
1.23 that term or a comparable term is defined in a statewide opioid settlement agreement.

1.24 (e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation,
1.25 Cardinal Health, Inc., and McKesson Corporation, as well as related subsidiaries, affiliates,

2.1 officers, directors, and other related entities specifically named as a released entity in a
2.2 statewide opioid settlement agreement.

2.3 (f) "Statewide opioid settlement agreement" means an agreement, including consent
2.4 judgments, assurances of discontinuance, and related agreements or documents, between
2.5 the attorney general, on behalf of the state, and a settling defendant, to provide or allocate
2.6 remuneration for conduct related to the marketing, sale, or distribution of opioids in this
2.7 state or other alleged illegal actions that contributed to the excessive use of opioids.

2.8 Subd. 2. **Release of claims.** (a) No municipality shall have the authority to assert, file,
2.9 or enforce a released claim against a settling defendant.

2.10 (b) Any claim in pending opioid litigation filed by a municipality against a settling
2.11 defendant that is within the scope of a released claim is extinguished by operation of law.

2.12 (c) The attorney general shall have authority to appear or intervene in opioid litigation
2.13 where a municipality has asserted, filed, or enforced a released claim against a settling
2.14 defendant and release with prejudice any released claims.

2.15 (d) This section does not limit any causes of action, claims, or remedies, nor the authority
2.16 to assert, file, or enforce such causes of action, claims, or remedies, by a party other than a
2.17 municipality.

2.18 (e) This section does not limit any causes of action, claims, or remedies, nor the authority
2.19 to assert, file, or enforce such causes of action, claims, or remedies by a municipality against
2.20 entities and individuals other than a released claim against a settling defendant.

2.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.22 Sec. 2. Minnesota Statutes 2021 Supplement, section 16A.151, subdivision 2, is amended
2.23 to read:

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

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

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

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

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

3.11 (f) Any money received by the state resulting from a settlement agreement or an assurance
3.12 of discontinuance entered into by the attorney general of the state, or a court order in litigation
3.13 brought by the attorney general of the state, on behalf of the state or a state agency, related
3.14 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
3.15 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
3.16 must be deposited in a separate account in the state treasury and the commissioner shall
3.17 notify the chairs and ranking minority members of the Finance Committee in the senate and
3.18 the Ways and Means Committee in the house of representatives that an account has been
3.19 created. Notwithstanding section 11A.20, all investment income and all investment losses
3.20 attributable to the investment of this account shall be credited to the account the settlement
3.21 account established in the opiate epidemic response fund under section 256.043, subdivision
3.22 1. This paragraph does not apply to attorney fees and costs awarded to the state or the
3.23 Attorney General's Office, to contract attorneys hired by the state or Attorney General's
3.24 Office, or to other state agency attorneys. ~~If the licensing fees under section 151.065,~~
3.25 ~~subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration~~
3.26 ~~fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043,~~
3.27 ~~subdivision 4, then the commissioner shall transfer from the separate account created in~~
3.28 ~~this paragraph to the opiate epidemic response fund under section 256.043 an amount that~~
3.29 ~~ensures that \$20,940,000 each fiscal year is available for distribution in accordance with~~
3.30 ~~section 256.043, subdivision 3.~~

3.31 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or
3.32 an assurance of discontinuance entered into by the attorney general of the state or a court
3.33 order in litigation brought by the attorney general of the state on behalf of the state or a state
3.34 agency against a consulting firm working for an opioid manufacturer or opioid wholesale
3.35 drug distributor ~~and deposited into the separate account created under paragraph (f), the~~

4.1 commissioner shall ~~annually transfer from the separate account to the opiate epidemic~~
 4.2 ~~response fund under section 256.043 an amount equal to the estimated amount submitted~~
 4.3 ~~to the commissioner by the Board of Pharmacy in accordance with section 151.066,~~
 4.4 ~~subdivision 3, paragraph (b). The amount transferred shall be included in the amount available~~
 4.5 ~~for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur~~
 4.6 ~~each year until the registration fee under section 151.066, subdivision 3, is repealed in~~
 4.7 ~~accordance with section 256.043, subdivision 4, or the money deposited in the account in~~
 4.8 ~~accordance with this paragraph has been transferred, whichever occurs first~~ deposit any
 4.9 money received into the settlement account established within the opiate epidemic response
 4.10 fund under section 256.042, subdivision 1. Notwithstanding section 256.043, subdivision
 4.11 3a, paragraph (a), any amount deposited into the settlement account in accordance with this
 4.12 paragraph shall be appropriated to the commissioner of human services to award as grants
 4.13 as specified by the opiate epidemic response advisory council in accordance with section
 4.14 256.043, subdivision 3a, paragraph (d).

