Task Force on Holistic and Effective Responses to Illicit Drug Use: Revised

Legislative Report

02/15/2025 *[updated August 2025]*

Task Force on Holistic and Effective Responses to Illicit Drug Use

Minnesota Management and Budget (Task Force Administrator)
Office of Addiction and Recovery
658 Cedar Street,
St. Paul, MN 55155

To facilitate contact with task force members:
officeofaddictionandrecovery.mmb@state.mn.us
https://mn.gov/mmb/oar/

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Introduction

The Minnesota Legislature established the Task Force on Holistic and Effective Responses to Illicit Drug Use (hereafter "the Task Force") through Laws of Minnesota 2024, chapter 123, article 5, section 17[1]. The Task Force was charged with reviewing research reports on approaches to address illicit drug use in Minnesota; considering feedback from the public, including but not limited to feedback from individuals with lived experience involving the use of illicit drugs and family members of people with that lived experience; developing implementation timelines for policy changes; and providing policy and funding recommendations to the legislature. The Task Force was specifically directed to review reports prepared by Rise Research in accordance with Laws 2023, Chapter 52, article 2, section 3, subdivision 8, paragraph (v)[2] and submit findings and recommendations to the legislature by February 15, 2025. This updated Task Force report builds on the February 15 version, reflecting additional Task Force work that took place from February through June 2025. Rise Research produced an initial report, Drug Policy State of the Evidence, in 2024[3] and shared recommendations with the Task Force that came forward in the second report, Evidence-based Approaches to Drug Policy: A Roadmap for Minnesota.[4]

While the original legislative concept envisioned a two-year period for the Task Force's work, the timeline was compressed when the authorizing legislation passed in 2024. This resulted in approximately five months for the Task Force to complete its initial review of the Rise Research recommendations before the February 2025 legislative report deadline. The February Task Force report presents the Task Force's consideration and prioritization of recommendations based on the work completed within this abbreviated timeframe. This revised report reflects additional analysis and recommendations, as authorized by statute, to address aspects of the Task Force's charge that required more extensive examination.

The final report this Task Force produced is a product of the shared perspectives and experiences of its appointed members, and not of any one individual. The Office of Addiction and Recovery provided the administrative support for the Task Force.

Task Force enabling legislation

The Task Force on Holistic and Effective Responses to Illicit Drug Use was established through Laws of Minnesota 2024, HF5216 to review the reports on approaches to address illicit drug use in Minnesota prepared and

[1] Laws of Minnesota 2024, chapter 123, article 5, section 17. https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/123/

[2] Laws of Minnesota 2023, Chapter 52, article 2, section 3, subdivision 8, paragraph (v), accessed January 8, 2025. https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/52/.

[3] McHenry, A. E. & Siegler, A. "Drug Policy: State of the Evidence," Rise Research, LLC, February 2024, accessed January 8, 2025. https://www.house.mn.gov/comm/docs/WhVCIbMAokmkyoIOz32oUg.pdf.

[4] Siegler, A. & McHenry, A. E., "Evidence-based Approaches to Drug Policy: A Roadmap for Minnesota," Rise Research, LLC, February 2025, accessed June 27, 2025. https://www.lrl.mn.gov/docs/2025/mandated/250612.pdf.

submitted pursuant to Laws 2023, Chapter 52, article 2, section 3, subdivision 8, paragraph (v). Duties include making recommendations to implement and fund policies addressing illicit drug use, with the goal of reducing and, where possible, preventing harm to users of illicit drugs and promoting the health and safety of individuals and communities. See the full legislative language in Appendix A.

Task Force membership

In August 2024, appointing authorities designated members to the Task Force in accordance with statutory requirements (detailed in Appendix B). The membership reflected a full range of perspectives from their professional work with affected communities and lived experiences. To facilitate productive discussions and advance its statutory duties, the Task Force adopted the following guiding principles:

1. Evidence-based and practice-informed decision making: Prioritize recommendations backed by scientific evidence and research, and real-world experience.
2. Health equity: Ensure that proposed policies and interventions address disparities in treatment for people who use drugs (PWUD), and outcomes across different populations.
3. Interdisciplinary collaboration: Encourage cooperation between public health, healthcare, law enforcement, social services, and other relevant sectors.
4. Person-centered approach: Focus on the needs, experiences, and dignity of PWUD.
5. Destigmatization: Promote language, policies, and practices that reduce stigma associated with substance use disorders.
6. Harm reduction: Embrace strategies that minimize negative health, social, civil liberties, and legal impacts associated with drug use, addiction, and drug policies.
7. Innovation and flexibility: Be open to novel approaches and adaptable solutions as new evidence emerges.
8. Long-term perspective: Consider both immediate impacts and long-term consequences of recommendations.
9. Transparency: Maintain open communication about the Task Force's processes, deliberations, and decision-making rationale.

Letter from the Chairs

Ryan Kelly and Kurt Devine

Chairs, Task Force on Holistic and Effective Responses to Illicit Drug Use

Dear Legislators,

We are writing to submit the recommendations of the Task Force on Holistic and Effective Responses to Illicit Drug Use, as directed by the legislation passed in the 2024 session. As physicians, we both see firsthand the negative impacts criminalization and having a record have on our patients and their families. As Chairs, we have had the privilege of leading a group of dedicated professionals, experts, and individuals with lived experience who have worked tirelessly to identify solutions to the complex issue of illicit drug use in Minnesota. The expertise of the group included medical professionals, lawyers, law enforcement, and members of the community.

The Task Force mandate was clear: to review the findings and recommendations in the 2024 and 2025 Rise Research reports, and to provide evidence-based, holistic approaches to the problem of illicit drug use. The Task Force's work was guided by the goal of improving the health and safety of both people who use drugs and the communities where they live.

While the formal recommendations and votes are described on the following pages, in this letter we provide additional observations that consider the sum of our experience as Chairs.

Key Findings and Reflections:

Reforms to low-level drug possession

There was general support among the group for a shift in how state law responds to low-level drug possession. At the same time, the term "decriminalization" seemed to undermine broader support for aligned policy responses. We encourage legislators to consider downgrading penalties for possession with care and neutral language. Reforms should allow for differentiation between people who use drugs and high-level dealers, with the ultimate goals of improving public safety while decreasing the harms that come with justice system involvement.

Justice by geography

The group voiced concerns about how law enforcement and the criminal justice system responds differently to drug crimes in different parts of the state, leading to inequitable "justice by geography." For instance, while Hennepin County's prosecutor has decided not to pursue 5th-degree possession charges, individuals in rural counties continue to face prosecution. This discrepancy underscores the need for statewide reform to ensure that Minnesota's approach to drug use is equitable across all regions of the state.

Ensuring a continuum of healthcare and social supports for people who use drugs

Too many Minnesotans still lack access to harm reduction services, medications for opioid use disorder, and supportive housing that are essential to recovery. The Task Force report includes the 20 most important recommendations to address these gaps.

Concerns about Prosecutorial Tools

There was concern among Task Force members with law enforcement and prosecution experience that some recommendations in the Drug Policing section could make it more difficult to distinguish a person using drugs for personal use or social use and sharing, from people selling drugs for profit beyond subsistence. The group's consensus was that while we should be focused on helping individuals with substance use disorder, we must also ensure that law enforcement has the necessary tools to address higher-level drug trafficking.

Improving Public Perception of Law Enforcement

The Task Force recognizes that public trust in law enforcement is an essential component of effective community safety, and lawmakers should continue to involve law enforcement in conversations about changes that affect their role in protecting public safety. Task Force recommendations emphasize the importance of supporting law enforcement's efforts to develop and maintain positive relationships with people who use drugs (PWUD), and other communities they serve. This could include re-assigning tasks currently held by law enforcement. For example, alternative responders could handle non-criminal drug-related calls, allowing officers to focus on more pressing public safety concerns. Improving public safety goes hand in hand with improving public health.

Balancing the Risk of Normalizing Drug Use

Several members raised concerns that reform efforts might inadvertently normalize illegal drug use, particularly among youth. We must be mindful of the message we send to the public while still addressing the realities of substance use disorder. Striking a balance between supporting people with medical conditions and not encouraging or enabling illegal drug use is essential.

The Task Force's work was not without challenges. Our group contained disparate perspectives on topics as broad as health insurance, overdose, child welfare reforms, and drug policing, and we had less than a year to finish our work.

At the same time, we agreed on many foundational issues, particularly the need for a comprehensive, equitable, and compassionate approach to drug policy that blends public safety, healthcare, and everything in between. We also recognize that careful attention is needed in the implementation of Task Force recommendations to avoid unintended negative consequences.

Task Force recommendations represent a holistic approach to the issue of illicit drug use, emphasizing healthcare, harm reduction, social supports, and law enforcement collaboration. We urge the legislature to consider these recommendations thoughtfully, with a commitment to both maximizing public safety and promoting the health and well-being of all Minnesotans.

Thank you for your attention to this important issue. We are available to discuss these recommendations further and look forward to working with you in the months ahead.

Sincerely,

Dr. Ryan Kelly and Dr. Kurt Devine

Chairs, Task Force on Holistic and Effective Responses to Illicit Drug Use

Task Force meetings and methodology

The Task Force convened monthly from September 2024 through June 2025 in accordance with Minnesota Open Meeting Law (MN statute Ch. 13D)[5]. The schedule and general overview of work cadence is outlined in Appendix C.

At its inaugural meeting on September 25, 2024, the Task Force elected co-chairs Dr. Kurt DeVine and Dr. Ryan Kelly and established the timeline for developing its report. Dr. Anne Seigler and Ari Edelman-McHenry, authors of Drug Policy State of the Evidence, presented the key findings from their initial report and touched on the four primary domains in the 2024 report: healthcare, social determinants of health, harm reduction, and drug policing. The Task Force then discussed topics including:

- Improving access to medications for opioid use disorder (MOUD) and harm reduction services
- Addressing Medicaid payment barriers, including prior authorization requirements
- Focusing on youth-specific interventions and policies
- Examining warrant policies that may discourage people from seeking help
- Considering alternatives to police response for overdose calls
- Looking at implementation challenges in both urban and rural areas

Following the meeting, members received Rise Research's recommendations from the healthcare and social determinants of health domains for review. Members then completed a survey indicating their readiness to vote on each recommendation based on sufficient understanding of the proposals.

The Task Force's second meeting, on October 9, 2024, focused on establishing operational procedures and reviewing initial recommendations.

Members discussed recommendations they had reviewed prior to the meeting focusing on:

- Expanding access to MOUD
- Improving harm reduction services
- Addressing social determinants of health, like housing and employment
- Reforming drug policies and policing practices

Additional points of discussion included:

- Pharmacy requirements for stocking buprenorphine
- Pharmacist collaboration in treatment
- Civil commitment impacts
- Evidence-based approaches and measurements

[5] Laws of Minnesota 2024, Chapter 13D. "Open meeting law," accessed January 8, 2025. https://www.revisor.mn.gov/statutes/cite/13d.

