

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-EIGHTH LEGISLATURE**

**S.F. No. 1077**

(SENATE AUTHORS: ROSEN, Miller and Lourey)

DATE	D-PG	OFFICIAL STATUS
03/05/2013	573	Introduction and first reading Referred to Health, Human Services and Housing
03/07/2013	691	Author added Lourey
03/13/2013	913a	Comm report: To pass as amended and re-refer to Judiciary
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A bill for an act

relating to human services; modifying provisions related to chemical and mental health and human services licensing; establishing methadone treatment program standards; modifying drug treatment provisions; amending Minnesota Statutes 2012, sections 152.01, subdivision 5a; 152.02, subdivision 2; 152.126, subdivision 6; 254B.04, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 245A.

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

**ARTICLE 1**

**LICENSING**

**Section 1. [245A.1915] OPIOID ADDICTION TREATMENT EDUCATION REQUIREMENT FOR PROVIDERS LICENSED TO PROVIDE CHEMICAL DEPENDENCY TREATMENT SERVICES.**

All programs licensed by the commissioner must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, to clients identified as having or seeking treatment for opioid addiction. The commissioner shall develop educational materials that are supported by research and updated periodically that must be used by programs to comply with this requirement.

**Sec. 2. [245A.192] PROVIDERS LICENSED TO PROVIDE TREATMENT OF OPIOID ADDICTION.**

Subdivision 1. **Scope.** (a) This section applies to services licensed under this chapter to provide treatment for opioid addiction. In addition to the requirements under Minnesota

2.1 Rules, parts 9530.6405 to 9530.6505, a program licensed to provide treatment of opioid  
2.2 addiction must meet the requirements in this section.

2.3 (b) Where a standard in this section differs from a standard in an otherwise  
2.4 applicable administrative rule, the standards of this section apply.

2.5 (c) When federal guidance or interpretations have been issued on federal standards  
2.6 or requirements also required under this section, the federal guidance or interpretation  
2.7 shall apply.

2.8 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this  
2.9 subdivision have the meanings given them.

2.10 (b) "Diversion" means the use of a medication for the treatment of opioid addiction  
2.11 being diverted from its intended use.

2.12 (c) "Guest dose or dosing" means the practice of administering a medication used  
2.13 for the treatment of opioid addiction to a person who is not a client of the program that is  
2.14 administering or dispensing the medication.

2.15 (d) "Medical director" means a physician, licensed to practice medicine in the  
2.16 jurisdiction in which the opioid treatment program is located, who assumes responsibility  
2.17 for administering all medical services performed by the program, either by performing  
2.18 them directly or by delegating specific responsibility to authorized program physicians  
2.19 and health care professionals functioning under the medical director's direct supervision.

2.20 (e) "Medication used for the treatment of opioid addiction" means a medication  
2.21 approved by the Food and Drug Administration for the treatment of opioid addiction.

2.22 (f) "Minnesota health care programs" has the meaning given in section 256B.0636,  
2.23 clause (3).

2.24 (g) "Opioid treatment program" has the meaning given in Code of Federal  
2.25 Regulations, title 42, section 8.12, and includes programs licensed under Minnesota Rules,  
2.26 part 9530.6500.

2.27 (h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,  
2.28 subpart 21a.

2.29 (i) "Program" means an entity that is licensed under Minnesota Rules, part 9530.6500.

2.30 (j) "Unsupervised use" means the use of a medication for the treatment of opioid  
2.31 addiction dispensed for use by a client outside of the program setting. This is also referred  
2.32 to as a "take-home" dose.

2.33 Subd. 3. **Medication orders.** Prior to the program administering or dispensing a  
2.34 medication used for the treatment of opioid addiction:

2.35 (1) a client-specific order must be received from an appropriately credentialed  
2.36 physician;

3.1 (2) the signed order must be documented in the client's record; and  
3.2 (3) if the order is not directly issued by the physician, such as by a verbal order,  
3.3 the physician that issued the order must review the documentation and sign the order in  
3.4 the client's record within 72 hours of the medication being administered or dispensed.  
3.5 The physician must document whether the medication was administered or dispensed as  
3.6 ordered. The license holder must report to the commissioner any medication error that  
3.7 endangers a patient's health, as determined by the medical director.