4.15 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.16 Sec. 3. Minnesota Statutes 2021 Supplement, section 151.066, subdivision 3, is amended
 4.17 to read:

4.18 Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall
 4.19 annually assess an opiate product registration fee on any manufacturer of an opiate that
 4.20 annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more
 4.21 units as reported to the board under subdivision 2.

4.22 (b) For purposes of assessing the annual registration fee under this section and
 4.23 determining the number of opiate units a manufacturer sold, delivered, or distributed within
 4.24 or into the state, the board shall not consider any opiate that is used for medication-assisted
 4.25 therapy for substance use disorders. ~~If there is money deposited into the separate account~~
 4.26 ~~as described in section 16A.151, subdivision 2, paragraph (g), The board shall submit to~~
 4.27 ~~the commissioner of management and budget an estimate of the difference in the annual~~
 4.28 ~~fee revenue collected under this section due to this exception.~~

4.29 (c) The annual registration fee for each manufacturer meeting the requirement under
 4.30 paragraph (a) is \$250,000.

4.31 (d) In conjunction with the data reported under this section, and notwithstanding section
 4.32 152.126, subdivision 6, the board may use the data reported under section 152.126,
 4.33 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)
 4.34 and are required to pay the registration fees under this subdivision.

5.1 (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer
5.2 that the manufacturer meets the requirement in paragraph (a) and is required to pay the
5.3 annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

5.4 (f) A manufacturer may dispute the board's determination that the manufacturer must
5.5 pay the registration fee no later than 30 days after the date of notification. However, the
5.6 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph
5.7 (b). The dispute must be filed with the board in the manner and using the forms specified
5.8 by the board. A manufacturer must submit, with the required forms, data satisfactory to the
5.9 board that demonstrates that the assessment of the registration fee was incorrect. The board
5.10 must make a decision concerning a dispute no later than 60 days after receiving the required
5.11 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated
5.12 that the fee was incorrectly assessed, the board must refund the amount paid in error.

5.13 (g) For purposes of this subdivision, a unit means the individual dosage form of the
5.14 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,
5.15 patch, syringe, milliliter, or gram.

5.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

5.17 Sec. 4. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

5.18 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic
5.19 Response Advisory Council is established to develop and implement a comprehensive and
5.20 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.
5.21 The council shall focus on:

5.22 (1) prevention and education, including public education and awareness for adults and
5.23 youth, prescriber education, the development and sustainability of opioid overdose prevention
5.24 and education programs, the role of adult protective services in prevention and response,
5.25 and providing financial support to local law enforcement agencies for opiate antagonist
5.26 programs;

5.27 (2) training on the treatment of opioid addiction, including the use of all Food and Drug
5.28 Administration approved opioid addiction medications, detoxification, relapse prevention,
5.29 patient assessment, individual treatment planning, counseling, recovery supports, diversion
5.30 control, and other best practices;

5.31 (3) the expansion and enhancement of a continuum of care for opioid-related substance
5.32 use disorders, including primary prevention, early intervention, treatment, recovery, and
5.33 aftercare services; and

6.1 (4) the development of measures to assess and protect the ability of cancer patients and
6.2 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic
6.3 pain, and persons at the end stages of life, who legitimately need prescription pain
6.4 medications, to maintain their quality of life by accessing these pain medications without
6.5 facing unnecessary barriers. The measures must also address the needs of individuals
6.6 described in this clause who are elderly or who reside in underserved or rural areas of the
6.7 state.

