DEPARTMENT OF HUMAN SERVICES

Opioid Epidemic Response: Side-by-Side Legislative Changes 2023

Includes: Overdose Prevention, Emergency Overdose Treatment, Increasing Access to Opioid Antagonists, Opioid Overdose Surge Alert System, Opioid Prescribing Improvement Program, Harm Reduction and Culturally Specific Grants, Advisory Council, etc.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter Article Section
4.046 Subd. 7	**Staff and administrative support.** The commissioner of human services, in coordination with other state agencies and boards as applicable, must provide staffing and administrative support to the addiction and recovery director, the subcabinet, and the advisory council established in this section	**Staff and administrative support**. The commissioner of ~~human services~~ management and budget, in coordination with other state agencies and boards as applicable, must provide staffing and administrative support to the Office of Addiction and Recovery, the addiction and recovery director, the subcabinet, and the advisory council established in this section	**7/1/2023**	S.F.No. 2934 61/4/2
144E.101 Subd. 6	**Basic life support.** (a) Except as provided in paragraph (e), a basic life-support ambulance shall be staffed by at least two EMTs, one of whom must accompany the patient and provide a level of care so as to ensure that:	**Basic life support.** (a) Except as provided in paragraph ~~(e)~~ (f), a basic life-support ambulance shall be staffed by at least two EMTs, one of whom must accompany the patient and provide a level of care so as to ensure that:	**8/1/2023**	S.F.No. 2995 70/6/3
144E.101 Subd. 6 (d)		(d) A basic life-support service shall administer opiate antagonists consistent with protocols established by the service's medical director.		
144E.101 Subd. 6 (e)	A basic life-support service licensee's medical director may authorize ambulance service personnel to perform intravenous infusion and use equipment that is within the licensure level of the	~~(d)~~ (e) A basic life-support service licensee's medical director may authorize ambulance service personnel to perform intravenous infusion and use equipment that is within the licensure level of the		

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	ambulance service, including administration of an opiate antagonist. Ambulance service personnel must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be maintained in the licensee's files.	ambulance service~~, including administration of an opiate antagonist.~~ Ambulance service personnel must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be maintained in the licensee's files.		
144E.101 Subd. 6 (f)	(e) For emergency ambulance calls and interfacility transfers, an ambulance service may staff its basic life-support ambulances with one EMT, who must accompany the patient, and one registered emergency medical responder driver. For purposes of this paragraph, "ambulance service" means either an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in a community with a population of less than 2,500.	~~(e)~~ (f) For emergency ambulance calls and interfacility transfers, an ambulance service may staff its basic life-support ambulances with one EMT, who must accompany the patient, and one registered emergency medical responder driver. For purposes of this paragraph, "ambulance service" means either an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in a community with a population of less than 2,500.		
144E.101 Subd. 7 (b)	An advanced life-support service shall provide basic life support, as specified under subdivision 6, paragraph (a), advanced airway management, manual defibrillation, and administration of intravenous fluids and pharmaceuticals.	(b) An advanced life-support service shall provide basic life support, as specified under subdivision 6, paragraph (a), advanced airway management, manual defibrillation, ~~and~~ administration of intravenous fluids and pharmaceuticals, and administration of opiate antagonists.	**8/1/2023**	S.F.No. 2995 70/6/4
241.415	**RELEASE PLANS; SUBSTANCE ABUSE.** The commissioner shall cooperate with community-based corrections agencies to determine how best to address the substance abuse treatment needs of offenders who are being released from prison. The commissioner shall	**RELEASE PLANS; SUBSTANCE ABUSE.** The commissioner shall cooperate with community-based corrections agencies to determine how best to address the substance abuse treatment needs of offenders who are being released from prison. The commissioner shall ensure that an offender's prison	**7/1/2023**	S.F.No. 2934 61/5/4

