

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 630

01/31/2019 Authored by Lislegard, Sundin, Hornstein, Lee, Noor and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health; establishing the Opioid Stewardship Advisory Council;
1.3 establishing the opioid stewardship account; establishing an opiate product
1.4 registration fee; modifying provisions related to opioid addiction prevention,
1.5 education, intervention, treatment, and recovery; appropriating money; requiring
1.6 reports; amending Minnesota Statutes 2018, sections 120B.021, subdivision 1;
1.7 145.9269, subdivision 1; 151.252, subdivision 1; 151.37, subdivision 12; 151.47,
1.8 by adding a subdivision; 151.71, by adding a subdivision; 152.105, subdivision
1.9 2; 152.11, subdivision 2d, by adding a subdivision; 214.12, by adding subdivisions;
1.10 proposing coding for new law in Minnesota Statutes, chapters 62Q; 120B; 145;
1.11 151; proposing coding for new law as Minnesota Statutes, chapter 62W.

1.12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.13 ARTICLE 1
1.14 OPIOID PRODUCT STEWARDSHIP

1.15 Section 1. Minnesota Statutes 2018, section 151.252, subdivision 1, is amended to read:

1.16 Subdivision 1. Requirements. (a) No person shall act as a drug manufacturer without
1.17 first obtaining a license from the board and paying any applicable fee specified in section
1.18 151.065.

1.19 (b) In addition to the license required under paragraph (a), a manufacturer of a Schedule
1.20 II through IV opiate controlled substance must pay the applicable registration fee specified
1.21 in section 151.77, subdivision 3, by June 1 of each year, beginning June 1, 2020. In the
1.22 event of a change of ownership of the manufacturer, the new owner must pay the registration
1.23 fee specified under section 151.77, subdivision 3, that the original owner would have been
1.24 assessed had it retained ownership.

2.1 ~~(b)~~ (c) Application for a drug manufacturer license under this section shall be made in
2.2 a manner specified by the board.

2.3 ~~(e)~~ (d) No license shall be issued or renewed for a drug manufacturer unless the applicant
2.4 agrees to operate in a manner prescribed by federal and state law and according to Minnesota
2.5 Rules.

2.6 ~~(d)~~ (e) No license shall be issued or renewed for a drug manufacturer that is required to
2.7 be registered pursuant to United States Code, title 21, section 360, unless the applicant
2.8 supplies the board with proof of registration. The board may establish by rule the standards
2.9 for licensure of drug manufacturers that are not required to be registered under United States
2.10 Code, title 21, section 360.

2.11 ~~(e)~~ (f) No license shall be issued or renewed for a drug manufacturer that is required to
2.12 be licensed or registered by the state in which it is physically located unless the applicant
2.13 supplies the board with proof of licensure or registration. The board may establish, by rule,
2.14 standards for the licensure of a drug manufacturer that is not required to be licensed or
2.15 registered by the state in which it is physically located.

2.16 ~~(f)~~ (g) The board shall require a separate license for each facility located within the state
2.17 at which drug manufacturing occurs and for each facility located outside of the state at
2.18 which drugs that are shipped into the state are manufactured.

2.19 ~~(g)~~ (h) The board shall not issue an initial or renewed license for a drug manufacturing
2.20 facility unless the facility passes an inspection conducted by an authorized representative
2.21 of the board. In the case of a drug manufacturing facility located outside of the state, the
2.22 board may require the applicant to pay the cost of the inspection, in addition to the license
2.23 fee in section 151.065, unless the applicant furnishes the board with a report, issued by the
2.24 appropriate regulatory agency of the state in which the facility is located or by the United
2.25 States Food and Drug Administration, of an inspection that has occurred within the 24
2.26 months immediately preceding receipt of the license application by the board. The board
2.27 may deny licensure unless the applicant submits documentation satisfactory to the board
2.28 that any deficiencies noted in an inspection report have been corrected.

2.29 **Sec. 2. [151.255] OPIOID STEWARDSHIP ADVISORY COUNCIL.**

2.30 **Subdivision 1. Establishment of advisory council.** (a) The Opioid Stewardship Advisory
2.31 **Council is established to confront the opioid addiction and overdose epidemic in this state**
2.32 **and focus on:**

3.1 (1) prevention and education, including public education and awareness for adults and
3.2 youth, prescriber education, and the development and sustainability of substance use disorder
3.3 programs;

3.4 (2) the expansion and enhancement of a continuum of care for opioid-related substance
3.5 use disorders, including primary prevention, early intervention, treatment, and recovery
3.6 services;

3.7 (3) training on the treatment of opioid addiction, including the use of all FDA-approved
3.8 opioid addiction medications, detoxification, relapse prevention, patient assessment,
3.9 individual treatment planning, counseling, recovery supports, diversion control, and other
3.10 best practices; and

3.11 (4) services to ensure overdose prevention as well as public safety and community
3.12 well-being, including expanding access to FDA-approved opioid addiction medications and
3.13 providing social services to families affected by the opioid overdose epidemic.

3.14 (b) The council shall:

3.15 (1) review local, state, and federal initiatives and activities related to education,
3.16 prevention, and services for individuals and families experiencing and affected by opioid
3.17 addiction;

3.18 (2) establish priorities and actions to address the state's opioid epidemic for the purpose
3.19 of allocating funds;

3.20 (3) ensure available funding is aligned with existing state and federal funding to achieve
3.21 the greatest impact and ensure a coordinated state effort;

3.22 (4) develop criteria and procedures to be used in awarding grants and allocating available
3.23 funds from the opioid stewardship account; and

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

3.25 (c) The council shall make recommendations on grant and funding options for the funds
3.26 annually appropriated to the commissioner of human services from the opioid stewardship
3.27 account. The options for funding may include but are not limited to: prescriber education;
3.28 the development and sustainability of prevention programs; the creation of a continuum of
3.29 care for opioid-related substance abuse disorders, including primary prevention, early
3.30 intervention, treatment, and recovery services; and additional funding for child protection
3.31 case management services for children and families affected by opioid addiction. The council
3.32 shall submit recommendations for funding options to the commissioner of human services
3.33 and to the chairs and ranking minority members of the legislative committees with jurisdiction

4.1 over health and human services policy and finance by March 1 of each year, beginning
4.2 March 1, 2020.

