

169.3

**ARTICLE 5**

169.4

**SUBSTANCE USE DISORDER**

122.13

**ARTICLE 4**

122.14

**OPIOID OVERDOSE PREVENTION AND OPIATE EPIDEMIC RESPONSE**

122.15 Section 1. Minnesota Statutes 2022, section 16A.151, subdivision 2, is amended to read:

122.16 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific  
 122.17 injured persons or entities, this section does not prohibit distribution of money to the specific  
 122.18 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.  
 122.19 If money recovered on behalf of injured persons or entities cannot reasonably be distributed  
 122.20 to those persons or entities because they cannot readily be located or identified or because  
 122.21 the cost of distributing the money would outweigh the benefit to the persons or entities, the  
 122.22 money must be paid into the general fund.

122.23 (b) Money recovered on behalf of a fund in the state treasury other than the general fund  
 122.24 may be deposited in that fund.

122.25 (c) This section does not prohibit a state official from distributing money to a person or  
 122.26 entity other than the state in litigation or potential litigation in which the state is a defendant  
 122.27 or potential defendant.

122.28 (d) State agencies may accept funds as directed by a federal court for any restitution or  
 122.29 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States  
 122.30 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue  
 123.1 account and are appropriated to the commissioner of the agency for the purpose as directed  
 123.2 by the federal court.

123.3 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph  
 123.4 (t), may be deposited as provided in section 16A.98, subdivision 12.

123.5 (f) Any money received by the state resulting from a settlement agreement or an assurance  
 123.6 of discontinuance entered into by the attorney general of the state, or a court order in litigation  
 123.7 brought by the attorney general of the state, on behalf of the state or a state agency, related  
 123.8 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids  
 123.9 in this state or other alleged illegal actions that contributed to the excessive use of opioids,  
 123.10 must be deposited in the settlement account established in the opiate epidemic response  
 123.11 fund under section 256.043, subdivision 1. This paragraph does not apply to attorney fees  
 123.12 and costs awarded to the state or the Attorney General's Office, to contract attorneys hired  
 123.13 by the state or Attorney General's Office, or to other state agency attorneys.

123.14 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or  
 123.15 an assurance of discontinuance entered into by the attorney general of the state or a court  
 123.16 order in litigation brought by the attorney general of the state on behalf of the state or a state  
 123.17 agency against a consulting firm working for an opioid manufacturer or opioid wholesale  
 123.18 drug distributor, the commissioner shall deposit any money received into the settlement  
 123.19 account established within the opiate epidemic response fund under section 256.042,  
 123.20 subdivision 1. Notwithstanding section 256.043, subdivision 3a, paragraph (a), any amount

169.5 Section 1. **[121A.224] OPIATE ANTAGONISTS.**

169.6 (a) A school district or charter school must maintain a supply of opiate antagonists, as  
 169.7 defined in section 604A.04, subdivision 1, at each school site to be administered in  
 169.8 compliance with section 151.37, subdivision 12.

169.9 (b) Each school building must have two doses of nasal **naloxone** available on site.

169.10 (c) The commissioner of health must develop and disseminate to schools a short training  
 169.11 video about how and when to administer nasal **naloxone**. The person having control of the  
 169.12 school building must ensure that at least one staff member trained on how and when to  
 169.13 administer nasal **naloxone** is on site when the school building is open to students, staff, or  
 169.14 the public, including before school, after school, or weekend activities.

169.15 **EFFECTIVE DATE.** This section is effective July 1, 2023.

169.16 Sec. 2. Minnesota Statutes 2022, section 241.021, subdivision 1, is amended to read:

169.17 Subdivision 1. **Correctional facilities; inspection; licensing.** (a) Except as provided  
 169.18 in paragraph (b), the commissioner of corrections shall inspect and license all correctional  
 169.19 facilities throughout the state, whether public or private, established and operated for the  
 169.20 detention and confinement of persons confined or incarcerated therein according to law  
 169.21 except to the extent that they are inspected or licensed by other state regulating agencies.  
 169.22 The commissioner shall promulgate pursuant to chapter 14, rules establishing minimum  
 169.23 standards for these facilities with respect to their management, operation, physical condition,

123.21 deposited into the settlement account in accordance with this paragraph shall be appropriated  
 123.22 to the commissioner of human services to award as grants as specified by the opiate epidemic  
 123.23 response advisory council in accordance with section 256.043, subdivision 3a, paragraph  
 123.24 ~~(d)~~ as specified in section 256.043, subdivision 3a.

123.25 **EFFECTIVE DATE.** This section is effective the day following final enactment.

123.26 Sec. 2. **[121A.224] OPIATE ANTAGONISTS.**

123.27 (a) A school district or charter school must maintain a supply of opiate antagonists, as  
 123.28 defined in section 604A.04, subdivision 1, at each school site to be administered in  
 123.29 compliance with section 151.37, subdivision 12.

123.30 (b) Each school building must have at least two doses of a nasal **opiate antagonist**  
 123.31 available on site.

123.32 (c) The commissioner of health must develop and disseminate to schools a short training  
 123.33 video about how and when to administer a nasal **opiate antagonist**. The person having control  
 124.1 of the school building must ensure that at least one staff member trained on how and when  
 124.2 to administer a nasal **opiate antagonist** is on site when the school building is open to students,  
 124.3 staff, or the public, including before school, after school, or during weekend activities.

124.4 **EFFECTIVE DATE.** This section is effective July 1, 2023.

124.5 Sec. 3. Minnesota Statutes 2022, section 151.065, subdivision 7, is amended to read:

124.6 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the  
 124.7 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state  
 124.8 government special revenue fund.

124.9 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15),  
 124.10 and subdivision 3, clauses (4) to (7), and (9) to (13), and \$55,000 of each fee collected under  
 124.11 subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate  
 124.12 epidemic response fund established in section 256.043.

124.13 ~~(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),~~  
 124.14 ~~are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate~~  
 124.15 ~~epidemic response fund in section 256.043.~~

124.16 Sec. 4. Minnesota Statutes 2022, section 241.021, subdivision 1, is amended to read:

124.17 Subdivision 1. **Correctional facilities; inspection; licensing.** (a) Except as provided  
 124.18 in paragraph (b), the commissioner of corrections shall inspect and license all correctional  
 124.19 facilities throughout the state, whether public or private, established and operated for the  
 124.20 detention and confinement of persons confined or incarcerated therein according to law  
 124.21 except to the extent that they are inspected or licensed by other state regulating agencies.  
 124.22 The commissioner shall promulgate pursuant to chapter 14, rules establishing minimum  
 124.23 standards for these facilities with respect to their management, operation, physical condition,

169.24 and the security, safety, health, treatment, and discipline of persons confined or incarcerated  
 169.25 therein. These minimum standards shall include but are not limited to specific guidance  
 169.26 pertaining to:

169.27 (1) screening, appraisal, assessment, and treatment for persons confined or incarcerated  
 169.28 in correctional facilities with mental illness or substance use disorders;

169.29 (2) a policy on the involuntary administration of medications;

169.30 (3) suicide prevention plans and training;

169.31 (4) verification of medications in a timely manner;

