

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

Date and time of meeting: August 20, 2021 from 8:30am to 12:30pm

Meeting Location: Microsoft Teams meeting

Participants: Nicole Anderson; Dave Baker, Representative – Vice Chair; Heather Bell, MD; Pete Carlson; Joe Clubb; Chris Eaton, Senator; Dana Farley; Randy Goodwin; Sarah Grosshuesch; Alicia House; Katrina Howard; Tiffany Irvin; Erin Koegel, Representative; Mark Koran, Senator; Gertrude Matemba-Mutasa; Esther Muturi; Toni Napier; Kathryn Nevins; Darin Prescott; Anne Pylkas, MD – Chair; Judge D. Korey Wahwassuck, Minnesota Management and Budget (MMB); Kristin van Amber. Minnesota Department of Human Services (DHS): Boyd Brown; Tara Holt; Sam Nord; Johanna Schels

Meeting Goals

Meeting goals per the agenda, dated 20-August-2021, and emailed to OERAC members by Tara Holt on 19-August-2021.

Discussion and motion to determine 2021 funding priorities.

Ground Rules, Welcome, Meeting Goals, Agenda

Kristin van Amber - 8:30 to 8:45

Kristin van Amber reviews the ground rules, How to participate, and welcomes guests. She explains the procedure for the public comment period to guests. She also explains the meeting goals and reviews the agenda.

OERAC members introduce themselves.

Please refer to the PowerPoint presentation, Opioid Epidemic Advisory Council, August 20, 2021

The Office of the Minnesota Attorney General Keith Ellison Opioids Settlement Update

Opioid Update, Eric Maloney, Assistant Attorney General 8:45 to 9:15

The focus of the opioids settlement update is on “incentive structure” and “timeline.”

The Office of the Minnesota Attorney General Keith Ellison (“AGO”) signed on to the settlement claims against Johnson & Johnson (major opioid manufacturer) and the nation’s three major pharmaceutical distributors, Cardinal, McKesson, and AmerisourceBergen (“distributors”).

With a national participation of 100% (all states participate) the total available settlement amount is:

\$5 billion over 10 years (from Johnson & Johnson)

\$21 billion over 18 years (from the distributors)

The settlement money Minnesota will receive is to be distributed according to state law or intrastate agreement. It is possible that Minnesota’s current opioid settlement plan will need to be revised.

The AGO wants to discuss with OERAC and stakeholders the possible settlement fund distribution in Minnesota. The first important step is “planning how the funds will be distributed.”

Minnesota local governments (cities and counties) play a big role when it comes to the amounts of the settlement the State of Minnesota can expect. The formula is simple: The more cities and counties will join the AGO, the more settlement funds Minnesota will get. Subdivisions must join the AGO’s settlement claim to receive direct benefits. Subdivisions means local governments or cities and counties. Local governments already benefit directly from the OERAC funds; a share of 50% of the funds OERAC manages flows into counties and tribes for social services. (Cities and municipalities do not directly receive OERAC funds.) OERAC can – and should be – involved in engaging local government officials.

Assistant Attorney General Eric Maloney explains the meaning of “global peace”. States and their subdivisions (local governments or cities and counties) will receive more settlement funds if they deliver “more peace” or better, if they release Johnson & Johnson and the distributors of liability, whereby the release of liability is exponential to settlement funds.

Release of liability includes:

- Existing claims. For example, claims by litigating subdivisions.
- Future claims. For example, claims by non-litigating subdivisions with more than 10,000 residents and certain special districts.

Pathways to peace are:

- Contractual. For example, intrastate agreement between state and subdivisions.
- Legislative action.
- Judicial action (Minnesota Supreme Court Ruling).
- A combination of the above.

Incentive structure:

Payments are divided into base payments and bonus payments.

Base payments (45% for Johnson & Johnson; 55% for the distributors) come from state sign-on to the settlement claim.

Bonus payments (50% for Johnson & Johnson; 40% for the distributors) are based on the extent of the resolution by the subdivisions of the individual states.

Johnson & Johnson will start paying the settlement funds to a state and its subdivisions immediately if and when “global peace” has been achieved. This is approx. 75% of Johnson & Johnson’s total payments over the life of the agreement.

The incentive structure is divided into four levels: A, B, C, and D.

For a description of every incentive level and to learn about the qualifying criteria, please refer to:

PowerPoint presentation, *Minnesota Attorney General 8/20/21 Opioid Settlements Update*, sent to OERAC members on 19-August-2021 via email by Tara Holt of Behavioral Health Division, DHS.

