..... moves to amend H.F. No. 1117 as follows:

Page 1, after line 9, insert:

"Section 1. **[245A.1915] OPIOID ADDICTION TREATMENT EDUCATION REQUIREMENT FOR PROVIDERS LICENSED TO PROVIDE CHEMICAL DEPENDENCY TREATMENT SERVICES.**

All programs licensed by the commissioner must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, to clients identified as having or seeking treatment for opioid addiction. The commissioner shall develop educational materials that are supported by research and updated periodically that must be used by programs to comply with this requirement."

Page 1, line 12, before "This" insert "(a)"

Page 1, line 15, after the period, insert "(b)" and delete everything after "standard" and insert "in this section differs from a standard in an otherwise applicable"

Page 1, after line 16, insert:

"(c) When federal guidance or interpretations have been issued on federal standards or requirements also required under this section, the federal guidance or interpretations shall apply."

Page 2, line 27, delete everything after "(a)" and insert

"To limit the potential for diversion of medication used for the treatment of opioid addiction to the illicit market, any such medications dispensed to patients for unsupervised use shall be subject to the following requirements:

(1) any patient in an opioid treatment program may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and state and federal holidays; and

(2) treatment program decisions on dispensing medications used to treat opioid addiction to patients for unsupervised use beyond that set forth in paragraph (a), clause (1), of this subdivision shall be determined by the medical director."

Page 2, delete line 28

Page 2, line 29, delete everything before "The" and insert "(b)"

Page 2, line 30, delete "this" and after "paragraph" insert "(a)"

Page 3, line 11, after "(a)" insert ", clause (2),"

Page 3, line 12, after "use" insert "of methadone hydrochloride"

Page 3, line 13, after "5" insert ", paragraph (a), clause (2),"

Page 3, line 15, before the period insert "when the medication to be dispensed is methadone hydrochloride"

Page 3, line 30, after "doses" insert "of methadone hydrochloride"

Page 4, line 19, delete "Amount of" and insert "Nonmedication" and after "services" insert "; documentation" and before "The" insert "(a)"

Page 4, line 20, delete "two" and insert "one hour of"

Page 4, line 21, delete everything after "week" and insert "for the first ten weeks following admission, and at least one hour per month thereafter. The program may provide additional levels of services when deemed clinically necessary"

Page 4, line 22, delete everything before the period

Page 4, after line 23, insert:

"(b) Notwithstanding the requirements of individual treatment plans set forth in Minnesota Rules, part 9530.6425:

(1) treatment plan contents for maintenance clients are not required to include goals the client must reach to complete treatment and have services terminated;

(2) treatment plans for clients in a taper or detox status must include goals the client must reach to complete treatment and have services terminated;

(3) progress notes must be entered in a client's file at least weekly and be recorded in each of the six dimensions for the initial ten weeks after admission for all new admissions, re-admissions, and transfers. Subsequently, the counselor must document progress no less than one time monthly, recorded in the six dimensions, or when clinical need warrants more frequent notations; and

(4) treatment plan reviews must occur weekly, or after each treatment service, which is less frequent, for the first ten weeks of treatment for all new admissions, re-admissions, and transfers. Following the first ten weeks of treatment, treatment plan reviews may occur monthly unless the client has needs that warrant more frequent revisions or documentation."

Page 4, line 24, after "(a)" insert "Upon admission to a methadone clinic outpatient treatment program, clients shall be notified that the medical director will monitor the Prescription Monitoring Program to review the prescribed controlled drugs the clients have received."

Page 4, line 27, delete "prescribed" and insert "ordered"

Page 4, line 32, after the period insert "A review of the PMP is not required for every medication dose adjustment."

Page 5, line 10, delete "exceeds that in" and insert "in this section differs from a standard in otherwise applicable"

Page 5, line 16, before the period insert "as required under subdivision 5, paragraph (a), clause (1)"

Page 5, line 24, after "addiction" insert ", excluding those approved solely under subdivision 5, paragraph (a), clause (1),"

Page 6, delete lines 4 to 12

Page 7, line 8, before "Notwithstanding" insert "(a)"

Page 7, line 11, after the third comma insert "and after taking into account an individual's preference for placement in an opioid treatment program," and after "may" insert ", but is not required to,"

Page 7, line 12, after the period, insert

"Prior to making a determination of placement for an individual, the placing authority must consult with the current treatment provider, if any.

