## House Research Act Summary

CHAPTER: 185 SESSION: 2016 Regular Session

**TOPIC:** Prescription Monitoring Program

Analyst: Randall Chun Date: May 26, 2016

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

## Overview

This act provides for expanded use of prescription monitoring program data, requires prescribers and pharmacists to register and maintain a user account with the program, and makes other changes related to the prescription monitoring program.

## **Section**

- **Definitions.** Amends § 152.126, subd. 1. Adds gabapentin and removes tramadol from the list of controlled substances and other drugs subject to the prescription monitoring program.
- **Prescription monitoring program advisory task force.** Amends § 152.126, subd. 3. Provides that the advisory task force shall not expire, notwithstanding any other law to the contrary.
- 3 Use of data by board. Amends § 152.126, subd. 5. The amendment to paragraph (c) removes language prohibiting personnel of a state or federal occupational licensing board or agency from accessing the prescription monitoring program database to substantiate a disciplinary action against a prescriber.

A new paragraph (e) allows data reported to the prescription monitoring program database during the period January 1, 2015, through December 31, 2018, to be retained through December 31, 2019, in an identifiable manner. Effective January 1, 2020, requires data older than 24 months to be destroyed. Requires data reported on or after January 1, 2020, to be destroyed within 12 months of the date the data was received.

Makes conforming changes to paragraph (e), by striking language in current law.

CHAPTER 185 May 26, 2016
Page 2

## **Section**

**Access to reporting system data.** Amends § 152.126, subd. 6. Makes the following changes related to permissible users of the data base:

- allows prescribers to access the data, without patient consent, when the prescriber has reason to believe that the patient is potentially abusing a controlled substance;
- clarifies that prescribers providing other medical treatment may access the data, with patient consent, when access is necessary for a clinically valid purpose;
- allows licensed pharmacists providing pharmaceutical care to access the data when consulted by a prescriber;
- allows personnel or designees of a health-related licensing board access to investigate
  complaints that a specific licensee has sold or possessed certain controlled substances
  or has improperly obtained controlled substances (under current law, this provision
  restricts use to investigations of licensees of the board of pharmacy);
- allows personnel or designees of a health-related licensing board access to investigates complaints that a licensee in inappropriately prescribing controlled substances; and
- further clarifies an existing restriction on direct electronic access to the data.

Effective July 1, 2017, requires prescribers authorized and registered to prescribe controlled substances, and pharmacists, to register and maintain a user account with the prescription monitoring program. Classifies data submitted during the registration application process as private, other than the name, license number, and license type.

Eliminates the August 1, 2016, sunset date for a provision authorizing the board to provide information about potential patient over-use of controlled substances to their prescribers and dispensers. Also strikes obsolete reporting requirements.

**Repealer.** Repeals Laws 2014, chapter 286, article 7, section 4, (the repealed section provides that the prescription electronic reporting advisory committee expires June 30, 2018).