HOUSE RESEARCH

Bill Summary

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Article 1: Opioid Addiction Prevention and Treatment

Overview

This article establishes the Opioid Addiction Prevention and Treatment Advisory Council, to review state opioid policy and make recommendations to the commissioner of human services on the provision of grants and funding to address opioid addiction. The article also establishes the opioid addiction prevention and treatment account as a special revenue fund.

For FY 2019, appropriates money in the account as provided in this act. For FY 2020 and future fiscal years, the article appropriates money to the commissioner to be awarded, in consultation with the advisory council, as grants or other funding to address the opioid epidemic.

1 Opioid addiction prevention and treatment advisory council. Adds § 151.255.

Subd. 1. Establishment of advisory council. (a) Establishes the Opioid Addiction Prevention and Treatment Advisory Council to confront the opioid addiction and overdose epidemic in the state and focus on specified policy areas and services.

(b) Requires the council to:

(1) review local, state, and federal initiatives and activities related to education, prevention, and services related to opioid abuse;

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(2) establish priorities and actions for fund allocation;

(3) ensure optimal allocation of available funding and alignment of existing funding;

(4) develop criteria and procedures to be used in awarding grants and allocating funds from the opioid abuse prevention and treatment account; and

(5) develop measurable outcomes to determine the effectiveness of funds allocated.

(c) Requires the council to make recommendations on grant and funding options for funds annually appropriated to the commissioner from the opioid addiction prevention and treatment account. Lists possible areas for funding. Requires the council to submit recommendations for funding options to the commissioner and chairs and ranking members of the legislative committees with jurisdiction over health and human services policy and finance, by March 1 of each year, beginning March 1, 2019.

Subd. 2. Membership. (a) States that the council shall consist of 21 members, and specifies membership.

(b) Requires the commissioner to coordinate appointments to provide geographic diversity and ensure that at least one-half of members reside outside of the seven-county metropolitan area.

(c) Specifies that the council is governed by section 15.059, except that members are reimbursed only for expenses and the council does not expire.

(d) Requires the chair to convene the council at least quarterly. Requires the council to meet at different locations in the state, with at least one-half of the meetings held at locations outside of the seven-county metropolitan area.

(e) Requires the commissioner to provide staff and administrative services for the council.

(f) States that the council is subject to chapter 13D (open meeting law).

2 **Opioid addiction prevention and treatment account.** Adds § 151.256.

Subd. 1. Establishment. Establishes the opioid addiction prevention and treatment account as a special revenue fund in the state treasury. Requires all state appropriations to the account, and any federal funds or grant dollars received for the prevention and treatment of opioid addiction, to be deposited into the account.

Subd. 2. Use of account funds. (a) For FY 2019, appropriates money from the fund in accordance with this act.

(b) For FY 2020 and subsequent years, appropriates money in the account to the commissioner, to be awarded in consultation with the advisory council, as grants or other funding to address the opioid epidemic. Requires each recipient of grants or funds to report to the commissioner and the advisory council on how the funds were spent and outcomes achieved.

Subd. 3. Annual report. Beginning January 15, 2019, and each January 15 thereafter, requires the commissioner, in consultation with the advisory council, to

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report to the chairs and ranking members of the legislative committees with jurisdiction over health and human services policy and finance, on the grants and funds awarded under this section and section 3, and the outcomes achieved. Requires each report to identify those instances for which the commissioner did not follow the recommendations of the advisory council, and the commissioner's rationale.

3 **Advisory council first meeting.** Requires the commissioner of human services to convene the first meeting of the Opioid Addiction Prevention and Treatment Advisory Council, no later than October 1, 2018. Directs the members to elect a chair at the first meeting.

Article 2: Provider and Other Requirements

Overview

This article prohibits contract limits on pharmacist price disclosures, and also prohibits health plans or pharmacy benefit managers from requiring consumers to pay amounts for prescription drugs that are higher than a defined allowable cost. This article also modifies requirements related to comprehensive assessments of clients of substance use disorder treatment programs, and also allows current county assessors to perform comprehensive assessments during a transition period.

1 **No prohibition on disclosure.** Amends § 151.214, subd. 2. Provides that a contract between an employer-sponsored health plan or health plan company, or its pharmacy benefit manager, and a licensed pharmacy, may not prohibit a pharmacist from informing a patient when the amount the patient would pay for a particular drug under the patient's health plan is greater than the amount the patient would pay out-of-pocket at the pharmacy's usual and customary price.

2 **Lowest cost to consumers.** Amends § 151.71, by adding subd. 3. (a) Prohibits a health plan company or a pharmacy benefits manager from requiring an individual to pay, for a covered prescription medication at the point of sale, an amount greater than the allowable cost to consumers as defined in paragraph (b).

(b) Defines "allowable cost to consumers" as the lowest of: (1) the applicable copayment; or (2) the cost of the medication if purchased without using a health plan benefit.

