

1.1 A bill for an act

1.2 relating to health; establishing an academic detailing program for prescription
1.3 drugs; allowing rulemaking; appropriating money; proposing coding for new law
1.4 in Minnesota Statutes, chapter 62U.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[62U.085] PRESCRIPTION DRUG EDUCATION PROGRAM.**

1.7 Subdivision 1. **Program design.** The commissioner of health, in collaboration with
1.8 the Board of Pharmacy and the University of Minnesota Medical School, shall develop
1.9 an evidence-based prescription drug education program designed to provide information
1.10 and education on the therapeutic and cost-effective utilization of prescription drugs to
1.11 physicians, pharmacists, and other health care professionals authorized to prescribe and
1.12 dispense prescription drugs. The commissioner may contract for technical and clinical
1.13 support in the development and the administration of the program from entities conducting
1.14 independent research in the effectiveness of prescription drugs.

1.15 Subd. 2. **Program components.** (a) The program must include outreach and
1.16 education components regarding the therapeutic and cost-effective utilization of
1.17 prescription drugs as provided in peer-reviewed scientific, medical, and academic research
1.18 publications. To the extent possible, the commissioner shall utilize or incorporate
1.19 information regarding clinical trials, pharmaceutical efficacy, adverse effects of drugs,
1.20 evidence-based treatment options, and drug marketing approaches that are intended to
1.21 circumvent competition from generic and therapeutically equivalent drugs, and shall
1.22 incorporate into the program other independent educational resources or models proven
1.23 effective in promoting high-quality, evidence-based, cost-effective information regarding
1.24 the effectiveness and safety of prescription drugs.

2.1 (b) Educational materials used by the program shall be based on a balanced and
2.2 comprehensive review of evidence that is accepted within the practice of medicine,
2.3 including scientific research that conforms to the generally accepted standards of
2.4 experimental design, data collection, analysis, and interpretation, with the purpose
2.5 of providing unbiased continuing education on the comparative efficacy, safety, and
2.6 cost-effectiveness of prescription drugs. The program may use materials that meet these
2.7 criteria developed by a medical school, an academic medical center, a school of pharmacy,
2.8 a medical society, a research institute, or another publicly sponsored prescriber education
2.9 service.

2.10 (c) The program shall include in-person outreach and education sessions for health
2.11 care professionals in their place of work that shall be facilitated by qualified clinician
2.12 educators.

2.13 (d) The commissioner shall establish:

2.14 (1) minimum clinical and educational qualifications for clinician educators employed
2.15 by or under contract with the program;

2.16 (2) required training for educators; and

2.17 (3) a code of conduct governing the educators in their interactions with health
2.18 care professionals and conflict of interest guidelines for educators and others involved
2.19 in advising, developing, and administering the program.

2.20 Subd. 3. **Program coverage.** (a) The program must provide outreach and education
2.21 to physicians, pharmacists, and other health care professionals with prescribing and
2.22 dispensing authority who participate in, contract with, or are reimbursed by state health
2.23 care programs. The program may provide outreach and education to health care providers,
2.24 health plan companies, hospitals, employers, and other persons interested in utilizing the
2.25 program on a subscription or fee-paying basis. The commissioner may establish a fee and
2.26 any revenue collected shall be deposited in the general fund and appropriated for the
2.27 administration of the prescription drug education program.

2.28 (b) For purposes of this section, "state health care programs" include the medical
2.29 assistance program, general assistance medical care program, the MinnesotaCare program,
2.30 health care programs funded by the Department of Corrections, and the state employee
2.31 group health insurance program.

2.32 Subd. 4. **Annual report.** By April 1 of each year, beginning April 1, 2011, the
2.33 commissioner shall submit a report to the legislative committees with jurisdiction over
2.34 health care on the operation of the program. The report must include information on the
2.35 outreach and education components of the program; revenues, expenditures, and balances;
2.36 and savings attributable to the program in state health care programs.

3.1 Subd. 5. **Rulemaking.** The commissioner may adopt rules to implement the
3.2 program.

3.3 Subd. 6. **Funding.** The commissioner may seek grants and private funds from
3.4 nonprofit charitable foundations to fund the planning, development, and ongoing
3.5 operations of the program.

3.6 Sec. 2. **APPROPRIATIONS.**

3.7 (a) The Board of Pharmacy shall increase the licensing fee for drug manufacturers
3.8 required under Minnesota Statutes, sections 151.42 to 151.51, by \$..... per year beginning
3.9 July 1, 2009.

3.10 (b) On July 1, 2009, and each year thereafter, the commissioner of finance shall
3.11 transfer \$..... from the state government special revenue fund to the general fund.

3.12 (c) \$..... is appropriated beginning in fiscal year 2010 from the general fund to
3.13 the commissioner of health for the prescription drug education program established in
3.14 Minnesota Statutes, section 62U.085.