House Research
Act Summary

CHAPTER: 113 **SESSION:** 2013 Regular Session

TOPIC: Methadone treatment program standards

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Article 1. Licensing

Overview

This article establishes licensing and program requirements for opioid treatment programs. It grants the commissioner authority to monitor programs for compliance and impose licensing sanctions for noncompliance with state and federal laws and regulations and compliance with accreditation standards.

1 **Opioid addiction treatment education requirement for providers licensed to provide chemical dependency treatment services.** Creates § 245A.1915. Requires chemical dependency treatment programs to provide educational information about opioid addiction treatment options.

2 **Providers licensed to provide treatment of opioid addiction.** Creates § 245A.192.

Subd. 1. Scope. Provides that this section applies to programs licensed to provide treatment for opioid addiction. Requires licensed programs to comply with the administrative rules for chemical dependency licensed treatment facilities as well as the provisions of this section. States that if there is a conflict between the standards in this section and the administrative rules, the standards in this section must be followed. States that if there is a conflict between this section and federal guidance, federal guidance must be followed.

Subd. 2. Definitions. Defines the terms "diversion," "guest dose or dosing," "medical director," "medication used for the treatment of opioid addiction," "opioid treatment program," "program," "unsupervised use," "placing authority," and

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"Minnesota health care program."

Subd. 3. Medication orders. Requires an appropriately credentialed physician to issue and sign a client-specific order. Requires this order to be maintained in the client's record. Instructs the license holder if medication was not administered or dispensed as ordered to report this incident to the commissioner.

Subd. 4. Drug testing. Provides that each program participant must receive at least eight reasonably disbursed random drug tests during each 12 months of treatment.

Subd. 5. Criteria for unsupervised use. Paragraph (a) permits any patient to receive a single take-home dose for a day the clinic is closed for business, and requires the medical director to determine whether a client may have medication for unsupervised use beyond a single dose.

Paragraph (b) requires the medical director to consider criteria specified in this paragraph in making a determination whether to dispense medication for unsupervised use beyond a single dose.

Paragraph (c) requires the medical director to document the decision and the basis for the decision in the client's file. Requires the determination to be consistent with the criteria.

Subd. 6. Restrictions for unsupervised or take-home use. Paragraph (a) provides that when a client meets the criteria in subdivision 5 and has been dispensed medication for take-home use, the restrictions in paragraphs (b) to (g) must be followed.

Paragraph (b) states that during the first 90 days of treatment, the take-home supply is limited to a single dose each week. All other doses must be ingested under supervision.

Paragraph (c) states that during the second 90 days of treatment, the take-home supply is limited to two doses each week.

Paragraph (d) provides that during the third 90 days of treatment, the take-home supply is limited to three doses each week.

Paragraph (e) provides that for the remainder of the first year of treatment, the client may be given a six-day supply of take-home medication.

Paragraph (f) allows a client to be given a two-week supply of take-home medication after one year of continuous treatment.

Paragraph (g) allows a client to be given a one month supply of take-home medication after two years of continuous treatment, but requires the client to make monthly visits.

Subd. 7. Restriction exceptions. Requires the license holder to comply with federal regulations and processes when the license holder determines there is a reason

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to accelerate the number of unsupervised or take-home doses. Provides the commissioner with authority to monitor for compliance with federal regulations and to issue licensing sanctions against a license holder who is not in compliance.

Subd. 8. Guest dosing. Allows a treatment program to administer medication on a temporary basis to a person who is not a client of the program if the person is enrolled in an opioid treatment program elsewhere in the state or country. Permits guest dosing when a client's primary clinic is not open and the client does not receive at-home doses. Limits guest dosing to not more than 30 consecutive days .

Subd. 9. Data and reporting. Requires the license holder to submit data concerning medication used for treatment of opioid addiction to a central registry for each client at the time of admission and discharge.

Subd. 10. Nonmedication treatment services; documentation. Paragraph (a) requires the program to provide at least 50 consecutive minutes of individual or group treatment sessions per week for the first ten weeks of treatment and at least 50 consecutive minutes per month thereafter. Allows a program to offer services cumulatively in specified circumstances.

Paragraph (b) sets out the requirements for treatment plans.

Subd. 11. Prescription monitoring program. Paragraph (a) requires clients to be notified that DHS and the program's medical director will monitor the prescription monitoring program. Requires the medical director to review data from the prescription monitoring program (PMP) before prescribing any controlled substance, including medications for treatment of opioid addiction. Requires quarterly review of data from the PMP and documentation of this review in the patient's file. Provides that if the PMP data identifies that a client is receiving medication from another prescriber that may be contraindicated during treatment for opioid addiction, the provider must obtain the client's consent to consult with the other prescriber about the client's treatment for opioid addiction.

Paragraph (b) instructs the commissioner to collaborate with the Board of Pharmacy to develop an electronic system so that the commissioner can access the PMP. Lists the responsibilities of the commissioner when the commissioner determines a client has received medications from multiple prescribers.

Paragraph (c) requires the commissioner to seek a federal waiver, if necessary, to implement this section.

Subd. 12. Policies and procedures. Requires license holders to develop and maintain policies and procedures regarding dispensing of medication on days the program is not open, reducing diversion of opioid treatment medication, and complying with state and federal requirements related to ordering, administering, and dispensing medication.

Subd. 13. Quality improvement plan. Requires the license holder to develop and

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maintain a quality improvement plan. Lists what must be included in the plan.

Subd. 14. Placing authorities. Requires programs to provide client-specific updates to placing authorities (counties, prepaid health plans, tribal governing boards) for clients who are enrolled in Minnesota health care programs.

Article 2. Chemical and Mental Health

Overview

This article modifies placement criteria.

1 **Eligibility for placement in opioid treatment programs.** Amends § 254B.04, by adding subd. 2b. Allows a placement authority to authorize services or place an individual in an opioid treatment program whether or not the individual meets certain assessment criteria for treatment. Requires the assessor to provide education information about treatment options

Article 3. Controlled Substances Prescription Monitoring Program

Overview

This article requires the commissioner to implement an electronic system in order to access the Board of Pharmacy's prescription monitoring program.

1 **Hallucinogen.** Amends § 152.01, subd. 5a. Updates a cross-reference in the definition of "hallucinogen."

2 **Schedule I.** Amends §152.02, subd. 2. Adds synthetic cannaboids and a synthetic hallucinogen to the list of schedule I controlled substances. Provides an effective date of August 1, 2013, and makes this section applicable to all crimes committed on or after that date.

3 **Access to reporting system data.** Amends § 152.126, subd. 6. Instructs the commissioner to establish and implement an electronic system so that the commissioner can access the PMP. Lists the responsibilities of the commissioner when the commissioner determines a client has received medications from multiple prescribers.