4.3 Subd. 2. **Membership.** (a) The council shall consist of 20 members, appointed by the
4.4 commissioner of human services except as otherwise specified:

4.5 (1) two members of the house of representatives, one from the majority party appointed
4.6 by the speaker of the house and one from the minority party appointed by the minority
4.7 leader of the house of representatives;

4.8 (2) two members of the senate, one from the majority party appointed by the senate
4.9 majority leader and one from the minority party appointed by the senate minority leader;

4.10 (3) one member appointed by the Board of Pharmacy;

4.11 (4) one member who is a medical doctor appointed by the Minnesota chapter of the
4.12 American College of Emergency Physicians;

4.13 (5) one member representing programs licensed under chapter 245G that specialize in
4.14 servicing people with opioid use disorders;

4.15 (6) one member representing the National Alliance on Mental Illness (NAMI);

4.16 (7) one member who is a medical doctor appointed by the Minnesota Society of Addiction
4.17 Medicine;

4.18 (8) one member representing professionals providing alternative pain management
4.19 therapies;

4.20 (9) the commissioner of education or a designee;

4.21 (10) one member representing the Minnesota courts who is a judge or law enforcement
4.22 officer;

4.23 (11) one member representing the Minnesota Hospital Association;

4.24 (12) one member representing an Indian tribe;

4.25 (13) the commissioner of human services or a designee;

4.26 (14) the commissioner of corrections or a designee;

4.27 (15) one advanced practice registered nurse appointed by the Board of Nursing;

4.28 (16) the commissioner of health or a designee;

4.29 (17) one member representing a local health department; and

5.1 (18) one member with personal experience of opioid addiction, representing a nonprofit
5.2 entity specializing in providing support to persons recovering from substance use disorder.

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

5.6 (c) The council is governed by section 15.059, except that members of the council shall
5.7 receive no compensation other than reimbursement for expenses. Notwithstanding section
5.8 15.059, subdivision 6, the council shall not expire.

5.9 (d) The chair shall convene the council semiannually and may convene other meetings
5.10 as necessary. The chair shall convene meetings at different locations in the state to provide
5.11 geographic access and shall ensure that at least one-half of the meetings are held at locations
5.12 outside of the seven-county metropolitan area.

5.13 (e) The commissioner of human services shall provide staff and administrative services
5.14 for the advisory council.

5.15 (f) The council is subject to chapter 13D.

5.16 **Sec. 3. [151.256] OPIOID STEWARDSHIP ACCOUNT.**

5.17 Subdivision 1. **Establishment.** The opioid stewardship account is established in the
5.18 special revenue fund in the state treasury. The registration fees collected by the Board of
5.19 Pharmacy under section 151.77 shall be deposited into the account. All state appropriations
5.20 to the account, and any federal funds or grant dollars received for the prevention and
5.21 treatment of opioid addiction, shall be deposited into the account.

5.22 Subd. 2. **Use of account funds.** (a) For fiscal year 2020, money in the account is
5.23 appropriated as specified in article 6.

5.24 (b) For fiscal year 2021 and subsequent fiscal years, money in the opioid stewardship
5.25 account is appropriated to the commissioner of human services, to be awarded, in consultation
5.26 with the Opioid Stewardship Advisory Council, as grants or as other funding as determined
5.27 appropriate to address the opioid epidemic in the state. Each recipient of grants or funding
5.28 shall report to the commissioner and the advisory council on how the funds were spent and
5.29 the outcomes achieved, in the form and manner specified by the commissioner.

5.30 Subd. 3. **Annual report.** Beginning January 15, 2020, and each January 15 thereafter,
5.31 the commissioner, in consultation with the Opioid Stewardship Advisory Council, shall
5.32 report to the chairs and ranking minority members of the legislative committees with

6.1 jurisdiction over health and human services policy and finance on the grants and funds
6.2 awarded under this section and article 6 and the outcomes achieved. Each report must also
6.3 identify those instances for which the commissioner did not follow the recommendations
6.4 of the advisory council and the commissioner's rationale for taking this action.

6.5 Sec. 4. Minnesota Statutes 2018, section 151.47, is amended by adding a subdivision to
6.6 read:

6.7 Subd. 1a. **Controlled substance wholesale drug distributor requirements.** In addition
6.8 to the license required under subdivision 1, a wholesale drug distributor distributing a
6.9 Schedule II through IV opiate controlled substance must pay the applicable registration fee
6.10 specified in section 151.77, subdivision 4, by June 1 of each year beginning June 1, 2020.
6.11 In the event of a change in ownership of the wholesale drug distributor, the new owner must
6.12 pay the registration fee specified in section 151.77, subdivision 4, that the original owner
6.13 would have been assessed had it retained ownership.

6.14 Sec. 5. **[151.77] OPIATE PRODUCT REGISTRATION FEE.**

6.15 Subdivision 1. **Definition.** For purposes of this section, the following terms have the
6.16 meanings given them in this subdivision.