The Task Force utilized Mural, a digital collaboration platform, to document member questions and comments on specific recommendations. Through this discussion, some recommendations achieved consensus for readiness to vote, while others were identified as requiring additional discussion. Given the short turnaround time for this work, members also discussed how to improve their process, including having more time to review materials, a prioritization framework for the recommendations based on the guiding principles of the Task Force and guidance from the co-chairs, and considerations for practical implementation challenges.

Following the meeting, a survey was sent to members to vote on the recommendations that were at 100% "ready to vote" for inclusion in the February 2025 legislative report. The vote included approximately half of the recommendations from the first two domains — healthcare and social determinants of health.

In the third meeting, on November 13, 2024, co-chairs Dr. Ryan Kelly and Dr. Kurt DeVine acknowledged the challenges in evaluating the recommendations and suggested a framework for evaluating recommendations focused on three key principles: helping people meet substance use goals, recognizing addiction as a disease requiring comparable medical access to other conditions, and reducing stigma through understanding addiction's genetic and biological foundations. The Task Force reviewed voting results using Mural, focusing discussion on several key areas:

Healthcare Access:

- Geographic disparities in medication availability, particularly in rural areas
- Consistent access to FDA-approved medications
- Insurance coverage barriers
- Methadone administration considerations

Youth Services:

- Defining "youth" in policy context
- School district substance use approaches
- Peer support program roles
- Age-related treatment decision-making

Implementation Considerations:

- Funding mechanisms and resource allocation
- Rural/urban service disparities
- Language access requirements
- Cultural competency standards

Of the 51 recommendations voted on, 18 received unanimous approval. Through discussion, several recommendations initially below the 75% supermajority threshold gained sufficient support for approval. Recommendations requiring clarification or scope adjustment were identified for review at the December meeting, where members would also consider recommendations in three additional domains: harm reduction, data collection, and cross-cutting policy areas.

Following the November meeting, a new voting survey was distributed asking Task Force members whether each remaining recommendation in the healthcare and social determinants of health domains should be included in the legislative report. Prior to the survey, several recommendations underwent language refinement based on October and November meeting discussions, with revisions approved by the co-chairs. The co-chairs also made strategic decisions to defer certain complex recommendations that required more extensive evaluation than the timeline allowed.

Task Force members then received Rise Research's recommendations from three additional domains – harm reduction, data collection, and cross-cutting policy areas – to review before the December meeting. As with previous rounds, members were asked to evaluate whether they had sufficient information to vote on each recommendation.

In the fourth meeting, on December 11, 2024, the Task Force conducted comprehensive reviews of Rise Research's recommendations across all domains. The discussion began with final considerations of healthcare and social determinants of health recommendations before addressing harm reduction, data collection, and cross-cutting domains. Discussion focused on several key areas:

Healthcare and Social Determinants:

- School responses to student drug possession
- Naloxone access and distribution
- Integration of services into healthcare teams
- Sustainable funding mechanisms
- Community organization funding
- Youth treatment approaches
- Peer recovery specialist programs, including certification requirements and workplace support
- Consolidation of jail based MOUD and withdrawal management recommendations

Harm Reduction:

- Statewide naloxone access and funding cycles
- DOC facility protocols for naloxone and buprenorphine distribution
- Agency-level versus individual officer naloxone requirements

Cross-Cutting:

- Safe supply programs, including evidence from Canadian models
- Exploration of regulated opioid options
- Treatment access expansion
- Youth treatment approaches, including revised language from "sobriety" to "abstinence"
- Integration of harm reduction principles in youth services

School Policy: The Task Force revised recommendations regarding drug response policies in schools, removing language prohibiting law enforcement involvement while maintaining support for model school response policies that prioritize treatment over criminalization.

The Task Force did not have sufficient time to discuss the data collection recommendations. They agreed that these recommendations should be included in the next voting survey.

After the December meeting, Task Force members completed two final rounds of voting. The first round addressed recommendations in the harm reduction, data collection, and cross-cutting domains, along with one revised recommendation from social determinants of health. Recommendations requiring extensive discussion were deferred for consideration after the legislative report deadline.

The second round of voting focused on newly combined and substantially revised recommendations. Following these votes, the Task Force compiled all recommendations that achieved the 75% supermajority threshold for inclusion in the legislative report. In total, 115 recommendations were approved for submission to the legislature.

The January 8, 2025, meeting focused on prioritizing the Rise Research recommendations for legislative consideration. The Task Force implemented a structured voting process to identify top-priority recommendations from the 115 approved items. Each member received 29 votes (representing 25% of total recommendations) and could allocate up to two votes per recommendation. Using the Mural platform, members indicated their priorities through personalized virtual markers.

The prioritization process proceeded in multiple rounds:

- Initial voting identified eleven recommendations reaching the 75% supermajority threshold
- A second round focused on fifteen recommendations that had received 50-74% support, resulting in three additional items achieving supermajority
- Subsequent rounds further refined the priority list

During discussion, the Task Force:

- Combined two overlapping recommendations regarding Opioid Treatment Programs
- Added a new recommendation incorporating findings from the Task Force on Pregnancy Health and Substance Use Disorders (TFPSUD)
- Aligned related recommendations with TFPSUD findings to avoid duplication

After the January 8 meeting, the report underwent standard review and was submitted to the legislature as required by statute. The Task Force then continued its work.

In the February meeting, Rise Research presented on drug policing recommendations, with Task Force members invited to ask questions as they arose. The presentation included a review of where drug policing fit within the context of the Rise Research work, the methods used to formulate the recommendations, and the recommendations themselves. Task Force members were then given time for reflection on the presentation and invited to place comments in the Mural, followed by a discussion. Members expressed interest in hearing from speakers who could share relevant experiences related to drug policing.

Following the February meeting, a poll was distributed, asking members to indicate which of the drug policing recommendations they believed the Task Force may, with discussion and modifications, reach consensus on. The poll was designed to facilitate Task Force discussion and was not a vote or decision point. Eight members responded to the poll.

Prior to the March meeting, Rise Research released their 2025 report to legislators, "Evidence-based Approaches to Drug Policy: A Roadmap for Minnesota," which was shared with Task Force members.

In the March meeting, Rise Research presented on their 2025 report. A discussion also took place regarding points of difference between the two reports (the Rise Research report and the February 2025 Task Force report). In addition, a Task Force member presented on his overdose prevention work with law enforcement, results of the consensus poll were shared, and several drug policing recommendations were discussed.

The April meeting included four presentations; each one was followed by discussion with Task Force members. The first presenter was a Ramsey County law enforcement officer who shared his experiences with drug policing. The second presenter was a St. Paul law enforcement officer who shared his experiences with drug policing. The third presenter was a Portland, Oregon law enforcement officer who shared his experiences with drug policing before and after the implementation of Measure 110. The final presentation was by Rise Research, walking through some of the empirical evidence that contributed to the recommendations they developed. The meeting ended with a plan for further discussion on the presentations during the May meeting.

Following the April meeting, Task Force members were asked to complete a poll indicating how they would respond on each recommendation if they were asked to vote at that time. Thirteen members responded, and the results were used to prioritize the order in which the drug policing recommendations would be discussed, beginning with those that appeared most likely to reach full consensus. Prior to the May meeting, Task Force members received a copy of the recommendations in discussion order, with the poll results.

The May meeting began with a discussion stemming from questions about potential conflicts of interest and the involvement of lobbyists and advocacy organizations in Task Force planning and how recommendations made their way to the Legislature. During the discussion, Task Force members acknowledged that each member brought perspectives tied to their professional work and interests, with several maintaining relationships with advocacy organizations. Members viewed these connections as evidence of their commitment to the work rather than problematic conflicts. Following the discussion, the Task Force continued discussion about the April presentations, followed by discussion of the recommendations. The Task Force had time to review 13 of the 21 drug policing recommendations, revising one and identifying another to revise before the June meeting, before the May speaker joined. The May speaker shared his experiences both as a law enforcement officer and a researcher in public health, public safety, and drug policy reforms, followed by questions and discussion.

Following the May meeting, multiple members advised administrative staff that they would miss all or part of the June meeting, while still wishing to remain as involved as possible. Prior to the June meeting, all Task Force members were provided with a copy of the recommendations, including revisions. Members were invited to use the document to prepare for voting or, if they would miss the June meeting, to submit their votes to administrative staff, who would cast the votes on behalf of those members. Members were advised that no recommendations would be revised during the June meeting, to ensure that absent members and attending members would all be voting on the same version of each recommendation.

During the June meeting, recommendations not covered during the May meeting were discussed, followed by voting on all the drug policing recommendations. Voting was completed on Mural. Each recommendation had a space for "Yes (this recommendation should be included in the amended legislative report" and "No." Each member had a personalized virtual marker to cast their vote for each recommendation. Administrative staff used the personalized markers of absent members to cast those members' votes, and to cast the votes of one member who had technical difficulty and was unable to access the Mural. Once all votes had been cast, the facilitator shared their screen showing the votes cast and for each recommendation, asked members to indicate if any changes were needed. Hearing no requests for changes, the votes for each recommendation were locked in place on the Mural. The final step was to mark each recommendation "Passed" or "Failed" based on whether the designated threshold (strong supermajority of 75%) was reached. Following the voting, members discussed how the February 2025 Task Force report would be revised to reflect the drug policing recommendations. Members suggested that common themes emerging from their discussions should be included to provide context and identified some themes. The June meeting concluded with chairs and members expressing gratitude for the opportunity to learn from one another collaboratively and respectfully.

After the June meeting, the co-chairs drafted a letter to the legislature for inclusion in the revised report. The letter provides additional observations that consider the sum of their experience as chairs and themes that arose during final discussions among Task Force members. The report underwent standard review and formatting revisions and was submitted to the legislature. The Task Force expired on June 30, 2025.

Recommendations by Domain

Reviewed September 2024 – January 2025

Between September and January, the Task Force reviewed 138 recommendations from Rise Research across the domains of healthcare, social determinates of health, harm reduction, data collection, and cross-cutting policy areas applying a strong supermajority threshold (>75%) for approval. The abbreviated timeline precluded direct community engagement sessions to inform the prioritization of recommendations, although Task Force members brought valuable perspectives from their professional work with affected communities, including healthcare providers, first responders, legal representatives, and those with lived experience. In bringing together this group of experts, the Task Force refined some recommendation language brought forward from Rise Research to better reflect the Task Force's expertise. Through this process, 115 recommendations were approved for inclusion in the February 2025 legislative report. These recommendations are provided in Appendix D. The Task Force then conducted a structured prioritization process, identifying 20 recommendations as highest priority for attention during the 2025 legislative session These prioritized recommendations are presented at a high level below, numbered according to the full versions in Appendix D.

Twenty-one recommendations were not approved for various reasons, including insufficient votes, inadequate time for thorough discussion, or complexity requiring additional research; these are listed in Appendix E. Background and additional information for recommendations can be found in the initial Rise Research Drug Policy State of the Evidence report and the subsequent Rise Research Evidence-based Approaches to Drug Policy report.

