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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 99

01/17/2019 Authored by Freiberg, Baker and Zerwas
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 an opioid overdose reduction pilot program;
1.3 appropriating money.

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

1.5 Section 1. OPIOID OVERDOSE REDUCTION PILOT PROGRAM.

1.6 Subdivision 1. Establishment. The commissioner of health shall establish a pilot program
1.7 to provide grants to ambulance services to fund activities by community paramedic teams
1.8 to reduce opioid overdoses in the state. An ambulance service that receives a grant under
1.9 this pilot program shall develop and implement one or more projects in which community
1.10 paramedics connect with patients discharged from a hospital or emergency department
1.11 following an opioid overdose episode, develop personalized care plans for those patients
1.12 in consultation with the ambulance service medical director, and provide follow-up services
1.13 to those patients.

1.14 Subd. 2. Priority areas; services. (a) In a project developed under this section, an
1.15 ambulance service must target community paramedic team services to portions of the service
1.16 area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs
1.17 for interventions.

1.18 (b) In a project developed under this section, a community paramedic team shall:

1.19 (1) provide services to patients discharged from a hospital or emergency department
1.20 following an opioid overdose episode and place priority on serving patients who experienced
1.21 an opioid overdose episode and were administered the opioid antagonist naloxone
1.22 hydrochloride by ambulance service personnel in response to a 911 call;

2.1 (2) provide the following evaluations during an initial home visit:

2.2 (i) a home safety assessment that includes an assessment of the need to dispose of
2.3 prescription drugs that have expired or are no longer needed;

2.4 (ii) medication compliance;

2.5 (iii) an HIV risk assessment;

2.6 (iv) instructions on the use of naloxone hydrochloride; and

2.7 (v) a basic needs assessment;

2.8 (3) provide patients with health assessments, chronic disease monitoring and education,
2.9 and assistance in following hospital discharge orders; and

2.10 (4) work with a multidisciplinary team to address the overall physical and mental health
2.11 needs of patients and health needs related to substance use disorder treatment.

2.12 (c) An ambulance service may use grant funds to cover the cost of evidence-based
2.13 training in opioid addiction and recovery treatment.

2.14 Subd. 3. **Evaluation.** (a) An ambulance service receiving a grant under this section shall
2.15 evaluate the extent to which the project was successful in reducing the following incidents
2.16 among patients who received services:

2.17 (1) the number of opioid overdoses;

2.18 (2) the number of opioid overdose deaths; and

2.19 (3) the inappropriate use of opioids.

2.20 (b) The commissioner of health shall develop specific evaluation measures and a reporting
2.21 timeline for ambulance services receiving grants. Ambulance services shall submit required
2.22 information to the commissioner according to the reporting timelines. By December 1, 2021,
2.23 the commissioner shall submit to the chairs and ranking minority members of the legislative
2.24 committees with jurisdiction over health and human services a summary of the information
2.25 reported by the ambulance services.

2.26 Sec. 2. **APPROPRIATION; OPIOID OVERDOSE REDUCTION PILOT PROGRAM.**

2.27 \$1,000,000 in fiscal year 2020 is appropriated from the general fund to the commissioner
2.28 of health for the opioid overdose reduction pilot program under section 1. This appropriation
2.29 is available until June 30, 2021. The commissioner may use up to \$50,000 of this
2.30 appropriation to administer the program.