6.8 (b) The council shall:

6.9 (1) review local, state, and federal initiatives and activities related to education,
6.10 prevention, treatment, and services for individuals and families experiencing and affected
6.11 by opioid use disorder;

6.12 (2) establish priorities to address the state's opioid epidemic, for the purpose of
6.13 recommending initiatives to fund;

6.14 (3) recommend to the commissioner of human services specific projects and initiatives
6.15 to be funded;

6.16 (4) ensure that available funding is allocated to align with other state and federal funding,
6.17 to achieve the greatest impact and ensure a coordinated state effort;

6.18 (5) consult with the commissioners of human services, health, and management and
6.19 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
6.20 ~~and~~

6.21 (6) develop recommendations for an administrative and organizational framework for
6.22 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
6.23 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
6.24 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
6.25 (a);

6.26 (7) review reports, data, and performance measures submitted by municipalities under
6.27 subdivision 5; and

6.28 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
6.29 review and provide recommendations for necessary revisions to the reporting requirements
6.30 under subdivision 5 to ensure that the required reporting accurately measures progress in
6.31 addressing the harms of the opioid epidemic.

6.32 (c) The council, in consultation with the commissioner of management and budget, and
6.33 within available appropriations, shall select from the projects awarded grants ~~projects~~ under

7.1 section 256.043, subdivisions 3 and 3a, and municipality projects funded by direct payments
 7.2 received as part of a statewide opioid settlement agreement, that include promising practices
 7.3 or theory-based activities for which the commissioner of management and budget shall
 7.4 conduct evaluations using experimental or quasi-experimental design. Grants awarded to
 7.5 Grant proposals and municipality projects that include promising practices or theory-based
 7.6 activities and that are selected for an evaluation shall be administered to support the
 7.7 experimental or quasi-experimental evaluation and require. Grantees to and municipalities
 7.8 shall collect and report information that is needed to complete the evaluation. The
 7.9 commissioner of management and budget, under section 15.08, may obtain additional
 7.10 relevant data to support the experimental or quasi-experimental evaluation studies.

7.11 (d) The council, in consultation with the commissioners of human services, health, public
 7.12 safety, and management and budget, shall establish goals related to addressing the opioid
 7.13 epidemic and determine a baseline against which progress shall be monitored and set
 7.14 measurable outcomes, including benchmarks. The goals established must include goals for
 7.15 prevention and public health, access to treatment, and multigenerational impacts. The council
 7.16 shall use existing measures and data collection systems to determine baseline data against
 7.17 which progress shall be measured. The council shall include the proposed goals, the
 7.18 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
 7.19 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

7.20 Sec. 5. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
 7.21 to read:

7.22 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
 7.23 grants proposed by the advisory council to be awarded for the upcoming calendar year to
 7.24 the chairs and ranking minority members of the legislative committees with jurisdiction
 7.25 over health and human services policy and finance, by December 1 of each year, beginning
 7.26 March 1, 2020.

7.27 (b) The grants shall be awarded to proposals selected by the advisory council that address
 7.28 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
 7.29 by the legislature. The advisory council shall determine grant awards and funding amounts
 7.30 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
 7.31 paragraph ~~(e)~~ (h), and subdivision 3a, paragraph (d). The commissioner shall award the
 7.32 grants from the opiate epidemic response fund and administer the grants in compliance with
 7.33 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
 7.34 administration.

8.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

8.2 Sec. 6. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

8.3 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
8.4 minority members of the legislative committees with jurisdiction over health and human
8.5 services policy and finance by January 31 of each year, ~~beginning January 31, 2021~~. The
8.6 report shall include information about the individual projects that receive grants, the
8.7 municipality projects funded by direct payments received as part of a statewide opioid
8.8 settlement agreement, and the overall role of the project in addressing the opioid addiction
8.9 and overdose epidemic in Minnesota. The report must describe the grantees and
8.10 municipalities and the activities implemented, along with measurable outcomes as determined
8.11 by the council in consultation with the commissioner of human services and the commissioner
8.12 of management and budget. At a minimum, the report must include information about the
8.13 number of individuals who received information or treatment, the outcomes the individuals
8.14 achieved, and demographic information about the individuals participating in the project;
8.15 an assessment of the progress toward achieving statewide access to qualified providers and
8.16 comprehensive treatment and recovery services; and an update on the evaluations
8.17 implemented by the commissioner of management and budget for the promising practices
8.18 and theory-based projects that receive funding.

