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## S.F. No. 3566 – Criteria for prescribing controlled substances for the treatment of intractable pain

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**S.F. 3566** modifies the prescribing and administering criteria for the use of controlled substances when treating a diagnosed condition that cause intractable pain. S.F. 3566 also requires the prescriber and patient to enter into a patient-provider agreement that includes expectation, responsibilities, and rights.

**Section 1 (152.125)** makes modifications to the prescribing criteria for controlled substances when treating intractable pain.

**Subdivision 1** adds definitions for drug diversion, palliative care, and rare disease.

**Subd. 1a** establishes criteria for the evaluation and treatment of intractable pain when treating a nonterminally ill patient.

**Subd. 2, paragraph (a)** authorizes advanced practice registered nurses and physician assistants to prescribe or administer a controlled substance to a patient as part of the patient's treatment of a diagnosed condition causing intractable pain. Requires the provider to enter into a patient-provider agreement.

**Paragraph (b)** states that a prescriber shall not be subject to any civil or criminal actions or any investigation, termination, or disenrollment by either the commissioner of health or human services solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies.

**Paragraph (c)** prohibits a prescriber who is treating intractable pain with a controlled substance from tapering a patient's medication dosage solely to meet a predetermined dosage recommendation or threshold if the patient is stable and compliant with the treatment plan; is experiencing no serious harm from the level of medication prescribed, and is in compliance with the patient-provider agreement.

**Paragraph (d)** specifies that a prescriber's decision to taper a patient's medication dosage must be based on factors other than a morphine milligram equivalent recommendation or threshold.

**Paragraph (e)** specifies that no pharmacist, health plan company, or pharmacy benefit manager shall refuse to fill a prescription for an opiate issued by a licensed practitioner authorized to prescribe opiates solely on the prescription exceeding a predetermined morphine milligram equivalent dosage recommendation or threshold.

**Subd. 3 and 4** add advanced practice registered nurse and physician assistant to these subdivisions. Make other technical changes.

**Subd. 5, paragraph (a)** requires the prescriber and patient to enter into an agreement that includes the patient's and prescriber's expectations, responsibilities, and rights according to the best practices and current standard of care.

**Paragraph (b)** requires that the agreement be signed by the patient and the prescriber, and a copy of the agreement included with the patient's medical record and a copy be provided to the patient.

**Paragraph (c)** requires the agreement to be reviewed at least annually and if there is a change to the patient's treatment plan, the agreement must be revised and updated and signed by the patient with a copy provided to the patient and included in the patient's medical record.

**Paragraph (d)** specifies that a patient provider agreement is not required in an emergency or inpatient hospital setting.