170.1 (5) well-being checks;

170.2 (6) discharge planning, including providing prescribed medications to persons confined  
 170.3 or incarcerated in correctional facilities upon release;

170.4 (7) a policy on referrals or transfers to medical or mental health care in a noncorrectional  
 170.5 institution;

170.6 (8) use of segregation and mental health checks;

170.7 (9) critical incident debriefings;

170.8 (10) clinical management of substance use disorders and opioid overdose emergency  
 170.9 procedures;

170.10 (11) a policy regarding identification of persons with special needs confined or  
 170.11 incarcerated in correctional facilities;

170.12 (12) a policy regarding the use of telehealth;

170.13 (13) self-auditing of compliance with minimum standards;

170.14 (14) information sharing with medical personnel and when medical assessment must be  
 170.15 facilitated;

170.16 (15) a code of conduct policy for facility staff and annual training;

170.17 (16) a policy on death review of all circumstances surrounding the death of an individual  
 170.18 committed to the custody of the facility; and

170.19 (17) dissemination of a rights statement made available to persons confined or  
 170.20 incarcerated in licensed correctional facilities.

170.21 No individual, corporation, partnership, voluntary association, or other private  
 170.22 organization legally responsible for the operation of a correctional facility may operate the  
 170.23 facility unless it possesses a current license from the commissioner of corrections. Private  
 170.24 adult correctional facilities shall have the authority of section 624.714, subdivision 13, if

124.24 and the security, safety, health, treatment, and discipline of persons confined or incarcerated  
 124.25 therein. These minimum standards shall include but are not limited to specific guidance  
 124.26 pertaining to:

124.27 (1) screening, appraisal, assessment, and treatment for persons confined or incarcerated  
 124.28 in correctional facilities with mental illness or substance use disorders;

124.29 (2) a policy on the involuntary administration of medications;

124.30 (3) suicide prevention plans and training;

124.31 (4) verification of medications in a timely manner;

125.1 (5) well-being checks;

125.2 (6) discharge planning, including providing prescribed medications to persons confined  
 125.3 or incarcerated in correctional facilities upon release;

125.4 (7) a policy on referrals or transfers to medical or mental health care in a noncorrectional  
 125.5 institution;

125.6 (8) use of segregation and mental health checks;

125.7 (9) critical incident debriefings;

125.8 (10) clinical management of substance use disorders and opioid overdose emergency  
 125.9 procedures;

125.10 (11) a policy regarding identification of persons with special needs confined or  
 125.11 incarcerated in correctional facilities;

125.12 (12) a policy regarding the use of telehealth;

125.13 (13) self-auditing of compliance with minimum standards;

125.14 (14) information sharing with medical personnel and when medical assessment must be  
 125.15 facilitated;

125.16 (15) a code of conduct policy for facility staff and annual training;

125.17 (16) a policy on death review of all circumstances surrounding the death of an individual  
 125.18 committed to the custody of the facility; and

125.19 (17) dissemination of a rights statement made available to persons confined or  
 125.20 incarcerated in licensed correctional facilities.

125.21 No individual, corporation, partnership, voluntary association, or other private  
 125.22 organization legally responsible for the operation of a correctional facility may operate the  
 125.23 facility unless it possesses a current license from the commissioner of corrections. Private  
 125.24 adult correctional facilities shall have the authority of section 624.714, subdivision 13, if

170.25 the Department of Corrections licenses the facility with the authority and the facility meets  
170.26 requirements of section 243.52.

170.27 The commissioner shall review the correctional facilities described in this subdivision  
170.28 at least once every two years, except as otherwise provided, to determine compliance with  
170.29 the minimum standards established according to this subdivision or other Minnesota statute  
170.30 related to minimum standards and conditions of confinement.

171.1 The commissioner shall grant a license to any facility found to conform to minimum  
171.2 standards or to any facility which, in the commissioner's judgment, is making satisfactory  
171.3 progress toward substantial conformity and the standards not being met do not impact the  
171.4 interests and well-being of the persons confined or incarcerated in the facility. A limited  
171.5 license under subdivision 1a may be issued for purposes of effectuating a facility closure.  
171.6 The commissioner may grant licensure up to two years. Unless otherwise specified by  
171.7 statute, all licenses issued under this chapter expire at 12:01 a.m. on the day after the  
171.8 expiration date stated on the license.

171.9 The commissioner shall have access to the buildings, grounds, books, records, staff, and  
171.10 to persons confined or incarcerated in these facilities. The commissioner may require the  
171.11 officers in charge of these facilities to furnish all information and statistics the commissioner  
171.12 deems necessary, at a time and place designated by the commissioner.

171.13 All facility administrators of correctional facilities are required to report all deaths of  
171.14 individuals who died while committed to the custody of the facility, regardless of whether  
171.15 the death occurred at the facility or after removal from the facility for medical care stemming  
171.16 from an incident or need for medical care at the correctional facility, as soon as practicable,  
171.17 but no later than 24 hours of receiving knowledge of the death, including any demographic  
171.18 information as required by the commissioner.

171.19 All facility administrators of correctional facilities are required to report all other  
171.20 emergency or unusual occurrences as defined by rule, including uses of force by facility  
171.21 staff that result in substantial bodily harm or suicide attempts, to the commissioner of  
171.22 corrections within ten days from the occurrence, including any demographic information  
171.23 as required by the commissioner. The commissioner of corrections shall consult with the  
171.24 Minnesota Sheriffs' Association and a representative from the Minnesota Association of  
171.25 Community Corrections Act Counties who is responsible for the operations of an adult  
171.26 correctional facility to define "use of force" that results in substantial bodily harm for  
171.27 reporting purposes.

171.28 The commissioner may require that any or all such information be provided through the  
171.29 Department of Corrections detention information system. The commissioner shall post each  
171.30 inspection report publicly and on the department's website within 30 days of completing  
171.31 the inspection. The education program offered in a correctional facility for the confinement  
171.32 or incarceration of juvenile offenders must be approved by the commissioner of education  
171.33 before the commissioner of corrections may grant a license to the facility.

125.25 the Department of Corrections licenses the facility with the authority and the facility meets  
125.26 requirements of section 243.52.

125.27 The commissioner shall review the correctional facilities described in this subdivision  
125.28 at least once every two years, except as otherwise provided, to determine compliance with  
125.29 the minimum standards established according to this subdivision or other Minnesota statute  
125.30 related to minimum standards and conditions of confinement.

126.1 The commissioner shall grant a license to any facility found to conform to minimum  
126.2 standards or to any facility which, in the commissioner's judgment, is making satisfactory  
126.3 progress toward substantial conformity and the standards not being met do not impact the  
126.4 interests and well-being of the persons confined or incarcerated in the facility. A limited  
126.5 license under subdivision 1a may be issued for purposes of effectuating a facility closure.  
126.6 The commissioner may grant licensure up to two years. Unless otherwise specified by  
126.7 statute, all licenses issued under this chapter expire at 12:01 a.m. on the day after the  
126.8 expiration date stated on the license.

