

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 4577

(SENATE AUTHORS: KORAN)

DATE
05/07/2020

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to human services; requiring the commissioner of human services to award
1.3 grants from the opiate epidemic response account.

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

1.5 Section 1. **GRANT AWARDS FROM THE OPIATE EPIDEMIC RESPONSE**
1.6 **ACCOUNT.**

1.7 Subdivision 1. Awards by commissioner. The commissioner of human services shall
1.8 award grants totaling \$2,713,000 for fiscal year 2021 as specified in this section from the
1.9 amount available for grants directed by the Opiate Epidemic Response Advisory Council
1.10 under Minnesota Statutes, section 256.043, subdivision 3, paragraph (c), as of July 1, 2020.
1.11 All grant funding is onetime and is in addition to any prior state funding that may have been
1.12 provided to a grantee.

1.13 Subd. 2. Naloxone distribution. (a) The commissioner shall award a grant of \$367,000
1.14 to the Rural AIDS Action Network to distribute naloxone kits and provide related training
1.15 throughout the state, and to provide syringe exchange services.

1.16 (b) The commissioner shall award a grant of \$367,000 to the commissioner of health to
1.17 distribute naloxone to all eight emergency medical service regions. The commissioner may
1.18 also provide grant funding to emergency medical service regions to expand naloxone
1.19 distribution to urban and rural tribal entities and to fund syringe exchange programs if the
1.20 commissioner determines that a region has sufficient capacity to implement these initiatives.

1.21 (c) The commissioner shall award a grant of \$367,000 to the Steve Rumlmer HOPE
1.22 Network to distribute naloxone kits on a statewide basis and provide related training. The

2.1 Steve Rummeler HOPE Network may also use grant funding to expand naloxone distribution
2.2 through strategic partnerships targeting 30 counties and to make naloxone pick-up points
2.3 and community overdose prevention trainers available on a statewide basis.

2.4 Subd. 3. **Extension for community health outcomes (ECHO).** (a) The commissioner
2.5 shall award a grant of \$112,000 to Hennepin Healthcare to continue work with the
2.6 multidisciplinary Native American ECHO hub, in partnership with the Native American
2.7 Community Clinic, to support health care and other service providers with tele-training and
2.8 mentoring on evidence-based assessment and management of patients with opioid use
2.9 disorders. Grant funds may also be used to address prevention and treatment of opioid use
2.10 disorders, pain management, and mental health conditions among American Indians in
2.11 Minnesota. An ECHO team must include a physician, a licensed alcohol and drug counselor,
2.12 a behavioral specialist, a peer recovery specialist, a tribal elder or traditional healer, and
2.13 other health care providers as needed.

2.14 (b) The commissioner shall award a grant of \$100,000 to the CHI St. Gabriel's Health
2.15 Family Medical Center ECHO hub to support health care and other service providers with
2.16 tele-training and mentoring on evidence-based assessment and management of patients with
2.17 opioid use disorders.

2.18 (c) The commissioner shall award a grant of \$200,000 to the Wayside Recovery Center
2.19 to expand an existing women's behavioral health ECHO hub, in partnership with other
2.20 community-based entities, to provide opioid use disorder and peer recovery and care
2.21 coordination services to American Indian pregnant women, postpartum and parenting
2.22 mothers, and senior citizens.

2.23 Subd. 4. **Expansion and enhancement of care.** (a) The commissioner shall award a
2.24 grant of \$50,000 to the Mille Lacs Band of Ojibwe to provide whole-client, whole-family,
2.25 culturally affirming recovery services.

2.26 (b) The commissioner shall award a grant of \$50,000 to the American Indian Family
2.27 Center to support the operation of the Parent Child Assistance Program.

2.28 (c) The commissioner shall award a grant of \$50,000 to the Community Health Worker
2.29 Alliance to provide community health worker mother's recovery training for peer recovery
2.30 support specialists.

2.31 (d) The commissioner shall award a grant of \$50,000 to the Northwest Indian Community
2.32 Development Center to provide community health worker mother's recovery training for
2.33 peer recovery support specialists.

3.1 Subd. 5. Medication-assisted treatment. (a) The commissioner shall award a grant of
3.2 \$130,000 to the Native American Community Clinic to expand the availability of office-based
3.3 medication-assisted treatment programs.

3.4 (b) The commissioner shall award a grant of \$150,000 to St. Louis County to expand
3.5 the availability of office-based medication-assisted treatment programs in partnership with
3.6 the Center for Alcohol and Drug Treatment.

3.7 (c) The commissioner shall award a grant of \$144,000 to Alliance Wellness Center to
3.8 increase patient identification, referrals, and access to medication-assisted treatment for
3.9 African American and other unreached communities.

3.10 (d) The commissioner shall award a grant of \$144,000 to Ka Joog to increase patient
3.11 identification, referrals, and awareness of medication-assisted treatment for African American
3.12 and other unreached communities.

3.13 (e) The commissioner shall award a grant of \$144,000 to My Home, Inc. to increase
3.14 patient identification, referrals, and access to medication-assisted treatment for African
3.15 American and other unreached communities.

3.16 (f) The commissioner shall award a grant of \$144,000 to Twin Cities Recovery Project,
3.17 Inc. to increase patient identification, referrals, and awareness of medication-assisted
3.18 treatment for African American and other unreached communities.

3.19 (g) The commissioner shall award a grant of \$144,000 to Turning Point, Inc. to increase
3.20 patient identification, referrals, and access to medication-assisted treatment for African
3.21 American and other unreached communities.

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