MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
651-642-0487 | 651-797-1380 (Fax)
mn.gov/boards/hpsp

ADVISORY COMMITTEE MINUTES

DATE: **Wednesday, May 13, 2026**
TIME: **4:30pm to 5:30pm**
LOCATION: **In person 335 Randolph St. Paul, MN and Virtual via WebEx**

I. Convene (Marcia Brower, Vice Chair) at 4:33pm
II. Introductions/Role Call (Kimberly Navarre)

Association	Member Name	Present
Dentists Concerned for Dentists	Dr. Charles Wilkinson	No
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger	Yes
MN Ambulance Association	Joe Newton	Yes
MN Acupuncture Association	Vacant	
MN Academy of Physician Assist.	Tracy Keizer	No
MN Assoc. of Marriage and Family Therapy	Calvin Hauer	Yes
MN Assoc. of Naturopathic Physicians	Dr. Aidanne MacDonald-Milewski	No
MN Chiropractic Assoc.	Dr. Jake Dalbec	No
MN Dental Assoc.	Dr. James Omlie	Yes
MN Health Systems Pharmacists	S. Bruce Benson	Yes
MN Medical Assoc.	Stephanie Lindgren	No
MN Nurse Peer Support Network	Katy Callaway	No
MN Nurses Assoc.	Nathanel Lew	No
MN Occupational Therapy Assoc.	Karen Sames	Yes
MN Optometric Assoc.	Georgiann Jensen Bohn	Yes
MN Organization of Leaders in Nursing	Lucy Furlong	No
MN Organization of Registered Nurses	Nicki Gjere	Yes
MN Pharmacists Assoc.	Sue Anderson	Yes
MN Podiatric Medicine Assoc.	Dr. Kari Prescott	No
MN Veterinary Medicine Assoc.	Dr. Marcia Brower (Vice Chair)	Yes

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Association	Member Name	Present
MN Psychological Association	Ann Schissel	Yes
National Assoc. of Addiction Professionals, MN	Sandy Clark	No
National Assoc. of Social Workers, MN Chapter	Michael Arieta (Chair)	No
Public Member	Joanne Kronstedt	No
Public Member	Vacant - Posted	

Other Attendees:

III. Review Minutes from February 11th (Vice Chair)
IV. Review Proposed Agenda (Vice Chair)
V. Public Comments (Vice Chair)
   a. None
VI. Presentation: Toxicology with Dr. Hannah Brown from Hennepin Healthcare

Session Overview & Legislative Context

- Session covers HPSP toxicology processes and alternative testing matrices (oral fluid & hair).
- Brief overview of financial instability facing HHC and critical need for a repurposed sales tax to avoid closure of HHC which provides essential statewide services: level one trauma care, burn center, hyperbaric center, and academic research.
- Two state bills (House & Senate) aim to stabilize funding; vote takes place May 18.
- Senate bill includes one-time stabilization grant; political disagreement has caused gridlock (tie = no vote in MN House).
- Audience encouraged to contact legislators via prepared letter if they find HHC a valuable resource in community.

Purpose of Drug Testing (HPSP Context)

- Drug testing ensures public safety, verifies abstinence, and supports safe practice for licensed professionals.
- Helps licensing boards and legal systems document ongoing sobriety.
- Core scientific principles: distinguish drugs accurately, minimize false positives, detect very low concentrations with high sensitivity/specificity.

HHC Toxicology Laboratory

- 24/7 tox testing; >18 staff; supports various entities including HPSP.

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- Holds clinical and forensic certifications; HPSP uses their forensic chain of custody procedures.
- Mass spectrometry is one of the things making HHC unique - this enables detection of hundreds of substances, including emerging drugs not covered by immunoassays. (Only a few in the country)

Alcohol Biomarkers

- Ethanol: short-term
- EtG/EtS: detect up to ~72 hours
- PEth: long-term (5–7 weeks), strong indicator of sustained abstinence; lab plans to bring testing inhouse.

Panels, Collection, and Chain of Custody

- Lab offers broad drug panels and customizable combinations for HPSP Case Managers to choose from.
- HPSP samples are collected by mail-in kits or onsite (observed/unobserved)
  - **HPSP Observed vs. Unobserved Screens Guidelines - Unobserved = default.** Used for most participants; less intrusive and lower costs**.**
  - **Observed = only when needed.** Triggered by abnormal values, suspected tampering, Board request, or required by existing probation.
  - **Three observed screens** usually required when concerns arise.
  - **Confirmed tampering = discharge** with no reinstatement.
  - If urine integrity stays questionable, HPSP may use **Peth or further testing.**
- Bathrooms designed to deter tampering; water on/off, blue dye in toilets, video observation used only when warranted.
- **Full chain of custody tracking** from collection through lab analysis; every handoff is documented and matched to specimen seals.
- **Tamper evident packaging and locked storage** ensure samples stay secure until they reach the lab.
- **Restricted lab access**: only trained toxicology staff handle specimens to maintain forensic level control.
- **Multiple validity and quality checks** (creatinine, specific gravity, instrument review) before any result is released.
- **Final review by certifying scientists** ensures accuracy, defensibility, and adherence to forensic standards.

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TDO - Toxicology Director Opinion

- A TDO is used when a test result needs expert clarification—such as distinguishing true substance use from environmental exposure, medication effects, or other claimed causes. It helps programs like HPSP, boards, and oversight bodies make informed decisions.

- It is a formal, written expert interpretation provided by the laboratory's toxicology director that explains what a drug test result *means* based on:

    - Confirmed laboratory findings (often mass spectrometry)
    - Scientific literature and known pharmacology
    - Whether the claimed exposure scenario (provided by participant) can reasonably produce the result
    - Any alternative explanations that can or cannot be supported by science

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Biological Matrices

- Conventional: whole blood, plasma/serum (cleaner samples), urine (most common; longer detection window).
- Alternative matrices benefits: less invasive collection, longer windows, useful in delayed or compromised samples, avoid postmortem redistribution.
- Technology advances allow lower detection limits and broader forensic capability.

Oral Fluid

- Non-invasive, correlates well with blood, harder to tamper with, fewer interferences.
- Drug entry via blood filtration; acidic pH traps basic drugs (e.g., cocaine, amphetamines).
- Detection window: hours to a couple days.
- Challenges: variability in saliva, contamination risk, small volumes requiring sensitive methods.

Hair Testing

- Shows long-term drug history (≈90 days), stable, noninvasive.
- Drugs incorporate via blood supply and external sources; growth like "tree rings."
- Interpretation difficult: influenced by melanin, hair type, body region, environmental exposures, cosmetic treatments.

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- Hair testing disproportionately affects people with darker, more textured hair due to higher melanin drug binding.
- Interpretation is unreliable: cannot show timing, dose, or distinguish use from exposure.
- Ethical concerns have led many experts to caution against using hair results for high stakes decisions.
- Cannot detect recent use (≈7-day gap); digestion/extraction complex.
- Not currently part of HPSP testing.

VII. HPSP Updates (Kim Navarre, Program Director)
   a. Welcome Katie Morgan from the temporary administrative role to a permanent administrative role.

VIII. Association Legislative Updates
   a. Veterinary Technicians license active under Board of Veterinary Medicine
   b. Will add a Veterinary Technician appointment to the HPSP Advisory Committee.

IX. Association Updates
   a. None

X. Adjourn: (Chair) @ 5:33pm

Next meetings:

August 12, 2026
November 18, 2026
February 10, 2027
May 12, 2027