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	ensure that an offender's prison release plan adequately addresses the offender's needs for substance abuse assessment, treatment, or other services following release, within the limits of available resources.	release plan adequately addresses the offender's needs for substance abuse assessment, treatment, or other services following release, within the limits of available resources. The commissioner must provide individuals with known or stated histories of opioid use disorder with emergency opiate antagonist rescue kits upon release.		
245.891		**OPIOID OVERDOSE SURGE ALERT SYSTEM.** The commissioner must establish a voluntary, statewide opioid overdose surge text message alert system, to prevent opioid overdose by cautioning people to refrain from substance use or to use harm reduction strategies when there is an overdose surge in their surrounding area. The alert system may include other forms of electronic alerts. The commissioner may collaborate with local agencies, other state agencies, and harm reduction organizations to promote and improve the surge alert system.	**7/1/2023**	S.F.No. 2934 61/5/5
245A.242 Subd. 1		**EMERGENCY OVERDOSE TREATMENT. Applicability.** This section applies to the following licenses issued under this chapter:	**7/1/2023**	S.F.No. 2934 61/5/6
245A.242 Subd. 1 (1)		(1) substance use disorder treatment programs licensed according to chapter 245G;		
245A.242 Subd. 1 (2)		(2) children's residential facility substance use disorder treatment programs licensed according to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0430 to 2960.0490;		
245A.242 Subd. 1 (3)		(3) detoxification programs licensed according to Minnesota Rules, parts 9530.6510 to 9530.6590;		

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245A.242 Subd. 1 (4)		(4) withdrawal management programs licensed according to chapter 245F; and		
245A.242 Subd. 1 (5)		(5) intensive residential treatment services or residential crisis stabilization licensed according to chapter 245I and section 245I.23.		
245A.242 Subd. 2.		**Emergency overdose treatment.** A license holder must maintain a supply of opiate antagonists as defined in section 604A.04, subdivision 1, available for emergency treatment of opioid overdose and must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of opiate antagonists on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.		
245G.08 Subd. 3.	**Standing order protocol.** A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of naloxone on site. A license holder must require staff to undergo	~~**Standing order protocol**~~ **Emergency overdose treatment.** A license holder ~~that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of naloxone on site. A license holder must require staff~~	**7/1/2023**	S.F.No. 2934 61/5/7

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	training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.	~~to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.~~ must follow the emergency overdose treatment requirements in section 245A.242.		
256.042 Subd. 1 (b)	**Establishment of the Advisory Council.** (b) The council shall:	**Establishment of the Advisory Council.** (b) The council shall:	**7/1/2023**	S.F.No. 2934 61/5/8
256.042 Subd. 1 (b)(7)	review reports, data, and performance measures submitted by municipalities under subdivision 5; and	(7) review reports, data, and performance measures submitted by municipalities under subdivision 5; ~~and~~		
256.042 Subd. 1 (b)(8)	consult with relevant stakeholders, including lead agencies and municipalities, to review and provide recommendations for necessary revisions to the reporting requirements under subdivision 5 to ensure that the required reporting accurately measures progress in addressing the harms of the opioid epidemic.	(8) consult with relevant stakeholders, including lead agencies and municipalities, to review and provide recommendations for necessary revisions to the reporting requirements under subdivision 5 to ensure that the required reporting accurately measures progress in addressing the harms of the opioid epidemic.; and		
256.042 Subd. 1 (b)(9)		(9) meet with each of the 11 federally recognized Minnesota Tribal Nations individually on an annual basis in order to collaborate and communicate on shared issues and priorities.		
256.042 Subd. 2 (a)	**Membership**. (a) The council shall consist of the following 19 voting members, appointed by the commissioner of human services except as otherwise specified, and three nonvoting members:	**Membership.** (a) The council shall consist of the following ~~19~~ 20 voting members, appointed by the commissioner of human services except as otherwise specified, and three nonvoting members:	**7/1/2023**	S.F.No. 2934 61/5/9
256.042 Subd. 2 (a)(2)	two members of the senate, appointed in the following sequence: the first from the majority party appointed by the senate majority leader and	(2) two members of the senate, appointed in the following sequence: the first from the majority party appointed by the senate majority leader and		

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	the second from the minority party appointed by the senate minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;	the second from the minority party appointed by the senate minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;		
256.042 Subd. 2 (a)(13)		(13) one member representing an urban American Indian community;		
256.042 Subd. 2 (a)(13)	one public member who is a Minnesota resident and who is suffering from chronic pain, intractable pain, or a rare disease or condition;	~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from chronic pain, intractable pain, or a rare disease or condition;		
256.042 Subd. 2 (a)(14)	one mental health advocate representing persons with mental illness;	~~(14)~~ (15) one mental health advocate representing persons with mental illness;		
256.042 Subd. 2 (a)(15)	one member appointed by the Minnesota Hospital Association;	~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;		
256.042 Subd. 2 (a)(16)	one member representing a local health department; and	~~(16)~~ (17) one member representing a local health department; and		
256.042 Subd. 2 (a)(17)	the commissioners of human services, health, and corrections, or their designees, who shall be ex officio nonvoting members of the council.	~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees, who shall be ex officio nonvoting members of the council.		
256.042 Subd. 2 (b)	The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity,	(b) The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity, and		