126.9 The commissioner shall have access to the buildings, grounds, books, records, staff, and  
126.10 to persons confined or incarcerated in these facilities. The commissioner may require the  
126.11 officers in charge of these facilities to furnish all information and statistics the commissioner  
126.12 deems necessary, at a time and place designated by the commissioner.

126.13 All facility administrators of correctional facilities are required to report all deaths of  
126.14 individuals who died while committed to the custody of the facility, regardless of whether  
126.15 the death occurred at the facility or after removal from the facility for medical care stemming  
126.16 from an incident or need for medical care at the correctional facility, as soon as practicable,  
126.17 but no later than 24 hours of receiving knowledge of the death, including any demographic  
126.18 information as required by the commissioner.

126.19 All facility administrators of correctional facilities are required to report all other  
126.20 emergency or unusual occurrences as defined by rule, including uses of force by facility  
126.21 staff that result in substantial bodily harm or suicide attempts, to the commissioner of  
126.22 corrections within ten days from the occurrence, including any demographic information  
126.23 as required by the commissioner. The commissioner of corrections shall consult with the  
126.24 Minnesota Sheriffs' Association and a representative from the Minnesota Association of  
126.25 Community Corrections Act Counties who is responsible for the operations of an adult  
126.26 correctional facility to define "use of force" that results in substantial bodily harm for  
126.27 reporting purposes.

126.28 The commissioner may require that any or all such information be provided through the  
126.29 Department of Corrections detention information system. The commissioner shall post each  
126.30 inspection report publicly and on the department's website within 30 days of completing  
126.31 the inspection. The education program offered in a correctional facility for the confinement  
126.32 or incarceration of juvenile offenders must be approved by the commissioner of education  
126.33 before the commissioner of corrections may grant a license to the facility.

172.1 (b) For juvenile facilities licensed by the commissioner of human services, the  
 172.2 commissioner may inspect and certify programs based on certification standards set forth  
 172.3 in Minnesota Rules. For the purpose of this paragraph, "certification" has the meaning given  
 172.4 it in section 245A.02.

172.5 (c) Any state agency which regulates, inspects, or licenses certain aspects of correctional  
 172.6 facilities shall, insofar as is possible, ensure that the minimum standards it requires are  
 172.7 substantially the same as those required by other state agencies which regulate, inspect, or  
 172.8 license the same aspects of similar types of correctional facilities, although at different  
 172.9 correctional facilities.

172.10 (d) Nothing in this section shall be construed to limit the commissioner of corrections'  
 172.11 authority to promulgate rules establishing standards of eligibility for counties to receive  
 172.12 funds under sections 401.01 to 401.16, or to require counties to comply with operating  
 172.13 standards the commissioner establishes as a condition precedent for counties to receive that  
 172.14 funding.

172.15 (e) The department's inspection unit must report directly to a division head outside of  
 172.16 the correctional institutions division.

172.17 Sec. 3. Minnesota Statutes 2022, section 241.31, subdivision 5, is amended to read:

172.18 Subd. 5. **Minimum standards.** The commissioner of corrections shall establish minimum  
 172.19 standards for the size, area to be served, qualifications of staff, ratio of staff to client  
 172.20 population, and treatment programs for community corrections programs established pursuant  
 172.21 to this section. Plans and specifications for such programs, including proposed budgets must  
 172.22 first be submitted to the commissioner for approval prior to the establishment. Community  
 172.23 corrections programs must maintain a supply of opiate antagonists, as defined in section  
 172.24 604A.04, subdivision 1, at each correctional site to be administered in compliance with  
 172.25 section 151.37, subdivision 12. Each site must have at least two doses of naloxone on site.  
 172.26 Staff must be trained on how and when to administer opiate antagonists.

172.27 Sec. 4. Minnesota Statutes 2022, section 241.415, is amended to read:

172.28 **241.415 RELEASE PLANS; SUBSTANCE ABUSE.**

172.29 The commissioner shall cooperate with community-based corrections agencies to  
 172.30 determine how best to address the substance abuse treatment needs of offenders who are  
 172.31 being released from prison. The commissioner shall ensure that an offender's prison release  
 172.32 plan adequately addresses the offender's needs for substance abuse assessment, treatment,  
 173.1 or other services following release, within the limits of available resources. The commissioner  
 173.2 must provide individuals with known or stated histories of opioid use disorder with  
 173.3 emergency opiate antagonist rescue kits upon release.

127.1 (b) For juvenile facilities licensed by the commissioner of human services, the  
 127.2 commissioner may inspect and certify programs based on certification standards set forth  
 127.3 in Minnesota Rules. For the purpose of this paragraph, "certification" has the meaning given  
 127.4 it in section 245A.02.

127.5 (c) Any state agency which regulates, inspects, or licenses certain aspects of correctional  
 127.6 facilities shall, insofar as is possible, ensure that the minimum standards it requires are  
 127.7 substantially the same as those required by other state agencies which regulate, inspect, or  
 127.8 license the same aspects of similar types of correctional facilities, although at different  
 127.9 correctional facilities.

127.10 (d) Nothing in this section shall be construed to limit the commissioner of corrections'  
 127.11 authority to promulgate rules establishing standards of eligibility for counties to receive  
 127.12 funds under sections 401.01 to 401.16, or to require counties to comply with operating  
 127.13 standards the commissioner establishes as a condition precedent for counties to receive that  
 127.14 funding.

127.15 (e) The department's inspection unit must report directly to a division head outside of  
 127.16 the correctional institutions division.

127.17 Sec. 5. Minnesota Statutes 2022, section 241.31, subdivision 5, is amended to read:

127.18 Subd. 5. **Minimum standards.** The commissioner of corrections shall establish minimum  
 127.19 standards for the size, area to be served, qualifications of staff, ratio of staff to client  
 127.20 population, and treatment programs for community corrections programs established pursuant  
 127.21 to this section. Plans and specifications for such programs, including proposed budgets must  
 127.22 first be submitted to the commissioner for approval prior to the establishment. Community  
 127.23 corrections programs must maintain a supply of opiate antagonists, as defined in section  
 127.24 604A.04, subdivision 1, at each correctional site to be administered in compliance with  
 127.25 section 151.37, subdivision 12. Each site must have at least two doses of an opiate antagonist  
 127.26 on site. Staff must be trained on how and when to administer opiate antagonists.

127.27 Sec. 6. Minnesota Statutes 2022, section 241.415, is amended to read:

127.28 **241.415 RELEASE PLANS; SUBSTANCE ABUSE.**

127.29 The commissioner shall cooperate with community-based corrections agencies to  
 127.30 determine how best to address the substance abuse treatment needs of offenders who are  
 127.31 being released from prison. The commissioner shall ensure that an offender's prison release  
 127.32 plan adequately addresses the offender's needs for substance abuse assessment, treatment,  
 128.1 or other services following release, within the limits of available resources. The commissioner  
 128.2 must provide individuals with known or stated histories of opioid use disorder with  
 128.3 emergency opiate antagonist rescue kits upon release.

