SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 753

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1.1 A bill for an act

1.2 relating to health; requiring certain uses of the Minnesota prescription monitoring
1.3 program; amending Minnesota Statutes 2016, sections 152.126, subdivision 9, by
1.4 adding a subdivision; 256B.0638, subdivision 5.

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

1.6 Section 1. Minnesota Statutes 2016, section 152.126, is amended by adding a subdivision
1.7 to read:

1.8 Subd. 6a. **Use of prescription monitoring program.** Before prescribing or dispensing
1.9 any controlled substance to a patient, or renewing any controlled substance prescription, a
1.10 prescriber or dispenser registered under subdivision 6, paragraph (c), shall review the patient's
1.11 controlled substance prescription history in the prescription monitoring program. The
1.12 prescriber or dispenser shall document the review, and any pertinent information obtained
1.13 from the review, in the patient's record within 24 hours of the review. The duty to review
1.14 the prescription monitoring program shall not apply:

1.15 (1) when prescribing or dispensing to patients who are experiencing pain caused by a
1.16 malignant condition or receiving hospice care;

1.17 (2) during an emergency or in an ambulance;

1.18 (3) when administering in a hospital or long-term care facility if, within 12 hours of
1.19 admission, the prescriber or dispenser reviews the patient's controlled substance prescription
1.20 record and a record of the review and any pertinent information is in the patient's records
1.21 during the patient's stay in the facility; or

(4) when the prescription monitoring program cannot be accessed due to a technological or electrical failure, in which case the prescriber or dispenser shall document in the patient's record the reason the review was not completed.

Sec. 2. Minnesota Statutes 2016, section 152.126, subdivision 9, is amended to read:

Subd. 9. **Immunity from liability~~; no requirement to obtain information~~.** (a) A pharmacist, prescriber, or other dispenser making a report to the program in good faith under this section is immune from any civil, criminal, or administrative liability, which might otherwise be incurred or imposed as a result of the report, or on the basis that the pharmacist or prescriber did or did not seek or obtain or use information from the program.

(b) ~~Nothing in this section shall require a pharmacist, prescriber, or other dispenser to obtain information about a patient from the program, and the~~ A pharmacist, prescriber, or other dispenser, if acting in good faith, is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting, receiving, or using information from the program.

Sec. 3. Minnesota Statutes 2016, section 256B.0638, subdivision 5, is amended to read:

Subd. 5. **Program implementation.** (a) The commissioner shall implement the programs within the Minnesota health care program to improve the health of and quality of care provided to Minnesota health care program enrollees. The commissioner shall annually collect and report to opioid prescribers data showing the sentinel measures of their opioid prescribing patterns compared to their anonymized peers.

(b) The commissioner shall notify an opioid prescriber and all provider groups with which the opioid prescriber is employed or affiliated when the opioid prescriber's prescribing pattern exceeds the opioid quality improvement standard thresholds. An opioid prescriber and any provider group that receives a notice under this paragraph shall submit to the commissioner a quality improvement plan for review and approval by the commissioner with the goal of bringing the opioid prescriber's prescribing practices into alignment with community standards. A quality improvement plan must include:

(1) components of the program described in subdivision 4, paragraph (a);

(2) internal practice-based measures to review the prescribing practice of the opioid prescriber and, where appropriate, any other opioid prescribers employed by or affiliated with any of the provider groups with which the opioid prescriber is employed or affiliated; and

(3) appropriate use of the prescription monitoring program under section 152.126.

(c) If, after a year from the commissioner's notice under paragraph (b), the opioid prescriber's prescribing practices do not improve so that they are consistent with community standards, the commissioner shall take one or more of the following steps:

(1) monitor prescribing practices more frequently than annually;

(2) monitor more aspects of the opioid prescriber's prescribing practices than the sentinel measures; or

(3) require the opioid prescriber to participate in additional quality improvement efforts~~, including but not limited to mandatory use of the prescription monitoring program established under section 152.126~~.

(d) The commissioner shall terminate from Minnesota health care programs all opioid prescribers and provider groups whose prescribing practices fall within the applicable opioid disenrollment standards.