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Subject: Required Use of the Prescription Monitoring Program for Opioids

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Overview

This bill requires prescribers and dispensers to query the prescription electronic reporting system of the Prescription Monitoring Program, before initially prescribing or dispensing an opioid to a patient. The bill also requires prescribers and dispensers to make periodic queries if the course of treatment continues for more than 30 days. Under current law, prescribers and dispensers are required to maintain a user account with the program, but are not required to access the prescription electronic reporting system when prescribing or dispensing an opioid or other controlled substance.

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- 1 Use of prescription monitoring program.** Amends § 152.126, by adding subd. 6a. Requires a prescriber or dispenser, before initially prescribing or dispensing an opioid, to query the prescription electronic reporting system to review any controlled substance prescription data reported to the system about the patient. Requires the prescriber or dispenser to perform periodic queries if the course of treatment continues for more than 30 days. Requires a query to be performed the first time an opioid is prescribed or dispensed after the initial 30-day period, and at least every 90 days thereafter. Provides that initial and subsequent queries need not be performed if:
- (1) the drug is prescribed and dispensed to a hospice patient or a patient who is terminally ill;
 - (2) the drug is prescribed and dispensed for the treatment of cancer;
 - (3) the drug is prescribed and dispensed to a patient admitted to a hospital, and other conditions are met;

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- (4) the drug is prescribed and dispensed to treat acute pain resulting from a surgical or other invasive procedure, and other conditions are met;
- (5) the drug is administered during an emergency or within ambulance; or
- (6) the prescription electronic reporting system cannot be accessed due to a technological issue or power failure, and this is documented in the patient's record.

2 **Immunity from liability.** Amends § 152.126, subd. 9. Makes conforming changes related to the requirement that prescribers and dispensers of opioids access the prescription electronic monitoring system.

3 **Program implementation.** Amends § 256B.0638, subd. 5. Strikes language that allows the commissioner of human services to require opioid prescribers, whose prescribing practices do not improve under a Department of Human Services program quality improvement program, to use the prescription monitoring program.