173.4 Sec. 5. **[245.89] SUBSTANCE USE DISORDERS PUBLIC AWARENESS**  
 173.5 **CAMPAIGN.**

173.6 (a) The commissioner must establish an ongoing, multitiered public awareness and  
 173.7 educational campaign on substance use disorders. The campaign must include strategies to  
 173.8 prevent substance use disorder, reduce stigma, and ensure people know how to access  
 173.9 treatment, recovery, and harm reduction services.

173.10 (b) The commissioner must consult with communities disproportionately impacted by  
 173.11 substance use disorder to ensure the campaign centers lived experience and equity. The  
 173.12 commissioner may also consult with and establish relationships with media and  
 173.13 communication experts, behavioral health professionals, state and local agencies, and  
 173.14 community organizations to design and implement the campaign.

173.15 (c) The campaign must include awareness-raising and educational information using  
 173.16 multichannel marketing strategies, social media, virtual events, press releases, reports, and  
 173.17 targeted outreach. The commissioner must evaluate the effectiveness of the campaign and  
 173.18 modify outreach and strategies as needed.

173.19 Sec. 6. **[245.891] OVERDOSE SURGE ALERT SYSTEM.**

173.20 The commissioner must establish a statewide overdose surge text message alert system.  
 173.21 The system may include other forms of electronic alerts. The purpose of the system is to  
 173.22 prevent opioid overdose by cautioning people to refrain from substance use or to use  
 173.23 harm-reduction strategies when there is an overdose surge in the surrounding area. The  
 173.24 commissioner may collaborate with local agencies, other state agencies, and harm-reduction  
 173.25 organizations to promote and improve the voluntary text service.

173.26 Sec. 7. **[245.892] HARM-REDUCTION AND CULTURALLY SPECIFIC GRANTS.**

173.27 (a) The commissioner must establish grants for Tribal Nations or culturally specific  
 173.28 organizations to enhance and expand capacity to address the impacts of the opioid epidemic  
 173.29 in their respective communities. Grants may be used to purchase and distribute  
 173.30 harm-reduction supplies, develop organizational capacity, and expand culturally specific  
 173.31 services.

174.1 (b) Harm-reduction grant funds must be used to promote safer practices and reduce the  
 174.2 transmission of infectious disease. Allowable expenses include fentanyl-testing supplies,  
 174.3 disinfectants, naloxone rescue kits, sharps disposal, wound-care supplies, medication lock  
 174.4 boxes, FDA-approved home testing kits for viral hepatitis and HIV, and written educational  
 174.5 and resource materials.

174.6 (c) Culturally specific organizational capacity grant funds must be used to develop and  
 174.7 improve organizational infrastructure to increase access to culturally specific services and  
 174.8 community building. Allowable expenses include funds for organizations to hire staff or

THE FOLLOWING SECTION WAS PULLED OUT OF HOUSE ARTICLE 3.

120.19 Sec. 31. **PUBLIC AWARENESS CAMPAIGN.**

120.20 (a) The commissioner of human services must establish a multitiered public awareness  
 120.21 and educational campaign on substance use disorders. The campaign must include strategies  
 120.22 to prevent substance use disorder, reduce stigma, and ensure people know how to access  
 120.23 treatment, recovery, and harm reduction services.

120.24 (b) The commissioner must consult with communities disproportionately impacted by  
 120.25 substance use disorder to ensure the campaign focuses on lived experience and equity. The  
 120.26 commissioner may also consult and establish relationships with media and communication  
 120.27 experts, behavioral health professionals, state and local agencies, and community  
 120.28 organizations to design and implement the campaign.

120.29 (c) The campaign must include awareness-raising and educational information using  
 120.30 multichannel marketing strategies, social media, virtual events, press releases, reports, and  
 121.1 targeted outreach. The commissioner must evaluate the effectiveness of the campaign and  
 121.2 modify outreach and strategies as needed.

136.27 Sec. 14. **OPIOID OVERDOSE SURGE ALERT SYSTEM.**

136.28 The commissioner of human services must establish a voluntary, statewide opioid  
 136.29 overdose surge text message alert system, to prevent opioid overdose by cautioning people  
 136.30 to refrain from substance use or to use harm reduction strategies when there is an overdose  
 136.31 surge in their surrounding area. The alert system may include other forms of electronic  
 136.32 alerts. The commissioner may collaborate with local agencies, other state agencies, and  
 136.33 harm reduction organizations to promote and improve the surge alert system.

137.1 Sec. 15. **HARM REDUCTION AND CULTURALLY SPECIFIC GRANTS.**

137.2 (a) The commissioner of human services must establish grants for Tribal Nations or  
 137.3 culturally specific organizations to enhance and expand capacity to address the impacts of  
 137.4 the opioid epidemic in their respective communities. Grants may be used to purchase and  
 137.5 distribute harm reduction supplies, develop organizational capacity, and expand culturally  
 137.6 specific services.

137.7 (b) Harm reduction grant funds must be used to promote safer practices and reduce the  
 137.8 transmission of infectious disease. Allowable expenses include syringes, fentanyl testing  
 137.9 supplies, disinfectants, opiate antagonist rescue kits, safe injection kits, safe smoking kits,  
 137.10 sharps disposal, wound-care supplies, medication lock boxes, FDA-approved home testing  
 137.11 kits for viral hepatitis and HIV, written educational and resource materials, and other supplies  
 137.12 approved by the commissioner.

137.13 (c) Culturally specific organizational capacity grant funds must be used to develop and  
 137.14 improve organizational infrastructure to increase access to culturally specific services and  
 137.15 community building. Allowable expenses include funds for organizations to hire staff or

174.9 consultants who specialize in fundraising, grant writing, business development, and program  
174.10 integrity or other identified organizational needs as approved by the commissioner.

174.11 (d) Culturally specific service grant funds must be used to expand culturally specific  
174.12 outreach and services. Allowable expenses include hiring or consulting with cultural advisors,  
174.13 resources to support cultural traditions, and education to empower, develop a sense of  
174.14 community, and develop a connection to ancestral roots.

174.15 (e) Naloxone training grant funds may be used to provide information and training on  
174.16 safe storage and use of opiate antagonists. Training may be conducted via multiple modalities,  
174.17 including but not limited to in-person, virtual, written, and video recordings.

174.18 Sec. 8. **[245.893] OPIATE ANTAGONIST TRAINING GRANTS.**

174.19 The commissioner must establish grants to support training on how to safely store opiate  
174.20 antagonists, opioid overdose symptoms and identification, and how and when to administer  
174.21 opiate antagonists. Eligible grantees include correctional facilities or programs, housing  
174.22 programs, and substance use disorder programs.

174.23 Sec. 9. Minnesota Statutes 2022, section 245G.08, subdivision 3, is amended to read:

174.24 Subd. 3. ~~Standing order protocol~~ **Emergency overdose treatment.** A license holder  
174.25 ~~that maintains~~ must maintain a supply of ~~naloxone~~ opiate antagonists as defined in section  
174.26 604A.04, subdivision 1, available for emergency treatment of opioid overdose and must  
174.27 have a written standing order protocol by a physician who is licensed under chapter 147,  
174.28 advanced practice registered nurse who is licensed under chapter 148, or physician assistant  
174.29 who is licensed under chapter 147A, that permits the license holder to maintain a supply of  
174.30 naloxone on site. A license holder must require staff to undergo training in the specific  
174.31 mode of administration used at the program, which may include intranasal administration,  
174.32 intramuscular injection, or both.