6.17 (1) "manufacturer" means a manufacturer licensed under section 151.252 that is engaged
6.18 in the manufacturing of an opiate;

6.19 (2) "opiate" means any opiate-containing controlled substance listed in section 152.02,
6.20 subdivisions 3 to 5, that is distributed, delivered, sold, or dispensed into or within this state;
6.21 and

6.22 (3) "wholesaler" means a wholesale drug distributor who is licensed under section 151.47,
6.23 and is engaged in the wholesale drug distribution of an opiate.

6.24 Subd. 2. **Reporting requirements.** (a) By March 1 of each year, beginning March 1,
6.25 2020, each manufacturer and each wholesale drug distributor must report to the board every
6.26 sale, delivery, or other distribution within or into this state of any opiate that is made to any
6.27 practitioner, pharmacy, hospital, veterinary hospital, or other person who is permitted by
6.28 section 151.37 to possess controlled substances for administration or dispensing to patients
6.29 that occurred during the previous calendar year. Reporting must be in the automation of
6.30 reports and consolidated orders system format unless otherwise specified by the board. If
6.31 a manufacturer or wholesaler fails to provide information required under this paragraph on

7.1 a timely basis, the board may assess an administrative penalty of \$100 per day. This penalty
7.2 shall not be considered a form of disciplinary action.

7.3 (b) By March 1 of each year, beginning March 1, 2020, each owner of a pharmacy with
7.4 at least one location within this state must report to the board the intracompany delivery or
7.5 distribution into this state of any opiate, to the extent that those deliveries and distributions
7.6 are not reported to the board by a licensed wholesale drug distributor owned by, under
7.7 contract to, or otherwise operating on behalf of the owner of the pharmacy. Reporting must
7.8 be in the manner and format specified by the board for deliveries and distributions that
7.9 occurred during the previous calendar year.

7.10 Subd. 3. **Determination of each manufacturer's registration fee.** (a) The board shall
7.11 annually assess manufacturer registration fees that in an aggregate amount total \$12,000,000.
7.12 The board shall determine each manufacturer's annual registration fee that is prorated and
7.13 based on the manufacturer's percentage of the total number of units reported to the board
7.14 under subdivision 2.

7.15 (b) By April 1 of each year, beginning April 1, 2020, the board shall notify each
7.16 manufacturer of the annual amount of the manufacturer's registration fee to be paid by June
7.17 1, in accordance with section 151.252, subdivision 1, paragraph (b).

7.18 (c) In conjunction with the data reported under this section, and notwithstanding section
7.19 152.126, subdivision 6, the board may use the data reported under section 152.126,
7.20 subdivision 4, to determine the manufacturer registration fees required under this subdivision.

7.21 (d) A manufacturer may dispute the registration fee as determined by the board no later
7.22 than 30 days after the date of notification; however, the manufacturer must still remit the
7.23 fee as required by section 151.252, subdivision 1, paragraph (b). The dispute must be filed
7.24 with the board in the manner and using the forms specified by the board. A manufacturer
7.25 must submit, with the required forms, data satisfactory to the board that demonstrates that
7.26 the registration fee was incorrect. The board must make a decision concerning a dispute no
7.27 later than 60 days after receiving the required dispute forms. If the board determines that
7.28 the manufacturer has satisfactorily demonstrated that the original fee was incorrect, the
7.29 board must adjust the manufacturer's registration fee due the next year by the amount that
7.30 is in excess of the correct fee that should have been paid.

7.31 Subd. 4. **Determination of each wholesaler's registration fee.** (a) The board shall
7.32 annually assess wholesaler registration fees that in an aggregate amount total \$8,000,000.
7.33 The board shall determine each wholesaler's annual registration fee that is prorated and
7.34 based on the wholesaler's percentage of the total number of units reported to the board under

8.1 subdivision 2. This paragraph does not apply to a wholesaler if the wholesaler is also licensed
8.2 as a drug manufacturer under section 151.252.

8.3 (b) By April 1 of each year, beginning April 1, 2020, the board shall notify each
8.4 wholesaler of the annual amount of the wholesaler's registration fee to be paid by June 1,
8.5 in accordance with section 151.47, subdivision 1a.

8.6 (c) In conjunction with the data reported under this section, and notwithstanding section
8.7 152.126, subdivision 6, the board may use the data reported under section 152.126,
8.8 subdivision 4, to determine the wholesaler registration fees required under this subdivision.

8.9 (d) A wholesaler may dispute the registration fee as determined by the board no later
8.10 than 30 days after the date of notification. However, the wholesaler must still remit the fee
8.11 as required by section 151.47, subdivision 1a. The dispute must be filed with the board in
8.12 the manner and using the forms specified by the board. A wholesaler must submit, with the
8.13 required forms, data satisfactory to the board that demonstrates that the registration fee was
8.14 incorrect. The board must make a decision concerning a dispute no later than 60 days after
8.15 receiving the required dispute forms. If the board determines that the wholesaler has
8.16 satisfactorily demonstrated that the original fee was incorrect, the board must adjust the
8.17 wholesaler's registration fee due the next year by the amount that is in excess of the correct
8.18 fee that should have been paid.

8.19 Subd. 5. **Report.** (a) The Board of Pharmacy shall evaluate the registration fee on drug
8.20 manufacturers and wholesalers established under this section, and whether the fee has
8.21 impacted the prescribing practices for opiates by reducing the number of opiate prescriptions
8.22 issued during calendar years 2020, 2021, and 2022, to the extent the board has the ability
8.23 to effectively identify a correlation. Notwithstanding section 152.126, subdivision 6, the
8.24 board may access the data reported under section 152.126, subdivision 4, to conduct this
8.25 evaluation.

8.26 (b) The board shall submit the results of its evaluation to the chairs and ranking minority
8.27 members of the legislative committees with jurisdiction over health and human services
8.28 policy and finance by March 1, 2023.

