

Meeting Minutes

Name of meeting: Opioid Epidemic Response Advisory Council (OERAC) Meeting
Date and time of meeting: 20-November-2020 from 8:30 AM to 1:30 PM
Location of meeting: Virtual

Participants

Nicole Anderson; Dave Baker, Chair; Heather Bell; Boyd Brown; Wendy Burt; Peter Carlson; Senator Chris Eaton; Dana Farley; Sarah Grosshuesch; Alicia House; Katrina Howard; Erin Koegel; Mark Koran; Gertrude Matemba-Mutasa; Toni Napier; Kathy Nevins; Darin Prescott; Anne Pylkas, Vice Chair; Jolene Rebertus; Kristin van Amber; Judge DI. Korey Wahwassuck.

Speakers

Kristy Graume, DHS; Weston Merrick, MMB.

Meeting goals per the agenda, dated 20-November-2020 and submitted by Kristin van Amber:

1. Build a picture of Minnesota's funding by receiving an update on the Opiate Epidemic Response direct appropriations and DHS SOR 2020 funding.
2. Determine 2021 funding and Council meeting dates with consideration for the Opiate fund collection timeline.
3. Determine top policy recommendations to recommend in the legislative report.
4. Receive an update from the DHS policy legislative team on DHS legislative changes and discuss Council endorsement.
5. Receive an overview on population-level performance measures, goals, and benchmarks as required in the OERAC statute and provide feedback.

I. Welcome, Introductions, Ground Rules, Agenda	Kristin van Amber	8:30 to 8:50
Review of ground rules, agenda, and meeting goals. Review of meeting minutes (draft), dated 23-October-2020.		Meeting minutes accepted as is.
II. Public Comment	All	8:50 to 9:00
Observers' opportunity to share comments.		No recording available.
III. OERAC Member Openings Update	Boyd Brown	9:00 to 9:05
		No recording available.
IV. Health Equity Workgroup Update	Anne Pylkas	9:05 to 9:10
Meetings and members		No recording available.
Health equity statement		No recording available.

V. State Opioid Response Grants 2020 Coordination Update	Gertrude Matemba-Mutasa and Dave Baker	9:10 to 9:20
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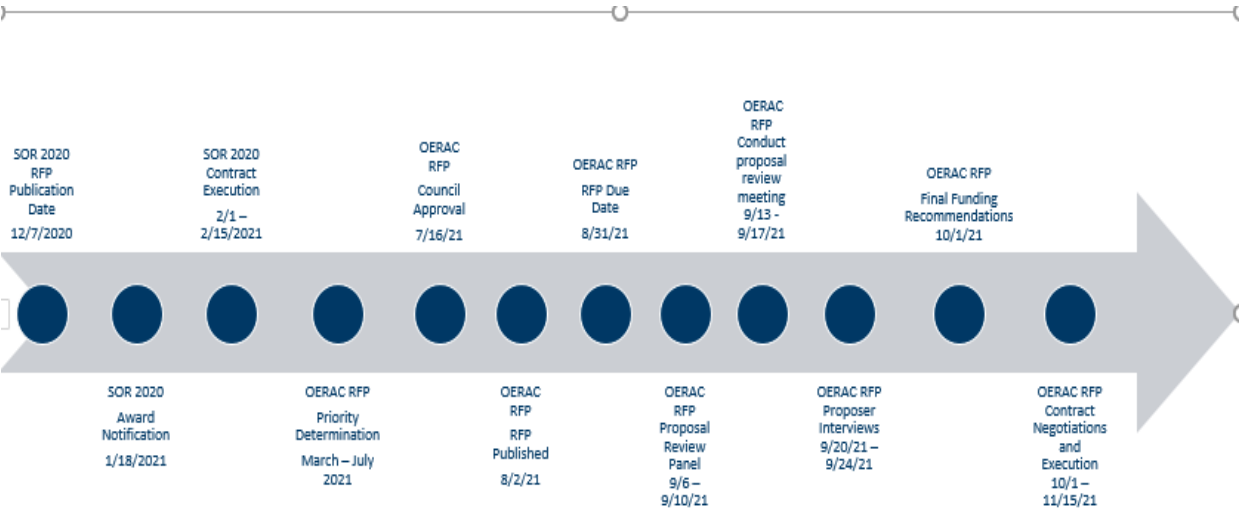
What is possible? Which funds can move through the stewardship fund? No recording available.
 SOR RFP update as of 30-November-2020. No recording available.