3 **Comprehensive assessment.** Amends § 245G.05, subd. 1. Allows a residential or other substance use disorder treatment program to permit a licensed staff person who is not qualified as an alcohol and drug counselor to interview a client in areas of the comprehensive assessment that are within the competencies and scope of practice of the licensed staff person. Requires the alcohol and drug counselor to review and confirm the information in the comprehensive assessment.

4 **Rules for substance use disorder care.** Amends § 254A.03, subd. 3. Allows a Rule 25 assessor employed by a county on July 1, 2018, to qualify to perform a comprehensive assessment if:

(1) the individual is exempt from licensure under current statute;

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(2) the individual is qualified as a Rule 25 assessor under Minnesota Rules; and

(3) the individual has been an assessor for three years or is supervised by an alcohol and drug counselor supervisor.

Requires that after June 30, 2020, an individual that is qualified to perform a comprehensive assessment under this paragraph complete specified coursework.

Article 3: Prevention, Education, and Research

Overview

This article requires school districts to include substance misuse prevention instruction in the health curriculum for certain grades, and encourages districts to integrate substance misuse prevention instruction into existing curriculum and programs. This article also allows persons to execute voluntary nonopioid directives, provides alternative methods of drug disposal for county sheriffs, expands photo identification requirements for the purchase of controlled substances, places time limits on filling opioid prescriptions, establishes quantity limits for certain opioid prescriptions, and requires continuing education in prescribing opioids and other controlled substances.

1 **Required academic standards.** Amends § 120B.021, subd 1. Requires school districts to include substance misuse prevention instruction in a health curriculum in grades 5, 6, 8, 10, and 12.

2 **Substance misuse prevention.** Adds § 120B.215. Encourages school districts to integrate substance misuse prevention instruction into existing programs, curriculum, or school environment.

3 **Voluntary nonopioid directive.** Adds § 151.72.

Subd. 1. Definitions. Defines terms.

Subd. 2. Execution of directive. Allows the following persons to execute a voluntary nonopioid directive instructing health care providers that an opioid may not be administered or prescribed to the individual or minor: an individual age 18 or older, an emancipated minor, parent or legal guardian of a minor, or an individual's guardian or other person appointed by the individual or court to manage the individual's health care. Requires the directive to be in the format prescribed by the Board of Pharmacy. Provides that the person executing the directive may submit the directive to a health care provider or hospital. Allows the individual executing the directive to revoke the directive at any time, in writing or orally.

Subd. 3. Duties of the board. Directs the board to adopt rules establishing guidelines to govern the use of directives. Specifies requirements for the guidelines.

Subd. 4. Exemption from liability. Provides an exemption from liability or disciplinary action for a health care provider, hospital, or employees for failure to

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administer, prescribe, or dispense an opioid, or for inadvertent administration of an opioid, to an individual or minor with a directive. States that a prescription presented to a pharmacy is presumed to be valid, and provides an exemption from liability or disciplinary action for a pharmacist who dispenses an opioid in contradiction to a directive.

Subd. 5. Construction. Provides that the section shall not be construed to: alter a health directive; limit the prescribing, dispensing, or administering of an opioid overdose drug; or limit the prescribing, dispensing, or administering of an opioid for the treatment of substance abuse or opioid dependence.

4 **Sheriff to maintain collection receptacle.** Amends § 152.105, subd. 2. Allows county sheriffs satisfy the requirement to maintain a collection receptacle for the disposal of controlled substances and other drugs, by using an alternate method for disposal that has been approved by the Board of Pharmacy. This may include making available to the public, without charge, at-home prescription drug deactivation and disposal products that render drugs and medications inert and irretrievable.

5 **Identification requirement for controlled substance prescriptions.** Amends § 152.11, subd. 2d. Requires a valid photo identification for the purchase of all controlled substances (current law requires this for controlled substances in Schedules II and III). Requires doctors of veterinary medicine to comply with the requirement for photo identification. Also strikes language limiting the application of the requirement to purchases not covered by a health plan company or other third-party payor.

6 **Limitations on the dispensing of opioid prescription drug orders.** Amends § 152.11 by adding subd. 5.

(a) Prohibits a pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule II more than 30 days after the date on which the prescription drug order was issued.

(b) Prohibits a pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule III through V more than 30 days after the date on which the prescription drug order was issued and prohibits a pharmacist or dispenser from refilling the drug more than 45 days after the previous date on which it was dispensed.

(c) Provides a definition of "dispenser."

7 **Limit on quantity of opiates prescribed for acute pain associated with a major trauma or surgical procedure.** Amends § 152.11, by adding subd. 6.

(a) Limits initial prescriptions for opiate or narcotic pain relievers listed in Schedules II through IV to a seven-day supply, when used for the treatment of acute pain associated with a major trauma or surgical procedure. Requires the quantity prescribed to be consisted with the dosage listed in the professional labeling for the drug that has been approved by the Food and Drug Administration.

(b) Defines "acute pain."

(c) Allows an override of the quantity limit based on the professional clinical judgment of the practitioner.

