

Meeting Minutes: Opioid Epidemic Response Advisory Council (OERAC) Meeting

Date and time of meeting: May 21, 2021 from 8:30am to 12:30pm

Meeting Location: Microsoft Teams meeting

Participants: Nicole Anderson; Dave Baker; Heather Bell; Joe Clubb; Chris Eaton; Dana Farley; Sarah Grosshuesch; Alicia House; Katrina Howard; Tiffany Irvin; Erin Koegel; Gertrude Matemba-Mutasa; Toni Napier; Kathryn Nevins; Darin Prescott; Anne Pylkas; Jolene Rebertus; Judge D. Korey Wahwassuck. Also present: Randy Goodwin (future DOC representative) Guests: Tracee Anderson; Farhia Budul MA; staff: Kristin Van Amber; DHS staff: Tara Holt; Sam Nord; Johanna Schels

Meeting Goals

Meeting goals per the agenda, dated 21-May-2021, and emailed to OERAC members by Tara Holt on 20-May-2021:

1. Motion to approve the next steps identified by the OERAC Health Equity Subcommittee
2. Receive an update of fees collected by the Board of Pharmacy
3. Receive an update on the opioid overdose deaths
4. Determine 2021 funding priorities

Ground Rules, Meeting Goals, Agenda, Introductions

Kristin Van Amber - 8:30am - 8:45am

Kristin Van Amber reviews the ground rules, meeting goals, and agenda.

Jolene Rebertus of the Department of Corrections (DOC) introduces Randy Goodwin of DOC who will represent DOC at future OERAC meetings when Jolene Robertus cannot attend.

The Office of Minnesota Attorney General Keith Ellison -- Update

Evan Romanoff - 8:45am - 8:50am

Since the OERAC meeting on 19-February-2021, there is no update on the McKinsey settlement in connection with consulting services to Purdue Pharma and other opioid producing companies. For details about the settlement, please refer to the OERAC meeting minutes, dated 19-February-2021, or go to the website, The Office of Minnesota Attorney General Keith Ellison:

https://www.ag.state.mn.us/Office/Communications/2021/02/04_McKinsey.asp

Minnesota Board of Pharmacy – Update on Collected Fees

Katrina Howard - 8:50am - 9:10am

Refer to Minnesota Statute 151.065 Fee Amounts: <https://www.revisor.mn.gov/statutes/cite/151.065>

The application fees for licensure and registration have been raised:

- Drug wholesalers pay \$5,260 annually.
- Drug manufacturers pay \$5,260 annually.
- Drug manufacturers of opiate-containing controlled substances pay \$55,260 annually. Refer to Minnesota Statutes 152.02 SCHEDULES OF CONTROLLED SUBSTANCES; ADMINISTRATION OF CHAPTER: <https://www.revisor.mn.gov/statutes/cite/152.02>

Minnesota Statute 151.065 Fee Amounts. This law created the Opiate Product Registration fee which also requires drug manufacturers and drug wholesalers to report to the Minnesota Board of Pharmacy (“Pharmacy Board”) the quantity of opiates they distribute to end-users in Minnesota, e.g., pharmacies, hospitals, practitioners, etc. Pharmacies must report to the Pharmacy Board the quantity of opiates they receive through their intercompany channels, specifically opiate deliveries from another state to Minnesota. For example, if a drug manufacturer delivers more than 2 million units of opiates manufactured in another state and distributes these units in Minnesota, then the drug manufacturer must pay the Opiate Product Registration fee of \$250,000.

Please refer to this report: Department of Human Services Legislative Report Opioid Epidemic Response Advisory Council, Grant Award Update & Evidence-Based Analysis of Opioid Legislative Appropriations, and February 2021

In the aforementioned report, refer to page 15, IV. Individual Grants – Status Update and page 16, Opioid Response Fund Annual Revenue.

Note: Katrina Howard of the Minnesota Board of Pharmacy provided the (below) meeting minutes in her summary, OERAC Board of Pharmacy Update 5.21.21, sent to Tara Holt on 27-May-2021.