8.29 Subd. 6. **Legislative review.** The legislature shall review the reports from the Opioid
8.30 Stewardship Advisory Council under section 151.255, subdivision 1, paragraph (c), the
8.31 report from the Board of Pharmacy under subdivision 5, and any other relevant report or
8.32 information related to the opioid crisis in Minnesota, to make a determination about whether
8.33 the opiate product registration fee assessed under this section should continue beyond July
8.34 1, 2023.

9.1 Sec. 6. **ADVISORY COUNCIL FIRST MEETING.**

9.2 The commissioner of human services shall convene the first meeting of the Opioid
 9.3 Stewardship Advisory Council established under Minnesota Statutes, section 151.255, no
 9.4 later than October 1, 2019. The members shall elect a chair at the first meeting.

9.5 **ARTICLE 2**

9.6 **HEALTH PLAN COMPANY REQUIREMENTS**

9.7 Section 1. **[62Q.528] COVERAGE FOR PAIN MANAGEMENT SERVICES.**

9.8 All health plans must cover acupuncture services for the treatment of pain and ongoing
 9.9 pain management when those services are performed by an individual who is licensed as:

9.10 (1) an acupuncture practitioner under chapter 147B; or

9.11 (2) a chiropractor under chapter 148.

9.12 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health
 9.13 plans offered, issued, or renewed to a Minnesota resident on or after that date.

9.14 Sec. 2. Minnesota Statutes 2018, section 151.71, is amended by adding a subdivision to
 9.15 read:

9.16 **Subd. 3. Lowest cost to consumers.** (a) A health plan company or pharmacy benefits
 9.17 manager shall not require an individual to make a payment at the point of sale for a covered
 9.18 prescription medication in an amount greater than the allowable cost to consumers, as
 9.19 defined in paragraph (b).

9.20 (b) For purposes of paragraph (a), "allowable cost to consumers" means the lowest of:
 9.21 (1) the applicable co-payment for the prescription medication; or (2) the amount an individual
 9.22 would pay for the prescription medication if the individual purchased the prescription
 9.23 medication without using a health plan benefit.

9.24 **ARTICLE 3**

9.25 **PREVENTION AND EDUCATION**

9.26 Section 1. Minnesota Statutes 2018, section 120B.021, subdivision 1, is amended to read:

9.27 Subdivision 1. **Required academic standards.** (a) The following subject areas are
 9.28 required for statewide accountability:

9.29 (1) language arts;

10.1 (2) mathematics;

10.2 (3) science;

10.3 (4) social studies, including history, geography, economics, and government and
10.4 citizenship that includes civics consistent with section 120B.02, subdivision 3;

10.5 (5) physical education;

10.6 (6) health, for which locally developed academic standards apply, consistent with
10.7 paragraph (e); and

10.8 (7) the arts, for which statewide or locally developed academic standards apply, as
10.9 determined by the school district. Public elementary and middle schools must offer at least
10.10 three and require at least two of the following four arts areas: dance; music; theater; and
10.11 visual arts. Public high schools must offer at least three and require at least one of the
10.12 following five arts areas: media arts; dance; music; theater; and visual arts.

10.13 (b) For purposes of applicable federal law, the academic standards for language arts,
10.14 mathematics, and science apply to all public school students, except the very few students
10.15 with extreme cognitive or physical impairments for whom an individualized education
10.16 program team has determined that the required academic standards are inappropriate. An
10.17 individualized education program team that makes this determination must establish
10.18 alternative standards.

10.19 (c) The department must adopt the most recent SHAPE America (Society of Health and
10.20 Physical Educators) kindergarten through grade 12 standards and benchmarks for physical
10.21 education as the required physical education academic standards. The department may
10.22 modify and adapt the national standards to accommodate state interest. The modification
10.23 and adaptations must maintain the purpose and integrity of the national standards. The
10.24 department must make available sample assessments, which school districts may use as an
10.25 alternative to local assessments, to assess students' mastery of the physical education
10.26 standards beginning in the 2018-2019 school year.

10.27 (d) A school district may include child sexual abuse prevention instruction in a health
10.28 curriculum, consistent with paragraph (a), clause (6). Child sexual abuse prevention
10.29 instruction may include age-appropriate instruction on recognizing sexual abuse and assault,
10.30 boundary violations, and ways offenders groom or desensitize victims, as well as strategies
10.31 to promote disclosure, reduce self-blame, and mobilize bystanders. A school district may
10.32 provide instruction under this paragraph in a variety of ways, including at an annual assembly

11.1 or classroom presentation. A school district may also provide parents information on the
11.2 warning signs of child sexual abuse and available resources.

11.3 (e) A school district must include instruction in a health curriculum for students in grades
11.4 5, 6, 8, 10, and 12 on substance misuse prevention, including opioids; controlled substances
11.5 as defined in section 152.01, subdivision 4; prescription and nonprescription medications;
11.6 and illegal drugs. A school district is not required to use a specific methodology or
11.7 curriculum.

11.8 ~~(e)~~ (f) District efforts to develop, implement, or improve instruction or curriculum as a
11.9 result of the provisions of this section must be consistent with sections 120B.10, 120B.11,
11.10 and 120B.20.

11.11 **EFFECTIVE DATE.** This section is effective for the 2020-2021 school year and later.

11.12 Sec. 2. **[120B.215] SUBSTANCE MISUSE PREVENTION.**

11.13 School districts and charter schools are encouraged to provide substance misuse
11.14 prevention instruction for students in grades 5 through 12 integrated into existing programs,
11.15 curriculum, or the general school environment of a district or charter school. The
11.16 commissioner of education, in consultation with the director of the Alcohol and Other Drug
11.17 Abuse Section under section 254A.03 and substance misuse prevention and treatment
11.18 organizations, must, upon request, provide districts and charter schools with:

11.19 (1) information regarding substance misuse prevention services; and

11.20 (2) assistance in using Minnesota student survey results to inform prevention programs.

