Task Force on Holistic and Effective Responses to Illicit Drug Use

Legislative Report

02/15/2025

Task Force on Holistic and Effective Responses to Illicit Drug Use

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As requested by Minnesota Statute 3.197: This report cost approximately $150,000 to prepare, including staff time, printing and mailing expenses.

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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, HF5216.[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 a person 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. Rise Research produced an initial report, Drug Policy State of the Evidence, in 2024 and shared recommendations with the Task Force that will come forward in the second report due to the Legislature in March of 2025[3].

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. This report presents the Task Force's consideration and prioritization of recommendations based on the work completed within this abbreviated timeframe. Additional analysis and recommendations may be forthcoming, as authorized by statute, to address aspects of the Task Force's charge that require more extensive examination. The Task Force's approach to fulfilling its statutory duties within these time constraints was guided by strategic prioritization rather than comprehensive completion of all potential areas of study.

The 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

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[1] Laws of Minnesota 2024, HF5216, Fourth Engrossment, Article 5, Section 17, page 86, accessed January 8, 2025. https://mn.gov/mmb-stat/office-of-addiction-and-recovery/hf-4959-amended-language.pdf.

[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.

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.

Task Force meetings and methodology

The Task Force convened monthly from September 2024 through January 2025 in accordance with Minnesota Open Meeting Law (MN statute Ch. 13D)[4]. The schedule and general overview of work cadence is outlined in Appendix C.

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

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 and 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

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 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, 116 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 116 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

Review of Rise Research Recommendations

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. Through this process, 116 recommendations were approved for inclusion in this legislative report. The Task Force then conducted a structured prioritization process, identifying 20 recommendations as highest priority. These prioritized recommendations are presented at a high level with subsequent detail included in Appendix D.

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. These recommendations may not fully align with the final forthcoming recommendations brought forward from Rise Research.

The remaining approved recommendations are also documented in Appendix D, along with details of the review process. Twenty-two 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. The drug policing domain remains under active discussion, along with unapproved recommendations that Task Force members may bring forward for further consideration. As the Task Force continues its work through June 2025, it will seek additional community input and may develop supplemental recommendations for legislative consideration. Background and additional information for these recommendations can be found in the initial Rise Research Drug Policy State of the Evidence reports.

Healthcare

A. 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[5] as a good start for legislation, with addenda offered by the Task Force outlined in Appendix D.

[5] 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/

B. 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.

C. 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"[6].

D. 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/)[7].

E. Expand access to methadone through Opioid Treatment Programs:

   - Study and make recommendations regarding how flexibilities in Minn. Stat. § 245G.07, Subd. 4[8] 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.

F. Create statewide protocols to establish and fund programs for paramedics to initiate buprenorphine treatment for patients who are at high risk for overdose death.

G. 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.

H. Expand access to treatment and recovery services for youth, especially services that are not religious.

I. Expand high quality peer support services by addressing professionalization, equitable compensation, and reimbursement issues.

J. 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.

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[6] 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.

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

[8] 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.

Social determinants of health

K. 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.

L. Allocate funding to co-located treatment, where families can remain together.

M. Ask state agencies to assess schools' drug education programs and drug counseling services for their adherence to evidence base.

N. Enact and enforce legislation that prohibits the criminalization of homelessness and linked life-sustaining activities.

Harm reduction

O. Revise "Steve's Law," Minnesota's Good Samaritan law[9]. 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.

P. 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.

Q. 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.

[9] 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.

R. 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.

S. 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.[10]

Cross-cutting

- No recommendations from this domain were prioritized.

Data collection

T. 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.

Future work and timeline

The Task Force conducted its initial review, discussion, and prioritization of recommendations between September 2024 and January 2025. Given the compressed timeline, the Task Force decided to defer discussion of the drug policing domain until after submission of the initial report. The Task Force will continue to meet through June 2025 to:

- Review recommendations from Rise Research on drug policing
- Consider additional findings from the final Rise Research report due to the legislature in March 2025

Task Force members may request a legislative extension of its mandate to allow for more comprehensive analysis and recommendations beyond the current June 2025 expiration date.

[10] 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.