Healthcare

Table 1: Healthcare recommendations prioritized

Task Force Report Reference #	Recommendation
1	Require in statute, and fund, access to FDA-approved medications for opioid use disorder (MOUD) that are locally available, ensuring at least methadone or buprenorphine is offered in all state and local correctional facilities. In addition: • Require "comfort medications" to be available during induction of MOUD (Clonidine, Zofran, hydroxyzine, for example). • Require best-practice, timely withdrawal protocols for management of other substances (alcohol, benzodiazepines, methamphetamines, etc.) in state and local correctional settings. • Increase the number of facilities equipped to handle withdrawal outside of correctional settings and ensure transportation to these facilities is seamless. • Enhance data collection to understand nuances of access to MOUD in corrections facilities, including access to agonist treatments, access for all groups in addition to pregnant people, and outside of withdrawal support only. • Consider the Legislative Analysis and Public Policy Association (LAPPA) model[6] as a good start for legislation, with addenda offered by the Task Force outlined in Appendix D.
2	Require providers that offer addiction treatment to provide directly, or facilitate access to, evidence-based treatment, including all FDA-approved forms of medications for substance use disorder, within a transitional time period.
3	Create protections for pregnant and postpartum people with substance use disorders by implementing the findings of the Task Force on Pregnancy Health and Substance Use Disorder and by passing a "Model Substance Use During Pregnancy and Family Care Plans Act"[7].

[6] The Legislative Analysis and Public Policy Association (LAPPA). "Withdrawal Management in Correctional Settings," accessed December 31, 2024. https://legislativeanalysis.org/knowledge-lab-state-maps/withdrawal-management-in-correctional-settings/

[7] The Legislative Analysis and Public Policy Association (LAPPA). "Model substance use during pregnancy and family care plans act," accessed January 8, 2025. https://legislativeanalysis.org/wp-content/uploads/2023/03/Model-Substance-Use-During-Pregnancy-and-Family-Care-Plans-Act.pdf.

Task Force Report Reference #	Recommendation
4	Enact a law requiring pharmacies to maintain stocks of buprenorphine. • Also address issues at the wholesaler/distributor level, as pharmacies are often unable to get sufficient quantities of buprenorphine even when they want to. • See the linked memo from New Mexico's Overdose Prevention and Pain Management's Advisory Council urging the Governor to issue an Executive Order that would attempt to address this issue (https://www.nmhealth.org/publication/view/meeting/8939/)[8].
5	Expand access to methadone through Opioid Treatment Programs: • Study and make recommendations regarding how flexibilities in Minn. Stat. § 245G.07, Subd. 4[9] governing Opioid Treatment Programs' "location of service provision" are, or are not, being leveraged to expand access to medications for substance use disorder. • Create legislation that goes above and beyond federal opioid treatment program (OTP) standards when doing so benefits OTP patients.
6	Create statewide protocols to establish and fund programs for paramedics to initiate buprenorphine treatment for patients who are at high risk for overdose death.
7	Require public and private health insurers to cover all formulations of naloxone, naltrexone, and buprenorphine without prior authorization, including prescription-only and over-the-counter formulations for the treatment of OUD.
8	Expand access to treatment and recovery services for youth, especially services that are not religious.
9	Expand high quality peer support services by addressing professionalization, equitable compensation, and reimbursement issues.

[8] New Mexico Department of Health, 2024. "OPPM Buprenorphine Access Recommendation," accessed January 8, 2025. https://www.nmhealth.org/publication/view/meeting/8939/.

[9] Laws of Minnesota 2024, Chapter 245G, section 245G.07, subdivision 4. "Treatment service: location of service provision," accessed January 8, 2025. https://www.revisor.mn.gov/statutes/cite/245G.07.

Task Force Report Reference #	Recommendation
10	Direct the Department of Corrections to commission a study to determine changes needed to expand access to all forms of MOUD available to people of all ages for whom it is medically appropriate, including pregnant people, on community supervision.

Social determinants of health

Table 2: Social determinants of health recommendations prioritized

Task Force Report Reference #	Recommendation
38	Create state policies that enable pregnant and postpartum people to seek supportive, non-punitive treatment and address the needs of families, including in family care plans, by passing a "Model Substance Use During Pregnancy and Family Care Plans Act." Policies should: • Ensure state laws clearly distinguish between a “notification” and a “report” when there is a substance-exposed newborn or a pregnant or postpartum individual receiving MOUD • Establish separate and distinct pathways for notification and reporting. • Allow for de-identified reporting to child protection agencies in cases of babies born affected by substance use. • Support education and training opportunities for the perinatal workforce. • Publicize and encourage non-punitive clinical screening and treatment. • Develop family care plans using a public health approach. • Collect and publish data to evaluate and improve the efficacy of family care plans.
39	Allocate funding to co-located treatment, where families can remain together.
40	Ask state agencies to assess schools' drug education programs and drug counseling services for their adherence to evidence base.
41	Enact and enforce legislation that prohibits the criminalization of homelessness and linked life-sustaining activities.

Harm reduction

Table 3: Harm reduction recommendations prioritized

Task Force Report Reference #	Recommendation
80	Revise "Steve's Law," Minnesota's Good Samaritan law[10]. The goal is to prevent deaths by increasing the number of people calling 911 after an overdose; protect against non-criminal consequences like evictions; broaden protections for anyone who renders aid (not just those who seek help or act in concert with someone seeking help); create funding to educate people who use drugs about the protections in Steve's Law to encourage calling 911; and create funding to educate law enforcement about Steve's Law to prevent them from arresting people who are assisting during an overdose.
81	Create exemptions from possession charges for people using drug checking services and staff operating drug checking services. Regulations should allow for programs to be stationary or mobile, depending on local and cultural needs. They should also protect the private information of people using the services.
82	Fund the build out of the state's naloxone portal and naloxone saturation plan, including expanding formulations available on the portal beyond nasal to include intramuscular; designate a sustainable funding source for supporting naloxone access across the state; mandate priority distribution to groups documented to be facilitating the most overdose reversals, like harm reduction organizations.
83	Create legislation supporting the existence of overdose prevention centers and establishing protections for people who use and operate them. Regulations should allow for multiple models that can meet the needs of different geographies, modes of drug use, and levels of medicalization.
84	Create funding for a statewide, self-governed body to coordinate all syringe services programs, measure effectiveness, reduce duplication of services, expand where necessary, and bring coordinated asks to the Minnesota Department of Health. For example, see the study from New York's Injection Drug Use Health Alliance.[11]

[10] Laws of Minnesota 2024, Chapter 604A, section 604A.01. "Good Samaritan law," accessed January 8, 2025. https://www.revisor.mn.gov/statutes/cite/604A.01.

[11] The Injection Drug Users Health Alliance (IDUHA) 2015. "IDUHA Harm Reduction in New York City: City Evaluation Study," accessed January 8, 2025. https://hepfree.nyc/wp-content/uploads/2016/09/IDUHA-Citywide-Study-Report-2015-3.pdf.

Cross-cutting

- No recommendations from this domain were prioritized.

Data collection

Table 4: Data collection recommendations prioritized

Task Force Report Reference #	Recommendation
107	Legislate a periodic strategic planning process and review of all statewide drug policies, including the impacts of drug policing policies, on public health, public safety, and social determinants of health. This should include attention to racial disparities in all outcomes of interest. The periodic review could be led by the Office of Addiction and Recovery.

Reviewed February 2025 – June 2025

Drug policing

Between February and June, the Task Force reviewed 21 recommendations from Rise Research in the domain of drug policing, applying the same threshold for approval. Through this process, 17 recommendations were approved for inclusion in this revised legislative report. Four recommendations were not approved; these are listed in Appendix E.

Table 5: Drug policing recommendations approved

Task Force Report Reference #	Recommendation
116	Mandate that localities implement 988/911 interoperability to enhance opportunities for alternative crisis response to behavioral health matters. Allocate funding for implementation, staff and technical assistance to localities. Acknowledge the complexity of implementation.
117	Expand access to alternative, non-law enforcement responses to substance use and behavioral health issues (for example, overdose, mental health crises, post-overdose response) by requiring localities to implement these programs using a phased approach. Alternatively, incentivize local jurisdictions to create new or expand existing crisis response programs by providing funding, evaluation support, and/or other technical assistance. Consider creating an advisory council to support state policy on this topic. For

Task Force Report Reference #	Recommendation
	post-overdose response programs specifically, ensure the integration of referrals to harm reduction programs and broader social support services, as opposed to treatment only.
118	In the context of decriminalization, consider policies and fund programs to discourage and reduce drug consumption in public areas that do not rely on criminalization or exacerbate disparities for people who are experiencing homelessness and who lack private spaces to use drugs. (See also recommended related to alternative crisis response.) For example, expand funding for programs like LEAD on Minneapolis' East Lake Street. Key components of the model: • Provides an alternative response to non-violent community safety issues, like shoplifting and drug use in bathrooms. • Provides intensive, long-term case management for as long as people want it • Does not require police contact. Referrals to the program can come from residents, small businesses, LEAD case managers, and self-referrals. • Does not impose sanctions and is not court-based. • Takes a harm reduction approach that doesn't require abstinence and does not establish treatment as a precondition for other supports. Also recall that public health and social services interventions like overdose prevention centers and housing can help to address public drug use.
119	Narrow the definition of "sell" in Minn. Stat. Sec. 152.01, Subd. 15a. and evaluate ways of narrowing the definition to exclude sharing of drugs without a profit motive.
120	Provide training and clear guidelines to law enforcement to operate under decriminalization.
121	Educate law enforcement on buprenorphine, how to identify it, and its effects. Educate patients on how to carry buprenorphine with documentation of prescription.
122	Fund education campaigns about decriminalization, to (1) reduce misinformation about what the policy change is and does, and (2) targeted at people who use drugs, to protect their civil liberties and support their decision-making around drug use. (One study of Oregon's experiment with decriminalization found that only 2 out of 10 people who use drugs knew fentanyl had been decriminalized.)
123	Close the "loopholes" associated with the legalization of drug paraphernalia to (1) remove penalties associated with residue on any surface (i.e. baggies), not just drug paraphernalia

Task Force Report Reference #	Recommendation
	as defined in statute and (2) clarify that people should not be charged with crime of possession of residual amounts of controlled substances when it is found in a syringe. (Prosecutors say that syringes are not paraphernalia because they were previously exempted from the definition of paraphernalia to expand access to sterile syringes, an aligned public health goal.)
124	Preempt the ability of local jurisdictions to circumvent state laws designed to increase access to safer use supplies and provide funding to educate law enforcement and people who use drugs about the law.
125	End universal drug testing as a standard condition and testing for all known substances for people on probation. The use of drug testing should be tailored to the individual and conducted only where it is materially relevant to the underlying offense/reason for supervision. Testing should be used only as a way to identify health needs, and to discuss treatment options, safety, and harm reduction measures like naloxone. Testing should not be responded to with punitive measures.
126	Create a statutory pathway to enable and fund evidence-based "off ramps" from the criminal-legal system at intercepts 0 (community) and 1 (law enforcement) of the Sequential Intercept Model. Minnesota already has such a program in place for intercepts 2 and 3 (initial detention and court hearings, jails and courts); statute 401.065 directs county attorneys to create pretrial diversion programs for adults. Washington's Recovery Navigator Program is one example of a state program for intercepts 0 and 1. Importantly, people must not be diverted to mandatory treatment.
127	Avoid using scheduling as a policy response to overdose. Scheduling to restrict the drug supply leads to harmful unintended consequences and gives rise to even more toxic and potent additives to the supply.
128	Pass legislation requiring that a parent's status as a caregiver be considered at the time of sentencing and when considering alternatives to incarceration. If a parent is incarcerated, they should be placed as close to their family as possible, and meaningful transportation options (such as state-funded ride programs) should be available to guarantee that children are able to regularly visit incarcerated parents.
129	Establish in statute periodic comprehensive reviews of the drug sentencing grids. During Phase 2 of the Sentencing Guidelines Comprehensive Review (see more under Guidance), direct the Commission to analyze how drug sentencing (as distinct from, and additive to,