11.21 **EFFECTIVE DATE.** This section is effective July 1, 2019.

11.22 Sec. 3. **[151.72] VOLUNTARY NONOPIOID DIRECTIVE.**

11.23 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
11.24 apply.

11.25 (b) "Board" means the Board of Pharmacy.

11.26 (c) "Opioid" means any product containing opium or opiates listed in section 152.02,
11.27 subdivision 3, paragraphs (b) and (c); any product containing narcotics listed in section
11.28 152.02, subdivision 4, paragraphs (e) and (h); or any product containing narcotic drugs
11.29 listed in section 152.02, subdivision 5, paragraph (b), other than products containing
11.30 difenoxin or eluxadoline.

12.1 Subd. 2. **Execution of directive.** (a) An individual who is 18 years of age or older or
12.2 an emancipated minor, a parent or legal guardian of a minor, or an individual's guardian or
12.3 other person appointed by the individual or the court to manage the individual's health care
12.4 may execute a voluntary nonopioid directive instructing health care providers that an opioid
12.5 may not be administered or prescribed to the individual or the minor. The directive must
12.6 be in the format prescribed by the board. The person executing the directive may submit
12.7 the directive to a health care provider or hospital.

12.8 (b) An individual executing a directive may revoke the directive at any time in writing
12.9 or orally.

12.10 Subd. 3. **Duties of the board.** The board shall adopt rules establishing guidelines to
12.11 govern the use of voluntary nonopioid health care directives. The guidelines must:

12.12 (1) include verification by a health care provider and comply with the written consent
12.13 requirements under United States Code, title 42, section 290dd-2(b);

12.14 (2) specify standard procedures for the person executing a directive to use when
12.15 submitting the directive to a health care provider or hospital;

12.16 (3) specify procedures to include the directive in the individual's medical record or
12.17 interoperable electronic health record, and to submit the directive to the prescription
12.18 monitoring program database;

12.19 (4) specify procedures to modify, override, or revoke a directive;

12.20 (5) include exemptions for the administration of naloxone or other opioid overdose drugs
12.21 in an emergency situation;

12.22 (6) ensure the confidentiality of a voluntary nonopioid directive; and

12.23 (7) ensure exemptions for an opioid used to treat substance abuse or opioid dependence.

12.24 Subd. 4. **Exemption from liability.** (a) A health care provider, a hospital, or an employee
12.25 of a health care provider or hospital may not be subject to disciplinary action by the health
12.26 care provider's or employee's professional licensing board or held civilly or criminally liable
12.27 for failure to administer, prescribe, or dispense an opioid, or for inadvertent administration
12.28 of an opioid, to an individual or minor who has a voluntary nonopioid directive.

12.29 (b) A prescription presented to a pharmacy is presumed to be valid, and a pharmacist
12.30 may not be subject to disciplinary action by the pharmacist's professional licensing board
12.31 or held civilly or criminally liable for dispensing an opioid in contradiction to an individual's
12.32 or minor's voluntary nonopioid directive.

13.1 Subd. 5. **Construction.** Nothing in this section shall be construed to:

13.2 (1) alter a health care directive under chapter 145C;

13.3 (2) limit the prescribing, dispensing, or administering of an opioid overdose drug; or

13.4 (3) limit an authorized health care provider or pharmacist from prescribing, dispensing,
 13.5 or administering an opioid for the treatment of substance abuse or opioid dependence.

13.6 Sec. 4. Minnesota Statutes 2018, section 152.105, subdivision 2, is amended to read:

13.7 Subd. 2. **Sheriff to maintain collection receptacle.** The sheriff of each county shall
 13.8 maintain or contract for the maintenance of at least one collection receptacle for the disposal
 13.9 of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs,
 13.10 as permitted by federal law. For purposes of this section, "legend drug" has the meaning
 13.11 given in section 151.01, subdivision 17. The collection receptacle must comply with federal
 13.12 law. In maintaining and operating the collection receptacle, the sheriff shall follow all
 13.13 applicable provisions of Code of Federal Regulations, title 21, parts 1300, 1301, 1304, 1305,
 13.14 1307, and 1317, as amended through May 1, 2017. The sheriff of each county may meet
 13.15 the requirements of this subdivision through the use of an alternative method for the disposal
 13.16 of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs
 13.17 that has been approved by the Board of Pharmacy. This may include making available to
 13.18 the public, without charge, at-home prescription drug deactivation and disposal products
 13.19 that render drugs and medications inert and irretrievable.

13.20 Sec. 5. Minnesota Statutes 2018, section 152.11, subdivision 2d, is amended to read:

13.21 Subd. 2d. **Identification requirement for ~~Schedule II or III~~ controlled substance**
 13.22 **prescriptions.** ~~(a) No person may dispense a controlled substance included in Schedule II~~
 13.23 ~~or III Schedules II through V without requiring the person purchasing the controlled~~
 13.24 ~~substance, who need not be the person patient for whom the controlled substance prescription~~
 13.25 ~~is written, to present valid photographic identification, unless the person purchasing the~~
 13.26 ~~controlled substance, or if applicable the person for whom the controlled substance~~
 13.27 ~~prescription is written, is known to the dispenser. A doctor of veterinary medicine who~~
 13.28 dispenses a controlled substance must comply with this subdivision.