8.19 (b) The commissioner of management and budget, in consultation with the Opiate
8.20 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
8.21 members of the legislative committees with jurisdiction over health and human services
8.22 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
8.23 complete on the promising practices or theory-based projects that are selected for evaluation
8.24 activities. The report shall include demographic information; outcome information for the
8.25 individuals in the program; the results for the program in promoting recovery, employment,
8.26 family reunification, and reducing involvement with the criminal justice system; and other
8.27 relevant outcomes determined by the commissioner of management and budget that are
8.28 specific to the projects that are evaluated. The report shall include information about the
8.29 ability of grant programs to be scaled to achieve the statewide results that the grant project
8.30 demonstrated.

8.31 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
8.32 by January 31, 2024, shall include recommendations on whether the appropriations to the
8.33 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
8.34 discontinued; whether funding should be appropriated for other purposes related to opioid

9.1 abuse prevention, education, and treatment; and on the appropriate level of funding for
 9.2 existing and new uses.

9.3 (d) Municipalities receiving direct payments from a statewide opioid settlement agreement
 9.4 must report annually to the commissioner of human services on how the payments were
 9.5 used on opioid remediation. The report must be submitted in a format prescribed by the
 9.6 commissioner. The report must include data and measurable outcomes on expenditures
 9.7 funded with direct payments from a statewide opioid settlement agreement, including details
 9.8 on services listed in the categories of approved uses, as identified in agreements between
 9.9 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
 9.10 Cities. Reporting requirements must include, at a minimum:

9.11 (1) contact information;

9.12 (2) information on funded services and programs; and

9.13 (3) target populations for each funded service and program.

9.14 (e) In reporting data and outcomes under paragraph (d), municipalities must include, to
 9.15 the extent feasible, information on the use of evidence-based and culturally relevant services.

9.16 (f) For municipal projects using \$25,000 or more of statewide opioid settlement agreement
 9.17 payments in a calendar year, municipalities must also include in the report required under
 9.18 paragraph (d):

9.19 (1) a brief qualitative description of successes or challenges; and

9.20 (2) results using process and quality measures.

9.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

9.22 Sec. 7. Minnesota Statutes 2020, section 256.042, is amended by adding a subdivision to
 9.23 read:

9.24 Subd. 6. **Definitions.** (a) For purposes of this section, the following definitions apply.

9.25 (b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

9.26 (c) "Statewide opioid settlement agreement" means an agreement as defined in section
 9.27 3.757, subdivision 1, paragraph (f), involving a settling defendant as defined in section
 9.28 3.757, subdivision 1, paragraph (e).

10.1 Sec. 8. Minnesota Statutes 2020, section 256.043, subdivision 1, is amended to read:

10.2 Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in
 10.3 the state treasury. ~~The registration fees assessed by the Board of Pharmacy under section~~
 10.4 ~~151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)~~
 10.5 ~~and (c), shall be deposited into the fund. The commissioner of management and budget~~
 10.6 shall establish within the opiate epidemic response fund two accounts: (1) a registration and
 10.7 license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each
 10.8 fiscal year, the fund shall be administered according to this section.

10.9 (b) The commissioner of management and budget shall deposit into the registration and
 10.10 license fee account the registration fee assessed by the Board of Pharmacy under section
 10.11 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)
 10.12 and (c).

10.13 (c) The commissioner of management and budget shall deposit into the settlement account
 10.14 any money received by the state resulting from a settlement agreement or an assurance of
 10.15 discontinuance entered into by the attorney general of the state, or a court order in litigation
 10.16 brought by the attorney general of the state, on behalf of the state or a state agency, related
 10.17 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
 10.18 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
 10.19 pursuant to section 16A.151, subdivision 2, paragraph (f).

10.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

10.21 Sec. 9. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 3, is amended
 10.22 to read:

10.23 Subd. 3. **Appropriations from ~~fund~~ registration and license fee account.** (a) The
 10.24 appropriations in paragraphs (b) to (h) shall be made from the registration and license fee
 10.25 account on a fiscal year basis in the order specified.