Update for OERAC:

- Board of Pharmacy’s role in collecting fees:
 - Minn. Stats. § 151.065 was updated to increase the licensing fees for wholesalers to \$5,260 annually. For manufacturers, the annual renewal fee was also increased to \$5,260, but if the drug manufacturer manufacturers opiates, their annual renewal fee is instead \$55,260.
 - Minn. Stats. § 151.066 created the opiate product registration fee which requires wholesalers and manufacturers to report to the Board their distributions of opiates to end-users in the state (such as pharmacies, hospitals, practitioners, etc.). Similarly, pharmacies also need to report to the Board their intracompany deliveries of opiates into the state, to the extent that the distribution was not otherwise already reported by a manufacturer or wholesaler.

- If a manufacturer has more than 2 million units of opiates distributed into MN, the manufacturer must also pay an Opiate Product Registration Fee of \$250,000.
- This is the second year of program operations. The first year, we saw around 860 companies stop doing business in MN likely because they did not want to pay the increased licensing fee. However, as you are aware, in the first year, the Board still collected over \$13 million dollars.
- Regarding the \$250,000 invoices for the opiate product registration fee, 14 manufacturers paid last year. This year, 12 invoices were sent.
 - Comparing this year to last year, we saw some manufacturers drop beneath the 2 million threshold, and other companies meet the threshold for the first time.
 - The Board issued invoices to manufacturers at the end of March and manufacturers have until June 1st to pay.
- Regarding license renewals, manufacturers and wholesalers are currently undergoing licensing renewal. Renewals are due to the Board by May 31st, otherwise a late fee is assessed.
- Overall, the Board has collected \$8.2 M between licensing fees and the opiate product registration fees. The bulk of fiscal year 2021 revenues are collected April through June, so we will continue to see payments arriving in May and June.
- If all 12 manufacturers pay the \$250K and there is not a large decrease in the number of distributors this year, like there was last year, we are cautiously projecting around \$12.5 to \$13M this year.” (Katrina Howard)

Opioid Legislative Status

Erin Koegel and DHS - 9:10am - 9:20am

Refer to this report: Department of Human Services Legislative Report Opioid Epidemic Response Advisory Council, Grant Award Update & Evidence-Based Analysis of Opioid Legislative Appropriations, February 2021

Minnesota Statute 256.042 Opiate Epidemic Response Advisory Council.

Subdivision 1. Establishment of the advisory council.

(a) The Opiate Epidemic Response Advisory Council is established to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

The aforementioned report is required by the aforementioned law, Minnesota Statute 256.042 Opiate Epidemic Response Advisory Council, and as described in Subd. 5. Reports.

The Department of Human Services drafted this report in consultation with the Opioid Epidemic Response Advisory Council (“the Council”), the Minnesota Management and Budget (MMB), and the Minnesota Board of Pharmacy.

The four main subject areas of the report are:

- Opioid Epidemic baseline, outcomes and benchmarks
- Individual Grants update

- Assessment of progress toward achieving statewide access to treatment
- Individual grants proposed for FY22.8

Review of proposed goals, measurable outcomes, and proposed benchmarks:

Goals

- Increase access to treatment
- Improve retention in care
- Produce measures to assess and protect access to pain medication for those in need
- Reduce unmet need for prevention, treatment, and recovery services
- Reduce opioid overdose-related deaths
- Support a comprehensive response to the opioid epidemic

Benchmarks and outcome measures include the following areas:

- Fatal overdoses
- Nonfatal overdoses
- Opioid prescribing
- Youth misuse
- Substance use disorder treatment
- Multigenerational effects

Statistics

Figure 1

In 2019, there were 413 opioid overdose deaths. (298 overdose deaths from synthetic opioids; 136 overdose deaths from other opioids and methadone; 102 overdose deaths from heroin).

Figure 2

In 2019, there was a marked disparity in connection with drug overdose deaths (age-adjusted rate per 100,000 residents):

- American Indian: 80.7%
- African American: 20.2%
- White: 11.6%

Figure 3

In 2019, there was a marked increase in the number of nonfatal opioid overdoses. (2,823 from all opioids; 1,517 from heroin; 1,036 from opioid excluding heroin.)