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	and shall ensure that at least one-half of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.	shall ensure that at least ~~one-half~~ one-third of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.		
256I.052 (a)		**OPIATE ANTAGONISTS**. (a) Site-based or group housing support settings must maintain a supply of opiate antagonists as defined in section 604A.04, subdivision 1, at each housing site to be administered in compliance with section 151.37, subdivision 12.	**8/1/2023**	S.F.No. 2934 61/5/12
256I.052 (b)		(b) Each site must have at least two doses of an opiate antagonist on site.		
256I.052 (c)		(c) Staff on site must have training on how and when to administer opiate antagonists.		
		PUBLIC AWARENESS CAMPAIGN. (a) The commissioner of human services must establish a multitiered public awareness and educational campaign on substance use disorders. The campaign must include strategies to prevent substance use disorder, reduce stigma, and ensure people know how to access treatment, recovery, and harm reduction services.	**8/1/2023**	S.F.No. 2934 61/5/14
		(b) The commissioner must consult with communities disproportionately impacted by substance use disorder to ensure the campaign focuses on lived experience and equity. The commissioner may also consult and establish relationships with media and communication		

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		experts, behavioral health professionals, state and local agencies, and community organizations to design and implement the campaign.		
		(c) The campaign must include awareness-raising and educational information using multichannel marketing strategies, social media, virtual events, press releases, reports, and targeted outreach. The commissioner must evaluate the effectiveness of the campaign and modify outreach and strategies as needed.		
		HARM REDUCTION AND CULTURALLY SPECIFIC GRANTS. (a) The commissioner of human services must establish grants for Tribal Nations or culturally specific organizations to enhance and expand capacity to address the impacts of the opioid epidemic in their respective communities. Grants may be used to purchase and distribute harm reduction supplies, develop organizational capacity, and expand culturally specific services.	**8/1/2023**	S.F.No. 2934 61/5/15
		(b) Harm reduction grant funds must be used to promote safer practices and reduce the transmission of infectious disease. Allowable expenses include syringes, fentanyl testing supplies, disinfectants, opiate antagonist rescue kits, safe injection kits, safe smoking kits, sharps disposal, wound-care supplies, medication lock boxes, FDA-approved home testing kits for viral hepatitis and HIV, written educational and resource materials, and other supplies approved by the commissioner.		
		(c) Culturally specific organizational capacity grant funds must be used to develop and improve		

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		organizational infrastructure to increase access to culturally specific services and community building. Allowable expenses include funds for organizations to hire staff or consultants who specialize in fundraising, grant writing, business development, and program integrity or other identified organizational needs as approved by the commissioner.		
		(d) Culturally specific service grant funds must be used to expand culturally specific outreach and services. Allowable expenses include hiring or consulting with cultural advisors, resources to support cultural traditions, and education to empower individuals and providers, develop a sense of community, and develop a connection to ancestral roots.		
		(e) Opiate antagonist training grant funds may be used to provide information and training on safe storage and use of opiate antagonists. Training may be conducted via multiple modalities, including but not limited to in-person, virtual, written, and video recordings.		
256B.0638 Subd. 1	**Program established.** The commissioner of human services, in conjunction with the commissioner of health, shall coordinate and implement an opioid prescribing improvement program to reduce opioid dependency and substance use by Minnesotans due to the prescribing of opioid analgesics by health care providers.	**Program established.** The commissioner of human services, in conjunction with the commissioner of health, shall coordinate and implement an opioid prescribing improvement program to reduce opioid dependency and substance use by Minnesotans due to the prescribing of opioid analgesics by health care providers and to support patient-centered, compassionate care for Minnesotans who require treatment with opioid analgesics.	**8/1/2023**	S.F.No. 2934 61/6/1