10.26 ~~After~~ (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1,
 10.27 paragraph (c), are made, \$249,000 is appropriated to the commissioner of human services
 10.28 for the provision of administrative services to the Opiate Epidemic Response Advisory
 10.29 Council and for the administration of the grants awarded under paragraph (e). paragraphs
 10.30 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
 10.31 made accordingly.

10.32 (c) \$300,000 is appropriated to the commissioner of management and budget for
 10.33 evaluation activities under section 256.042, subdivision 1, paragraph (c).

11.1 (d) \$249,000 is appropriated to the commissioner of human services for the provision
 11.2 of administrative services to the Opiate Epidemic Response Advisory Council and for the
 11.3 administration of the grants awarded under paragraph (h).

11.4 ~~(b)~~ (e) \$126,000 is appropriated to the Board of Pharmacy for the collection of the
 11.5 registration fees under section 151.066.

11.6 ~~(e)~~ (f) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
 11.7 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
 11.8 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

11.9 ~~(d)~~ (g) After the appropriations in paragraphs ~~(a)~~ (b) to ~~(e)~~ (f) are made, 50 percent of
 11.10 the remaining amount is appropriated to the commissioner of human services for distribution
 11.11 to county social service ~~and tribal social service agencies~~ and Tribal social service agency
 11.12 initiative projects authorized under section 256.01, subdivision 14b, to provide child
 11.13 protection services to children and families who are affected by addiction. The commissioner
 11.14 shall distribute this money proportionally to ~~counties and tribal~~ county social service agencies
 11.15 and Tribal social service agency initiative projects based on out-of-home placement episodes
 11.16 where parental drug abuse is the primary reason for the out-of-home placement using data
 11.17 from the previous calendar year. County ~~and tribal~~ social service agencies and Tribal social
 11.18 service agency initiative projects receiving funds from the opiate epidemic response fund
 11.19 must annually report to the commissioner on how the funds were used to provide child
 11.20 protection services, including measurable outcomes, as determined by the commissioner.
 11.21 County social service agencies and Tribal social service ~~agencies~~ agency initiative projects
 11.22 must not use funds received under this paragraph to supplant current state or local funding
 11.23 received for child protection services for children and families who are affected by addiction.

11.24 ~~(e)~~ (h) After ~~making~~ the appropriations in paragraphs ~~(a)~~ (b) to ~~(d)~~ (g) are made, the
 11.25 remaining amount in the ~~fund~~ account is appropriated to the commissioner of human services
 11.26 to award grants as specified by the Opiate Epidemic Response Advisory Council in
 11.27 accordance with section 256.042, unless otherwise appropriated by the legislature.

11.28 ~~(f)~~ (i) Beginning in fiscal year 2022 and each year thereafter, funds for county social
 11.29 service ~~and tribal social service agencies~~ and Tribal social service agency initiative projects
 11.30 under paragraph ~~(d)~~ (g) and grant funds specified by the Opiate Epidemic Response Advisory
 11.31 Council under paragraph ~~(e)~~ shall (h) may be distributed on a calendar year basis.

11.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

12.1 Sec. 10. Minnesota Statutes 2020, section 256.043, is amended by adding a subdivision
12.2 to read:

12.3 Subd. 3a. Appropriations from settlement account. (a) The appropriations in paragraphs
12.4 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
12.5 specified.

12.6 (b) If the balance in the registration and license fee account is not sufficient to fully fund
12.7 the appropriations specified in subdivision 3, paragraphs (b) to (f), an amount necessary to
12.8 meet any insufficiency shall be transferred from the settlement account to the registration
12.9 and license fee account to fully fund the required appropriations.

12.10 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
12.11 years are appropriated to the commissioner of human services for the administration of
12.12 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal
12.13 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
12.14 services to collect, collate, and report data submitted and to monitor compliance with
12.15 reporting and settlement expenditure requirements by grantees awarded grants under this
12.16 section and municipalities receiving direct payments from a statewide opioid settlement
12.17 agreement as defined in section 256.042, subdivision 6.