Figure 4

In 2019, the number of opioid prescriptions decreased compared to previous years. In 2019, there were 2,472,684 prescriptions (or 438.4 per 1,000 Minnesota residents) compared to 2,704,445 in 2018 (or 482.0 per 1,000 Minnesota residents).

Figure 5

In 2020, the account utilization of the Minnesota Prescription Monitoring Program (PMP) added up to 17,292 requests (total No. of account holders 2,985,472) compared to 16,770 requests (total No. of account holders 2,050,807) in 2019.

Figure 6

Multiple prescriber and dispenser episodes by recipient count: In 2019, there were 1,137 recipients compared to 1,404 in 2018.

Figure 7

In 2019, the percentage of youth who reported they used or misused prescription pain medication was:

- Grade 8: 4.2%
- Grade 9: 3.5%
- Grade 11: 3.1%

In 2016, the percentage of youth who reported they used or misused prescription pain medication was:

- Grade 8: 2.3%
- Grade 9: 3.5%
- Grade 11: 4.8%

Figure 8

From 2019 to 2018, the number of substance use disorder treatment admissions increased for the following substances:

- Alcohol: 23,292 compared to 21,802
- Methamphetamine: 17,207 compared to 15,934
- Injection drug use: 13,998 compared to 11,504
- Heroin: 7,680 compared to 7,282

Figure 9

In 2019, the number of patients who completed substance use disorder treatment and who were discharged was 2,500 (or 35%) compared to 3,000 in 2018 (or 35%).

Figure 10

In 2019, the number of patients on Medical Assistance who received medication-assisted treatment (MAT) was 20,154 compared to 18,180 in 2018.

Figure 11

In 2020, the number of waived practitioners was:

- 1,196 (limit 30 patients)
- 292 (limit 100 patients)
- 60 (limit 275 patients)

Figure 12

In 2019, the number of Neonatal Abstinence Syndrome cases was 667 compared to 360 in 2018.

Figure 13

In 2019, the total number of children entering out-of-home care because of parental drug use was 2,557 compared to 2,729 in 2018.

Individual Grants – Status Update

The Opioid Epidemic Response Fund (OERF) was established to hold licensure and registration fees collected from opioid manufacturers and distributors. [Minnesota Statute 256.043 Opiate Epidemic Response Fund, Subd. 3](#) directs the appropriation of the collected funds. In the first year of OERF, ending on 30-June-2020, the amount of \$13,502,186.64 was collected in licensure and registration fees. The initial estimate was \$21 million per year. This means there were insufficient funds at the end of the first year, and OERAC members voted to suspend the Request for Proposal (RFP) that had been issued on 27-May-2020. The RFP will be re-issued in the next fiscal year. (OERAC works with DHS to issue the RFP.)

The Minnesota Management and Budget (MMB) Results Management team has been working on three evaluations related to the opioid epidemic in Minnesota:

- Evaluation of Project Echo or Extension for Community Health Outcomes
- Minnesota’s early opioid policy response: Impact of policy to curtail opioid prescribing
- Peer recovery services for substance use disorder

As of the date of the meeting the legislature has not passed any of the proposed OERAC language.

OERAC members discussed that future advocacy work is needed. For example, the “drug paraphernalia” bill still remains in the Minnesota House of Representatives or the Minnesota State Senate.

Requested Public Comment

Tara Holt - 9:20am - 9:40am

Every guest has 10 minutes for public comment.

Farhia Budul presents the video, Monster in our community: East African youth break the silence over addiction

Go to: [‘Monster in our community’: East African youth break the silence over addiction - YouTube](#)

Farhia Budul explains that East African communities in Minnesota avoid the subject of substance use disorders and opioid use disorder. The East African communities need OERAC and DHS to help with outreach, e.g., in the area of education about opioids. The outreach must be culturally and linguistically responsive. Many East African community members do not speak English at a level required to understand a physician’s instructions on how to use medication or to read labels.

The East African communities in Minnesota desire equitable access to treatment of substance use disorders and opioid use disorder, including recovery treatments.

