HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 1117 **DATE:** March 14, 2013
Version: First engrossment

Authors: Huntley

Subject: Methadone treatment program standards

Analyst: Lynn Aves

Section

Article 1. Licensing

Overview

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

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

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.

Subd. 2. Definitions. Defines the terms "diversion," "medication used for the treatment of opioid addiction," "opioid treatment program," "program," "unsupervised

Section

use," "placing authority," and "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) requires the medical director to determine whether a client may have medication for unsupervised or take-home use outside of the program.

Paragraph (b) requires the medical director to consider criteria specified in this paragraph in making this determination.

Paragraph (c) provides that the medical director document the determination and the basis for the determination in the client's file.

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 paragraph (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 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.

Section

Subd. 8. Guest dosing. Allows a treatment program to administer medication 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 and is receiving the medication on a temporary basis.

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. Requires the program to provide at least one individual or group therapy session per week for the first ten weeks following admission, and at least one hour per month thereafter. Each treatment session must be at least 55 consecutive minutes in length.

Subd. 11. Prescription monitoring program. Paragraph (a) requires the medical director to notify newly admitted clients that the medical director will monitor the prescription monitoring program. Requires the medical director to monitor the PMP. Quarterly reviews must be documented in the client's file.

Paragraph (b) provides that when PMP data shows a client is receiving medication that may be contraindicated if the client receives medication for opioid addiction, the client's consent must be obtained before contact is made with the other prescriber.

Paragraph (c) instructs the commissioner to seek a federal waiver in order for programs to meet the PMP reporting requirements.

Subd. 12. Policies and procedures. Requires license holders to develop and maintain specified policies and procedures.

Subd. 13. Quality improvement plan. Requires the license holder to develop and 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 and requires medical directors of opioid treatment programs to review data from the prescription monitoring program.

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.

Section

2 **Additional vendor requirements.** Amends §254B.05, subd. 1b. Requires the medical director of an opioid treatment program to review data from the PMP, and conduct monthly reviews of all prescriptions of controlled substances dispensed to all clients served by their clinics. Requires documentation of the reviews in the client files.

Article 3. Controlled Substances Prescription Monitoring Program

Overview

This article instructs the commissioner to establish and implement a system to access the prescription monitoring program.

1 **Access to reporting system.** Amends §152.126, subd. 6. Requires the commissioner to establish and implement a system through which DHS shall routinely access PMP data. Establishes the procedure to be taken when DHS determines a client enrolled in an opioid treatment program has been prescribed or dispensed a controlled substance in addition to that administered or dispensed by the opioid treatment program.