137.16 consultants who specialize in fundraising, grant writing, business development, and program  
137.17 integrity or other identified organizational needs as approved by the commissioner.

137.18 (d) Culturally specific service grant funds must be used to expand culturally specific  
137.19 outreach and services. Allowable expenses include hiring or consulting with cultural advisors,  
137.20 resources to support cultural traditions, and education to empower individuals and providers,  
137.21 develop a sense of community, and develop a connection to ancestral roots.

128.4 Sec. 7. Minnesota Statutes 2022, section 245G.08, subdivision 3, is amended to read:

128.5 Subd. 3. ~~Standing order protocol~~ **Emergency overdose treatment.** A license holder  
128.6 ~~that maintains~~ must maintain a supply of ~~naloxone~~ opiate antagonists as defined in section  
128.7 604A.04, subdivision 1, available for emergency treatment of opioid overdose and must  
128.8 have a written standing order protocol by a physician who is licensed under chapter 147,  
128.9 advanced practice registered nurse who is licensed under chapter 148, or physician assistant  
128.10 who is licensed under chapter 147A, that permits the license holder to maintain a supply of  
128.11 ~~naloxone opiate antagonists~~ on site. A license holder must require staff to undergo training  
128.12 in the specific mode of administration used at the program, which may include intranasal  
128.13 administration, intramuscular injection, or both.

128.14 Sec. 8. Minnesota Statutes 2022, section 256.042, subdivision 2, is amended to read:

128.15 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 30 voting  
128.16 members, appointed by the commissioner of human services except as otherwise specified,  
128.17 and three nonvoting members:

128.18 (1) two members of the house of representatives, appointed in the following sequence:  
128.19 the first from the majority party appointed by the speaker of the house and the second from  
128.20 the minority party appointed by the minority leader. Of these two members, one member  
128.21 must represent a district outside of the seven-county metropolitan area, and one member  
128.22 must represent a district that includes the seven-county metropolitan area. The appointment  
128.23 by the minority leader must ensure that this requirement for geographic diversity in  
128.24 appointments is met;

128.25 (2) two members of the senate, appointed in the following sequence: the first from the  
128.26 majority party appointed by the senate majority leader and the second from the minority  
128.27 party appointed by the senate minority leader. Of these two members, one member must

- 128.28 represent a district outside of the seven-county metropolitan area and one member must
- 128.29 represent a district that includes the seven-county metropolitan area. The appointment by
- 128.30 the minority leader must ensure that this requirement for geographic diversity in appointments
- 128.31 is met;
- 128.32 (3) one member appointed by the Board of Pharmacy;
- 129.1 (4) one member who is a physician appointed by the Minnesota Medical Association;
- 129.2 (5) one member representing opioid treatment programs, sober living programs, or
- 129.3 substance use disorder programs licensed under chapter 245G;
- 129.4 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
- 129.5 addiction psychiatrist;
- 129.6 (7) one member representing professionals providing alternative pain management
- 129.7 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;
- 129.8 (8) one member representing nonprofit organizations conducting initiatives to address
- 129.9 the opioid epidemic, with the commissioner's initial appointment being a member
- 129.10 representing the Steve Rummmler Hope Network, and subsequent appointments representing
- 129.11 this or other organizations;
- 129.12 (9) one member appointed by the Minnesota Ambulance Association who is serving
- 129.13 with an ambulance service as an emergency medical technician, advanced emergency
- 129.14 medical technician, or paramedic;
- 129.15 (10) one member representing the Minnesota courts who is a judge or law enforcement
- 129.16 officer;
- 129.17 (11) one public member who is a Minnesota resident and who is in opioid addiction
- 129.18 recovery;
- 129.19 (12) ~~two~~ 11 members representing Indian tribes, one representing the Ojibwe tribes and
- 129.20 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;
- 129.21 (13) two members representing urban American Indian populations;
- 129.22 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from
- 129.23 chronic pain, intractable pain, or a rare disease or condition;
- 129.24 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;
- 129.25 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;
- 129.26 ~~(16)~~ (17) one member representing a local health department; and
- 129.27 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,
- 129.28 who shall be ex officio nonvoting members of the council.



129.29 (b) The commissioner of human services shall coordinate the commissioner's  
 129.30 appointments to provide geographic, racial, and gender diversity, and shall ensure that at  
 129.31 least ~~one-half~~ one-third of council members appointed by the commissioner reside outside  
 130.1 of the seven-county metropolitan area. Of the members appointed by the commissioner, to  
 130.2 the extent practicable, at least one member must represent a community of color  
 130.3 disproportionately affected by the opioid epidemic.

130.4 (c) The council is governed by section 15.059, except that members of the council shall  
 130.5 serve three-year terms and shall receive no compensation other than reimbursement for  
 130.6 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

130.7 (d) The chair shall convene the council at least quarterly, and may convene other meetings  
 130.8 as necessary. The chair shall convene meetings at different locations in the state to provide  
 130.9 geographic access, and shall ensure that at least one-half of the meetings are held at locations  
 130.10 outside of the seven-county metropolitan area.

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

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

130.14 Sec. 9. Minnesota Statutes 2022, section 256.042, subdivision 4, is amended to read:

130.15 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the  
 130.16 grants proposed by the advisory council to be awarded for the upcoming calendar year to  
 130.17 the chairs and ranking minority members of the legislative committees with jurisdiction  
 130.18 over health and human services policy and finance, by December 1 of each year, beginning  
 130.19 December 1, 2022. This paragraph expires upon the expiration of the advisory council.

130.20 (b) The grants shall be awarded to proposals selected by the advisory council that address  
 130.21 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated  
 130.22 by the legislature. The advisory council shall determine grant awards and funding amounts  
 130.23 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,  
 130.24 paragraph (h), and subdivision 3a, paragraph (d). The commissioner shall award the grants  
 130.25 from the opiate epidemic response fund and administer the grants in compliance with section  
 130.26 16B.97. No more than ten percent of the grant amount may be used by a grantee for  
 130.27 administration. The commissioner must award at least 50 percent of grants to projects that  
 130.28 include a focus on addressing the opioid crisis in Black and Indigenous communities and  
 130.29 communities of color.

175.1 Sec. 10. Minnesota Statutes 2022, section 256.043, subdivision 3, is amended to read:

175.2 Subd. 3. **Appropriations from registration and license fee account.** (a) The  
 175.3 appropriations in paragraphs (b) to ~~(h)~~ (k) shall be made from the registration and license  
 175.4 fee account on a fiscal year basis in the order specified.

131.1 Sec. 10. Minnesota Statutes 2022, section 256.043, subdivision 3, is amended to read:

131.2 Subd. 3. **Appropriations from registration and license fee account.** (a) The  
 131.3 appropriations in paragraphs (b) to ~~(h)~~ (k) shall be made from the registration and license  
 131.4 fee account on a fiscal year basis in the order specified.

175.5 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs  
 175.6 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be  
 175.7 made accordingly.

