

HOUSE RESEARCH

Bill Summary

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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 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 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 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

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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. Requires the medical director to consider criteria specified in this paragraph in making this determination.

Paragraph (b) 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.

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

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each client at the time of admission and discharge.

Subd. 10. Amount of treatment services. Requires the program to provide at least two individual or group therapy sessions per week, or at least one treatment service a month if more than one week of take-home medication is dispensed to the client.

Subd. 11. Prescription monitoring program. Paragraph (a) 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 monthly reviews of data from the PMP and documentation of this review in the patient's file.

Paragraph (b) 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 (c) requires the license holder to have a policy and procedure that includes measures to reduce diversion of opioid addiction treatment medication from its intended treatment use.

Paragraph (d) requires medications to be ordered, administered, and dispensed according to state and federal regulations and standards established by accreditation entities. Provides the commissioner with authority to monitor for compliance with state and federal regulations and standards established by accreditation entities. Allows the commissioner to issue licensing actions for noncompliance.

Paragraph (e) requires the program to have a policy to meet the treatment needs for clients who have not received chemical dependency treatment in the past. The program must include educational information about treatment alternatives.

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

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opioid treatment program whether or not the individual meets certain assessment criteria for treatment.

- 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.