Bill Summary Comparison of

Health and Human Services

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| Senate File: 800-3 | House File: UES0800-2 |
| *House-only article* | Article 7: Opiate Abuse Prevention |

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April 17, 2017

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|  |  | Article 7: Opiate Abuse and Prevention |
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|  |  | Sec. 1. Controlled substances. Amends § 151.212, subd. 2. Requires a pharmacy or practitioner, when dispensing an opiate, to display on the label or container a specific warning about the risk of overdose and addiction. |
|  |  | Sec. 2. Limit on quantity of opiates prescribed for acute dental and ophthalmic pain. Amends § 152.11, by adding subd. 4. (a) Limits prescriptions for opiate or narcotic pain relievers listed in Schedules II to IV to a four-day supply, when used for treatment of acute dental pain, or acute pain associated with refractive surgery. Requires the quantity prescribed to be consistent with the dosage listed in the professional labeling for the drug.(b) Defines “acute pain.”(c) Allows a practitioner to prescribe more than a four-day supply, based on the practitioner’s professional judgement. |
|  |  | Sec. 3. Required disclosures for prescription opioids. Adds § 152.121. Subd. 1. Required information. (a) Requires a dispenser, when dispensing a prescription opioid, to provide a patient, or the patient’s agent or caregiver, clear and conspicuous written information, in plain language, about:(1) the addictive nature of opioids and risks of opioid abuse; and(2) safe disposal of unused prescription opioids, that is consistent with the requirements of section 152.105.(b) Provides a definition of “dispenser.” Subd. 2. Board of Pharmacy development of materials. Requires the board to develop the text that a dispenser may use to comply with subdivision 1, and to make this available to dispensers by posting it on the board’s Web site, in a format that allows downloading and printing.Provides a January 1, 2018, effective date. |
|  |  | Sec. 4. is compared in the comparison summary of Senate article 4/House article 1. |
|  |  | Sec. 5 is compared in the comparison summary of Senate article 10/House article 3. |
|  |  | Sec. 6. Report on opioid crisis grant; use of grant funds. (a) Requires the commissioner of human services, by October 1, 2017, to report to legislative committees on: (1) funds received as part of federal State Targeted Response to the Opioid Crisis Grants; and (2) uses of the funds received. (b) Requires the commissioner to use remaining grant funds, and any additional funds received from other sources, to provide grants to counties for opioid abuse prevention, increase public awareness of opioid abuse, and prevent opioid use through the use of data analytics. |
|  |  | Sec. 7. Chronic pain rehabilitation therapy demonstration project. Subd. 1. Establishment. Directs the commissioner to develop and authorize a two-year demonstration project with a rehabilitation institute meeting specified criteria for a bundled payment arrangement for chronic pain rehabilitation therapy for MA enrollees. Specifies components of the demonstration project. Subd. 2. Performance and cost savings indicators. Requires the commissioner, in developing the demonstration project, to identify cost savings and performance indicators. Subd. 3. Eligibility. To be eligible, requires individuals to: (1) be 18 or older; (2) be eligible for MA as an individual who is elderly, blind, or has disabilities, is an adult without children, a child age 19 to 20, or an adult formerly in foster care; (3) have moderate to severe pain lasting longer than four months; (4) have an impairment in daily functioning; (5) have a referral from a medical professional indicating that all reasonable medical and surgical options have been exhausted; and (6) be willing to engage in chronic pain rehabilitation therapies. Subd. 4. Integrated health partnerships. States that the demonstration project and participating individuals may be incorporated into the demonstration site’s health care delivery system demonstration. Subd. 5. Report. Requires the institute to annually report to the commissioner on cost and savings indicators. Requires the commissioner, three months after completion of the demonstration project, to report to legislative committees on the successes and limitations of the demonstration project and recommendations to increase access to chronic pain rehabilitation therapy. |
|  |  | Sec. 8. Substance use disorder provider capacity grant program. Requires the commissioner of human services to design and implement a grant program to assist providers to purchase the first dose of a nonnarcotic injectable or implantable medication to treat substance abuse disorder for MA enrollees. Requires grants to be distributed between July 1, 2017, and June 30, 2019. Requires the commissioner to conduct provider outreach, ensure a simplified grant application process, and provide technical assistance to providers. Also requires the commissioner, in collaboration with stakeholders, to analyze the impact of the program and barriers to provider access to, and reimbursement for, the medications, and to develop recommendations to address these barriers. Requires the commissioner to report to specified legislative committees by September 1, 2019. |