175.8 (c) \$100,000 is appropriated to the commissioner of human services for grants for  
 175.9 overdose antagonist distribution. Grantees may utilize funds for opioid overdose prevention,  
 175.10 community asset mapping, education, and overdose antagonist distribution.

175.11 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal  
 175.12 Nations and five urban Indian communities for traditional healing practices for American  
 175.13 Indians and to increase the capacity of culturally specific providers in the behavioral health  
 175.14 workforce.

175.15 (e) \$400,000 is appropriated to the commissioner of human services for grants of  
 175.16 \$200,000 to CHI St. Gabriel's Health Family Medical Center for the opioid-focused Project  
 175.17 ECHO program and \$200,000 to Hennepin Health Care for the opioid-focused Project  
 175.18 ECHO program.

175.19 ~~(f)~~ (f) \$300,000 is appropriated to the commissioner of management and budget for  
 175.20 evaluation activities under section 256.042, subdivision 1, paragraph (c).

175.21 ~~(g)~~ (g) ~~\$249,000~~ \$309,000 is appropriated to the commissioner of human services for  
 175.22 the provision of administrative services to the Opiate Epidemic Response Advisory Council  
 175.23 and for the administration of the grants awarded under paragraph ~~(h)~~ (k).

175.24 ~~(h)~~ (h) \$126,000 is appropriated to the Board of Pharmacy for the collection of the  
 175.25 registration fees under section 151.066.

175.26 ~~(i)~~ (i) \$672,000 is appropriated to the commissioner of public safety for the Bureau of  
 175.27 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies  
 175.28 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

175.29 ~~(j)~~ (j) After the appropriations in paragraphs (b) to ~~(i)~~ (i) are made, 50 percent of the  
 175.30 remaining amount is appropriated to the commissioner of human services for distribution  
 175.31 to county social service agencies and Tribal social service agency initiative projects  
 175.32 authorized under section 256.01, subdivision 14b, to provide child protection services to  
 175.33 children and families who are affected by addiction. The commissioner shall distribute this  
 176.1 money proportionally to county social service agencies and Tribal social service agency  
 176.2 initiative projects based on out-of-home placement episodes where parental drug abuse is  
 176.3 the primary reason for the out-of-home placement using data from the previous calendar  
 176.4 year. County social service agencies and Tribal social service agency initiative projects

131.5 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs  
 131.6 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be  
 131.7 made accordingly.

131.8 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate  
 131.9 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,  
 131.10 community asset mapping, education, and opiate antagonist distribution.

131.11 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal  
 131.12 nations and five urban Indian communities for traditional healing practices for American  
 131.13 Indians and to increase the capacity of culturally specific providers in the behavioral health  
 131.14 workforce.

131.15 (e) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to  
 131.16 the commissioner of human services to administer the funding distribution and reporting  
 131.17 requirements in paragraph (j).

131.18 ~~(f)~~ (f) \$300,000 is appropriated to the commissioner of management and budget for  
 131.19 evaluation activities under section 256.042, subdivision 1, paragraph (c).

131.20 ~~(g)~~ (g) ~~\$249,000 is in fiscal year 2023,~~ \$375,000 in fiscal year 2024, and \$315,000 each  
 131.21 year thereafter are appropriated to the commissioner of human services for the provision  
 131.22 of administrative services to the Opiate Epidemic Response Advisory Council and for the  
 131.23 administration of the grants awarded under paragraph ~~(h)~~ (k).

131.24 ~~(h)~~ (h) \$126,000 is appropriated to the Board of Pharmacy for the collection of the  
 131.25 registration fees under section 151.066.

131.26 ~~(i)~~ (i) \$672,000 is appropriated to the commissioner of public safety for the Bureau of  
 131.27 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies  
 131.28 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

131.29 ~~(j)~~ (j) After the appropriations in paragraphs (b) to ~~(i)~~ (i) are made, 50 percent of the  
 131.30 remaining amount is appropriated to the commissioner of human services for distribution  
 131.31 to county social service agencies and Tribal social service agency initiative projects  
 131.32 authorized under section 256.01, subdivision 14b, to provide child protection services to  
 131.33 children and families who are affected by addiction. The commissioner shall distribute this  
 132.1 money proportionally to county social service agencies and Tribal social service agency  
 132.2 initiative projects based on out-of-home placement episodes where parental drug abuse is  
 132.3 the primary reason for the out-of-home placement using data from the previous calendar  
 132.4 year. County social service agencies and Tribal social service agency initiative projects

176.5 receiving funds from the opiate epidemic response fund must annually report to the  
 176.6 commissioner on how the funds were used to provide child protection services, including  
 176.7 measurable outcomes, as determined by the commissioner. County social service agencies  
 176.8 and Tribal social service agency initiative projects must not use funds received under this  
 176.9 paragraph to supplant current state or local funding received for child protection services  
 176.10 for children and families who are affected by addiction.

176.11 ~~(h)~~ (k) After the appropriations in paragraphs (b) to ~~(g)~~ (j) are made, the remaining  
 176.12 amount in the account is appropriated to the commissioner of human services to award  
 176.13 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with  
 176.14 section 256.042, unless otherwise appropriated by the legislature.

176.15 ~~(i)~~ (l) Beginning in fiscal year 2022 and each year thereafter, funds for county social  
 176.16 service agencies and Tribal social service agency initiative projects under paragraph ~~(g)~~ (j)  
 176.17 and grant funds specified by the Opiate Epidemic Response Advisory Council under  
 176.18 paragraph ~~(h)~~ (k) may be distributed on a calendar year basis.

176.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.

176.20 Sec. 11. Minnesota Statutes 2022, section 256.043, subdivision 3a, is amended to read:

176.21 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs  
 176.22 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order  
 176.23 specified.

176.24 (b) If the balance in the registration and license fee account is not sufficient to fully fund  
 176.25 the appropriations specified in subdivision 3, paragraphs (b) to ~~(f)~~ (i), an amount necessary  
 176.26 to meet any insufficiency shall be transferred from the settlement account to the registration  
 176.27 and license fee account to fully fund the required appropriations.

176.28 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal  
 176.29 years are appropriated to the commissioner of human services for the administration of  
 176.30 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal  
 176.31 year 2024 and subsequent fiscal years are appropriated to the commissioner of human  
 176.32 services to collect, collate, and report data submitted and to monitor compliance with  
 176.33 reporting and settlement expenditure requirements by grantees awarded grants under this  
 177.1 section and municipalities receiving direct payments from a statewide opioid settlement  
 177.2 agreement as defined in section 256.042, subdivision 6.

177.3 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount  
 177.4 equal to the calendar year allocation to Tribal social service agency initiative projects under  
 177.5 subdivision 3, paragraph ~~(g)~~ (j), is appropriated from the settlement account to the  
 177.6 commissioner of human services for distribution to Tribal social service agency initiative  
 177.7 projects to provide child protection services to children and families who are affected by

132.5 receiving funds from the opiate epidemic response fund must annually report to the  
 132.6 commissioner on how the funds were used to provide child protection services, including  
 132.7 measurable outcomes, as determined by the commissioner. County social service agencies  
 132.8 and Tribal social service agency initiative projects must not use funds received under this  
 132.9 paragraph to supplant current state or local funding received for child protection services  
 132.10 for children and families who are affected by addiction.