Timeline:

- August 21, 2021: Participation deadline for States
- September 4, 2021: Preliminary agreement date –first “critical mass” assessment
- September 19, 2021: Notice sent to subdivisions
- January 2, 2022: Initial participation date –participation deadline for subdivisions*
- February 1, 2022: Reference Date – second “critical mass” assessment
- April 2, 2022: Effective date of agreements + first distributor payment released
- July 15, 2022: Distributors’ second payment date
- By July 2022: Johnson & Johnson’s first and second payment
- Beyond July 2022: Continuing effort to get participation by all subdivisions in order to earn full incentive payments
- July 15, 2023: To avoid Year 3 reduction, maximize joinder/resolution
- April 2025: After this date, bonus payments for Johnson & Johnson cannot increase based on additional peace (except for Bonus D)
- July 2025: After this date, bonus payments for distributors cannot increase based on additional peace (except for Bonus D)

OERAC or some representatives of OERAC may be asked in the future to reach out to subdivisions (local governments or cities and counties) to start a dialog in regards to the settlement.

The role of individual OERAC members may need to be discussed in the future. If OERAC needs a plan: Who are the best messengers?

OERAC already invited the Association of Minnesota Counties to participate in the OERAC meetings.

OERAC members agree that OERAC will receive all settlement funds and then distribute them to the subdivisions. This is why it is important to build trust between OERAC and cities and counties. In the past, cities and counties have not paid attention to OERAC, its mission, and what it has accomplished. There is a certain level of mistrust; cities and counties may not agree with the OERAC settlement distribution plan.

The AGO believes that opioid production will be highly monitored in the future, and the opportunity to receive the highest settlement amount is now.

Requested Public Comment

9:15 to 9:25

Mohamed Shuayb, [Bayan Research Center](#)

Bayan Research Center is a non-profit research organization with focus on improving the lives of Muslim communities. Bayan Research Center conducts research on political, social, and economic issues for the purpose of developing East African communities; Bayan Research Center contributes its research to local governments and community leaders. Opioid addiction is a stigma in East African communities that needs to be resolved through targeted community outreach, communication, and education.

Angela Cuellar, Executive Director of Another Chance 4 Hope is a non-profit organization that works with youth at risk, from ages 16 to 24, to prevent homelessness, addiction, and human trafficking. Go to:

<https://www.anotherchance4hope.org>

Many homeless youth are addicted to opioids. The lack of adequate housing is a hindrance to treatment and the delivery of successful support services, such as education and skills training for employment.

MMB Presentation of ECHO Research Findings

Anna Solmeyer, Aaron Berger and Weston Merrick 9:25 to 9:55

The Minnesota Department of Management and Budget (MMB) conducted an Impact Evaluation that involves the investments made from the Opioid Epidemic Response Fund and its impact.

Please refer to the PowerPoint presentation, *Project ECHO: Impact Evaluation Results*, by Anna Solmeyer, PhD, Research Scientist, Aaron Berger, PhD, MPH, Research Scientist, Weston Merrick, PhD, Senior Manager, Impact Evaluation Unit.

The evaluation of Project ECHO is complete. The key findings are:

Providers who attended one or more ECHO sessions were substantially more likely to:

- Obtain a DATA-waiver to prescribe Buprenorphine.
- Write at least one Buprenorphine prescription.
- Prescribe MOUD to a higher percentage of their patients with a history of OUD.

Patients who saw ECHO-trained providers were more likely to:

- Receive Buprenorphine.
- Receive any form of MOUD (Buprenorphine, Naltrexone, or Methadone).

The team from MMB (Anna Solmeyer, Aaron Berger, and Weston Merrick) explains the progression of the project from January 2020 to December 2020, and from January 2021 to September 2021.

January to March 2020

Study design and literature search

April to September

The project was placed on hold because of the COVID-19 response.

October to December

Finalize design, RQs, MMIS query. (RQ stands for Reportable Quantity; MMIS stands for Medicaid Management Information System.)

Progression of the project from January to September 2021

January to March 2021

Finalize design, RQs, and MMIS query

April to June 2021

Data analysis

July to September 17, 2021

Determining and sharing results

Important result:

Medications for Opioid Use Disorder (OUD) are effective for treating OUD. However, there are barriers to medication assisted treatment (MAT) access.

Barriers are:

- Methadone is not available in primary care. Only 16 qualified primary care providers in Minnesota prescribe Methadone.
- Naltrexone requires detoxification of the patient, often leading to non-adherence to the prescribed treatment.
- Buprenorphine requires a waiver. In 2020, only 4.6% or 1,094 qualified primary care providers had such a waiver.
- In 2020, 31 of the 87 Minnesota counties had qualified primary care providers with such a waiver.