Task Force Report Reference #	Recommendation
	disparities resulting from policing practices, charging, etc.) is driving racial and geographic disparities.
130	Revise 152.023, subdivision 2(a)(4) so that people travelling through sentencing enhancement zones (schools, public parks, public housing) may not be charged with third degree felonies unless they have more than a residual amount of the listed controlled substances.
131	Decriminalize sex work among consenting adults. Establish a task force to study and evaluate current laws and policies and adjust accordingly (i.e., include supports for individuals engaging in commercial sex work) and address any unintended impacts on sex trafficking laws in Minnesota, which should remain intact and separate from decriminalization among consenting adults.
132	Create a state-run certification to compel drug treatment courts to follow the standards maintained by the Minnesota Judicial Branch. Other states' certification programs determine courts' eligibility for funding.

Conclusion

The Task Force recognizes that the challenges related to illicit drug use are far from being solved. We encourage legislators to pursue these recommendations with care and consideration.

Appendix A - Legislation

The full language and description of the Task Force purpose and legislative duties are described in House bill H5216, starting on page 86 and provided below.

Subdivision 1. Establishment. The Task Force on Holistic and Effective Responses to Illicit Drug Use is established to review the reports on approaches to address illicit drug use in Minnesota prepared and submitted pursuant to Laws 2023, chapter 52, article 2, section 3, subdivision 8, paragraph (v); develop a phased timeline for implementation of policy changes; and make policy and funding recommendations to the legislature.

Subd. 2. Membership. (a) The Task Force consists of the following members:

(1) the state public defender or a designee;

(2) two county attorneys, one from a county in the metropolitan area as defined in Minnesota Statutes, section 473.121, subdivision 2, and one from a county outside the metropolitan area, appointed by the Minnesota County Attorneys Association;

(3) two peace officers, as defined in Minnesota Statutes, section 626.84, subdivision 1, paragraph (c), appointed by the Minnesota Sheriffs' Association;

(4) one peace officer, as defined in Minnesota Statutes, section 626.84, subdivision 1, paragraph (c), appointed by the Minnesota Police and Peace Officers Association;

(5) two medical professionals, one with expertise in substance use disorder treatment and one with experience working with harm reduction providers, appointed by the Minnesota Medical Association;

(6) one member appointed by the Minnesota Association of Criminal Defense Lawyers;

(7) one member representing a Tribal government, appointed by the Indian Affairs Council;

(8) one member with knowledge of expungement law, representing criminal legal reform organizations;

(9) one academic researcher specializing in drug use or drug policy;

(10) one member with lived experience with drug use;

(11) one member who resides in a community that has been disproportionately impacted by drug sentencing laws;

(12) one member representing an organization with knowledge of youth intervention services and the juvenile justice system; and

(13) one member, appointed by the Minnesota Association of County Social Service Administrators, with experience administering supportive social services, including mental health, substance use disorder, housing, and other related services.

(b) The members identified in paragraph (a), clauses (8) to (12), must be appointed by the governor.

(c) Appointments must be made no later than August 31, 2024.

(d) Members of the Task Force serve without compensation.

(e) Members of the Task Force serve at the pleasure of the appointing authority or until the Task Force expires. Vacancies shall be filled by the appointing authority consistent with the qualifications of the vacating member required by this subdivision.

Subd. 3. Duties. (a) The Task Force must:

(1) review and analyze the research and recommendations released in reports prepared by Rise Research pursuant to Laws 2023, chapter 52, article 2, section 3, subdivision 8, paragraph (v);

(2) collect, review, and analyze other relevant information and data;

(3) gather and consider input and feedback from the public, including but not limited to feedback from individuals with lived experience involving the use of illicit drugs and family members of persons with that lived experience; and

(4) make recommendations, including specific plans and timeline goals, to implement and fund policies addressing illicit drug use, with the goal of reducing and, where possible, preventing harm to users of illicit drugs and promoting the health and safety of individuals and communities.

(b) The Task Force may examine other issues relevant to the duties specified in this subdivision.

Subd. 4. Officers; meetings. (a) The director of the Office of Addiction and Recovery shall convene the first meeting of the Task Force by September 30, 2024.

(b) At the first meeting, the members of the Task Force shall elect a chair and vice-chair and may elect other officers as the members deem necessary.

(c) The Task Force shall meet monthly or as determined by the chair. The Task Force shall meet a sufficient amount of time to accomplish the tasks identified in this section. Meetings of the Task Force are subject to Minnesota Statutes, chapter 13D.

Subd. 5. Staff; meeting space. The Office of Addiction and Recovery shall provide support staff, office and meeting space, and administrative services for the Task Force.

Subd. 6. Report. The Task Force must submit a report to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over public safety, health, and human services on the work, findings, and recommendations of the Task Force. The recommendations of the Task Force must include proposed legislation and implementation plans. The Task Force must submit the report by February 15, 2025. The Task Force may submit additional information to the legislature.

Subd. 7. Expiration. The Task Force expires on June 30, 2025.

Appendix B - Task Force membership

Table 6: Appointed members of the Task Force on Holistic and Effective Responses to Illicit Drug Use

Appointing Authority	Appointed Member
State Public Defender	Bill Ward
Minnesota County Attorneys Association	Jillian Dease
Minnesota County Attorneys Association	Donald E. Lannoye
Minnesota Sheriff's Association	Phil Baebenroth
Minnesota Police and Peace Officers Association	Shane Myre
Minnesota Medical Association	Dr. Kurt DeVine (Co-chair)
Minnesota Medical Association	Dr. Ryan Kelly (Co-chair)
Minnesota Association of Criminal Defense Lawyers	Barry Edwards
Minnesota Indian Affairs Council - ED	Donovan Sather
Minnesota Association of County Social Service Administrators	Alex Kraak
Governor	Chris Bates
Governor	Dr. Bradly Ray
Governor	Person with lived experience (not appointed)
Governor	Dr. Dziwe Ntaba
Governor	Dr. Lauren Graber

Appendix C - Work cadence and meeting schedule

Table 7: Task Force meeting schedule and proposed activities

Month	Activities
September 2024	First meeting, elected co-chairs, discussed background and status of evidence on drug policies, timeline and topics for legislative report.
October 2024	Drafted charter with guiding principles, discussed recommendations from preliminary report on the state of the evidence, and how those will be reviewed for inclusion in the legislative report.
November 2024	Discussion and voting on recommendations and how to prioritize work given the short turnaround time.
December 2024	Discussion and voting on recommendations and how to address additional recommendations not voted on before the report due date.
January 2025	Prioritization of recommendations for report to legislature.
February 2025	Presentation of drug policing recommendations.
March 2025	Presentations (2025 Rise Research report; overdose prevention work with law enforcement) and discussion of drug policing recommendations.
April 2025	Presentations (local law enforcement, Oregon law enforcement, empirical research used by Rise Research in formulating recommendations).
May 2025	Discussion of April presentations, discussion of drug policing recommendations, presentation on drug policy reforms in context of both public health and public safety.
June 2025	Discussion of and voting on drug policing recommendations, discussion of revisions for report to legislature.

Appendix D - Approved recommendation full list

Each recommendation is grouped by domain and includes the percentage of voting members who elected to approve it for inclusion in the legislative report. Please note, the numbering in the following tables is provided solely for ease of reference and is not intended to convey rank order. In addition, 132 approved recommendations are listed below rather than 134 because the Task Force combined four Rise Research recommendations into two final recommendations.

The recommendation numbering used during Task Force review and reflected in this report may not align with the 2025 Rise Research report. A numbering map between the reports is included in the tables below. The Task Force version of all recommendations is listed below; if the Rise Research version differs, it is not reflected here.

Healthcare

Table 8: All approved Healthcare recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
1	20 and 30	Require in statute, and fund, access to FDA-approved medications for opioid use disorder (MOUD) that are locally available, ensuring at least methadone or buprenorphine is offered, in all state and local correctional facilities. In addition; require "comfort medications" to be available during induction of MOUD Clonidine, Zofran, hydroxyzine, for example); require best-practice, timely withdrawal protocols for management of other substances (alcohol, benzodiazepines, methamphetamines, etc.) in state and local correctional settings; increase the number of facilities equipped to handle withdrawal outside of correctional settings and ensure transportation to these facilities is seamless; enhance data collection to understand nuances of access to MOUD in corrections facilities, including access to agonist treatments, access for all groups in addition to pregnant people only, and outside of withdrawal support only. Consider the Legislative Analysis and Public Policy Association (LAPPA) model as a good start for legislation, with addenda: 1) Explicitly permit a participant to resume medication even after a voluntary discontinuation or other interruption. (This is to counter the common scenario of people being forced onto Sublocade or Vivitrol where there is alleged diversion but also consider the importance of participants being able to switch medications should they desire and it's medically appropriate.) 2) Engagement with any service must be voluntary. There is a	80%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		protection as to counseling in the LAPPA model: "...shall not condition participation in such services as a requirement for receiving medication for addiction treatment" but this should be extended to any ancillary service, including, for example, engagement with peer support workers. This is something to be mindful of across the entire model: the reentry section calls for referrals and affirmative linkages to care "to supportive therapy as clinically indicated" but should add language along lines of "and as desired by the participant" 3) Supply of medications at reentry/release should be at least 30 days; longer if needed to bridge patients to their first appointment. (LAPPA model: "supply of any necessary medication to continue his or her treatment regimen") Reentry services should include connection to harm reduction and legal services 4) Reporting section should include the number of people whose medication is discontinued and the reason for the discontinuation. Public sharing of reporting is permitted/discretionary in the LAPPA model but should be required. 5) Certification/compliance: the LAPPA model refers only to extant programs certifying annually that they have met or exceeded the program requirements, but there is nothing about facilities that are standing up programs. There should be assurance of compliance from all facilities, whether or not they had an extant program (e.g., by submitting a certification, all SOPs and policy documents, as well as the required data reporting at least annually). There should also be stipulations about the consequences of non-compliance. The LAPPA model does not include a standalone section on participant safeguards, which we strongly recommend (there is only Section V(g) ("No person shall be dismissed from the medication for addiction treatment program on the basis of a positive drug screen. No person shall be removed from the medication for addiction treatment program due to administrative segregation or as a result of having committed any disciplinary infraction, including those not related to drug use") This does not address drug screens that are negative for prescribed medication; other punitive measures such as dosage reductions or medication switching; medication diversion; alleged or actual medication diversion should never result in medication discontinuation; due process protections - participants should receive a copy of all program policies and procedures, grievance procedures should be	

