

284.3

ARTICLE 7

284.4

OPIATE ABUSE PREVENTION

284.5 Section 1. Minnesota Statutes 2016, section 151.212, subdivision 2, is amended to read:

284.6 Subd. 2. **Controlled substances.** (a) In addition to the requirements of subdivision 1,
284.7 when the use of any drug containing a controlled substance, as defined in chapter 152, or
284.8 any other drug determined by the board, either alone or in conjunction with alcoholic
284.9 beverages, may impair the ability of the user to operate a motor vehicle, the board shall
284.10 require by rule that notice be prominently set forth on the label or container. Rules
284.11 promulgated by the board shall specify exemptions from this requirement when there is
284.12 evidence that the user will not operate a motor vehicle while using the drug.

284.13 (b) In addition to the requirements of subdivision 1, whenever a prescription drug
284.14 containing an opiate is dispensed to a patient for outpatient use, the pharmacy or practitioner
284.15 dispensing the drug must prominently display on the label or container a notice that states
284.16 "Caution: Opioid. Risk of overdose and addiction."

284.17 Sec. 2. Minnesota Statutes 2016, section 152.11, is amended by adding a subdivision to
284.18 read:

284.19 Subd. 4. **Limit on quantity of opiates prescribed for acute dental and ophthalmic**
284.20 **pain.** (a) When used for the treatment of acute dental pain or acute pain associated with
284.21 refractive surgery, prescriptions for opiate or narcotic pain relievers listed in Schedules II
284.22 through IV of section 152.02 shall not exceed a four-day supply. The quantity prescribed
284.23 shall be consistent with the dosage listed in the professional labeling for the drug that has
284.24 been approved by the United States Food and Drug Administration.

284.25 (b) For the purposes of this subdivision, "acute pain" means pain resulting from disease,
284.26 accidental or intentional trauma, surgery, or another cause, that the practitioner reasonably
284.27 expects to last only a short period of time. Acute pain does not include chronic pain or pain
284.28 being treated as part of cancer care, palliative care, or hospice or other end-of-life care.

284.29 (c) Notwithstanding paragraph (a), if in the professional clinical judgment of a practitioner
284.30 more than a four-day supply of a prescription listed in Schedules II through IV of section
284.31 152.02 is required to treat a patient's acute pain, the practitioner may issue a prescription
284.32 for the quantity needed to treat such acute pain.

285.1 Sec. 3. **[152.121] REQUIRED DISCLOSURES FOR PRESCRIPTION OPIOIDS.**

- 285.2 Subdivision 1. **Required information.** (a) When dispensing prescription opioids, a
285.3 dispenser must provide to a patient, the patient's agent, or the patient's caregiver, clear and
285.4 conspicuous written information, in plain language, about:
- 285.5 (1) the addictive nature of opioids and the risks of opioid abuse; and
- 285.6 (2) safe disposal of unused prescription opioids. This information must be consistent
285.7 with the requirements of section 152.105.
- 285.8 (b) For purposes of this section, "dispenser" has the meaning provided in section 152.126,
285.9 subdivision 1.
- 285.10 Subd. 2. **Board of Pharmacy development of materials.** The Board of Pharmacy shall
285.11 develop concise written text in plain language that a dispenser may use to comply with the
285.12 requirements of subdivision 1. The board shall make this text available to dispensers in the
285.13 state by posting it on the board's Web site in a format that allows dispensers to download
285.14 and print it for distribution.
- 285.15 **EFFECTIVE DATE.** This section is effective January 1, 2018.
- HOUSE ART. 7, SEC. 4 - SEE SENATE ART. 4, SEC. 24**
- HOUSE ART. 7, SEC. 5 - SEE SENATE ART. 10, SEC. 76**
- 288.8 Sec. 6. **REPORT ON OPIOID CRISIS GRANT; USE OF GRANT FUNDS.**
- 288.9 (a) The commissioner of human services, by October 1, 2017, shall report to the chairs
288.10 and ranking minority members of the legislative committees with jurisdiction over health
288.11 and human services policy and finance on:
- 288.12 (1) funds received under the 21st Century Cures Act, Public Law 114-255, section 1003,
288.13 Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted
288.14 Response to the Opioid Crisis Grants; and
- 288.15 (2) uses of the funds received, including a listing of grants provided and the amount
288.16 expended on personnel and administrative costs, travel, and public service announcements.
- 288.17 (b) The commissioner shall use remaining Opioid Crisis Grant funds, and any additional
288.18 funds received from other sources, to provide grants to counties for opioid abuse prevention
288.19 initiatives, increase public awareness of opioid abuse, and prevent opioid abuse through the
288.20 use of data analytics.