132.11 ~~(h)~~ (k) After the appropriations in paragraphs (b) to ~~(g)~~ (j) are made, the remaining  
 132.12 amount in the account is appropriated to the commissioner of human services to award  
 132.13 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with  
 132.14 section 256.042, unless otherwise appropriated by the legislature.

132.15 ~~(i)~~ (l) Beginning in fiscal year 2022 and each year thereafter, funds for county social  
 132.16 service agencies and Tribal social service agency initiative projects under paragraph ~~(g)~~ (j)  
 132.17 and grant funds specified by the Opiate Epidemic Response Advisory Council under  
 132.18 paragraph ~~(h)~~ (k) may be distributed on a calendar year basis.

132.19 (m) Notwithstanding section 16A.28, funds appropriated in paragraphs (c), (d), (j), and  
 132.20 (k) do not cancel.

132.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

132.22 Sec. 11. Minnesota Statutes 2022, section 256.043, subdivision 3a, is amended to read:

132.23 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs  
 132.24 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order  
 132.25 specified.

132.26 (b) If the balance in the registration and license fee account is not sufficient to fully fund  
 132.27 the appropriations specified in subdivision 3, paragraphs (b) to ~~(f)~~ (i), an amount necessary to  
 132.28 meet any insufficiency shall be transferred from the settlement account to the registration  
 132.29 and license fee account to fully fund the required appropriations.

132.30 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal  
 132.31 years are appropriated to the commissioner of human services for the administration of  
 132.32 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal  
 132.33 year 2024 and subsequent fiscal years are appropriated to the commissioner of human  
 133.1 services to collect, collate, and report data submitted and to monitor compliance with  
 133.2 reporting and settlement expenditure requirements by grantees awarded grants under this  
 133.3 section and municipalities receiving direct payments from a statewide opioid settlement  
 133.4 agreement as defined in section 256.042, subdivision 6.

133.5 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount  
 133.6 equal to the calendar year allocation to Tribal social service agency initiative projects under  
 133.7 subdivision 3, paragraph ~~(g)~~ (j), is appropriated from the settlement account to the commissioner  
 133.8 of human services for distribution to Tribal social service agency initiative projects to  
 133.9 provide child protection services to children and families who are affected by addiction.

177.8 addiction. The requirements related to proportional distribution, annual reporting, and  
 177.9 maintenance of effort specified in subdivision 3, paragraph ~~(g)~~ (j), also apply to the  
 177.10 appropriations made under this paragraph.

177.11 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount  
 177.12 in the account is appropriated to the commissioner of human services to award grants as  
 177.13 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
 177.14 256.042.

177.15 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and  
 177.16 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph  
 177.17 (e) may be distributed on a calendar year basis.

177.18 (g) Notwithstanding section 16A.28, funds appropriated in paragraphs (d) and (e) are  
 177.19 available for three years.

177.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.  
 177.21 Sec. 12. **[256L.052] OPIATE ANTAGONISTS.**

177.22 (a) Site-based or group housing support settings must maintain a supply of opiate  
 177.23 antagonists as defined in section 604A.04, subdivision 1, at each housing site to be  
 177.24 administered in compliance with section 151.37, subdivision 12.

177.25 (b) Each site must have at least two doses of naloxone on site.

177.26 (c) Staff on site must have training on how and when to administer opiate antagonists.

177.27 Sec. 13. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter  
 177.28 115, article 3, section 35, and Laws 2022, chapter 53, section 12, is amended to read:  
 177.29 Section 1. **APPROPRIATIONS.**

177.30 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated  
 177.31 from the general fund to the Board of Pharmacy for onetime information technology and  
 178.1 operating costs for administration of licensing activities under Minnesota Statutes, section  
 178.2 151.066. This is a onetime appropriation.

178.3 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020  
 178.4 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from  
 178.5 the opiate epidemic response fund to the commissioner of human services for the provision  
 178.6 of administrative services to the Opiate Epidemic Response Advisory Council and for the  
 178.7 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic  
 178.8 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal  
 178.9 year 2023, ~~\$60,000 in fiscal year 2024~~, and \$0 in fiscal year ~~2025~~ 2024.

178.10 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated  
 178.11 from the general fund to the Board of Pharmacy for the collection of the registration fees  
 178.12 under section 151.066.

133.10 The requirements related to proportional distribution, annual reporting, and maintenance  
 133.11 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made  
 133.12 under this paragraph.

133.13 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount  
 133.14 in the account is appropriated to the commissioner of human services to award grants as  
 133.15 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
 133.16 256.042.

133.17 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and  
 133.18 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph  
 133.19 (e) may be distributed on a calendar year basis.

133.20 (g) Notwithstanding section 16A.28, funds appropriated in paragraphs (d) and (e) do  
 133.21 not cancel.

133.22 **EFFECTIVE DATE.** This section is effective the day following final enactment.  
 133.23 Sec. 12. **[256L.052] OPIATE ANTAGONISTS.**

133.24 (a) Site-based or group housing support settings must maintain a supply of opiate  
 133.25 antagonists as defined in section 604A.04, subdivision 1, at each housing site to be  
 133.26 administered in compliance with section 151.37, subdivision 12.

133.27 (b) Each site must have at least two doses of an opiate antagonist on site.

133.28 (c) Staff on site must have training on how and when to administer opiate antagonists.

134.1 Sec. 13. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter  
 134.2 115, article 3, section 35, and Laws 2022, chapter 53, section 12, is amended to read:  
 134.3 Section 1. **APPROPRIATIONS.**

134.4 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated  
 134.5 from the general fund to the Board of Pharmacy for onetime information technology and  
 134.6 operating costs for administration of licensing activities under Minnesota Statutes, section  
 134.7 151.066. This is a onetime appropriation.

134.8 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020  
 134.9 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from  
 134.10 the opiate epidemic response fund to the commissioner of human services for the provision  
 134.11 of administrative services to the Opiate Epidemic Response Advisory Council and for the  
 134.12 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic  
 134.13 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal  
 134.14 year 2023, ~~\$60,000 in fiscal year 2024~~, and \$0 in fiscal year ~~2025~~.

134.15 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated  
 134.16 from the general fund to the Board of Pharmacy for the collection of the registration fees  
 134.17 under section 151.066.

178.13 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year  
178.14 2020 is appropriated from the general fund to the commissioner of public safety for the  
178.15 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab  
178.16 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug  
178.17 trafficking.

178.18 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in  
178.19 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is  
178.20 appropriated from the opiate epidemic response fund to the commissioner of management  
178.21 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision  
178.22 1, paragraph (c).

178.23 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal  
178.24 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is  
178.25 appropriated from the opiate epidemic response fund to the commissioner of human services  
178.26 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the  
178.27 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the  
178.28 opioid-focused Project ECHO program. The opiate epidemic response fund base for this  
178.29 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, ~~\$400,000 in~~  
178.30 ~~fiscal year 2024,~~ and \$0 in fiscal year ~~2025~~ 2024.

