

# Chapter 113

2020 Regular Session

Subject Grants from Opiate Epidemic Response Account

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Date May 19, 2020

## Overview

This act directs the commissioner of human services to award specific grants using funds in the opiate epidemic response account. The account is funded by registration fees on opiate manufacturers and license fees on opiate and other drug manufacturers and wholesalers assessed by the Board of Pharmacy. Minnesota law requires specified expenditures from the account. The remaining funds in the account, after these expenditures, are appropriated to the commissioner of human services each fiscal year to award grants as specified by the Opiate Epidemic Response Advisory Council, unless otherwise appropriated by the legislature.

## Summary

Section	Description
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1	<b>Grant awards from the opiate epidemic response account.</b>
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**Subd. 1. Awards by commissioner.** Requires the commissioner of human services to award grants totaling \$2,713,000 for fiscal year 2021 as specified in this section, from the amount available for grants directed by the Opiate Epidemic Response Advisory Council as of July 1, 2020. Requires grants to be proportionately reduced if the amount available for distribution is less than \$2,713,000. Specifies that all grant funding is onetime and in addition to any prior state funding.

**Subd. 2. Naloxone distribution.** Directs the commissioner to award grants as follows:

(a) \$367,000 to the Rural AIDS Action Network to distribute naloxone kits, provide related training, and provide syringe exchange services;

(b) \$367,000 to the commissioner of health to distribute naloxone to all eight emergency medical service regions, and to expand naloxone distribution to tribal entities and fund syringe exchange programs in regions with sufficient capacity for implementation; and

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(c) \$367,000 to the Steve Rummier HOPE Network to distribute naloxone kits and provide related training, and at the discretion of the grantee to expand naloxone distribution through strategic partnerships and make naloxone pick-up points and community overdose prevention trainers available.

**Subd. 3. Extension for community health outcomes (ECHO).** Directs the commissioner to award grants as follows:

(a) \$112,000 to Hennepin Healthcare to continue work with the multidisciplinary Native American ECHO hub to support providers with tele-training and mentoring, and to address prevention and treatment of opioid use disorders, pain management, and mental health conditions among American Indians;

(b) \$100,000 to CHI St. Gabriel's Health Family Medical Center ECHO hub to support providers with tele-training and mentoring; and

(c) \$200,000 to Wayside Recovery Center to expand an existing women's behavioral health ECHO hub to provide opioid-related services to American Indian pregnant women, postpartum and parenting mothers, and senior citizens.

**Subd. 4. Expansion and enhancement of care.** Directs the commissioner to award grants as follows:

(a) \$50,000 to the Mille Lacs Band of Ojibwe to provide recovery services;

(b) \$50,000 to the American Indian Family Center to support the Parent Child Assistance Program;

(c) \$50,000 to the Community Health Worker Alliance to provide community health worker mother's recovery training for peer recovery support specialists; and

(d) \$50,000 to the Northwest Indian Community Development Center to provide community health worker mother's recovery training for peer recovery support specialists.

**Subd. 5. Medication-assisted treatment.** Directs the commissioner to award grants as follows:

(a) and (b): \$130,000 to the Native American Community Clinic and \$150,000 to St. Louis County, to expand the availability of office-based medication-assisted treatment programs;

(c), (e), and (g): \$144,000 to each of the following to increase patient identification, referrals, and access to medication-assisted treatment for African

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Americans and other unreached communities – Alliance Wellness Center, My Home, Inc., and Turning Point, Inc.

(d) and (f): \$144,000 to each of the following to increase patient identification, referrals, and awareness of medication-assisted treatment for African Americans and other unreached communities—Ka Joog and Twin Cities Recovery Project, Inc.

States that this section is effective the day following final enactment.



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