Tracee Anderson introduces the Minnesota Prevention and Recovery Alliance (MPRA) and their campaign, Know the Truth. MPRA is a “recovery community organization” and operates: Know the Truth Prevention Program and Ramsey County Opioid Prevention and Unified Services Coalition (OPUS). MPRA facilitates: From Statistics to Solutions Annual Prevention and Recovery Conference.

Note: Tracee Anderson clarified after the meeting that Know the Truth Prevention Program is not part of MPRA but is a part of the Peer Support Alliance, which is not affiliated with Minnesota Recovery Connection.

MPRA’s goals are:

“Support and implement strategies built by the Opioid Epidemic Response Advisory Council (OERAC), the Department of Health and Human Services – Behavioral Health Division, Minnesota Management and Budget, the Substance and Mental Health Services Administration (SAMHSA), the Association of Recovery Community Organizations (ARCO), and Community Anti-Drug Coalitions of America (CADCA).”

Refer to the summary: MN Prevention & Recovery Alliance (Education, Advocacy and Support) presented to OERAC by Tracee Anderson and to the PowerPoint presentation, Know the Truth, The Prevention Program of Minnesota Adult & Teen Challenge, Overview of Services prepared for: Opioid Epidemic Response Advisory Council, May 21st, 2021.

OERAC Health Equity Subcommittee - Update

Neerja Singh - 9:40am - 10:10am

The focus of the OERAC Health Equity Subcommittee update is on:

- Acknowledge reality
- Proposed mission statement for approval
- Review of proposed plan

Acknowledge reality

- Compared to Whites, American Indians are seven times as likely to die from a drug overdose and African Americans are two times as likely to die from a drug overdose (Minnesota Department of Health, 2019).
- A study focused on American Indian Reservations found: 11% of respondents to the study who were also homeless at that time reported they have been using heroin or other opioids (Wilder Research, April 2020).
- In their article, Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States, published in 2020, Goedel, William C. et al. conclude: “These findings suggest that the racial/ethnic composition of a community was associated with which medications residents would likely be able to access when seeking treatment for opioid use disorder. Reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all.” Extracted on 21-May-2021:
<https://pubmed.ncbi.nlm.nih.gov/32320038>

Proposed mission statement

Opioid Epidemic Response Advisory Council is committed to lead reforms to ensuring responsive and equitable access to the prevention, treatment and recovery support services from opioid use disorders.

Structural and social drivers of health will be acknowledged and addressed while responding to the opioid crisis.

Review of proposed plan

Strategic alignment of Social Drivers of Health (SDOH) in development and enhancement of continuum of care for opioid-related substance use disorder by following two measures:

1. Incorporate SDOH review in all aspects of prevention, treatment, recovery services and the evaluation of the services for Opioid Use Disorder.
2. Acknowledge the need to have data-driven evaluation plan with concrete strategies to address disparities in access to substance use treatment for Opioid Use Disorder.

Request for Proposal (RFP) will have the following dimensions:

- Enhancement of care coordination to address SDOH, e. g., housing, food, employment, transportation, violence, abuse, health, etc.
- Incorporation of National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)
- Person-centered and family-centered approach
- Geographical equity
- Active engagement in development of continuum
- Identification of priority populations and their needs
- Established process and outcome indicators
- Risk analysis

MDH Opioid Overdose Deaths Presentation

Nate Wright - 10:10am - 10:40am

Nate Wright, Epidemiologist Supervisor at the Minnesota Department of Health (MDH) provides an update on drug overdose data.

The key findings are:

In 2020, the number of nonfatal emergency department visits for drug overdose increased compared to 2019.

In 2020, the number of drug overdose deaths increased by 27% compared to 2019. The increase was driven by a) synthetic opioids, such as fentanyl and b) psychostimulants, such as methamphetamine.

The drug overdose death disparity increased for American Indians and African Americans who reside in Minnesota.

From 2019 to 2020, there was a marked decrease in the number of emergency department visits and a marked increase in the number of drug overdose emergency department visits.

In the first six months of 2020, emergency department drug rates for drug overdose increased, followed by stable but high rates.

In 2020, the number of monthly drug overdose emergency department visits were significantly higher compared to 2019.

Drug overdose deaths data:

In 2020, the number of drug overdose deaths was higher compared to 2017 through 2019.