VI. Determine 2021 Funding Timeline Development	Anne Pylkas and Boyd Brown	9:20 to 9:50
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Motion on the table: Move the RFP process back by one quarter. No recording available.
 Address questions:

- Timeframe for fund rollover.
- What happens if settlement funds go into the stewardship fund?
- 2021 meeting schedule.

Please see PowerPoint presentation: OERAC Nov 2020 Presentation – Agenda item VII.pptx



VII. Break	All	9:50 to 10:05
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VIII. Proposed Policy Changes for the DAHS Legislative Team	Kristy Graume	10:05 to 10:20
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DHS opioid-specific policy changes. No recording available.

IX. Legislative Policy Workgroup Update	Erin Koegel	10:20 to 10:35
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No recording available.

X. Review and Define the Council’s Policy Recommendations List	Anne Pylkas	10:35 to 11:45
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To review the **OERAC Policy Initiatives for FY 2022**, click on:

<https://padlet.com/rendarappa/z6lce2m27nsasoj8>

OERAC members (“the Council”) are concerned about arrests of Black and American Indian men, because they are in possession of hypodermic syringes and needles. Hypodermic syringes and needles are considered drug paraphernalia as defined in 2020 Minnesota Statutes, [151.40 Possession and Sale of Hypodermic Syringes and Needles](#).

However, there are two types of sterile needle access strategies in Minnesota: needle exchange and pharmacy sales. The [Minnesota Syringe Access Initiative](#) is a program that falls under 2020 Minnesota Statutes, 151.40 Possession and Sale of Hypodermic Syringes and Needles, [Subd. 2 Sales of limited quantities of clean needles and syringes](#). The program allows pharmacy sales of hypodermic syringes and needles to help reduce the spread of the human immunodeficiency virus (HIV) that causes AIDS. According to the (identical) law, persons can buy 10 hypodermic syringes and 10 needles without a prescription at a pharmacy that participates in the Minnesota Syringe Access Initiative program on a voluntary basis. This presumes that a person may legally possess up to 10 unused hypodermic syringes and up to 10 needles. The Council suggests a review of the language in the aforementioned law, followed by an amendment to eliminate the possibility that two judges interpret the law differently. The Council makes the following argument: It is legal for a person with diagnosed diabetes to possess a hypodermic syringe and a needle. Therefore it must be legal for a person diagnosed with opioid use disorder (OUD) and/or substance use disorder (SUD) to possess the same medical devices. The Council suggests that the interpretation of the Minnesota Board of Pharmacy is clear: a prescription for hypodermic syringes and needles is not needed. For example, in case of a diabetic patient, the direction of a physician is sufficient to allow the sale. It is important to note that the aforementioned law does not include a reference to Naloxone (sold under the brand name Narcan®) and used to block the effects of opioids. Naloxone kits distributed by the Department of Human Services (DHS) to providers include a hypodermic syringe and needles. Is this against the law? For example, Steve Rummler HOPE Network (SRHN) provides “members of the public with IM Naloxone kits that contain three doses of intramuscular Naloxone and all materials needed to administer them safely.” (<https://steverummlerhopenetwork.org/resources-and-education/i-want-naloxone-training>)

Again, is this legal? Council members ask: Is SRHN purchasing the syringes and needles from pharmacies? What about counties that distribute Naloxone kits? The distribution of Naloxone kits with medical devices such as a hypodermic syringe and needles must be legal. Otherwise, the distribution channel is jeopardized.

The Council will work “to decriminalize drug use.” The Council wants the following:

- Person with OUD and/or SUD have access to unused hypodermic syringes and needles.
- Naloxone kits be distributed as needed, including hypodermic syringes and needles.

The Council will work with the Minnesota Department of Health (MDH) to develop the respective legislative language to revise and/or amend the existing law.

OERAC policy initiative for FY 2022, E Prescribing tools, patient education, alternative medicine and prevention of OUD

A strategy is needed for physician education on alternative medicine for pain management. Reimbursement reform for alternative medicine for pain is a prerequisite, because health insurance companies only cover OUD treatment with drugs.

In general, physicians are interested in more education on alternative medicine, also known as holistic medicine, and in connection with chronic pain management. One important aspect of holistic medicine is culture and a patient’s belief system and faith. Some alternative health care practices are: chiropractic care; herbalism; massage therapy; physical therapy; energy work; yoga and meditation; acupuncture; and nutrition. In comparison, modern western medicine offers a siloed approach to health care.