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		prominently displayed, etc. Chairperson Kelly suggests referencing page 10 and 11 of the Timely Withdrawal Management Act for additional information (LAPPA).	
2	12	Require providers that offer addiction treatment to provide directly, or facilitate access to, evidence-based treatment, including all FDA-approved forms of medications for substance use disorder, within a transitional time period.	92%
3	23	Create protections for pregnant and postpartum people with substance use disorders by implementing the findings of the Task Force on Pregnancy Health and Substance Use Disorder and by passing a Model Substance Use During Pregnancy and Family Care Plans Act.	100%
4	14	Enact a law requiring pharmacies to maintain stocks of buprenorphine. This is also an issue that must be addressed at the wholesaler/distributor level, as pharmacies are often unable to get sufficient quantities of buprenorphine even when they want to. See the memo from New Mexico's Overdose Prevention and Pain Management's Advisory Council, urging the Governor to issue an Executive Order that would attempt to address this issue.	100%
5	15 and 19	Expand access to methadone through Opioid Treatment Programs Study and make recommendations regarding how flexibilities in Minn. Stat. § 245G.07, Subd. 4 governing Opioid Treatment Programs' "location of service provision" are, or are not, being leveraged to expand access to medications for substance use disorder. In theory, units affiliated with a licensed OTP could be both mobile and non-mobile, for example in homeless shelters, jails and prisons, or rural counties. According to the Overview of Opioid Treatment Program Regulations by State, 11 states explicitly permit "medication units" affiliated with a licensed OTP, while Minnesota statute has more general language. Create legislation that goes above and beyond federal opioid treatment program (OTP) standards when doing so benefits OTP patients. For example, as of 2022, nine states required OTPs to be open outside of regular business hours to provide flexibility for patients to attend to work, education, or childcare responsibilities. Two states prohibit administrative discharge from OTPs for patients who are not abstinent.	100%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		No states prohibit administrative discharge for missed methadone doses. State law could also create provisions to hold accountable OTPs that refuse to provide the maximum number of take-home doses.	
6	18	Create statewide protocols for, establish, and fund programs for paramedics to initiate buprenorphine treatment for patients who are at high risk for overdose death. See, for example, programs currently operating on White Earth Nation and Hennepin County. Address the policy barrier that prohibits EMS from dispensing buprenorphine without first conducting a telehealth visit with a prescriber.	100%
7	4	Require public and private health insurers to cover all formulations of naloxone, naltrexone, and buprenorphine without prior authorization, including prescription-only and over-the-counter formulations for the treatment of OUD.	92%
8	33	Expand access to treatment and recovery services for youth, especially services that are not religious.	100%
9	42	Expand high quality peer support services by addressing professionalization, equitable compensation, and reimbursement issues. Allocate funding to organizations who hire peers to integrate them more meaningfully within the workplace and provide additional supports. Decrease or eliminate the cost of peer certification to recruit a diverse peer workforce that meets the needs of diverse Minnesotans.	100%
10	21	Direct the Department of Corrections to commission a study to determine changes needed to expand access to all forms of MOUD available to people of all ages for whom it is medically appropriate, including pregnant people, on community supervision.	85%
11	13	Create low-barrier access to medications for opioid use disorder in pharmacy settings by passing a "Model Pharmacist Collaboration for Medication for Opioid Use Disorder Act."	95%
12	17	Pass a comprehensive Model Substance Use Disorder Treatment in Emergency Settings Act Such an act would establish and align mechanisms for leveraging emergency medical settings to support people who people with substance use disorders, people who	92%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		experience overdose, and their families. Consider supplemental language that would prohibit doctors from reporting patients who possess controlled substance to law enforcement.	
13	24	Continue to fund programs that expand access to evidence-based services for pregnant and post-partum families in line with the 2023 Comprehensive Drug Overdose and Morbidity Prevention Act (Minnesota Statutes 144.0528 .	100%
14	11	Direct state agencies to consider and make recommendations to expand access to telehealth treatment for substance use disorders.	100%
15	16	Review state policies for processes that may impede access to medications for opioid use disorder in non-specialty settings, including at syringe services programs and primary care clinics, and pass policies to address those barriers. Fund pilot programs that innovate around the challenge of integrating the treatment of substance use disorder into primary care practices - for example, that explore team coverage models of patients with substance use disorders.	100%
16	25	Pass legislation to integrate medications for opioid use disorder and substance use care in obstetric and gynecologic settings. Consider Oregon's Project Nurture program.	100%
17	32	Evaluate potential changes and make recommendations as to how Minn. Stat. §253B.09 (involuntary civil commitment) applies to "Chemically dependent person" as defined in Minn.Stat. §253B.02, Subd. 2 (Note broad inclusion of pregnant persons, seemingly without any requirement to find risk of harm).	85%
18	6	Implement findings from the Minnesota Healthcare Programs Fee for Service Outpatient Services Rates Study.	92%
19	10	Expand Medicaid to cover peer support services for youth.	100%
20	8	Ensure that the 1115 Medicaid Reentry Waiver program implementation recognizes pregnant or postpartum people as eligible	100%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		populations and creates tailored supports for pregnant and postpartum people leaving detention settings.	
21	7	Pass legislation to apply for Medicaid 1115 waiver for health-related social needs (HRSNs) to cover services like care coordination, peer support services, improved integration of behavioral health services and supportive housing.	100%
22	3	Enact a law requiring health insurers to maintain an adequate provider network to assure access to all covered benefits, including those for behavioral health, without unreasonable delay. (This is in line with new rules from the Federal government.)	100%
23	2	Enact a comprehensive parity law that requires plans to provide behavioral health coverage. (Current parity law only applies to plans that do offer such coverage). Allocate funding for meaningful accountability/enforcement is critical.	100%
24	1	Fund a study to understand and make recommendations to address payment-related barriers to medications for opioid use disorders that are experienced by both patients (often related to insurance coverage and health plan design) and providers (reimbursement rates, administrative burden, program start-up costs) using the framework developed by Bowser and colleagues in their paper Payment-related barriers to medications for opioid use disorder: A critical review of the literature and real-world application.	100%
25	29	Require correctional facilities to collaborate with multidisciplinary care teams to develop reentry programs tailored to meet the needs of all people, with special attention to pregnant and postpartum people and their families who have special needs.	92%
26	27	Expand Contingency Management treatment for people with stimulant use disorder, either by applying for an 1115 Medicaid waiver or with other state funds.	100%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
27	36	Ensure the availability of translation services in substance use disorder treatment settings, especially at higher levels of care, in line with federal civil rights law. Dedicate funding to workforce development to hire more translators and allocate funding to the Minnesota Department of Human Rights to expand oversight on this issue. Align behavioral health billing codes with medical codes to allow translation services to be billed.	85%
28	35	Allocate funding for substance use disorder services across the continuum of care that are tailored to Hmong and East African communities, similar to funding initiatives focused on traditional healing for Native communities.	100%
29	34	Continue to fund traditional healing for substance use disorder across the continuum of care. Expand funding to cover all minority communities in Minnesota.	100%
30	47	Address discrimination against healthcare providers and other licensed professions who take medications for substance use disorder. Among other changes, review licensure questionnaires to encourage providers to seek treatment.	85%
31	37	Allocate funding for technical assistance to community-based providers to become Medicaid providers.	100%
32	38	Dedicate funding to offer targeted technical assistance including grant management support, strategic planning, and budget development to small and BIPOC-owned CBOs to support increasing capacity and prioritize reaching these providers when releasing/disseminating request for proposals or other state provider funding mechanisms.	100%
33	39	Continue to expand ECHO model to increase treatment access in rural Minnesota by training general practitioners to prescribe buprenorphine.	100%
34	40	Mandate specific training for all licensed healthcare providers, not only those practicing addiction medicine, on harm reduction, medications	100%

Task Force Report Reference #	Rise Research 2025 Report #	Healthcare recommendation: Final Version	Passed Voting %
		for opioid use disorder, working with people who use drugs, and trauma-informed care.	
35	41	Pass legislation to diversify the substance use disorder workforce. Leverage federal funding opportunities and create partnerships with local colleges and universities, including Tribal colleges.	75%
36	43	Streamline peer certification programs to eliminate separate certifications for mental health and substance use disorder specialties.	100%
37	46	Establish and fund programs to create access for people with substance use disorders to peer recovery specialists in jails and prisons, emergency departments, and other innovative settings.	92%

