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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.

The article transfers \$16.5 million in FY 2019 from the general fund to the account and appropriates this money to the commissioner of human services. The commissioner is directed to use the appropriation to: fund county child protection services related to opioid addiction, provide grants to counties for opioid-related programs, pay for agency administrative costs and provide staff and administrative services to the advisory council, provide grants to nonprofit organizations and regional EMS programs, and increase MA payment rates for opioid treatment programs by five percent.

The article transfers an additional \$3.5 million from the general fund to the account, and appropriates this money to the Board of Pharmacy, to be used to integrate the prescription monitoring program database with electronic health records. The article also provides funding in FY 2018 to various public media organizations to produce the Beyond Opioids Project.

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.

Section

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;
- (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 19 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.

Section

Subd. 2. Use of account funds. (a) For FY 2019, appropriates money from the fund in accordance with section 3.

(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 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 Appropriation; opioid addiction prevention and treatment.

Subd. 1. Commissioner of human services. (a) For FY 2019, transfers \$16.5 million from the general fund to the opioid addiction prevention and treatment account, and appropriates this money to the commissioner. The money is to be distributed according to this subdivision, in consultation with the advisory council.

(b) At least 30 percent of available funds is for county social services agencies to provide services to children in placement affected by opioid addiction, to be distributed in proportion to the number of open child protection cases in each county.

(c) At least ten percent of available funds is for grants to county boards for programs and services to prevent and treat opioid addiction.

(d) The commissioner may use up to five percent of available funds for administration of this section, and to provide staff and administrative services for the advisory council.

(e) The remaining appropriation is to be used for:

(1) providing grants to regional EMS programs to expand prescriber education and public awareness, and to purchase opiate antagonists for distribution to the health care and public safety community; and

(2) providing a five percent MA rate increase for substance use disorder services under section 254B.05, subd. 5.

(f) Requires each recipient of grants or funding to report to the commissioner and the advisory council on how funds were spent and on outcomes achieved.

(g) Provides that of the amount transferred, \$15 million shall remain as base funding for the opioid addiction prevention and treatment account, for FY 2020 and subsequent fiscal years.

Subd. 2. Board of Pharmacy. Appropriates \$3.5 million in FY 2019 from the general fund to the opioid addiction prevention and treatment account, to be

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appropriated to the Board of Pharmacy, to integrate the prescription monitoring program database with electronic health records on a statewide basis. States that integration of access to the prescription monitoring program database with electronic health records shall not modify prescription monitoring program requirements or procedures related to reporting, access, or data classification, and shall not require a prescriber to access the database prior to issuing a prescription. Allows the board to contract with a vendor, provide grants to health care providers, and make technical modifications to the prescription monitoring program database. Provides that this funding does not cancel and is available until expended.

- 4 **Beyond opioids project.** Appropriates \$1.6 million in FY 2018 from the general fund to the commissioner of administration for grants to Twin Cities Public Television (which is to receive 70 percent of this funding) and to the Association of Minnesota Public Educational Radio Stations (to receive 30 percent of the funding) to produce the Beyond Opioids Project, in collaboration with the Minnesota Public Television Association. States that this appropriation is available until June 30, 2019, and that the section is effective the day following final enactment.
- 5 **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: Prescription Monitoring Program Funding

Overview

This article requires controlled substance drug manufacturers to pay a registration fee that is based on either the number of dosage units of Schedule II and III opiates reported to the prescription monitoring program, or the number of dosage units of other controlled substances reported. The article also requires the fees collected to be deposited into the opioid addiction prevention and treatment account, and appropriates money from this account to the Board of Pharmacy for the prescription monitoring program.

- 1 **Annual opiate registration fees.** Amends § 151.065, by adding subd. 3a. (a) Requires the Board of Pharmacy, by March 1 of each year, beginning March 1, 2019, to determine for each manufacturer the number of dosage units of Schedule II and III opiates reported to the board through the prescription monitoring program for the previous calendar year. Requires the board to inform the manufacturer of the fee amount.

(b) Requires the Board of Pharmacy, by March 1 of each year, beginning March 1, 2019, to determine for each manufacturer the number of dosage units of controlled substances, that are not Schedule II and III opiates, reported to the board through the prescription monitoring program for the previous calendar year. Requires the board to inform the manufacturer of the fee amount.

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(c) Sets the fee due on June 1, 2019, and each succeeding June 1, as follows for reported dosage units under paragraph (a):

Dosage Units	Fee
More than 15,000,000	\$150,000
5,000,001 to 15,000,000	\$95,000
1,000,001 to 5,000,000	\$35,000
100,000 to 1,000,000	\$1,500
Less than 100,000	\$625

(d) Sets the fee due on June 1, 2019, and each succeeding June 1, as follows for reported dosage units under paragraph (b):

Dosage Units	Fee
More than 15,000,000	\$.....
5,000,001 to 15,000,000	\$.....
1,000,001 to 5,000,000	\$.....
100,000 to 1,000,000	\$.....
Less than 100,000	\$.....

(e) Requires fees collected to be deposited in the opioid addiction prevention and treatment account.

(f) Requires a drug manufacturer that sells both Schedule II and III opioids and other controlled substances, to pay a fee under either paragraph (c) or (d), based on the highest quantity of reported dosage units.

- 2 **Requirements.** Amends § 152.252, subd. 1. Requires controlled substance manufacturers to pay the registration fee required by section 151.065, subd. 3a, by June 1 of each year, beginning June 1, 2019. Specifies procedures to be used in the event of a change of ownership or a change in a controlled substance, and in cases of multiple facilities.
- 3 **Funding.** Amends § 152.126, subd. 10. Provides that the apportionment of the cost of operating the prescription monitoring program across the various health boards shall occur only if the controlled substance manufacturer registration fees under section 151.065, subd. 3a and any other grants or funds received, are not sufficient to fund the appropriation for the program.
- 4 **Appropriation.** Appropriates money from the opioid addiction and prevention account to the Board of Pharmacy in FY 2019 for the prescription monitoring program.

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Article 3: Substance Use Disorder Treatment Provider Requirements

Overview

This article modifies requirements related to comprehensive assessments of clients of substance use disorder treatment programs, and also eliminates a requirement that the commissioner of human services review financial information provided by chemical dependency treatment service vendors, to determine the need for rate adjustments.

- 1** **Comprehensive assessment.** Amends § 245G.05, subd. 1. Allows a residential or other substance use disorder treatment program to permit a 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 staff person. Requires the alcohol and drug counselor to review and confirm the information in the comprehensive assessment.
- 2** **CCDTF rate methodology established.** Amends § 254B.12, subd. 1. Removes the requirement that the commissioner, at least biennially, review the financial information provided by chemical dependency treatment service vendors to determine the need for rate adjustments.