The Council will develop a recommendation for the Legislature and educational resources that can be distributed. An idea is to mandate education on holistic approaches for pain management. There is understanding that holistic treatment approaches are more expensive at the onset of treatment. However, paying for OUD/SUD treatment is also expensive. There should be a push to fund holistic treatments for OUD/SUD.

Reimbursement reform for alternative medicine for pain must be included in the legislative discussion this year, and then passed next year. Again, the Council recommends to develop language around reimbursement reform for alternative medicine for pain. The Council is ready to build a coalition of stakeholders to strengthen its recommendations.

XI. Population-level Performance Measures	Weston Merrick and DHS	11:45 to 12:25
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The Council discusses the Minnesota Student Survey (MSS) administered by the Minnesota Department of Education. Dana Farley of the Minnesota Department of Health reviews the presentation, *Minnesota Student Survey Presentation November 20, 2020*. The MSS is a collaboration between Minnesota schools, the Department of Education, the Department of Health, the Department of Human Services, and the Department of Public Safety. The MSS has been administered every three years since 2000 to students in grades 5, 8, 9, and 11. In 2019, 81% of public school districts participated; 64% of students in grades 5, 8, 9, and 11 participated in the survey. This translates into 170,000 responses. The cost is \$300,000. The MSS reveals that more than 50,000 students experience problems at home with parental drug use being on top of the list. The MSS has 100 questions and takes 50 minutes.

The Council is concerned the 3-year interval of the MSS will not catch current trends and thus delay a timely response to an emerging crisis. The idea is to develop a yearly survey based on the current MSS, reducing the number of survey questions. The Council notes the lack of a representative from the Department of Education. Dana Farley cautions about making changes to the existing MSS.

Other issues that are raised: Who will pay for a yearly survey? The MSS in 2019 was paid by the Department of Education, the Department of Human Services, and the Minnesota Department of Health; MDH paid a large sum. There is no appropriation of funds for the MSS; the Council may recommend such an appropriation of funds.

The OERAC report to the Legislature is due in January 2021. This means the priorities of the Council will need to be submitted soon. The Council needs to compile a list of recommendations, and then decide on the priorities that should be funded. The OERAC report for January requires the Council explain what it has focused on this year, followed by the results of its efforts. (What has been funded?) The Council decides to hold a meeting on 18-December-2020 to discuss the OERAC report for January 2021 and its requirements.

The Council discusses “population-level performance monitoring” and “program-level performance monitoring.” The Council’s tasks are:

- Define goals.
- Decide how goals are monitored.
- Measure the results of the implemented goals.

Please refer to: 2020 Minnesota Statutes, [Chapter 256.042 Opiate Epidemic Response Advisory](#).

The Council reviews the “potential performance measures adopted from prior opioid-related coordination” and how these measures can be transferred to the current work of the Council. The Council is tasked to compile a list of goals and benchmarks for the OERAC report in January 2021. The idea is to use the existing measures, and then build on these measures.

For example, for population-level performance monitoring, the population can be defined as: statewide or specific subgroups, such as out-of-home placements because of OUD; youth with SUD; OUD/SUD overdoses by race and ethnicity; etc.

The Department of Human Services will report to the Council program-level performance measures. For example: measure outcomes specific to grant activities; people who are served by grants; etc. Grantees will collect the results of the outcome measures and report back to DHS. It is important the Council coordinate its work with other OUD-related initiatives across the state. Please refer to the [Opioids Drug Overdose Dashboard](#) of the Minnesota Department of Health.

The Drug and Alcohol Abuse Normative Evaluation System (DAANES) has been designed to provide policy-makers, planners, service providers, and others with access to current information about chemical dependency treatment activity across Minnesota’s continuum of care. The Behavioral Health Division (BHD) of DHS is able to pull demographic and other data. For example: retention by readmission; number of clients served; etc. The Council suggests research on amphetamine is needed. DAANES will try to secure this information.

DAANES data collection is based on self-reporting. For example, DAANES lists three drug choices at the time of admission. If there were dual drug use, then DAANES would be able to discern this. Right now, DAANES has “measures of the problem” or surveillance data in place.

Any type of monitoring and measuring must also focus on “what’s not as obvious.” For example, how does the Council know that the actions it has taken work? And what are the emerging issues?

XII. Public Comment

All 12:25 to 12:25

No public comments.

XIII. Next Steps and Meeting Wrap-up

Kristin van Amber 12:25 to 12:30

Date of next meeting: 18-December-2020 from 1:00 PM to 3:00 PM

The meeting adjourns earlier than planned.