In 2020, the number of drug overdose deaths in the Metro area and in Greater Minnesota increased. The gap between the two geographic areas has been expanding.

In 2020, the number of deaths where opioid was involved increased. The increase in deaths was driven by synthetic opioids. There is an increase in deaths where psychostimulants were involved.

From 2019 to 2020, adults (25 to 34 years old) experienced the highest number of drug overdose deaths.

Drug overdose death disparity by race:

In 2020, the drug overdose death rates increased dramatically for American Indians and African Americans residing in Minnesota, leading to an increased drug overdose death disparity by race.

American Indians (25 to 34 years old) residing in Minnesota experienced the highest number of drug overdose deaths.

From 2019 to 2020, drug overdose deaths where synthetic opioids were involved increased by 63%; drug overdose deaths where psychostimulants were involved increased by 25% among American Indians residing in Minnesota.

In 2019 and 2020, trends for drug overdose deaths were similar for the Metro area and for Greater Minnesota.

In 2019 and 2020, trends for drug overdose deaths were higher for women and increased parallel to the number of drug overdose deaths for men. African Americans (25 to 34 years old) residing in Minnesota experienced the highest number of drug overdose deaths.

From 2019 to 2020, the number of drug overdose deaths where synthetic opioids were involved increased by 94%; the number of drug overdose deaths where psychostimulants were involved increased by 157% among African Americans residing in Minnesota.

From 2019 to 2002, the number of drug overdose deaths in the Metro area increased significantly for African Americans.

Break

All 10:40 to 10:45

2021 Funding Priorities Discussion

Kristin Van Amber - 10:45am - 12:15pm

Kristin Van Amber of MMB reviews the responsibilities of the OERAC members, followed by a review of the following discussion points:

- Review the OERAC legislation funding requirements
- Review the 2020 funding priorities (focused on treatment, prevention, and other strategies)
- Review the 2021 funding priorities process proposal
- Identify and prioritize topic areas covered in the MDH Opioid Overdose Deaths Presentation

A 90-minute discussion follows, facilitated by Kristin Van Amber of MMB.

Some highlights that emerged from the lengthy discussion are:

There should be increased focus on “harm reduction” and the principles of it: respecting the rights of people who use drugs; a commitment to evidence; a commitment to social justice and collaborating with networks of people who use drugs; avoidance of stigma.

More research is needed to better understand harm reduction and its principles. In the context of harm reduction, “talking to the community” is only part of the process. This involves “listening to the community” and “going to the community”.

Community outreach and engagement need to be managed well, and new approaches are needed. Community outreach and engagement should be more proactive. For example, if a new immigrant

community is forming in Minnesota, it is advisable to connect with that community before a crisis occurs. See Karen Organization of Minnesota to learn more about this community: <https://www.mnkaren.org/>

Other communities need more attention as well. For example, the American Indian community and the Hmong community. (Today, there are approx. 66,000 Hmong in Minnesota. The largest concentration of Hmong in the United States is in Minneapolis/St. Paul.)

Cultural road blocks need to be removed. For example, legislative staff of the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH) can reach out to East African community leaders to inform the work of their departments.

Justice-involved persons with substance use disorders and opioid use disorder need to be included in the treatment and recovery planning. Providers of substance use disorders and opioid use disorder treatment and recovery services, as well as persons who experience acute addiction will be able to identify where the “gaps” are.

DHS can reach out to the Minnesota Department of Education (MDE) to develop new strategies or build on existing ones for early intervention in schools across Minnesota. Teachers, school counselors, and students are the best sources for direct feedback on what works and what does not.

In order to implement the OERAC’s strategies, “the RFP process must be simplified to provide funds to grantees who normally don’t get grants”.

Open Public Comment

Kristin van Amber 12:15pm - 12:20pm

No comments

Next Steps and Meeting Wrap-up

Kristin van Amber - 12:20pm - 12:30pm

At the end of the meeting, there is a survey OERAC members are asked to complete about the meeting and the planned presentations at an upcoming meeting.

OERAC members suggest providing more meeting time for guests.

The next meeting will be on 18-June-2021.