12.18 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
12.19 equal to the calendar year allocation to Tribal social service agency initiative projects under
12.20 subdivision 3, paragraph (g), is appropriated from the settlement account to the commissioner
12.21 of human services for distribution to Tribal social service agency initiative projects to
12.22 provide child protection services to children and families who are affected by addiction.
12.23 The requirements related to proportional distribution, annual reporting, and maintenance
12.24 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made
12.25 under this paragraph.

12.26 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount
12.27 in the account is appropriated to the commissioner of human services to award grants as
12.28 specified by the Opiate Epidemic Response Advisory Council in accordance with section
12.29 256.042.

12.30 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
12.31 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
12.32 (e) may be distributed on a calendar year basis.

12.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

13.1 Sec. 11. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 4, is amended
13.2 to read:

13.3 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 ~~either:~~
13.4 (1) as a result of a settlement agreement or an assurance of discontinuance entered into by
13.5 the attorney general of the state, or resulting from a court order in litigation brought by the
13.6 attorney general of the state on behalf of the state or a state agency, related to alleged
13.7 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this
13.8 state, or other alleged illegal actions that contributed to the excessive use of opioids, ~~or;~~ (2)
13.9 from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are
13.10 deposited into the opiate epidemic response fund established in this section, ~~or;~~ (3) from
13.11 a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16),
13.12 and 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section
13.13 151.066, subdivision 3, shall be repealed. For purposes of this paragraph, any money received
13.14 as a result of a settlement agreement specified in this paragraph and directly allocated or
13.15 distributed and received by either the state or a municipality as defined in section 466.01,
13.16 subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

13.17 (b) The commissioner of management and budget shall inform the Board of Pharmacy,
13.18 the governor, and the legislature when the amount specified in paragraph (a) has been
13.19 reached. The board shall apply the reduced license fee for the next licensure period.

13.20 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,
13.21 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur
13.22 before July 1, ~~2024~~ 2031.

13.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

13.24 Sec. 12. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter
13.25 115, article 3, section 35, is amended to read:

13.26 Section 1. **APPROPRIATIONS.**

13.27 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated
13.28 from the general fund to the Board of Pharmacy for onetime information technology and
13.29 operating costs for administration of licensing activities under Minnesota Statutes, section
13.30 151.066. This is a onetime appropriation.

13.31 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020
13.32 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from

14.1 the opiate epidemic response fund to the commissioner of human services for the provision
14.2 of administrative services to the Opiate Epidemic Response Advisory Council and for the
14.3 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic
14.4 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal
14.5 year 2023, \$60,000 in fiscal year 2024, and \$0 in fiscal year 2025.

14.6 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated
14.7 from the general fund to the Board of Pharmacy for the collection of the registration fees
14.8 under section 151.066.

14.9 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year
14.10 2020 is appropriated from the general fund to the commissioner of public safety for the
14.11 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab
14.12 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug
14.13 trafficking.

14.14 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in
14.15 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is
14.16 appropriated from the opiate epidemic response fund to the commissioner of management
14.17 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision
14.18 1, paragraph (c). ~~The opiate epidemic response fund base for this appropriation is \$300,000~~
14.19 ~~in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in~~
14.20 ~~fiscal year 2025.~~

14.21 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal
14.22 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is
14.23 appropriated from the opiate epidemic response fund to the commissioner of human services
14.24 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the
14.25 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the
14.26 opioid-focused Project ECHO program. The opiate epidemic response fund base for this
14.27 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in
14.28 fiscal year 2024, and \$0 in fiscal year 2025.

14.29 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000
14.30 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021
14.31 is appropriated from the opiate epidemic response fund to the commissioner of human
14.32 services for a grant to a nonprofit organization that has provided overdose prevention
14.33 programs to the public in at least 60 counties within the state, for at least three years, has
14.34 received federal funding before January 1, 2019, and is dedicated to addressing the opioid

15.1 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,
15.2 education, and overdose antagonist distribution. The opiate epidemic response fund base
15.3 for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000
15.4 in fiscal year 2024, and \$0 in fiscal year 2025.