13.29 ~~(b) This subdivision applies only to purchases of controlled substances that are not~~
 13.30 ~~covered, in whole or in part, by a health plan company or other third-party payor.~~

14.1 Sec. 6. Minnesota Statutes 2018, section 152.11, is amended by adding a subdivision to
14.2 read:

14.3 Subd. 5. **Limitations on dispensing of opioid prescription drug orders.** (a) No
14.4 prescription drug order for an opioid drug listed in Schedule II may be dispensed by a
14.5 pharmacist or other dispenser more than 30 days after the date on which the prescription
14.6 drug order was issued.

14.7 (b) No prescription drug order for an opioid drug listed in Schedules III through V may
14.8 be initially dispensed by a pharmacist or other dispenser more than 30 days after the date
14.9 on which the prescription drug order was issued. No prescription drug order for an opioid
14.10 drug listed in Schedules III through V may be refilled by a pharmacist or other dispenser
14.11 more than 30 days after the previous date on which it was dispensed.

14.12 (c) For purposes of this section, "dispenser" has the meaning given in section 152.126,
14.13 subdivision 1.

14.14 Sec. 7. Minnesota Statutes 2018, section 214.12, is amended by adding a subdivision to
14.15 read:

14.16 Subd. 6. **Opioid and controlled substances prescribing.** (a) The Board of Medical
14.17 Practice, the Board of Nursing, the Board of Dentistry, the Board of Optometry, and the
14.18 Board of Podiatric Medicine shall require that licensees with the authority to prescribe
14.19 controlled substances obtain at least two hours of continuing education credit on best practices
14.20 in prescribing opioids and controlled substances, as part of the continuing education
14.21 requirements for licensure renewal. Licensees shall not be required to complete more than
14.22 two credit hours of continuing education on best practices in prescribing opioids and
14.23 controlled substances before this subdivision expires. Continuing education credit on best
14.24 practices in prescribing opioids and controlled substances must meet board requirements.

14.25 (b) This subdivision expires January 1, 2024.

14.26 **EFFECTIVE DATE.** This section is effective January 1, 2020.

14.27 Sec. 8. Minnesota Statutes 2018, section 214.12, is amended by adding a subdivision to
14.28 read:

14.29 Subd. 7. **Opioid alternatives.** The Board of Medical Practice, the Board of Nursing,
14.30 and the Board of Dentistry shall require that licensees with the authority to prescribe opioid
14.31 medicines receive two hours of continuing education on nonpharmacological alternatives
14.32 for treatment of pain and ongoing pain management.

15.1 **EFFECTIVE DATE.** This section is effective January 1, 2020.

15.2 **ARTICLE 4**

15.3 **INTERVENTION, TREATMENT, AND RECOVERY**

15.4 Section 1. Minnesota Statutes 2018, section 145.9269, subdivision 1, is amended to read:

15.5 Subdivision 1. **Definitions.** For purposes of this section and section 145.9272, "federally
15.6 qualified health center" means an entity that is receiving a grant under United States Code,
15.7 title 42, section 254b, or, based on the recommendation of the Health Resources and Services
15.8 Administration within the Public Health Service, is determined by the secretary to meet the
15.9 requirements for receiving such a grant.

15.10 Sec. 2. **[145.9272] GRANTS FOR OPIOID ADDICTION AND SUBSTANCE USE**
15.11 **DISORDER TREATMENT, RECOVERY, AND PREVENTION PROGRAMS.**

15.12 Subdivision 1. Grant program established. (a) The commissioner of health shall
15.13 distribute grants to qualified entities operating in Minnesota as of January 1, 2019, for
15.14 integrated, community-based programs in primary care settings to treat, prevent, and raise
15.15 awareness of opioid addiction and substance use disorders.

15.16 (b) For purposes of this section, a "qualified entity" means a federally qualified health
15.17 center, substance use disorder treatment program, or other provider of opioid prevention,
15.18 treatment, and recovery services as designated by the commissioner.

15.19 Subd. 2. Grant allocation; allowable uses. (a) For each grant cycle, the commissioner
15.20 shall allocate grants to qualified entities operating in Minnesota as of January 1, 2019,
15.21 through a competitive process. The commissioner shall award grants to qualified entities
15.22 to establish new opioid addiction and substance use disorder programs and to expand existing
15.23 programs.

15.24 (b) In awarding grants, the commissioner shall give preference to proposals that expand
15.25 access to services for low-income persons, populations at greatest risk of opioid addiction,
15.26 or populations or areas of the state that are underserved.

15.27 Subd. 3. Report. Each grant recipient shall report to the commissioner, at a time and in
15.28 a manner specified by the commissioner, information on the use of grant funding and
15.29 outcomes achieved. The commissioner shall compile this information into a report and shall
15.30 provide the report to the chairs and ranking minority members of the legislative committees
15.31 with jurisdiction over health and human services policy and finance.

16.1 Sec. 3. Minnesota Statutes 2018, section 151.37, subdivision 12, is amended to read:

16.2 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed
16.3 physician, a licensed advanced practice registered nurse authorized to prescribe drugs
16.4 pursuant to section 148.235, or a licensed physician assistant authorized to prescribe drugs
16.5 pursuant to section 147A.18 may authorize the following individuals to administer opiate
16.6 antagonists, as defined in section 604A.04, subdivision 1:

16.7 (1) an emergency medical responder registered pursuant to section 144E.27;

16.8 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

16.9 ~~and~~

16.10 (3) staff of community-based health disease prevention or social service programs;

16.11 (4) a probation or supervised release officer; and

16.12 (5) a volunteer firefighter.

16.13 (b) For the purposes of this subdivision, opiate antagonists may be administered by one
16.14 of these individuals only if:

16.15 (1) the licensed physician, licensed physician assistant, or licensed advanced practice
16.16 registered nurse has issued a standing order to, or entered into a protocol with, the individual;

16.17 ~~and~~

16.18 (2) the individual has training in the recognition of signs of opiate overdose and the use
16.19 of opiate antagonists as part of the emergency response to opiate overdose.