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 1: 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 2: 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 - June 2025	Future work for the Task Force

Appendix D - Approved recommendation full list

Recommendation review methods

The full list of recommendations that were considered for inclusion in this report were provided by Rise Research and are forthcoming in their 2025 report. During the Task Force meetings in October, November, and December, recommendations were discussed, and a survey was sent out between meetings for members to vote on which recommendations to include in the report. Those that passed a supermajority vote (> 75%) by members are distinguished here from those that either didn't pass a supermajority or were not voted on. During the evaluation of the recommendations, some required rewording prior to voting, and other recommendations did not seem feasible to discuss given the limited time to evaluate and vote prior to this report due date; these will be discussed in future work and materials submitted to the legislature based on the upcoming February - June 2025 meetings. A handful of recommendations that did not initially achieve a supermajority were discussed at the Task Force meetings, and members were asked to provide feedback on what they would need to bring them to a "yes" vote, which resulted in multiple recommendations that initially did not pass a supermajority to cross the threshold and be included in the list of approved recommendations. Other recommendations needed to be reworded to improve clarity and scope and improve discussions and readiness to vote. In the January 2025 meeting, members then discussed and prioritized each recommendation that passed by a supermajority to highlight the top 20 that should be considered first by the legislature.

The Task Force had a short turnaround time to review 138 recommendations under the domains of healthcare, social determinants of health, harm reduction, data collection, and cross-cutting policy areas. The Task Force voted to approve 116 recommendations through a strong supermajority; 5 recommendations were not approved, and 16 recommendations were not voted on.

Full list of approved recommendations

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, 115 recommendations are listed below rather than 116 because the Task Force combined two recommendations.

Healthcare

Table 3: All Healthcare recommendations

Reference #	Recommendation: Final Version	Passed Voting %
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 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 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	80%

Reference #	Recommendation: Final Version	Passed Voting %
	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 prominently displayed, etc. Chairperson Kelly suggests referencing page 10 and 11 of the Timely Withdrawal Management Act for additional information (LAPPA).	
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.	92%
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.	100%

Reference #	Recommendation: Final Version	Passed Voting %
4	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 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.	100%
5	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. 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.	100%
6	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%

Reference #	Recommendation: Final Version	Passed Voting %
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.	92%
8	Expand access to treatment and recovery services for youth, especially services that are not religious.	100%
9	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	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	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	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 experience overdose, and their families. Consider supplemental language that would prohibit doctors from reporting patients who possess controlled substance to law enforcement.	92%
13	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%

Reference #	Recommendation: Final Version	Passed Voting %
14	Direct state agencies to consider and make recommendations to expand access to telehealth treatment for substance use disorders.	100%
15	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	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	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	Implement findings from the Minnesota Healthcare Programs Fee for Service Outpatient Services Rates Study.	92%
19	Expand Medicaid to cover peer support services for youth.	100%
20	Ensure that the 1115 Medicaid Reentry Waiver program implementation recognizes pregnant or postpartum people as eligible populations and creates tailored supports for pregnant and postpartum people leaving detention settings.	100%
21	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%

Reference #	Recommendation: Final Version	Passed Voting %
22	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	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	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	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	Expand Contingency Management treatment for people with stimulant use disorder, either by applying for an 1115 Medicaid waiver or with other state funds.	100%
27	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%

Reference #	Recommendation: Final Version	Passed Voting %
28	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	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	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	Allocate funding for technical assistance to community-based providers to become Medicaid providers.	100%
32	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	Continue to expand ECHO model to increase treatment access in rural Minnesota by training general practitioners to prescribe buprenorphine.	100%
34	Mandate specific training for all licensed healthcare providers, not only those practicing addiction medicine, on harm reduction, medications for opioid use disorder, working with people who use drugs, and trauma-informed care.	100%
35	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%

Reference #	Recommendation: Final Version	Passed Voting %
36	Streamline peer certification programs to eliminate separate certifications for mental health and substance use disorder specialties.	100%
37	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 4: All Social determinants of health recommendations

Reference #	Recommendation: Final Version	Passed Voting %
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.	100%
39	Allocate funding to co-located treatment, where families can remain together.	100%
40	Ask state agencies to assess schools' drug education programs and drug counseling services for their adherence to evidence base.	100%

Reference #	Recommendation: Final Version	Passed Voting %
41	Enact and enforce legislation that prohibits the criminalization of homelessness and linked life-sustaining activities.	85%
42	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	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	Enact strong protections against high bank overdraft fees.	83%

Reference #	Recommendation: Final Version	Passed Voting %
45	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	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	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	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	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%

Reference #	Recommendation: Final Version	Passed Voting %
50	Allocate funding for "supported employment" programs for people with substance use disorders and serious mental health issues.	92%
51	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	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	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	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	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	Extend the statutes governing evidence of rehabilitation to private employers. Minn. Stat. Ann. § 364.03, Subd. 3.	83%
57	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	77%

Reference #	Recommendation: Final Version	Passed Voting %
	based on submitted materials. These requirements should extend to private employers.	
58	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	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	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	Increase funding for recovery-friendly workplace programming.	100%
62	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	Study alternatives to homeless encampments like temporary shelter facilities, temporary authorized encampments, and safe parking lots.	100%