15.5 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year
15.6 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated
15.7 from the opiate epidemic response fund to the commissioner of human services to award
15.8 grants to Tribal nations and five urban Indian communities for traditional healing practices
15.9 to American Indians and to increase the capacity of culturally specific providers in the
15.10 behavioral health workforce. The opiate epidemic response fund base for this appropriation
15.11 is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year
15.12 2024, and \$0 in fiscal year 2025.

15.13 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is
15.14 appropriated from the state government special revenue fund to the Board of Dentistry to
15.15 implement the continuing education requirements under Minnesota Statutes, section 214.12,
15.16 subdivision 6.

15.17 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is
15.18 appropriated from the state government special revenue fund to the Board of Medical Practice
15.19 to implement the continuing education requirements under Minnesota Statutes, section
15.20 214.12, subdivision 6.

15.21 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated
15.22 from the state government special revenue fund to the Board of Nursing to implement the
15.23 continuing education requirements under Minnesota Statutes, section 214.12, subdivision
15.24 6.

15.25 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is
15.26 appropriated from the state government special revenue fund to the Board of Optometry to
15.27 implement the continuing education requirements under Minnesota Statutes, section 214.12,
15.28 subdivision 6.

15.29 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020
15.30 is appropriated from the state government special revenue fund to the Board of Podiatric
15.31 Medicine to implement the continuing education requirements under Minnesota Statutes,
15.32 section 214.12, subdivision 6.

16.1 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000
 16.2 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to
 16.3 provide funding for:

16.4 (1) statewide mapping and assessment of community-based nonnarcotic pain management
 16.5 and wellness resources; and

16.6 (2) up to five demonstration projects in different geographic areas of the state to provide
 16.7 community-based nonnarcotic pain management and wellness resources to patients and
 16.8 consumers.

16.9 The demonstration projects must include an evaluation component and scalability analysis.
 16.10 The commissioner shall award the grant for the statewide mapping and assessment, and the
 16.11 demonstration project grants, through a competitive request for proposal process. Grants
 16.12 for statewide mapping and assessment and demonstration projects may be awarded
 16.13 simultaneously. In awarding demonstration project grants, the commissioner shall give
 16.14 preference to proposals that incorporate innovative community partnerships, are informed
 16.15 and led by people in the community where the project is taking place, and are culturally
 16.16 relevant and delivered by culturally competent providers. This is a onetime appropriation.

16.17 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated
 16.18 from the general fund to the commissioner of health for the administration of the grants
 16.19 awarded in paragraph (n).

16.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.21 Sec. 13. Laws 2021, First Special Session chapter 7, article 16, section 12, is amended to
 16.22 read:

16.23 Sec. 12. **COMMISSIONER OF**
 16.24 **MANAGEMENT AND BUDGET** \$ 300,000 \$ 300,000 0

16.25 (a) This appropriation is from the opiate
 16.26 epidemic response fund.

16.27 (b) **Evaluation.** \$300,000 in fiscal year 2022
 16.28 ~~and \$300,000 in fiscal year 2023~~ is for
 16.29 evaluation activities under Minnesota Statutes,
 16.30 section 256.042, subdivision 1, paragraph (c).

16.31 ~~(c) **Base Level Adjustment.** The opiate~~
 16.32 ~~epidemic response fund base is \$300,000 in~~

17.1 ~~fiscal year 2024 and \$300,000 in fiscal year~~
17.2 ~~2025.~~

17.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

17.4 Sec. 14. **TRANSFER; ELIMINATION OF ACCOUNT.**

17.5 (a) The commissioner of management and budget shall transfer any money in the separate
17.6 account established in the state treasury under Minnesota Statutes, section 16A.151,
17.7 subdivision 2, paragraph (f), to the settlement account in the opiate epidemic response fund
17.8 established under Minnesota Statutes, section 256.043, subdivision 1. Notwithstanding
17.9 section 256.043, subdivision 3a, paragraph (a), money transferred into the account under
17.10 this paragraph shall be appropriated to the commissioner of human services to award as
17.11 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
17.12 Minnesota Statutes, section 256.043, subdivision 3a, paragraph (d).

17.13 (b) Once the money is transferred as required in paragraph (a), the commissioner of
17.14 management and budget shall eliminate the separate account established under Minnesota
17.15 Statutes, section 16A.151, subdivision 2, paragraph (f).

17.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.