April 23, 2015

Sylvia M. Burwell
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Secretary Burwell:

I am writing on behalf of Governor Mark Dayton. Thank you for the opportunity to inform your office of Minnesota’s planning efforts to reduce the injury and mortality associated with prescription and illicit opioid use and overdose. The Minnesota Department of Human Services (DHS) in conjunction with the National Governors Association and the Minnesota State Substance Abuse Strategy, which includes the Departments of Health, Education, Public Safety, and Corrections as well as the state judicial branch and the Minnesota Board of Pharmacy, has developed a robust approach to reduce access to prescription opioids, increase access to naloxone and expand medication-assisted treatment.

In 2015, Minnesota is experiencing unique public health tragedies as a result of the over-prescribing of opioid pain relievers and the availability of heroin in our communities:

- Minnesota ranked first among all states in deaths due to drug poisoning among American Indians/Alaska Natives.
- Approximately 3,000 Minnesota Health Care Plan (MHCP) enrollees become chronic opioid users annually.
- Of the new chronic users, over 80 percent have a recent diagnosis of mental illness, substance abuse disorder, or both mental illness and substance abuse disorder, each of which make it more likely that a person will become opioid dependent.
- More than half of pregnant Minnesota women who are known to be opioid dependent are still prescribed opioids for pain during pregnancy.
- The number of fetuses exposed to illegal or prescription drugs disproportionately impacts American Indians in Minnesota. The rate of prescribed opioids for pain during pregnancy is twice as high among American Indians than among other Minnesotans.

**Overprescribing Opioid Pain Relievers** - In response to inappropriate opioid prescribing, the governor’s 2015 legislative proposal recommends the following:

- Formation of a community-based Opioid Prescribing Work Group (OPWG) to recommend protocols that address all phases of the opioid prescribing cycle, such as prescribing for acute and chronic pain

*PO Box 64981 • St. Paul, MN • 55164-0981 • An Equal Opportunity and Veteran Friendly Employer*
and the period in between. The OPWG will make its recommendations to the commissioners of health and of human services.

- Developing educational resources and messages for providers about communicating with patients about pain and using opioids to treat pain.
- Providers not enrolled in MHCP may voluntarily use the OPWG’s recommendations to improve their opioid providing practices.
- DHS will notify MHCP-enrolled providers whose practices fall outside recommended quality improvement thresholds. These providers will be required to submit plans in order to bring their practices into alignment with community-developed standards.
- DHS will dis-enroll MHCP providers whose practices are so consistently extreme that they meet OPWG recommended opioid disenrollment thresholds.

Results:
Within four years of implementing the recommendations, DHS anticipates that our state will see:
- Fewer deaths attributed to prescription opioid overuse.
- A decline in substance abuse disorder related to prescribed opioids.
- A decline in opioid overuse, particularly for treatment of chronic pain, and among populations with disparate rates of opioid overuse.
- A reduction in the incidence of fetuses exposed to prescription drugs.

The State Opioid Oversight Project - At the request of the Office of Governor Mark Dayton, the Chemical and Mental Health Services and Health Care Administrations of DHS along with the MDH, the DHS Office of the Inspector General, the Board of Pharmacy, and the Department of Public Safety are participating in the yearlong National Governors Association prescription drug abuse summit, are working together to provide a state opioid oversight project which will oversee seven multi-agency focus areas addressing the spectrum of challenges from prevention to treatment of opioid abuse. The State Opioid Oversight Project will report to the Minnesota State Substance Abuse Strategy Executive Sponsors to ensure that all parties are able to reduce the impact of opioid dependence among Minnesotans while appropriately managing pain.

The State Opioid Oversight Project is organized to best address the complex issues of opioid use and abuse. SOOP has developed these focus areas to tackle opioid use and abuse from every angle. This project will allow us to reduce the consequences associated with prescription drug abuse and increase the awareness of this important issue within our communities. The approach will address prescription drug abuse with a recovery oriented systems of care (ROSC) philosophy and will incorporate a person centered approach that builds on the strengths of community to improve the quality of life for the individual, family member and communities.