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256B.0638 Subd. 2(f)	**Definitions.** "Opioid disenrollment standards" means parameters of opioid prescribing practices that fall outside community standard thresholds for prescribing to such a degree that a provider must be disenrolled as a medical assistance provider.	**Definitions**. (f) "Opioid disenrollment standards" means parameters of opioid prescribing practices that fall outside community standard thresholds for prescribing to such a degree that a provider must be disenrolled as a ~~medical assistance~~ Minnesota health care program provider.	**8/1/2023**	S.F.No. 2934 61/6/2
256B.0638 Subd. 2(g)	"Opioid prescriber" means a licensed health care provider who prescribes opioids to medical assistance and MinnesotaCare enrollees under the fee-for-service system or under a managed care or county-based purchasing plan.	(g) "Opioid prescriber" means a licensed health care provider who prescribes opioids to ~~medical assistance~~ Minnesota health care program and MinnesotaCare enrollees under the fee-for-service system or under a managed care or county-based purchasing plan.		
256B.0638 Subd. 4.	**Program components**. (b) The opioid prescribing protocols shall not apply to opioids prescribed for patients who are experiencing pain caused by a malignant condition or who are receiving hospice care, or to opioids prescribed for substance use disorder treatment with medications for opioid use disorder.	**Program components**. (b) The opioid prescribing protocols shall not apply to opioids prescribed for patients who are experiencing pain caused by a malignant condition or who are receiving hospice care or palliative care, or to opioids prescribed for substance use disorder treatment with medications for opioid use disorder.	**8/1/2023**	S.F.No. 2934 61/6/3
256B.0638 Subd. 5 (a)	**Program implementation**. (a) The commissioner shall implement the programs within the Minnesota health care program to improve the health of and quality of care provided to Minnesota health care program enrollees. The commissioner shall annually collect and report to provider groups the sentinel measures of data showing individual opioid prescribers' opioid prescribing patterns compared to their anonymized peers. Provider groups shall distribute data to their affiliated, contracted, or employed opioid prescribers.	**Program implementation.** (a) The commissioner shall implement the ~~programs within the Minnesota health care~~ quality improvement program to improve the health of and quality of care provided to Minnesota health care program enrollees. The program must be designed to support patient-centered care consistent with community standards of care. The program must discourage unsafe tapering practices and patient abandonment by providers. The commissioner shall annually collect and report to provider groups the sentinel measures of data showing individual opioid	**8/1/2023**	S.F.No. 2934 61/6/4

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		prescribers' opioid prescribing patterns compared to their anonymized peers. Provider groups shall distribute data to their affiliated, contracted, or employed opioid prescribers.		
256B.0638 Subd. 5 (b)	The commissioner shall notify an opioid prescriber and all provider groups with which the opioid prescriber is employed or affiliated when the opioid prescriber's prescribing pattern exceeds the opioid quality improvement standard thresholds. An opioid prescriber and any provider group that receives a notice under this paragraph shall submit to the commissioner a quality improvement plan for review and approval by the commissioner with the goal of bringing the opioid prescriber's prescribing practices into alignment with community standards. A quality improvement plan must include:	(b) The commissioner shall notify an opioid prescriber and all provider groups with which the opioid prescriber is employed or affiliated when the opioid prescriber's prescribing pattern exceeds the opioid quality improvement standard thresholds. An opioid prescriber and any provider group that receives a notice under this paragraph shall submit to the commissioner a quality improvement plan for review and approval by the commissioner with the goal of bringing the opioid prescriber's prescribing practices into alignment with community standards. A quality improvement plan must include:		
256B.0638 Subd. 5 (b)(1)	components of the program described in subdivision 4, paragraph (a);	(1) components of the program described in subdivision 4, paragraph (a);		
256B.0638 Subd. 5 (b)(2)	internal practice-based measures to review the prescribing practice of the opioid prescriber and, where appropriate, any other opioid prescribers employed by or affiliated with any of the provider groups with which the opioid prescriber is employed or affiliated; and	(2) internal practice-based measures to review the prescribing practice of the opioid prescriber and, where appropriate, any other opioid prescribers employed by or affiliated with any of the provider groups with which the opioid prescriber is employed or affiliated; and		
256B.0638 Subd. 5 (b)(3)	appropriate use of the prescription monitoring program under section 152.126.	(3) ~~appropriate use of the prescription monitoring program under section 152.126~~ demonstration of patient-centered care consistent with community standards of care.		