Social determinants of health

Table 9: All approved Social determinants of health recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
38	101	Create state policies that enable pregnant and postpartum people to seek supportive, non-punitive treatment and address the needs of families, including in family care plans by passing a "Model Substance Use During Pregnancy and Family Care Plans Act." Policies should ensure state laws clearly distinguish between a “notification” and a “report” when there is a substance-exposed newborn or a pregnant or postpartum individual receiving MOUD; establish separate and distinct pathways for notification and reporting; allow for de-identified reporting to child protection agencies in cases of babies born affected by substance use; support education and training opportunities for the perinatal workforce; publicize and encourage non-punitive clinical screening and treatment; develop family care plans using a public health approach; collect and publish data to evaluate and improve the efficacy of family care plans.	100%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
39	105	Allocate funding to co-located treatment, where families can remain together.	100%
40	98	Ask state agencies to assess schools' drug education programs and drug counseling services for their adherence to evidence base.	100%
41	67	Enact and enforce legislation that prohibits the criminalization of homelessness and linked life-sustaining activities.	85%
42	103	Pass a statewide policy around toxicology screening and testing of pregnant people, to create consistency across the state in terms of what substances are screened/tested for and what the threshold is for reporting Minn. Stat. § 260E.32(2)(b): where the test is positive for an infant, statute requires it to be reported as neglect.) Recommendations around testing should provide for informed consent and ensure that patients understand the ramifications of a positive test. In addition, policy should consider how statute should avoid normalizing or encouraging universal urine drug toxicology for pregnant and/or birthing ppl in Minnesota hospitals, a practice which has been challenged as illegal in some jurisdictions. See, e.g., this recent action brought by the NJ attorney general.	100%
43	106	Provide funding to scale up projects like Hennepin County's Health Equity Legal Project which brings social workers, parent mentors, and attorneys together with hospitals to identify pregnant patients who use drugs to help families access needed resources like housing and treatment for substance use disorder. Note that federal grants for legal services often exclude undocumented immigrants, so ensure that is included in state funding.	85%
44	93	Enact strong protections against high bank overdraft fees.	83%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
45	89	Consider the recommendations in the National Center for Access to Justice's Fines and Fees Index such as (see the resource for the full list): abolishing fees for appointed counsel and incarceration fees; abolishing all juvenile court fines and fees; ensuring that revenue generated by fines and fees does not flow to law enforcement or court budgets; amending the law to codify Minnesota's practice of not using private collection firms to collect fines and fees debt; requiring courts to assess people's ability to pay when imposing a fine, fee, assessment, or surcharge; eliminating incarceration as a sanction for failure to pay. Alternatively, require the government to prove that a person's failure to pay was "willful" before ordering incarceration or other sanctions; codifying a substantive ability-to-pay standard that all state and local courts must use; codifying a clear threshold at which a person is presumed unable to afford fines or fees; and authorizing judges' discretion in waiving or modifying all fines, fees, and other costs.	75%
46	90	Review data around legal financial obligations incurred after incarceration, including child support policies. Consider implementing automatic freezing of obligations during incarceration and integrating payment assistance into reentry programs.	85%
47	92	Fund programs that provide financial guidance to people entering the criminal-legal system, and as they reenter the community after incarceration, to help minimize the impact of incarceration on personal debt and credit.	92%
48	99	Conduct a review statutes and rules to understand the ability of the state and private and public post-secondary institutions to restrict or deny access to student housing, aid, scholarships, or ability to participate in student government, activities, or sports based on drug arrests, commitments or convictions.	100%
49	97	Pass the Model School Response to Drugs and Drug-related Incidents Act. In addition, add to the model legislation an explicit prohibition on law enforcement involvement and reporting, including where the required fact-finding of "Where the student(s) obtained the drug(s)" determines that another student was the source (i.e., protect that student from law enforcement involvement too).	85%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
50	76	Allocate funding for "supported employment" programs for people with substance use disorders and serious mental health issues.	92%
51	77	Establish minimum wage laws to a level sufficient to allow a full-time worker to rise above the poverty line and obtain stable housing.	77%
52	78	Implement findings from the DHS background study task force In addition, follow the recommendations for the Governor's Subcabinet on Opioids, Substance Use, and Addiction to decrease the timeline for reconsiderations and remove onerous barriers to application.	85%
53	83	Amend Minn. Stat. Ann. § 364.021(a) to prohibit a public or private employer from inquiring into, considering, or requiring disclosure of the criminal record/history of an applicant until a conditional offer of employment, regardless of whether there is an interview.	75%
54	82	Extend Minn. Stat. Ann. § 364.03, Subd. 1, which describes when convictions may be disqualifying, to include private employers. The conviction must be directly related to the position of employment sought or to the occupation for which the license is sought, to be disqualifying.	77%
55	81	Consider modifying criteria for whether convictions are directly related to employment in line with the National Employment Law Project model (e.g., opportunity for same/similar offense, whether circumstances will recur, length of time). Extend the law to apply to private employers. Minn. Stat. Ann. § 364.03, Subd. 2.	83%
56	84	Extend the statutes governing evidence of rehabilitation to private employers. Minn. Stat. Ann. § 364.03, Subd. 3.	83%
57	85	Amend Minn. Stat. Ann. § 364.05 or enact a new statutory section that: Requires written notice before a final decision to deny employment or licensure; provides individuals with a reasonable opportunity to submit corrective information or evidence of rehabilitation; require employers to hold open the position until they complete an individualized assessment based on submitted materials. These requirements should extend to private employers.	77%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
58	86	Amend Minn. Stat. Ann. § 364.05, requiring employers to provide written notice after denial of employment or licensure, by extending it to private employers.	77%
59	87	Consider policies that address the use of an individual's criminal-legal system involvement in post-hiring adverse employment actions (i.e., discipline and/or termination).	92%
60	79	For compliance and enforcement of "ban the box" provisions: Increase per violation penalties for private employers and eliminate monthly limits; establish a private right of action with fee shifting (i.e., ability to recover attorneys' fees) for violations by private employers; establish recordkeeping and data reporting requirements for private and public employers, consistent with the National Employment Law Project model law; establish a rebuttable presumption that a private employer is in violation if they do not maintain or retain adequate records or allow the enforcing agency sufficient access to such records; require proactive audits, compliance reviews, and public reporting for public employers, consistent with the National Employment Law Project model.	77%
61	75	Increase funding for recovery-friendly workplace programming.	100%
62	88	Restrict drug testing of job applicants to private employers to safety-sensitive industries, with exceptions for when such testing is required by federal law. Increase specificity around the definition of safety-sensitive industries to limit net-widening.	77%
63	69	Study alternatives to homeless encampments like temporary shelter facilities, temporary authorized encampments, and safe parking lots.	100%
64	61	Continue to oversee the implementation of the Department of Corrections' Homeless Mitigation Plan. Consider policy proposals and funding increases to facilitate ending homelessness for people leaving state prisons.	100%
65	68	Increase state oversight of ongoing homeless encampment. See, for example, SF5259 from the 2024 legislative session, as a starting point.	92%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
		Integrate the "Encampment Principles and Practices" from the National Law Center on Homelessness & Poverty.	
66	64	Ensure the availability of Housing First models, including for people with warrants, with severe mental health issues, and with severe substance use disorders. Leverage the historic $2 billion in funding from the 2023 legislative session. This recommendation is in line with the Minnesota Interagency Council on Homelessness' "Pathway to Justice" plan Result 4, Strategy 1: Fund and develop a variety of housing options with fewer restrictions and barriers.	77%
67	70	Create policy that homeless shelters may not deny access to people seeking shelter based mental or chemical health status, in line with recommendation from the Minnesota Task Force on Shelter.	100%
68	65	Implement recommendations from the Task Force on Shelter, including creating an Ombuds for Shelter Oversight.	85%
69	66	Designate funding for tailored shelter settings that can meet the needs of diverse populations, including youth, women experiencing intimate partner violence, the East African community, and for couples and families with children to be sheltered together. Leverage the historic $1 billion in funding from the 2023 legislative session.	100%
70	71	Regulate recovery homes to ensure high quality services. This should include, for example: requiring that recovery homes are certified as meeting national standards, such the National Association for Recovery Residence standards; enforcing quality standards my making the receipt of referrals and funds dependent upon meeting those standards; and investing in the development and sustainability of certified recovery housing.	92%
71	73	Amend MN Stat 504B.171 to remove requirements that residential leases include drug-free provisions and anti-sex work provisions.	83%
72	63	Expand Harm Reduction, Health, and Housing grants program administered by MDH and other programs that facilitate access to	85%

Task Force Report Reference #	Rise Research 2025 Report #	Social determinants of health recommendation: Final Version	Passed Voting %
		treatment for substance use disorders and other social supports for people experiencing homelessness.	
73	74	Ensure local-level implementation of changes to Minn. Stat. 504B.205, subdivision 2 and 3, which bar landlords from penalizing tenants for calling police or emergency services for health crises (including overdose) and preempts inconsistent local ordinances or rules.	100%
74	62	Consider the recommendations issued by the Minnesota Advisory Committee to the U.S. Commission on Civil Rights to expand equitable access to housing.	92%
75	107	Create and fund culturally specific grant programs to prevent drug use among immigrant youth and youth from refugee families.	92%
76	114	Ensure expungement does not limit a court's jurisdiction to consider other forms of post-conviction relief or access to one's own criminal case files.	75%
77	95	Eliminate random drug testing for SNAP and TANF beneficiaries with felony drug convictions.	85%
78	116	Grant people with cleared records the explicit right to deny and refuse to acknowledge the existence of such records.	77%
79	117	Require applications that inquire about criminal history to include a notice that cleared records should not be disclosed.	77%

Harm reduction

Table 10: All approved Harm reduction recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Harm reduction recommendation: Final Version	Passed Voting %
80	48	Revise "Steve's Law," Minnesota's Good Samaritan law. Goal is to increase the number of people calling 911 after an overdose, to prevent	100%

Task Force Report Reference #	Rise Research 2025 Report #	Harm reduction recommendation: Final Version	Passed Voting %
		deaths; protect against non-criminal consequences like evictions; broaden protections for anyone who renders aid (not just those who seek help or act in concert with someone seeking help); create funding to educate people who use drugs about the protections in Steve's Law to encourage calling 911; and create funding to educate law enforcement about Steve's Law to prevent them from arresting people who are assisting during an overdose.	
81	59	Create exemptions from possession charges for people using drug checking services and staff operating drug checking services. Regulations should allow for programs to be stationary or mobile, depending on local and cultural needs. They should also protect the private information of people using the services.	92%
82	49	Fund the build out of the state's naloxone portal and naloxone saturation plan, including expanding formulations available on the portal beyond nasal to include intramuscular; designate a sustainable funding source for supporting naloxone access across the state; mandate priority distribution to groups documented to be facilitating the most overdose reversals, like harm reduction organizations.	85%
83	60	Create legislation supporting the existence of overdose prevention centers and creating protections for people who use and operate them. Regulations should allow for multiple models that can meet the needs of different geographies, modes of drug use, and levels of medicalization.	92%
84	55	Create funding for a statewide, self-governed body to coordinate all syringe services programs, measure effectiveness, reduce duplication of services, expand where necessary, and bring coordinated asks to the Minnesota Department of Health. For example, see the study from New York's Injection Drug Use Health Alliance.	92%
85	58	Provide funding for statewide drug checking programs. Allowable expenditures should include FTIR (Fourier transform infrared spectroscopy) machines, staffing and training, and confirmatory/complementary testing through a reputable lab (potentially at the University of Minnesota).	85%

Task Force Report Reference #	Rise Research 2025 Report #	Harm reduction recommendation: Final Version	Passed Voting %
86	52	Ensure and fund law enforcement officer access to naloxone. The state needs to ensure, through funding and constantly available resources, that law enforcement officers have access to naloxone. Create funding to educate law enforcement officers on naloxone administration procedures and carrying requirements. Educational content should also include information that clarifies the legality of members of the public also carrying naloxone and other harm reduction drugs.	100%
87	51	Enact a law requiring pharmacies to maintain stocks of naloxone.	77%
88	50	Mandate and fund the distribution of "harm reduction kits" to all Minnesotans exiting detention settings, including local facilities. For example, the Department of Corrections currently distributes "harm reduction kits" containing naloxone, fentanyl test strips, and other resources to people with opioid use disorders who are leaving DOC facilities. This program should be expanded to all county-run facilities and codified in statute. In addition, make naloxone available inside facilities (including to detained/incarcerated people, not just staff).	92%
89	56	Ask the Minnesota Department of Health to ensure syringes services programs are not requiring that participants return syringes to receive new ones. This practice is prohibited with by Minnesota Department of Health grantees but continues nevertheless at some programs. This can happen when programs lack sufficient funding for syringes and may also be a sign of discrimination against people who use drugs.	92%
90	53	Ensure adequate, sustainable, flexible funding for community-based syringe services programs.	92%
91	54	Increase funding for a broad range of safer smoking. Smoking and snorting were cited by key informants as more prevalent among youth and BIPOC communities, so increased funding for these materials is a health equity issue.	82%
92	57	Conduct health department-led “detailing” to pharmacies about the importance of syringe access. One key informant found this to be an effective way to encourage pharmacies to sell syringes and dispel stigma related to people who use drugs.	77%

