Bill Comparison Summary of Senate File 2934 (third engrossment) / Senate File 2934 (second unofficial engrossment)

Senate Article 6: Opioid Prescribing Improvement Program House Article 5: Opioid Prescribing Improvement Program

Prepared by:

House Research Department and Senate Counsel, Research and Fiscal Analysis

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Comparison Summary of S.F. 2934 – Senate (S.F. 2934, third engrossment) / House (S.F. 2934, second unofficial engrossment)

Section	SENATE Article 6: Opioid Prescribing Improvement Program	Comparison	HOUSE Article 5: Opioid Prescribing Improvement Program
		House only	Section 1. Program established. Amends § 256B.0638, subd. 1. Adds, as an additional purpose for the DHS opioid prescribing improvement program, the support of patient-centered, compassionate care for Minnesotans who require treatment with opioid analgesics.
1	(256B.0638, subdivision 2 – Definitions) makes technical changes to the definition of opioid prescriber for the purposes of the opioid prescribing improvement program.	Similar: House modifies definition of "opioid disenrollment standards" with sanctions language; Senate does not. Technical difference in paragraph (g).	Section 2. Definitions. Amends § 256B.0638, subd. 2. Modifies the definition of "opioid disenrollment standards," to rename the term "opioid sanction standards" and refer to clinical indicators of opioid prescribing practices (rather than parameters) and to refer to provider sanctions (rather than to provider disenrollment). Also modifies the definition of "opioid prescriber."
2	(256B.0638, subdivision 4 - Program components) modifies the duties of the opioid prescribing working group by removing reference to the opioid disenrollment standards, and exempts opioids prescribed to palliative care patients from the opioid prescribing protocols.	Similar: House adds sanction standard language; Senate does not.	Section 3. Program components. Amends § 256B.0638, subd. 4. Removes references to opioid disenrollment standards.
3	(256B.0638, subdivision 5 - Program implementation) removes a requirement that the commissioner take certain steps if and opioid prescriber's prescribing practices do not improve after a year following notification by the commissioner that the prescriber is in violation of the prescribing standards.	Different	Section 4. Program implementation. Amends § 256B.0638, subd. 5. Requires the DHS quality improvement program to be designed to support patient-centered care that is consistent with community standards, and discourage unsafe tapering practices and patient abandonment by providers. The section also: modifies requirements for provider quality improvement plans;

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			 requires prescribers treating patients who are on chronic, high doses of opioids to meet community standards of care, but these providers are not required to show measurable changes in chronic pain prescribing thresholds within a certain period; requires the commissioner to dismiss a prescriber from participating in the opioid prescribing quality improvement program when the prescriber demonstrates that their practices are patient-centered and reflect community standards; and allows the commissioner to investigate providers whose prescribing practices fall within the applicable opioid sanction standards (current law refers to provider termination and disenrollment standards).
		House only	Section 5. Waiver for certain provider groups. Amends § 256B.0638, by adding subd. 6a. Provides a waiver from opioid prescribing improvement program requirements for prescribers employed by or affiliated with a provider group that has received a waiver from the commissioner; requires the commissioner to develop waiver criteria for provider groups and make waivers available beginning July 1, 2023. Specifies factors for the commissioner to consider and specifies that waivers will be granted on an annual basis.
4	(REPEALER) repeals the opioid prescribing improvement program effective June 30, 2024.	Senate only	

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		House only	Section 6. Direction to commissioner of human services; opioid prescribing improvement program sunset.
			Requires the commissioner to recommend criteria to provide for a sunset of the opioid prescribing improvement program; lists stakeholders the commissioner must consult with; requires the commissioner to submit recommended criteria to the legislature by January 15, 2024.