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256B.0638 Subd. 5 (c)	If, after a year from the commissioner's notice under paragraph (b), the opioid prescriber's prescribing practices do not improve so that they are consistent with community standards, the commissioner shall take one or more of the following steps:	(c) If, after a year from the commissioner's notice under paragraph (b), the opioid prescriber's prescribing practices for treatment of acute or postacute pain do not improve so that they are consistent with community standards, the commissioner ~~shall~~ may take one or more of the following steps:		
256B.0638 Subd. 5 (c)(1)	monitor prescribing practices more frequently than annually;	(1) require the prescriber, the provider group, or both, to monitor prescribing practices more frequently than annually;		
256B.0638 Subd. 5 (c)(2)	monitor more aspects of the opioid prescriber's prescribing practices than the sentinel measures; or	(2) monitor more aspects of the opioid prescriber's prescribing practices than the sentinel measures; or		
256B.0638 Subd. 5 (c)(3)	require the opioid prescriber to participate in additional quality improvement efforts, including but not limited to mandatory use of the prescription monitoring program established under section 152.126.	(3) require the opioid prescriber to participate in additional quality improvement efforts~~, including but not limited to mandatory use of the prescription monitoring program established under section 152.126.~~		
256B.0638 Subd. 5 (d)		(d) Prescribers treating patients who are on chronic, high doses of opioids must meet community standards of care, including performing regular assessments and addressing unwarranted risks of opioid prescribing, but are not required to show measurable changes in chronic pain prescribing thresholds within a certain period.		
256B.0638 Subd. 5 (e)		(e) The commissioner shall dismiss a prescriber from participating in the opioid prescribing quality improvement program on an annual basis when the prescriber demonstrates that the prescriber's practices are patient-centered and reflect		

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		community standards for safe and compassionate treatment of patients experiencing pain.		
256B.0638 (d)	The commissioner shall terminate from Minnesota health care programs all opioid prescribers and provider groups whose prescribing practices fall within the applicable opioid disenrollment standards.	~~(d)~~ (f) The commissioner ~~shall terminate from Minnesota health care programs~~ may investigate for possible disenrollment all opioid prescribers and provider groups whose prescribing practices fall within the applicable opioid disenrollment standards.		
256B.0638 Subd. (e)	No physician, advanced practice registered nurse, or physician assistant, acting in good faith based on the needs of the patient, may be disenrolled by the commissioner of human services solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations specified in state or federal opioid prescribing guidelines or policies, or quality improvement thresholds established under this section.	~~(e)~~ (g) No physician, advanced practice registered nurse, or physician assistant, acting in good faith based on the needs of the patient, may be disenrolled by the commissioner of human services solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations specified in state or federal opioid prescribing guidelines or policies, or quality improvement thresholds established under this section.		
256B.0638 Subd. 6a (a)		**Waiver for certain provider groups**. (a) This section does not apply to prescribers employed by, or under contract or affiliated with, a provider group for which the commissioner has granted a waiver from the requirements of this section.	**8/1/2023**	S.F.No. 2934 61/6/5
256B.0638 Subd. 6a (b)		(b) The commissioner, in consultation with opioid prescribers, shall develop waiver criteria for provider groups, and shall make waivers available beginning July 1, 2023. In granting waivers, the commissioner shall consider whether the medical director of the provider group and a majority of the practitioners within a provider group have specialty training, fellowship training, or experience in		

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		treating chronic pain. Waivers under this subdivision must be granted on an annual basis.		
		DIRECTION TO COMMISSIONER OF HUMAN SERVICES; OPIOID PRESCRIBING IMPROVEMENT PROGRAM SUNSET. The commissioner of human services shall recommend criteria to provide for a sunset of the opioid prescribing improvement program under Minnesota Statutes, section 256B.0638. In developing sunset criteria, the commissioner shall consult with stakeholders including but not limited to the Minnesota Medical Association, the Minnesota Society of Interventional Pain Physicians, clinicians that practice pain management, addiction medicine, or mental health, and either current or former Minnesota health care program enrollees who use or have used opioid therapy to manage chronic pain. By January 15, 2024, the commissioner shall submit recommended criteria to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy. The opioid prescribing improvement program shall expire when the recommended criteria developed according to this section are met, or on December 31, 2024, whichever is sooner.	**8/1/2023**	S.F.No. 2934 61/6/6
		OPIOID TREATMENT PROGRAM WORK GROUP. The commissioner of human services must convene a work group of community partners to evaluate the opioid treatment program model under Minnesota Statutes, section 245G.22, and to make recommendations on overall service design;	**7/1/2023**	S.F.No. 2934 61/4/24

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		simplification or improvement of regulatory oversight; increasing access to opioid treatment programs and improving the quality of care; addressing geographic, racial, and justice-related disparities for individuals who utilize or may benefit from medications for opioid use disorder; and other related topics, as determined by the work group. The commissioner must report the work group's recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by January 15, 2024.		