Cross-cutting

Table 11: All approved Cross-cutting recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Cross-cutting recommendation: Final Version	Passed Voting %
93	44 in the Health Care section	Consider state funding and policy mechanisms to promote organization-level infrastructure that facilitates the integration of peers and people with lived and living experience in the health workforce. For example, see Philadelphia's Peer Support Toolkit and the Minnesota Association of Recovery Community Organizations (MARCO).	92%
94	148	Create and fund a safe supply work group. Washington State's committee was tasked with: Examining the concept of "safe supply," defined as a legal and regulated supply of mind or body altering substances that traditionally only have been accessible through illicit markets; examining whether there is evidence that a proposed "safe supply" would have an impact on fatal or nonfatal overdose, drug diversion, or associated health and community impacts; examining whether there is evidence that a proposed "safe supply" would be accompanied by increased risks to individuals, the community, or other entities or jurisdictions; examining historical evidence regarding the overprescribing of opioids; and examining whether there is evidence that a proposed "safe supply" would be accompanied by any other benefits or consequences."	77%
95	150	Expand services for youth experiencing homelessness and using drugs, including drop-in centers, support groups, and therapy that don't mandate abstinence or limit their freedom.	92%
96	156	Create sustainable, flexible, and equity-focused funding opportunities for organizations whose missions include advancing the health of BIPOC communities and who can demonstrate a track record of doing so in a way that is inclusive of directly impacted communities. These groups tend to be grassroots, hyperlocal, and are often unable to access to traditional state funding streams. To address the aspects of grant making that themselves reinforce inequities, legislators can ask agencies to simplify the process, offer technical assistance to applicants, and offer general operating support. Consider adding specific staff to work with applicants on grant applications.	100%

Task Force Report Reference #	Rise Research 2025 Report #	Cross-cutting recommendation: Final Version	Passed Voting %
97	149	Implement the twelve legislative recommendations from the 2023 American Indian Substance Use Disorder Summit, including: increased funding for American Indian Substance Use Disorder programs; providing support to the Upper Midwest Indian Council on Addictive Disorders (UMICAD) to establish a presence in all 11 Tribal Nations in Minnesota; expanding the definition of first responders to include community, to increase access to naloxone for American Indian programs; and incorporating peers, spiritual leaders, and ceremony in release planning for people leaving detention facilities.	92%
98	45 in the Health Care section	Invest in programs that expand racial diversity in the behavioral health workforce. For example, Oregon passed a law that provides financial incentives and assistance to recruit and retain BIPOC, tribal, and rural behavioral health providers.	92%
99	151	Adopt clear anti-discrimination protections for people who use drugs, including individuals in active substance use. (People who are abstinent and have a history of drug use are protected under the Americans with Disabilities Act.) Current law isn't entirely clear about if/how people actively using drugs illegally are covered. See MN Human Rights Act (Minn. Stat. § 363A.03). Note that federal law also protects people in active use/using illegal drugs as to denial of health services, or services provided in connection with drug rehabilitation. See 42 U.S.C. 12210(c), 28 C.F.R. § 35.131(b)(1). Minnesota state law is free to exceed the federal standard.	77%
100	152	To address discrimination against people who use(d) drugs, have a substance use disorder, or are taking medications for substance use disorder in all healthcare and supportive settings, including in skilled nursing facilities, criminal legal system settings, healthcare settings, and the child welfare system. Create an advisory body in the Department of Human Rights that includes people with lived and living experience to issue guidance, take enforcement action, and publish reports. Allocate funding for the advisory body and for enforcement measures. Redefine the mission of the Office of Ombudsman for Mental Health and Developmental Disabilities to provide justice for people with "mental health, developmental disabilities, chemical dependency or emotional disturbance" even if they are not receiving services.	77%

Task Force Report Reference #	Rise Research 2025 Report #	Cross-cutting recommendation: Final Version	Passed Voting %
		Allocate funding to Mid-Minnesota Legal Aid, the state's federally recognized Protection & Advocacy organization, to work on this issue.	
101	159	Integrate the state's harm reduction services, housed primarily within MDH, and the state's treatment and recovery services, housed primarily within DHS.	92%
102	153	Identify methods of meaningfully integrating the voices of people with lived and living experience at every level of the drug policy development process and funding distribution process, including opioid settlement funds. This could include robust community engagement plans that meet communities where they are and providing stipends for representatives from unduly impacted communities to participate in advisory bodies. The hire of 14 Implementation Consultants to guide the Crossroads to Justice strategic plan to end homelessness is an excellent example of this.	85%
103	155	Re-invest savings and revenue from the criminal-legal system into community-based supports, like job placement and mental health services.	85%
104	157	Plan for the eventual end of opioid settlement funds by deploying funds to establish evidence-based, effective policies and practices, rather than funding only programs. (Find sustainable funding sources for programs.)	100%
105	100 in Social Determinants section	Invest in programs like childcare subsidies and child cash benefits. According to the National Academy of Medicine, "Macro-level policies reduce low-income families' strain to meet basic needs and decrease socioeconomic risks for parents and their children. They also decrease risk for SUD."	85%
106	154	Include harm reduction expertise and lived expertise in the selection process of reviewers for harm reduction grants and other competitive processes.	92%

Data collection

Table 12: All approved Data collection recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Data collection recommendation: Final Version	Passed Voting %
107	139	Legislate a periodic strategic planning process and review of all statewide drug policies, including the impacts of drug policing policies on public health, public safety, and social determinants of health. This should include attention to racial disparities in all outcomes of interest. The periodic review could be led by the Office of Addiction and Recovery. The review should include community engagement sessions, quantitative and qualitative data gathering, and focus on communities of color that have been unduly harmed by criminalization. It should also include interim and process measures that can track progress toward population-level health goals (like reductions in overdose fatalities). Meaningful evaluations will: identify metrics that respond to drug policy. (Prevalence of use, a common metric to assess drug policy reform, has limited responsiveness to drug policy.); and align the stated policy objectives of drug law reform and the metrics used to assess its impact. For example, drug policy reforms that are meant to improve the health of people who use drugs must measure those outcomes.	92%
108	146	Create data infrastructure and collect data about overdose and access to treatment for pregnant and parenting people, stratified by race and ethnicity, in order to ensure equitable access.	100%
109	147	Data collection required by state grants should not impede access to harm reduction, health, or other services because it is cumbersome to participants or program staff. Direct the Department of Administration's Grants Management to review the data collection requirements of grants within its purview and implement findings from DHS' report on paperwork reduction in substance use disorder treatment (forthcoming).	92%
110	140	Mandate that the appropriate state agencies track and make publicly available the costs related to drug law enforcement.	92%
111	141	The MN Uniform Crime Report should provide demographic breakdowns for each offense, not only for arrests generally.	100%
112	142	Collect disaggregated data to understand how drug-related offenses contribute to mass supervision, as well as supervision violations (both technical violations and new offenses) as a basis for prolonged supervision and/or incarceration. For substance-related technical	100%

Task Force Report Reference #	Rise Research 2025 Report #	Data collection recommendation: Final Version	Passed Voting %
		violations, data should be collected and disaggregated around missed appointments and positive drug screens specifically. Ensure that demographic data is integrated across the board.	
113	143	Collect more granular epidemiological overdose data on race and ethnicity and use this data to allocate funding to inequitably impacted communities. Data collected on race and ethnicity for overdose decedents does not capture cultural nuance (e.g., between East African and West African communities), which misses an opportunity for more tailored responses to different communities.	100%
114	144	Allocate sustainable funding to link housing and homelessness data to public health data, in line with findings from MDH's Minnesota Homeless Mortality Brief.	100%
115	145	Take stock of state agencies' data collection and analysis efforts and consider policy actions that could improve access to care and equitable outcomes. For example: Massachusetts law requires the all-payer claims database, public safety, courts, and other agencies to share data with the department of public health to analyze the treatment and criminal justice history of people who died of an overdose; collect patient outcomes data from substance use disorder treatment providers.	100%

Drug policing

Table 13: All approved Drug policing recommendations

Task Force Report Reference #	Rise Research 2025 Report #	Drug policing recommendation: Final Version	Passed Voting %
116	126	Mandate that localities implement 988/911 interoperability to enhance opportunities for alternative crisis response to behavioral health matters. Allocate funding for implementation, staff, and technical assistance to localities. Acknowledge the complexity of implementation.	100%
117	127	Expand access to alternative, non-law enforcement responses to substance use and behavioral health issues (for example, overdose,	100%

Task Force Report Reference #	Rise Research 2025 Report #	Drug policing recommendation: Final Version	Passed Voting %
		mental health crises, post-overdose response) by requiring localities to implement these programs using a phased approach. (See Virginia's Marcus-David Peters Act.) Alternatively, incentivize local jurisdictions to create new or expand existing crisis response programs by providing funding, evaluation support, and/or other technical assistance. Consider creating an advisory council to support state policy on this topic. For post-overdose response programs specifically, ensure the integration of referrals to harm reduction programs and broader social support services, as opposed to treatment only.	
118	119	In the context of decriminalization, consider policies and fund programs to discourage and reduce drug consumption in public areas that do not rely on criminalization or exacerbate disparities for people who are experiencing homelessness and who lack private spaces to use drugs. (See also recommended related to alternative crisis response.) For example, expand funding for programs like LEAD on Minneapolis' East Lake Street. Key components of the model: • Provides an alternative response to non-violent community safety issues, like shoplifting and drug use in bathrooms. • Provides intensive, long-term case management for as long as people want it • Does not require police contact. Referrals to the program can come from residents, small businesses, and LEAD case managers, and self-referrals. • Does not impose sanctions and is not court-based. • Takes a harm reduction approach that doesn't require abstinence and does not establish treatment as a precondition for other supports. Also recall the public health and social services interventions like overdose prevention centers and housing can help to address public drug use.	75%

Task Force Report Reference #	Rise Research 2025 Report #	Drug policing recommendation: Final Version	Passed Voting %
119	120	Narrow the definition of "sell" in Minn. Stat. Sec. 152.01, Subd. 15a. and evaluate ways of narrowing the definition to exclude sharing of drugs without a profit motive.	83%
120	122	Provide training and clear guidelines to law enforcement to operate under decriminalization.	75%
121	125	Educate law enforcement on buprenorphine, how to identify it, and its effects. Educate patients on how to carry buprenorphine with documentation of prescription.	100%
122	124	Fund education campaigns about decriminalization, to (1) reduce misinformation about what the policy change is and does, and (2) targeted at people who use drugs, to protect their civil liberties and support their decision-making around drug use. (One study of Oregon's experiment with decriminalization found that only 2 out of 10 people who use drugs knew fentanyl had been decriminalized.)	75%
123	136	Close the "loopholes" associated with the legalization of drug paraphernalia to (1) remove penalties associated with residue on any surface (i.e.. baggies), not just drug paraphernalia as defined in statute and (2) clarify that people should not be charged with crime of possession of residual amounts of controlled substances when it is found in a syringe. (Prosecutors say that syringes are not paraphernalia because they were previously exempted from the definition of paraphernalia to expand access to sterile syringes, an aligned public health goal.)	83%
124	135	Preempt the ability of local jurisdictions to circumvent state laws designed to increase access to safer use supplies and provide funding to educate law enforcement and people who use drugs about the law.	83%
125	129	End universal drug testing as a standard condition and testing for all known substances for people on probation. The use of drug testing should be tailored to the individual and conducted only where it is materially relevant to the underlying offense/reason for supervision. Testing should be used only as a way to identify health needs, and to	75%