16.20 (c) Nothing in this section prohibits the possession and administration of naloxone
16.21 pursuant to section 604A.04.

16.22 ARTICLE 5

16.23 PHARMACY BENEFIT MANAGER LICENSURE

16.24 Section 1. [62W.01] DEFINITIONS.

16.25 Subdivision 1. **Applicability.** For purposes of this chapter, the following definitions
16.26 apply.

16.27 Subd. 2. **Commissioner.** "Commissioner" means the commissioner of commerce.

16.28 Subd. 3. **Health plan.** "Health plan" has the meaning provided in section 62Q.01,
16.29 subdivision 3, except that the term also includes a policy, certificate, or contract of health
16.30 coverage offered by a self-insured employer.

17.1 Subd. 4. **Health plan company.** "Health plan company" has the meaning provided in
 17.2 section 62Q.01, subdivision 4.

17.3 Subd. 5. **Pharmacy benefit manager.** "Pharmacy benefit manager" means a person or
 17.4 entity doing business in this state which contracts to administer prescription drug benefits
 17.5 on behalf of a health plan company or employer.

17.6 Sec. 2. **[62W.03] LICENSURE OF PHARMACY BENEFIT MANAGERS.**

17.7 Subdivision 1. **Requirement to obtain a license.** (a) Effective January 1, 2020, a
 17.8 pharmacy benefit manager must obtain a license from the commissioner to conduct business
 17.9 in this state. To obtain an initial license or to renew a license, a pharmacy benefit manager
 17.10 shall submit to the commissioner:

17.11 (1) a nonrefundable licensure fee of \$..... or a licensure renewal fee of \$....., as
 17.12 applicable;

17.13 (2) a copy of the corporate charter, articles of incorporation, or other similar document,
 17.14 of the applicant or licensee; and

17.15 (3) a completed licensure form containing:

17.16 (i) the name and address of the licensee; and

17.17 (ii) the name, address, and official position of each officer and director of the licensee.

17.18 (b) The licensee shall report any change in information required by paragraph (a) to the
 17.19 commissioner in writing within 60 days after the change occurs.

17.20 Subd. 2. **Issuance of certificate of licensure.** Upon receipt of a completed licensure
 17.21 form, the required documents, and the licensure fee, the commissioner shall issue a certificate
 17.22 of licensure. The certificate may be in paper or electronic form, and shall clearly indicate
 17.23 the expiration date of the license. Certificates of licensure are nontransferable. A certificate
 17.24 of licensure is valid for two years after its date of issue.

17.25 Subd. 3. **Disciplinary action.** When the commissioner finds that a licensee has violated
 17.26 a requirement of this chapter, the commissioner may do one or more of the following:

17.27 (1) deny the issuance of a license;

17.28 (2) refuse to renew a license;

17.29 (3) revoke or suspend the license; and

17.30 (4) impose a civil penalty of up to \$10,000 for each separate violation.

18.1

ARTICLE 6

18.2

APPROPRIATIONS

18.3

Section 1. **BUREAU OF CRIMINAL APPREHENSION.**

18.4

18.5

18.6

18.7

18.8

18.9

\$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the state government special revenue fund to the Bureau of Criminal Apprehension for two additional special agent positions within the bureau focused on drug interdiction and drug trafficking. The special agents whose positions are authorized under this section shall, whenever possible, coordinate with the federal Drug Enforcement Administration in efforts to address drug trafficking in Minnesota.

18.10

Sec. 2. **COMMISSIONER OF HUMAN SERVICES.**

18.11

18.12

18.13

18.14

(a) \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the state government special revenue fund to the commissioner of human services. The commissioner, in consultation with the Opioid Stewardship Advisory Council, shall distribute the appropriation according to this section.

18.15

18.16

18.17

18.18

18.19

(b) At least 30 percent of the available funds shall be used for county social services agencies to provide services to children in placement. The commissioner shall distribute the money allocated under this subdivision proportionally to counties based on the number of open child protection case management cases in the county using data from the previous calendar year.

18.20

18.21

(c) At least ten percent of the available funds shall be used to provide grants to county boards to fund programs and services to prevent and treat opioid addiction.

18.22

18.23

18.24

(d) The commissioner may use up to five percent of the available funds for administration of this section and to provide staff and administrative services for the Opioid Stewardship Advisory Council.

18.25

(e) The remaining appropriation must be used for the following purposes:

18.26

18.27

18.28

18.29

(1) providing grants to nonprofit organizations, including grants to regional emergency medical services programs regulated under Minnesota Statutes, section 144E.50, for the purpose of expanding prescriber education and public awareness and the purchase of opiate antagonists for distribution to the health care and public safety communities;

18.30

18.31

(2) providing a ... percent increase in payment rates for substance use disorder services under Minnesota Statutes, section 254B.05, subdivision 5, beginning July 1, 2019; and

19.1 (3) providing a ... percent increase in medical assistance payment rates for mental health
 19.2 services, beginning July 1, 2019.

19.3 (f) Each recipient of grants or funding for fiscal year 2020 shall report to the
 19.4 commissioner and the Opioid Stewardship Advisory Council on how the funds were spent
 19.5 and the outcomes achieved, in the form and manner specified by the commissioner.

19.6 **Sec. 3. COMMISSIONER OF HEALTH.**

19.7 Subdivision 1. **Grants to qualified entities.** \$..... in fiscal year 2020 is appropriated
 19.8 from the opioid stewardship account in the state government special revenue fund to the
 19.9 commissioner of health for grants to qualified entities for opioid addiction and substance
 19.10 use disorder programs under Minnesota Statutes, section 145.9272. This is a onetime
 19.11 appropriation.