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(d) Provides that the section does not apply to the treatment of acute dental pain or acute pain associated with refractive surgery, and that the quantity of opiates that may be prescribed for these conditions is governed by subd. 4.

8 **Opioid and controlled substances prescribing.** Amends § 214.12 by adding subd. 6. Requires the Boards of Medical Practice, Nursing, Dentistry, Optometry, and Podiatric Medicine to require by rule that licensees with prescribing authority obtain at least two hours of continuing education credit on best practices in prescribing opioids and controlled substances by the expiration date of the section, January 1, 2023.

Makes the section effective January 1, 2019.

Article 4: Intervention, Treatment, and Recovery

Overview

This article provides grants to federally qualified health centers and ambulance services, to fund opioid-related services. The article also allows pharmacists to administer certain medications to treat substance use disorders and allows probation or supervised release officers, and volunteer firefighters, to administer opioid antagonists. The article also modifies MA payment methods for certain injectable drugs used to treat substance abuse.

1 **Definitions.** Amends § 145.9269, subd. 1. Applies an existing definition of "federally qualified health center" to § 145.9272.

2 **FQHCs; grants for integrated community-based opioid addiction and substance use disorder treatment, recovery, and prevention programs.** Adds § 145.9272.

Subd. 1. Grant program established. Directs the commissioner of health to distribute grants to FQHCs operating in Minnesota as of January 1, 2018, for integrated, community-based programs in primary care settings to treat, prevent, and raise awareness of opioid addiction and substance use disorders.

Subd. 2. Grant allocation. For each grant cycle, requires grants to be allocated to FQHCs through a competitive process. Specifies guidelines for grant allocation. Requires the commissioner to consult with a state organization representing community health centers to assess and classify levels of substance use disorder services and programs, and develop measures for FQHCs to use in assessing the effectiveness of substance use disorder programs.

Subd. 3. Allowable uses for grant funds. Specifies the activities on which FQHCs may spend grant funds.

Subd. 4. Reports. Requires each FQHC to report to the commissioner, at the conclusion of each grant cycle, data on the effectiveness measures developed under subdivision 2. Requires the commissioner to compile this information into a report, to be provided to the legislative committees with jurisdiction over health care.

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3 **Practice of pharmacy.** Amends § 151.01, subd. 27. Modifies the definition of the "practice of pharmacy," to allow pharmacists to administer injectable or implantable medications to treat substance use disorders.

4 **Administration of opiate antagonists for drug overdose.** Amends § 151.37, subd. 12. Allows probation or supervised release officers, and volunteer firefighters, to administer opiate antagonists if authorized by a licensed physician, or a licensed advanced practice registered nurse authorized to prescribe drugs or licensed physician assistant authorized to prescribe drugs.

5 **Chemical dependency provider rate increase.** Amends § 254B.12, subd. 3. Increases payment rates for chemical dependency services, effective July 1, 2018, by a percentage established by the commissioner based on the available appropriation.

6 **Payment rates.** Amends § 256B.0625, subd. 13e. Allows MA payment for injectable drugs used to treat substance abuse and administered in an outpatient setting to be paid either to the administering facility or the practitioner, or directly to dispensing pharmacy. Under current law, payment for drugs administered in an outpatient setting can be made only to the administering facility or practitioner. Requires the practitioner or administering facility to submit the claim, if the practitioner purchases the drug directly from a wholesale distributor or manufacturer. Requires the pharmacy to submit the claim, if the pharmacy dispenses the drug pursuant to a prescription issued by the practitioner and delivers the drug to the practitioner for administration. Requires the practitioner and pharmacy to ensure that claims are not duplicated and prohibits a pharmacy from dispensing a practitioner-administered injectable drug directly to an enrollee. Defines "dispense" or "dispensing."

7 **Opioid overdose reduction pilot program.** Requires the commissioner of health to allocate grants to ambulance services for opioid overdose reduction activities performed by community paramedic teams.

Subd. 1. Establishment. Directs the commissioner of health to provide grants to ambulance services, for activities by community paramedic teams to reduce opioid overdoses in the state. Community paramedics connect with patients discharged from hospitals or emergency departments after an opioid overdose episode, develop personalized care plans, and provide follow-up.

Subd. 2. Priority areas; services. Directs ambulance services to target services funded under this section to portions of the service area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs for interventions. Lists services to be provided by community paramedic teams.

Subd. 3. Evaluation. Requires an ambulance service receiving a grant to evaluate the project's success in reducing the number of opioid overdoses and deaths among patients who received services, and in reducing the inappropriate use of opioids by patients who received services. Directs the commissioner of health to develop evaluation measures and reporting timelines, and requires ambulance services to report the information required by the commissioner to the commissioner and the legislative committees with jurisdiction over health and human services, by December 1, 2019.

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Article 5: Appropriations

Overview

This article makes appropriations to the Bureau of Criminal Apprehension, the Commissioner of Human Services, the Commissioner of Health, the Department of Education, and various health-related boards, for opioid-related initiatives.