HOUSE RESEARCH

Bill Summary

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Overview

The prescription monitoring program is administered by the board of pharmacy. The program requires pharmacies and other dispensers to report information on controlled substance prescriptions to the board, which maintains a database of the information. The database may be used by permissible users to identify individuals who may potentially overuse controlled substances or who present forged or altered prescriptions for controlled substances, and for other specified purposes. Permissible users include prescribers, dispensers, board of pharmacy personnel, and law enforcement authorities. Prescribers and dispensers are not required to use the database. Licensing board staff is prohibited from accessing the database to take disciplinary action against a prescriber, and users may not access the database to identify prescribers with unusual or excessive prescribing patterns without a search warrant or court order.

This bill makes numerous changes to the law governing the program. These changes include, but are not limited to: modifying the list of persons for whom dispensers are not required to report prescriptions, allowing improved access to the database for trend analyses and studies, expanding the list of permissible users of the database, and modifying permissible uses of the data.

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1 **Prescription monitoring program.** Amends § 152.126.

The amendment to **subdivision 1**:

- Requires reporting for schedule V controlled substances, and classifies tramadol and

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butalbital as controlled substances for purposes of the program.

- Adds veterinarians to the definition of "prescriber."

The amendment to **subdivision 3**:

- Renames the Prescription Electronic Reporting Advisory Committee the Prescription Monitoring Program Advisory Task Force and makes related changes.

- Specifies that the board is governed by section 15.059 (standard language on governance of advisory committees), but does not expire.

The amendment to **subdivision 4**:

- Exempts dispensers from reporting controlled substance prescriptions for persons residing in a health care facility when the drug is distributed through the use of an automated drug distribution system. "Health care facility" is defined as a nursing home, housing with services establishment, community behavioral health hospital, or the Minnesota sex offender facility. Also exempts individuals receiving drug samples. This language narrows the reporting exemption relative to current law, under which the exemption applies to individuals: residing in a skilled nursing or intermediate care facility, receiving assisted living or MA waiver services, receiving medication intravenously, receiving hospice and related care, and receiving home care services.

- Clarifies an existing requirement that patients be given conspicuous notice of the reporting requirements, and also requires notice to be given that the information may be used for program administration.

The amendment to **subdivision 5**:

- Requires data reported to be available to users for 12-months (current law requires the data to be retained for 12 months and then removed from the database), except that certain staff may use all data collected under the program to administer, operate, and maintain the program and conduct trend analyses and other studies. Requires data retained beyond 12 months to be de-identified.

- Prohibits the board from retaining the data for more than five years from the date the data was received.

The amendment to **subdivision 6**:

- Allows a prescriber to access the data for a patient to whom the prescriber is providing emergency medical treatment or other medical treatment if the patient has consented to access.

- Requires vendors under contract with the board to comply with data requirements related to de-identification and time limits for retention.

- Allows personnel of Minnesota health care programs to use the data to identify persons for

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the restricted recipient program and makes related changes (current law refers just to medical assistance).

- Allows access by personnel of the health professionals services program, if certain conditions are met.

- Limits electronic access to the data to certain specified groups of individuals.

- Strikes language prohibiting the board from releasing the name of a prescriber without that prescriber's consent or a valid search warrant or court order.

- Specifies that a log of persons accessing the data must be maintained by the board for at least three years (no time period is specified in current law).

- Allows the board to participate in an interstate prescription monitoring program data exchange system, if certain conditions are met.

- Allows the board to provide the data for public research, policy, or education purposes after the removal of certain information.

The amendment to **subdivision 8** deletes the subdivision in its entirety. The subdivision required the board to evaluate the program and submit a report to the legislature by July 15, 2011.

The amendment to **subdivision 10** makes conforming changes.

2 **Study required; prescription monitoring program database.** Requires that the board of pharmacy, in collaboration with the Prescription Monitoring Program Advisory Task Force, shall report to the chairs and ranking minority members of the relevant legislative committees, by December 15, 2014: (1) recommendations on whether or not to require use of the prescription monitoring program by prescribers and pharmacists; (2) an analysis of the impact of the program on rates of chemical abuse and prescription drug abuse; and (3) recommendations on approaches to encourage access to appropriate treatment for prescription drug abuse through the program.