The State Opioid Oversight Project is focusing on seven targeted focus areas:
1) Neonatal Abstinence Syndrome
2) Medication Assisted Treatment
3) Opioid Prescribing
4) Prescription Monitoring Program
5) Increasing Access to Naloxone
6) Prevention/Awareness
7) Increasing Prescription Take Back Opportunities
**Neonatal Exposure to Opioid Medications** - In response to the burgeoning problem of opioid related neonatal exposure use disorder, the governor’s 2015 legislative proposal recommends the following:

- Grant funds to support the provision of targeted integrated services for pregnant mothers who are at high risk of adverse birth outcomes due to either maternal opioid use or prematurity/low birth weight in geographically identified areas of high need.
- Support for planning, system development and integration of medical, substance use disorder and social services for women within target areas.
- Integration of community-based paraprofessionals such as doulas and community health workers, as a routinely available service component.
- Systematized screening, collaborative care planning, referral, and follow up for behavioral and social risks known to be associated with poor birth outcomes.

In addition to the governor’s legislative recommendations, the Department of Human Services established the neonatal abstinence policy academy workgroup to address the impact of opioid addiction on Native American women of child-bearing age. The three priorities of the workgroup are to develop education materials for provider and community members on neonatal abstinence syndrome, develop a culturally-based treatment model across the spectrum of prevention, treatment and recovery, and to encourage substance use screening for all pregnant women and subsequent referral for treatment services, if necessary.

The Alcohol and Drug Abuse Division in the Department of Human Services supports specialized women’s treatment services with grant funding. These grants provide treatment support and recovery services for pregnant and parenting women who have substance use disorders. With enhanced services, families can access additional recovery supports, meet their basic needs of daily living, address mental and physical health needs and obtain parenting support to increase family stability.

**Increasing Access to Naloxone** – In 2015, the Minnesota legislature passed a bill that is referred to as “Steve’s Law,” which increases the availability of naloxone and provides some Good Samaritan protections. The intent is to increase both the availability of overdose reversal medications as well as decrease the fear of contacting law enforcement/first responders in an overdose situation by granting limited immunity to the caller. Wider distribution of emergency use naloxone will reduce mortality among individuals using illicit opioids.

The State Opioid Oversight Project will target its efforts to increase the availability of naloxone for needle-exchange clinics, law enforcement, and emergency responders and for prescribing it with opiate prescriptions until it is available over the counter. The project recognizes that the price of naloxone has continued to double since last year which can cause a financial burden to states trying to expand the availability. The project also recognizes there is much work to be done within law enforcement to reduce the resistance from law enforcement to carry naloxone.

**Expanding Medication Assisted Treatment** – The State Opioid Oversight Project recognizes that individuals need treatment, but access to treatment has not kept up with the demand. The increase in individuals using and abusing prescription drugs has led to increased need for addiction treatment and recovery resources. Traditionally, the Minnesota model of addiction treatment excludes medication assisted therapies. Nearly 90% of Minnesota treatment programs still use a 12-step, abstinence-based treatment, which is ineffective for some patients with opioid dependence. The availability of medication-assisted treatments is scarce in relation to the demand particularly in rural Minnesota, as
troubled methadone-clinics are in danger of closing and the primary care community has not yet engaged to meet the need with offering buprenorphine-based treatments.

As we develop strategies to add medication assisted treatments to specialty addiction programs and in primary care settings, we will also integrate this evidence-based treatment into a comprehensive, modernized model of care. We believe that treatment can be offered in a variety of clinical settings and the opportunity to recover is enhanced with peer support, care coordination and long-term care.

The Minnesota Department of Human Services will continue to support the strategies deployed through your office and welcomes the opportunity to collaborate in order to stop the unnecessary death and suffering associated with opioid use.

Thank you for considering these comments.

Sincerely,

Lucinda E. Jesson
Commissioner