

State of Minnesota

H. F. No. **2140**

2.1 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate  
2.2 prescribing and dispensing of opioids;

2.3 (6) promote the adoption of best practices related to opioid disposal and reducing  
2.4 opportunities for illegal access to opioids; and

2.5 (7) engage partners outside of the health care system, including schools, law enforcement,  
2.6 and social services, to address root causes of opioid abuse and addiction at the community  
2.7 level.

2.8 (c) The commissioner shall contract with an accountable community for health that  
2.9 operates an opioid abuse prevention project, and can document success in reducing opioid  
2.10 use through the use of controlled substance care teams, to assist the commissioner in  
2.11 administering this section, and to provide technical assistance to the commissioner and to  
2.12 entities selected to operate a pilot project.

2.13 (d) The contract under paragraph (c) shall require the accountable community for health  
2.14 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate  
2.15 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,  
2.16 the number of emergency room visits related to opioid use, and other relevant measures.  
2.17 The accountable community for health shall report evaluation results to the chairs and  
2.18 ranking minority members of the legislative committees with jurisdiction over health and  
2.19 human services policy and finance and public safety by December 15, 2019.

2.20 Sec. 2. **APPROPRIATION.**

2.21 \$..... for the biennium ending June 30, 2019, is appropriated from the general fund to  
2.22 the commissioner of health to implement opioid abuse prevention pilot projects and to  
2.23 contract with an accountable community for health for administrative and technical assistance,  
2.24 and for an evaluation of the pilot projects.