The Department of Human Services (DHS) is funding initiatives to increase the number of qualified primary care providers who can and are willing to prescribe medications for OUD. DHS is also investing in the Project ECHO model.

What is the Project ECHO model?

- An interdisciplinary team (“hub”) connects with qualified primary care provider teams (“spokes”) through weekly video conferences for case-based learning.
- Hubs provide training and mentoring to providers located in hard to reach rural and underserved areas, and to providers who have not been trained to treat OUD.
- Attendance is voluntary and providers can attend as many sessions as they want.

Typical topics within the frame of case-based learning are:

- How to obtain a waiver.
- Best practices for prescribing Buprenorphine.
- How to taper opioid prescriptions.

- Best practices for pain management.

For **DHS opioid ECHO hub funding from 2017 to 2021**, please refer to the PowerPoint presentation, *Project ECHO: Impact Evaluation Results*, by Anna Solmeyer, PhD, Research Scientist, Aaron Berger, PhD, MPH, Research Scientist, Weston Merrick, PhD, Senior Manager, Impact Evaluation Unit.

Other topics of the research study presentation:

- Research questions and outcome measures.
- Study methods and study sample size.
- Study results in the form of “descriptive information” and “provider outcomes”.
- Exploratory analysis or ECHO “dosage” with patient outcomes.

Conclusions

- The Project ECHO model is an effective way to expand qualified primary care provider capacity for the treatment of opioid use disorder with medications, also known as medication-assisted treatment for opioid use disorder or MAT for OUD.
- Exploratory analyses suggest that attending at least six ECHO sessions may be important for making an impact and for achieving positive outcomes.
- The MMB team did not see differential impacts on opioid prescribing practices or patients receiving medical care for nonfatal opioid overdoses.
- The findings are important for supporting an expansion of the Project ECHO model (adding hubs and spokes) for the purpose of treating OUD, especially with MAT. It is important to secure more permanent funding (from the Minnesota Department of Human Services).

Break

Kristin Van Amber 9:55 to 10:05

2021 Funding State and Federal Funding Discussion

Kristin Van Amber, Boyd Brown and Tara Holt 10:05 to 12:00

Kristin van Amber reviews the guidelines for the discussion:

- Review the request for proposal timelines.
- Review the OERAC 2021 policy recommendations from the legislative report.
- Review the 2020 request for proposal to determine if the funding items are relevant to the upcoming OERAC State fee collection proposal, if the new items identified should be added, and what items fit under the future federal block grant.
- Vote to move forward on a final OERAC State fee collection request for proposal.
- Input will be requested from all participants.

For a review of OERAC funding timelines and OERAC 2021 policy recommendations in the legislative report, please refer to: PowerPoint presentation, *Opioid Epidemic Response Advisory Council, August 20, 2021*, sent to OERAC members by Tara Holt on 19-September-2021.

Kristin van Amber reviews all OERAC 2021 policy recommendations (“bills”) introduced to the 92nd Legislature (2021-2022) and posted on 26-March-2021 at 09:16 AM.

HF 19/SF 61: Buy and bill legislation for injectable medications for substance use disorders.

HF 928/SF 1142: Policies to decriminalize possession of needles and syringes.

HF 648: Bill to prohibit health insurance companies from limiting the number of urine drug screens.

HF 652/SF 837: Bill to prohibit life insurance companies from turning people down because they have filled a prescription for Naloxone.

HF 1283/SF 1139: Reimbursement reform for: board certified addiction medicine physicians; licensed alcohol and drug counselors; certified peer recovery specialists.

Send your questions about the OERAC 2021 policy recommendations/ bills to:

Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: tara.holt@state.mn.us

Boyd Brown of Behavioral Health Division, Minnesota Department of Human Services:

boyd.brown@state.mn.us

Note: For additional legislative requests for reimbursement reforms, see slide 16 of the PowerPoint presentation, *Opioid Epidemic Response Advisory Council, August 20, 2021*, sent to OERAC members by Tara Holt on 19-September-2021.

Note: OERAC members are asked to review the aforementioned presentation and send comments and questions to Tara Holt of the Behavioral Health Division by 27-August-2021: tara.holt@state.mn.us

Public Comment

12:00 to 12:15

Public comments focused on the following topics:

- Opioid use disorder (OUD) recovery and the need for more support services.
- OUD and harm reduction, including the need to fund the purchase of syringes distributed by qualified provider programs. (There is an outbreak of HIV among people with SUD/ OUD in Duluth.)

Next Steps and Meeting Wrap-Up

Kristin Van Amber 12:15 to 12:30

Assignment review – Who is doing what?

The next OERAC meeting will take place on 17-September-2021.

The Meeting adjourns at 12:30 PM.