

1.1 moves to amend H.F. No. 1137 as follows:

1.2 Page 1, delete section 1 and insert:

1.3 "Section 1. Minnesota Statutes 2016, section 152.126, is amended by adding a subdivision
1.4 to read:

1.5 Subd. 6a. Use of prescription monitoring program. Before initially prescribing or
1.6 dispensing an opioid to a patient, a prescriber or dispenser must query the prescription
1.7 electronic reporting system in order to review any controlled substance prescription data
1.8 reported to the system about that patient. The prescriber or dispenser must also perform
1.9 periodic queries of the system if treatment with opioids continues for more than 30 days.
1.10 A query must be done the first time that an opioid is prescribed or dispensed after the end
1.11 of the initial 30-day period, and at least every 90 days thereafter. The initial and subsequent
1.12 queries need not be performed if:

1.13 (1) the drug is prescribed and dispensed to a hospice patient or to any other patient who
1.14 has been diagnosed as terminally ill;

1.15 (2) the drug is prescribed and dispensed for the treatment of cancer;

1.16 (3) the drug is prescribed and dispensed for administration to a patient who has been
1.17 admitted to a hospital, provided that, within 12 hours of admission, the prescriber or dispenser
1.18 queries the system and reviews any controlled substance prescription data reported to the
1.19 system about that patient and a record of the review and any pertinent information is placed
1.20 in the patient's medical records so that it can be accessed during the patient's stay in the
1.21 facility;

1.22 (4) the drug is prescribed and dispensed to treat acute pain resulting from a surgical or
1.23 other invasive procedure or a delivery, provided that if use of the drug for such purpose
1.24 continues for more than 30 days beyond the date of the procedure or delivery, the periodic
1.25 queries of the system required in this subdivision shall be performed;

- 2.1 (5) the drug is administered during an emergency or within an ambulance; or
- 2.2 (6) the prescription electronic reporting system cannot be accessed due to a technological
- 2.3 issue or power failure, in which case the prescriber or dispenser must document in the
- 2.4 patient's record the reason the system could not be accessed."