19.12 Subd. 2. **Opioid prevention pilot project.** \$..... in fiscal year 2020 is appropriated
 19.13 from the opioid stewardship account in the state government special revenue fund to the
 19.14 commissioner of health for opioid abuse prevention pilot projects under Laws 2017, First
 19.15 Special Session chapter 6, article 10, section 144. Of this amount, \$..... is for the opioid
 19.16 abuse prevention pilot project through CHI St. Gabriel's Health Family Medical Center,
 19.17 also known as Unity Family Health Care and \$..... is for Project Echo through CHI St.
 19.18 Gabriel's Health Family Medical Center for e-learning sessions centered around opioid case
 19.19 management and best practices for opioid abuse prevention. This is a onetime appropriation.

19.20 Subd. 3. **Non-narcotic pain management and wellness.** \$..... is appropriated in fiscal
 19.21 year 2020 from the opioid stewardship account in the state government special revenue
 19.22 fund to the commissioner of health, to provide funding for:

19.23 (1) statewide mapping and assessment of community-based non-narcotic pain
 19.24 management and wellness resources; and

19.25 (2) up to five demonstration projects in different geographic areas of the state, awarded
 19.26 based on the results of the statewide mapping and assessment, to provide community-based
 19.27 non-narcotic pain management and wellness resources to patients and consumers.

19.28 The demonstration projects must include an evaluation component and scalability analysis.

19.29 The commissioner shall award the grant for the statewide mapping and assessment, and the
 19.30 demonstration project grants, through a competitive request for proposal process. In awarding

19.31 demonstration project grants, the commissioner shall give preference to proposals that

19.32 incorporate innovative community partnerships. This is a onetime appropriation.

20.1 Sec. 4. DEPARTMENT OF EDUCATION.

20.2 (a) \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the
20.3 state government special revenue fund to the commissioner of education for a grant to a
20.4 private sector entity to collaborate with school districts throughout Minnesota to integrate
20.5 evidence-based substance misuse prevention instruction on the dangers of substance misuse,
20.6 particularly the use of opioids, into school district programs and curricula, including health
20.7 education curricula.

20.8 (b) Funds appropriated in this section are to:

20.9 (1) identify effective substance misuse prevention tools and strategies, including
20.10 innovative uses of technology and media;

20.11 (2) develop and promote a comprehensive substance misuse prevention curriculum for
20.12 students in grades 5 through 12 that educates students and families about the dangers of
20.13 substance misuse;

20.14 (3) integrate substance misuse prevention into curricula across subject areas;

20.15 (4) train school district teachers, athletic coaches, and other school staff in effective
20.16 substance misuse prevention strategies; and

20.17 (5) collaborate with school districts to evaluate the effectiveness of districts' substance
20.18 misuse prevention efforts.

20.19 (c) By February 15, 2020, the grantee must submit a report detailing expenditures and
20.20 outcomes of the grant to the chairs and ranking minority members of the legislative
20.21 committees with primary jurisdiction over kindergarten through grade 12 education policy
20.22 and finance. The report must identify the school districts that have implemented or plan to
20.23 implement the substance misuse prevention curriculum.

20.24 (d) The department may retain up to five percent of the appropriation amount to
20.25 administer the grant program and assist school districts with implementation of substance
20.26 misuse prevention instruction.

20.27 Sec. 5. HEALTH RELATED BOARDS.

20.28 Subdivision 1. Board of Dentistry; continuing education. \$..... in fiscal year 2020 is
20.29 appropriated from the opioid stewardship account in the state government special revenue
20.30 fund to the Board of Dentistry for costs associated with continuing education on prescribing
20.31 opioids and controlled substances and nonpharmacologic alternatives for pain management.
20.32 This is a onetime appropriation.

21.1 Subd. 2. **Board of Nursing; continuing education.** \$..... in fiscal year 2020 is
 21.2 appropriated from the opioid stewardship account in the state government special revenue
 21.3 fund to the Board of Nursing for costs associated with continuing education on prescribing
 21.4 opioids and controlled substances and nonpharmacologic alternatives for pain management.
 21.5 This is a onetime appropriation.

21.6 Subd. 3. **Board of Optometry; continuing education.** \$..... in fiscal year 2020
 21.7 appropriated is from the opioid stewardship account in the state government special revenue
 21.8 fund to the Board of Optometry for costs associated with continuing education on prescribing
 21.9 opioids and controlled substances. This is a onetime appropriation.

21.10 Subd. 4. **Board of Podiatric Medicine; continuing education.** \$..... in fiscal year
 21.11 2020 is appropriated from the opioid stewardship account in the state government special
 21.12 revenue fund to the Board of Podiatric Medicine for costs associated with continuing
 21.13 education on prescribing opioids and controlled substances. This is a onetime appropriation.

21.14 Subd. 5. **Board of Medical Practice; continuing education.** \$..... in fiscal year 2020
 21.15 is appropriated from the opioid stewardship account in the state government special revenue
 21.16 fund to the Board of Medical Practice for costs associated with continuing education on
 21.17 prescribing opioids and controlled substances and nonpharmacologic alternatives for pain
 21.18 management. This is a onetime appropriation.

21.19 Subd. 6. **Board of Pharmacy.** \$..... in fiscal year 2020 is appropriated from the opioid
 21.20 stewardship account in the state government special revenue fund to the Board of Pharmacy
 21.21 for collection of the registration fee under Minnesota Statutes, section 151.77. This is a
 21.22 onetime appropriation.

21.23 Sec. 6. **DEPARTMENT OF COMMERCE.**

21.24 \$..... in fiscal year 2020 is appropriated from the opioid stewardship account in the
 21.25 state government special revenue fund to the commissioner of commerce to implement
 21.26 Minnesota Statutes, chapter 62W.