178.31 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000  
178.32 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021  
178.33 is appropriated from the opiate epidemic response fund to the commissioner of human  
178.34 services for a grant to a nonprofit organization that has provided overdose prevention  
179.1 programs to the public in at least 60 counties within the state, for at least three years, has  
179.2 received federal funding before January 1, 2019, and is dedicated to addressing the opioid  
179.3 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,  
179.4 education, and overdose antagonist distribution. ~~The opiate epidemic response fund base~~  
179.5 ~~for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000~~  
179.6 ~~in fiscal year 2024,~~ and \$0 in fiscal year ~~2025~~ 2024.

179.7 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year  
179.8 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated  
179.9 from the opiate epidemic response fund to the commissioner of human services to award  
179.10 grants to Tribal nations and five urban Indian communities for traditional healing practices  
179.11 to American Indians and to increase the capacity of culturally specific providers in the  
179.12 behavioral health workforce. ~~The opiate epidemic response fund base for this appropriation~~  
179.13 ~~is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year~~  
179.14 ~~2024,~~ and \$0 in fiscal year ~~2025~~ 2024.

179.15 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is  
179.16 appropriated from the state government special revenue fund to the Board of Dentistry to  
179.17 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
179.18 subdivision 6.

134.18 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year  
134.19 2020 is appropriated from the general fund to the commissioner of public safety for the  
134.20 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab  
134.21 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug  
134.22 trafficking.

134.23 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in  
134.24 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is  
134.25 appropriated from the opiate epidemic response fund to the commissioner of management  
134.26 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision  
134.27 1, paragraph (c).

134.28 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal  
134.29 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is  
134.30 appropriated from the opiate epidemic response fund to the commissioner of human services  
134.31 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the  
134.32 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the  
134.33 opioid-focused Project ECHO program. The opiate epidemic response fund base for this  
135.1 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, ~~\$400,000 in~~  
135.2 ~~fiscal year 2024,~~ and \$0 in fiscal year ~~2025~~.

135.3 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000  
135.4 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021  
135.5 is appropriated from the opiate epidemic response fund to the commissioner of human  
135.6 services for a grant to a nonprofit organization that has provided overdose prevention  
135.7 programs to the public in at least 60 counties within the state, for at least three years, has  
135.8 received federal funding before January 1, 2019, and is dedicated to addressing the opioid  
135.9 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,  
135.10 education, and overdose antagonist distribution. ~~The opiate epidemic response fund base~~  
135.11 ~~for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000~~  
135.12 ~~in fiscal year 2024,~~ and \$0 in fiscal year ~~2025~~.

135.13 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year  
135.14 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated  
135.15 from the opiate epidemic response fund to the commissioner of human services to award  
135.16 grants to Tribal nations and five urban Indian communities for traditional healing practices  
135.17 to American Indians and to increase the capacity of culturally specific providers in the  
135.18 behavioral health workforce. ~~The opiate epidemic response fund base for this appropriation~~  
135.19 ~~is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year~~  
135.20 ~~2024,~~ and \$0 in fiscal year ~~2025~~.

135.21 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is  
135.22 appropriated from the state government special revenue fund to the Board of Dentistry to  
135.23 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
135.24 subdivision 6.

179.19 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is  
 179.20 appropriated from the state government special revenue fund to the Board of Medical Practice  
 179.21 to implement the continuing education requirements under Minnesota Statutes, section  
 179.22 214.12, subdivision 6.

179.23 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated  
 179.24 from the state government special revenue fund to the Board of Nursing to implement the  
 179.25 continuing education requirements under Minnesota Statutes, section 214.12, subdivision  
 179.26 6.

179.27 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is  
 179.28 appropriated from the state government special revenue fund to the Board of Optometry to  
 179.29 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
 179.30 subdivision 6.

179.31 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020  
 179.32 is appropriated from the state government special revenue fund to the Board of Podiatric  
 179.33 Medicine to implement the continuing education requirements under Minnesota Statutes,  
 179.34 section 214.12, subdivision 6.

180.1 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000  
 180.2 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to  
 180.3 provide funding for:

180.4 (1) statewide mapping and assessment of community-based nonnarcotic pain management  
 180.5 and wellness resources; and

180.6 (2) up to five demonstration projects in different geographic areas of the state to provide  
 180.7 community-based nonnarcotic pain management and wellness resources to patients and  
 180.8 consumers.

180.9 The demonstration projects must include an evaluation component and scalability analysis.  
 180.10 The commissioner shall award the grant for the statewide mapping and assessment, and the  
 180.11 demonstration project grants, through a competitive request for proposal process. Grants  
 180.12 for statewide mapping and assessment and demonstration projects may be awarded  
 180.13 simultaneously. In awarding demonstration project grants, the commissioner shall give  
 180.14 preference to proposals that incorporate innovative community partnerships, are informed  
 180.15 and led by people in the community where the project is taking place, and are culturally  
 180.16 relevant and delivered by culturally competent providers. This is a onetime appropriation.

180.17 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated  
 180.18 from the general fund to the commissioner of health for the administration of the grants  
 180.19 awarded in paragraph (n).

180.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

135.25 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is  
 135.26 appropriated from the state government special revenue fund to the Board of Medical Practice  
 135.27 to implement the continuing education requirements under Minnesota Statutes, section  
 135.28 214.12, subdivision 6.

135.29 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated  
 135.30 from the state government special revenue fund to the Board of Nursing to implement the  
 135.31 continuing education requirements under Minnesota Statutes, section 214.12, subdivision  
 135.32 6.

135.33 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is  
 135.34 appropriated from the state government special revenue fund to the Board of Optometry to  
 136.1 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
 136.2 subdivision 6.

136.3 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020  
 136.4 is appropriated from the state government special revenue fund to the Board of Podiatric  
 136.5 Medicine to implement the continuing education requirements under Minnesota Statutes,  
 136.6 section 214.12, subdivision 6.

136.7 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000  
 136.8 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to  
 136.9 provide funding for:

136.10 (1) statewide mapping and assessment of community-based nonnarcotic pain management  
 136.11 and wellness resources; and

136.12 (2) up to five demonstration projects in different geographic areas of the state to provide  
 136.13 community-based nonnarcotic pain management and wellness resources to patients and  
 136.14 consumers.

136.15 The demonstration projects must include an evaluation component and scalability analysis.  
 136.16 The commissioner shall award the grant for the statewide mapping and assessment, and the  
 136.17 demonstration project grants, through a competitive request for proposal process. Grants  
 136.18 for statewide mapping and assessment and demonstration projects may be awarded  
 136.19 simultaneously. In awarding demonstration project grants, the commissioner shall give  
 136.20 preference to proposals that incorporate innovative community partnerships, are informed  
 136.21 and led by people in the community where the project is taking place, and are culturally  
 136.22 relevant and delivered by culturally competent providers. This is a onetime appropriation.

136.23 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated  
 136.24 from the general fund to the commissioner of health for the administration of the grants  
 136.25 awarded in paragraph (n).

136.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

- 137.22 Sec. 16. **REPEALER.**
- 137.23 Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.
- 137.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.