

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

**S.F. No. 2276**

(SENATE AUTHORS: CLAUSEN)

DATE	D-PG	OFFICIAL STATUS
03/24/2021	1153	Introduction and first reading Referred to Health and Human Services Finance and Policy See HF2128, Art. 1, Sec. 12

1.1 A bill for an act

1.2 relating to human services; adding two members to the opioid prescribing working

1.3 group; changing requirements of annual prescribing reports related to the opioid

1.4 prescribing improvement program; amending Minnesota Statutes 2020, section

1.5 256B.0638, subdivisions 3, 7.

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

1.7 Section 1. Minnesota Statutes 2020, section 256B.0638, subdivision 3, is amended to read:

1.8 Subd. 3. **Opioid prescribing work group.** (a) The commissioner of human services, in

1.9 consultation with the commissioner of health, shall appoint the following voting members

1.10 to an opioid prescribing work group:

1.11 (1) two consumer members who have been impacted by an opioid abuse disorder or

1.12 opioid dependence disorder, either personally or with family members;

1.13 (2) one member who is a licensed physician actively practicing in Minnesota and

1.14 registered as a practitioner with the DEA;

1.15 (3) one member who is a licensed pharmacist actively practicing in Minnesota and

1.16 registered as a practitioner with the DEA;

1.17 (4) one member who is a licensed nurse practitioner actively practicing in Minnesota

1.18 and registered as a practitioner with the DEA;

1.19 (5) one member who is a licensed dentist actively practicing in Minnesota and registered

1.20 as a practitioner with the DEA;

2.1 (6) two members who are nonphysician licensed health care professionals actively  
 2.2 engaged in the practice of their profession in Minnesota, and their practice includes treating  
 2.3 pain;

2.4 (7) one member who is a mental health professional who is licensed or registered in a  
 2.5 mental health profession, who is actively engaged in the practice of that profession in  
 2.6 Minnesota, and whose practice includes treating patients with chemical dependency or  
 2.7 substance abuse;

2.8 (8) one member who is a medical examiner for a Minnesota county;

2.9 (9) one member of the Health Services Policy Committee established under section  
 2.10 256B.0625, subdivisions 3c to 3e;

2.11 (10) one member who is a medical director of a health plan company doing business in  
 2.12 Minnesota;

2.13 (11) one member who is a pharmacy director of a health plan company doing business  
 2.14 in Minnesota; ~~and~~

2.15 (12) one member representing Minnesota law enforcement; and

2.16 (13) two consumer members who are Minnesota residents and who have used or are  
 2.17 using opioids to manage chronic pain.

2.18 (b) In addition, the work group shall include the following nonvoting members:

2.19 (1) the medical director for the medical assistance program;

2.20 (2) a member representing the Department of Human Services pharmacy unit; and

2.21 (3) the medical director for the Department of Labor and Industry.

2.22 (c) An honorarium of \$200 per meeting and reimbursement for mileage and parking  
 2.23 shall be paid to each voting member in attendance.

2.24 Sec. 2. Minnesota Statutes 2020, section 256B.0638, subdivision 7, is amended to read:

2.25 Subd. 7. **Annual report to legislature.** By September 15, ~~2016, and annually thereafter~~  
 2.26 every year, the commissioner of human services shall report to the legislature on the  
 2.27 implementation of the opioid prescribing improvement program in the Minnesota health  
 2.28 care programs. The report must:

2.29 (1) include data on the utilization of opioids within the Minnesota health care programs;  
 2.30 and contain monitoring protocols and data on patient impact and patient outcome, including

3.1 adverse events and unintended consequences from the program including from opioid  
3.2 prescribing guidelines;

3.3 (2) outline safeguards implemented to prevent misapplication and misinterpretation of  
3.4 any component of the opioid prescribing improvement program; and

3.5 (3) make any recommendations developed for improvements to the program or to end  
3.6 the program, including any necessary statutory changes.