(b) Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement."

Page 7, delete section 2

Page 7, after line 12, insert:

"**ARTICLE 3**

CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

Section 1. Minnesota Statutes 2012, section 152.126, subdivision 6, is amended to read:

Subd. 6. **Access to reporting system data.** (a) Except as indicated in this subdivision, the data submitted to the board under subdivision 4 is private data on individuals as defined in section 13.02, subdivision 12, and not subject to public disclosure.

(b) Except as specified in subdivision 5, the following persons shall be considered permissible users and may access the data submitted under subdivision 4 in the same or similar manner, and for the same or similar purposes, as those persons who are authorized to access similar private data on individuals under federal and state law:

(1) a prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, to the extent the information relates specifically to a current patient, to whom the prescriber is prescribing or considering prescribing any controlled substance and with the provision that the prescriber remains responsible for the use or misuse of data accessed by a delegated agent or employee;

(2) a dispenser or an agent or employee of the dispenser to whom the dispenser has delegated the task of accessing the data, to the extent the information relates specifically to a current patient to whom that dispenser is dispensing or considering dispensing any controlled substance and with the provision that the dispenser remains responsible for the use or misuse of data accessed by a delegated agent or employee;

(3) an individual who is the recipient of a controlled substance prescription for which data was submitted under subdivision 4, or a guardian of the individual, parent or guardian of a minor, or health care agent of the individual acting under a health care directive under chapter 145C;

(4) personnel of the board specifically assigned to conduct a bona fide investigation of a specific licensee;

(5) personnel of the board engaged in the collection of controlled substance prescription information as part of the assigned duties and responsibilities under this section;

(6) authorized personnel of a vendor under contract with the board who are engaged in the design, implementation, operation, and maintenance of the electronic reporting system as part of the assigned duties and responsibilities of their employment, provided that access to data is limited to the minimum amount necessary to carry out such duties and responsibilities;

(7) federal, state, and local law enforcement authorities acting pursuant to a valid search warrant; and

(8) personnel of the medical assistance program assigned to use the data collected under this section to identify recipients whose usage of controlled substances may warrant restriction to a single primary care physician, a single outpatient pharmacy, or a single hospital.

For purposes of clause (3), access by an individual includes persons in the definition of an individual under section 13.02.

(c) Any permissible user identified in paragraph (b), who directly accesses the data electronically, shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are appropriate to the user's size and complexity, and the sensitivity of the personal information obtained. The permissible user shall identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of personal information that could result in the unauthorized disclosure, misuse, or other compromise of the information and assess the sufficiency of any safeguards in place to control the risks.

(d) The board shall not release data submitted under this section unless it is provided with evidence, satisfactory to the board, that the person requesting the information is entitled to receive the data.

(e) The board shall not release the name of a prescriber without the written consent of the prescriber or a valid search warrant or court order. The board shall provide a mechanism for a prescriber to submit to the board a signed consent authorizing the release of the prescriber's name when data containing the prescriber's name is requested.

(f) The board shall maintain a log of all persons who access the data and shall ensure that any permissible user complies with paragraph (c) prior to attaining direct access to the data.

(g) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant to subdivision 2. A vendor shall not use data collected under this section for any purpose not specified in this section.

(h) The commissioner of human services shall establish and implement a system through which the Department of Human Services shall routinely access the data for the purpose of determining whether any client enrolled in an opioid treatment program licensed according to chapter 245A has been prescribed or dispensed a controlled substance in addition to that administered or dispensed by the opioid treatment program. When the commissioner determines there have been multiple prescribers or multiple prescriptions of controlled substances, the commissioner shall:

(1) inform the medical director of the opioid treatment program only that the commissioner determined the existence of multiple prescribers or multiple prescriptions of controlled substances; and

(2) direct the medical director of the opioid treatment program to access the data directly, review the effect of the multiple prescribers or multiple prescriptions, and document the review.

If determined necessary, the commissioner of human services shall seek a federal waiver of, or exception to, any applicable provision of Code of Federal Regulations, title 42, part 2.34, item (c), prior to implementing this paragraph."

Amend the title accordingly