Task Force Report Reference #	Rise Research 2025 Report #	Drug policing recommendation: Final Version	Passed Voting %
		discuss treatment options, safety, and harm reduction measures like naloxone. Testing should not be responded to with punitive measures.	
126	130	Create a statutory pathway to enable and fund evidence-based "off ramps" from the criminal-legal system at intercepts 0 (community) and 1 (law enforcement) of the Sequential Intercept Model. Minnesota already has such a program in place for intercepts 2 and 3 (initial detention and court hearings, jails and courts); statute 401.065 directs county attorneys to create pretrial diversion programs for adults. Washington's Recovery Navigator Program is one example of a state program for intercepts 0 and 1. Importantly, people must not be diverted to mandatory treatment.	83%
127	134	Avoid using scheduling as a policy response to overdose. Scheduling to restrict the drug supply leads to harmful unintended consequences and gives rise to even more toxic and potent additives to the supply.	75%
128	133	Pass legislation requiring that a parent's status as a caregiver be considered at the time of sentencing and when considering alternatives to incarceration. If a parent is incarcerated, they should be placed as close to their family as possible, and meaningful transportation options (such as state-funded ride programs) should be available to guarantee that children are able to regularly visit incarcerated parents.	83%
129	131	Establish in statute periodic comprehensive reviews of the drug sentencing grids. During Phase 2 of the Sentencing Guidelines Comprehensive Review (see more under Guidance), direct the Commission to analyze how drug sentencing (as distinct from, and additive to, disparities resulting from policing practices, charging, etc.) is driving racial and geographic disparities.	83%
130	132	Revise 152.023, subdivision 2(a)(4) so that people travelling through sentencing enhancement zones (schools, public parks, public housing) may not be charged with third degree felonies unless they have more than a residual amount of the listed controlled substances.	83%
131	138	Decriminalize sex work among consenting adults. Establish a task force to study and evaluate current laws and policies and adjust accordingly (i.e., include supports for individuals engaging in commercial sex work)	75%

Task Force Report Reference #	Rise Research 2025 Report #	Drug policing recommendation: Final Version	Passed Voting %
		and address any unintended impacts on sex trafficking laws in Minnesota, which should remain intact and separate from decriminalization among consenting adults.	
132	128	Create a state-run certification to compel drug treatment courts to follow the standards maintained by the Minnesota Judicial Branch. Other states' certification programs determine courts' eligibility for funding.	83%

Appendix E - Unapproved recommendations

Several of the recommendations are listed below that either didn't reach a 75% or greater supermajority of votes, or the Task Force decided not to put them up for a vote.

The recommendation numbering used during Task Force review and reflected in this report does not perfectly match the numbering in the 2025 Rise Research report. A numbering map between the reports is included in the tables below. The Task Force version of all recommendations is listed below; if the Rise Research version differs, it is not reflected here.

Did not achieve supermajority

Table 14: All recommendations that did not receive a passing vote

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation	Not passed Voting %
133	22	Healthcare: Require detention settings to implement universal screening programs for substance use disorder and pregnancy upon entry.	67%
134	94	Social determinants of health: Pass legislation to facilitate guaranteed income programs to support treatment and recovery.	62%
135	96	Social determinants of health: Consider legislation based on the findings from Education Minnesota's report to enhance restorative and trauma-informed schools in Minnesota, including providing funding for school workers and school districts to transition all schools to a restorative model; and providing funding for research-based strategies that reduce exclusionary practices. Mandate that children from birth to grade 3 should not receive suspensions or expulsions.	62%
136	80	Social determinants of health: Establish that it is state policy to do business only with contractors that have adopted and employ written policies, practices, and standards that are consistent with the requirements applicable to public employers. Require state agencies to review contractors' background check policies for consistency with the state policy and consider background check policies and practices among the performance criteria in evaluating a contract.	69%
137	108	Social determinants of health: Pass legislation to prohibit local law enforcement from collaborating with federal immigration enforcement.	58%

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation	Not passed Voting %
		(Drug offenses are a significant driver of such cooperation and they account for a substantial number of arrests).	
138	118	Drug policing: Remove criminal and civil penalties for the personal and social use and possession of illicit drugs by adults (i.e. sharing) after investing in health, harm reduction, and social supports. People using drugs should be offered all available health resources and social supports but should not be criminalized for not participating in offered services.	67%
139	121	Drug policing: In the context of decriminalization, avoid creating weight or other fixed thresholds to determine personal and social supply. Instead, focus on proving intent to supply for remuneration. For example, the British government considers the several factors in determining intent to supply, including: • Possession of a quantity inconsistent with personal use. • Possession of uncut drugs or drugs in an unusually pure state suggesting proximity to their manufacturer or importer. • Possession of a variety of drugs may indicate sale rather than consumption. • Evidence that the drug has been prepared for sale. If a drug has been cut into small portions and those portions are wrapped in foil or film, then there is a clear inference that sale is the object. • Drug related equipment in the care and/or control of the suspect, such as weighing scales, cutting agents, bags or wraps of foil (provided their presence is not consistent with normal domestic use). • Diaries or other documents containing information tending to confirm drug dealing, which are supportive of a future intent to supply, for example, records of customers' telephone numbers together with quantities or descriptions of drugs. In addition, the absence of any financial gain, for example joint purchase for no profit, or sharing minimum quantity between peers on non-commercial basis can reduce sentencing of someone charge with a supply offense.	50%

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation	Not passed Voting %
140	123	Drug policing: In the context of decriminalization, remove law enforcement's ability to seize personal or social amounts of illicit drugs.	33%
141	137	Drug policing: Repeal 609.195(b), Minnesota's drug-induced homicide law. In addition, create a carveout in statutes governing murder or manslaughter in the first and second degrees (secs. 609.20 and 609.205) such that these statutes may not apply to deaths resulting from accidental overdose.	73%

Recommendations that were not voted on

Table 15: All recommendations that were not voted on

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation
142	31	Healthcare: Fund a study to understand where/when compulsory treatment is happening, e.g., in the criminal legal system, to access shelter services, etc., and make recommendations to limit these occurrences.
143	5	Healthcare: Strategically braid federal and state funds by creating a Task Force to bring together key stakeholders including representatives from the governor's office, the Medicaid director's office, MDH, DHS, DOC, the Department of Children, Youth and Families, representatives from the different systems that people with SUD interact with, such as housing services, criminal legal services, and schools. People with lived and living experience and subject matter experts are also critical stakeholders to include. Assess which services are best funded with Medicaid, other federal grants, opioid settlement funds, and other state funding pools.
144	9	Healthcare: Pass legislation to make a Medicaid state plan amendment or apply for a 1115 demonstration project to use Medicaid funds for community-based mobile crisis interventions services.
145	26	Healthcare: Expand ECHO model to provide training for providers and first responders who encounter people using psychostimulants like methamphetamines.
146	28	Healthcare: Expand agonist prescriptions for stimulant use disorder by asking state agencies to consider treating this as an acceptable medical practice. State-level

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation
		policy approaches could include the state medical board supporting the practice or legislation/regulations affirmatively authorizing it (there are no known US examples of the latter).
147	104	Social determinants of health: Pass legislation that extends the timeline for permanency decisions to terminate parental rights to allow parents the opportunity to meet milestones (for example, those related to treatment for substance use disorder) and successfully reunify the family.
148	102	Social determinants of health: Pass legislation to establish that infants born affected by parental substance use disorder or showing signs of withdrawal is not, by itself, grounds for submitting a report of child abuse or neglect by passing a "Model Substance Use During Pregnancy and Family Care Plans Act."
149	91	Social determinants of health: Consider the impact of mandatory child support payments on people with other financial legal obligations. Policy measures could include ceasing or dramatically reducing wage garnishment for people with low incomes; civil and criminal systems should consider fees imposed by the other system when imposing sanctions; and abolishing, or reducing considerably, state-imposed debts.
150	72	Social determinants of health: Pass legislation to pre-empt local 911 nuisance and "crime-free housing" ordinances.
151	112	Social determinants of health: Bring Minnesota's fifth degree possession law in line with federal immigration court standards. As written, the fifth-degree possession statute is considered too broad, causing people to be unjustly deported.
152	111	Social determinants of health: Codify in state law the requirements of Padilla v. Kentucky so people charged with drug offenses have full and accurate advice from defense counsel about the immigration penalties of plea offers and guilty pleas. Fully fund the implementation of the law.
153	113	Social determinants of health: Expand access to post-conviction relief for immigrants with drug offenses by ending legal barriers to judicial review of legally invalid convictions and providing funding for counsel.

Task Force Report Reference #	Rise Research 2025 Report #	Recommendation
154	110	Social determinants of health: Fully fund legal services that ensure immigrants can defend against deportation and obtain immigration benefits for which they are eligible.
155	109	Social determinants of health: Allow immigrants to plea or access diversion programs without requiring them to admit to violating state criminal law, thereby avoiding application of federal immigration laws. See, for example, California's 2018 "pre-trial" diversion statute or the state's 2022 Alternate Plea Act.
156	115	Social determinants of health: Consider building on the new automatic expungement process and the modifications to the existing petition-based expungement for criminal convictions, including for convictions of certain controlled substance offenses. Potential improvement could include less serious offenses (e.g., violation of Minn. Stat. § 152.027, Subd. 2) are not inadvertently excluded from automatic expungement; prohibit the use of expunged records in future prosecutions, including plea bargaining; reduce the applicable waiting period(s) for automatic expungement; add possession of a controlled substance in the fourth and/or third degree as a qualifying offense for automatic expungement (currently eligible only for expungement by petition); and authorize expungement petitions for convictions for possession of a controlled substance in the second degree and/or first degree. Expand petition-based and/or automatic expungement eligibility for convictions involving the distribution and/or sale of controlled substances in the fourth, third, second, and/or first degree. Evaluate the use of expunged convictions in DHS background studies and educator licensure process and the need for any changes to such use.
157	158	Cross-cutting: Ask legislators to direct DHS to use its current powers to enforce local jurisdictions' opioid settlement spending, particularly their spend on non-evidence-based practices and programs that perpetuate criminalization. Local Health Departments are designated as jurisdictions' "chief strategists" in responding to local opioid-related issues and distributing settlement funds. See the Amended Minnesota Opioids State-Subdivision Memorandum of Agreement, Sec. IV(b). Opioid settlement funds should not be used to perpetuate criminalization. Instead, funds should be used to pilot, evaluate, or otherwise kickstart alternative approaches, like depenalization, expanding Good Samaritan laws, or implementing guidelines for prosecutorial or law enforcement discretion to reduce arrests.