288.21 Sec. 7. **CHRONIC PAIN REHABILITATION THERAPY DEMONSTRATION**
288.22 **PROJECT.**

288.23 Subdivision 1. **Establishment.** The commissioner of human services shall develop and
288.24 authorize a two-year demonstration project with a rehabilitation institute located in
288.25 Minneapolis operated by a nonprofit foundation, for a bundled payment arrangement for
288.26 chronic pain rehabilitation therapy for adults who are eligible for fee-for-service medical
288.27 assistance under Minnesota Statutes, section 256B.055, subdivision 7, 15, 16, or 17. The
288.28 chronic pain rehabilitation therapy demonstration project must include: nonnarcotic
288.29 medication management, including opioid tapering; interdisciplinary care coordination; and
288.30 group and individual therapy in cognitive behavioral therapy and physical therapy. The
288.31 project may include self-management education in nutrition, stress, mental health, substance
288.32 use, or other modalities, if clinically appropriate.

289.1 Subd. 2. **Performance and cost savings indicators.** In developing the demonstration
289.2 project, the commissioner shall identify cost savings indicators in addition to performance
289.3 indicators including:

289.4 (1) reduction in medications, including opioids, taken for pain;

289.5 (2) reduction in emergency department and outpatient clinic utilization related to pain;

289.6 (3) improved ability to return to work, job search, or school;

289.7 (4) patient satisfaction; and

289.8 (5) rate of program completion.

289.9 Subd. 3. **Eligibility.** To be eligible to participate in the demonstration project, an
289.10 individual must:

289.11 (1) be 18 years of age or older;

289.12 (2) be eligible for fee-for-service medical assistance under Minnesota Statutes, section
289.13 256B.055, subdivision 7, 15, 16, or 17;

289.14 (3) have moderate to severe pain lasting longer than four months;

289.15 (4) have an impairment in daily functioning, including work or activities of daily living;

289.16 (5) have a referral from a physician or other qualified medical professional indicating
289.17 that all reasonable medical and surgical options have been exhausted; and

289.18 (6) be willing to engage in chronic pain rehabilitation therapies, including opioid tapering.

289.19 Subd. 4. **Integrated health partnerships.** The chronic pain rehabilitation therapy
289.20 demonstration project and participating individuals may be incorporated into the
289.21 demonstration site's health care delivery systems demonstration under Minnesota Statutes,
289.22 section 256B.0755, subdivision 1.

289.23 Subd. 5. **Report.** The rehabilitation institute, for the duration of the demonstration
289.24 project, must annually report on cost savings and performance indicators described in
289.25 subdivision 2 to the commissioner of human services. Three months after the completion
289.26 of the demonstration project, the commissioner of human services shall submit a report to
289.27 the chairs and ranking minority members of the legislative committees with jurisdiction
289.28 over health care. The report must include successes and limitations of the chronic pain
289.29 rehabilitation therapy demonstration project and recommendations to increase an individual's
289.30 access to chronic pain rehabilitation therapy through Minnesota health care programs.

290.1 Sec. 8. **SUBSTANCE USE DISORDER PROVIDER CAPACITY GRANT**
290.2 **PROGRAM.**

290.3 The commissioner of human services shall design and implement a grant program to
290.4 assist providers to purchase the first dose of a nonnarcotic injectable or implantable
290.5 medication to treat substance use disorder for medical assistance enrollees. Grants shall be
290.6 distributed between July 1, 2017, and June 30, 2019. The commissioner shall conduct
290.7 outreach to providers regarding the availability of this grant and ensure a simplified grant
290.8 application process. The commissioner shall provide technical assistance to assist providers
290.9 in building operational capacity to treat substance use disorders with nonnarcotic injectable
290.10 or implantable medications. The commissioner, in collaboration with stakeholders, shall
290.11 analyze the impact of the grant program under this section and the actual or perceived
290.12 barriers for providers to access and be reimbursed for nonnarcotic injectable or implantable
290.13 substance use disorder medications and develop recommendations for addressing identified
290.14 barriers. The commissioner shall provide a report to the chairs and ranking minority members
290.15 of the legislative committees with jurisdiction over health and human services policy and
290.16 finance by September 1, 2019.