Reference #	Recommendation: Final Version	Passed Voting %
64	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	Increase state oversight of ongoing homeless encampment. See, for example, SF5259 from the 2024 legislative session, as a starting point. Integrate the "Encampment Principles and Practices" from the National Law Center on Homelessness & Poverty.	92%
66	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	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	Implement recommendations from the Task Force on Shelter, including creating an Ombuds for Shelter Oversight.	85%
69	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	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	92%

Reference #	Recommendation: Final Version	Passed Voting %
	dependent upon meeting those standards; and investing in the development and sustainability of certified recovery housing.	
71	Amend MN Stat 504B.171 to remove requirements that residential leases include drug-free provisions and anti-sex work provisions.	83%
72	Expand Harm Reduction, Health, and Housing grants program administered by MDH and other programs that facilitate access to treatment for substance use disorders and other social supports for people experiencing homelessness.	85%
73	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	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	Create and fund culturally specific grant programs to prevent drug use among immigrant youth and youth from refugee families.	92%
76	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	Eliminate random drug testing for SNAP and TANF beneficiaries with felony drug convictions.	85%
78	Grant people with cleared records the explicit right to deny and refuse to acknowledge the existence of such records.	77%
79	Require applications that inquire about criminal history to include a notice that cleared records should not be disclosed.	77%

Harm reduction

Table 5: All Harm reduction recommendations

Reference #	Recommendation: Final Version	Passed Voting %
80	Revise "Steve's Law," Minnesota's Good Samaritan law. Goal is to increase the number of people calling 911 after an overdose, to prevent 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.	100%
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.	92%
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.	85%
83	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	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%

Reference #	Recommendation: Final Version	Passed Voting %
85	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%
86	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	Enact a law requiring pharmacies to maintain stocks of naloxone.	77%
88	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	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	Ensure adequate, sustainable, flexible funding for community-based syringe services programs.	92%

Reference #	Recommendation: Final Version	Passed Voting %
91	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	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 6: All Cross-cutting recommendations

Reference #	Recommendation: Final Version	Passed Voting %
93	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	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%

Reference #	Recommendation: Final Version	Passed Voting %
95	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	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%
97	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	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	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	77%

Reference #	Recommendation: Final Version	Passed Voting %
	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.	
100	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. Allocate funding to Mid-Minnesota Legal Aid, the state's federally recognized Protection & Advocacy organization, to work on this issue.	77%
101	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	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	Re-invest savings and revenue from the criminal-legal system into community-based supports, like job placement and mental health services.	85%
104	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%

Reference #	Recommendation: Final Version	Passed Voting %
105	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	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 7: All Data collection recommendations

Reference #	Recommendation: Final Version	Passed Voting %
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. 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	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%

Reference #	Recommendation: Final Version	Passed Voting %
109	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	Mandate that the appropriate state agencies track and make publicly available the costs related to drug law enforcement.	92%
111	The MN Uniform Crime Report should provide demographic breakdowns for each offense, not only for arrests generally.	100%
112	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 violations, data should be collected and disaggregated around missed appointments and positive drug screens specifically. Ensure that demographic data is integrated across the board.	100%
113	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	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	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	100%

Reference #	Recommendation: Final Version	Passed Voting %
	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.	

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.

Did not achieve supermajority

Table 8: All recommendations that did not receive a passing vote

Reference #	Recommendation	Not passed Voting %
116	Healthcare: Require detention settings to implement universal screening programs for substance use disorder and pregnancy upon entry.	67%
117	Social determinants of health: Pass legislation to facilitate guaranteed income programs to support treatment and recovery.	62%
118	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%
119	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%
120	Social determinants of health: Pass legislation to prohibit local law enforcement from collaborating with federal immigration enforcement. (Drug offenses are a significant driver of such cooperation and they account for a substantial number of arrests).	58%

Recommendations that were not voted on

Table 9: All Data recommendations that were not voted on

Reference #	Recommendation
121	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.
122	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.
123	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.
124	Healthcare: Expand ECHO model to provide training for providers and first responders who encounter people using psychostimulants like methamphetamines.
125	Healthcare: Expand agonist prescriptions for stimulant use disorder by asking state agencies to consider treating this as an acceptable medical practice. State-level 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).
126	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.
127	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."

Reference #	Recommendation
128	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.
129	Social determinants of health: Pass legislation to pre-empt local 911 nuisance and "crime-free housing" ordinances.
130	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.
131	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.
132	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.
133	Social determinants of health: Fully fund legal services that ensure immigrants can defend against deportation and obtain immigration benefits for which they are eligible.
134	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.
135	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 ensure 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

Reference #	Recommendation
	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.
136	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.