3.8 Subd. 4. **Drug testing.** Each client enrolled in the program must receive a minimum  
3.9 of eight random drug tests per 12 months of treatment. These tests must be reasonably  
3.10 dispensed over the 12-month period. A license holder may elect to conduct more drug tests.

3.11 Subd. 5. **Criteria for unsupervised use.** (a) To limit the potential for diversion  
3.12 of medication used for the treatment of opioid addiction to the illicit market, any such  
3.13 medications dispensed to patients for unsupervised use shall be subject to the following  
3.14 requirements:

3.15 (1) any patient in an opioid treatment program may receive a single take-home dose  
3.16 for a day that the clinic is closed for business, including Sundays and state and federal  
3.17 holidays; and

3.18 (2) treatment program decisions on dispensing medications used to treat opioid  
3.19 addiction to patients for unsupervised use beyond that set forth in paragraph (a), clause  
3.20 (1), of this subdivision, shall be determined by the medical director. The medical director  
3.21 must consider the criteria in this paragraph in determining whether a client may be  
3.22 permitted unsupervised or take-home use of such medications. The criteria must also be  
3.23 considered when determining whether dispensing medication for a client's unsupervised  
3.24 use is appropriate to increase or to extend the amount of time between visits to the  
3.25 program. The criteria includes:

3.26 (i) absence of recent abuse of drugs, including, but not limited to, opioids,  
3.27 nonnarcotics, and alcohol;

3.28 (ii) regularity of program attendance;

3.29 (iii) absence of serious behavioral problems at the program;

3.30 (iv) absence of known recent criminal activity such as drug dealing;

3.31 (v) stability of the client's home environment and social relationships;

3.32 (vi) length of time in comprehensive maintenance treatment;

3.33 (vii) reasonable assurance that take-home medication will be safely stored within the  
3.34 client's home; and

4.1 (viii) whether the rehabilitative benefit the client derived from decreasing  
4.2 the frequency of program attendance outweighs the potential risks of diversion or  
4.3 unsupervised use.

4.4 (b) The determination, including the basis of the determination, must be consistent  
4.5 with the criteria in paragraph (a), clause (2), and must be documented in the client's  
4.6 medical record.

4.7 **Subd. 6. Restrictions for unsupervised or take-home use of methadone**  
4.8 **hydrochloride.** (a) In cases where it is determined that a client meets the criteria in  
4.9 subdivision 5, paragraph (a), clause (2), and may be dispensed a medication used for the  
4.10 treatment of opioid addiction, the restrictions in paragraphs (b) to (g) must be followed  
4.11 when the medication to be dispensed is methadone hydrochloride.

4.12 (b) During the first 90 days of treatment, the take-home supply must be limited to  
4.13 a maximum of a single dose each week and the client shall ingest all other doses under  
4.14 direct supervision.

4.15 (c) In the second 90 days of treatment, the take-home supply must be limited to  
4.16 two doses per week.

4.17 (d) In the third 90 days of treatment, the take-home supply must not exceed three  
4.18 doses per week.

4.19 (e) In the remaining months of the first year, a client may be given a maximum  
4.20 six-day supply of take-home medication.

4.21 (f) After one year of continuous treatment, a client may be given a maximum  
4.22 two-week supply of take-home medication.

4.23 (g) After two years of continuous treatment, a client may be given a maximum  
4.24 one-month supply of take-home medication, but must make monthly visits.

4.25 **Subd. 7. Restriction exceptions.** When a license holder has reason to accelerate  
4.26 the number of unsupervised or take-home doses of methadone hydrochloride, the license  
4.27 holder must comply with the requirements of Code of Federal Regulations, title 42, chapter  
4.28 1, subchapter A, part 8, section 8.12, the criteria for unsupervised use in subdivision 5,  
4.29 and must use the exception process provided by the federal Center for Substance Abuse  
4.30 Treatment Division of Pharmacologic Therapies. For the purposes of enforcement of  
4.31 this subdivision, the commissioner has the authority to monitor for compliance with  
4.32 these federal regulations and may issue licensing actions according to sections 245A.05,  
4.33 245A.06, and 245A.07 based on the commissioner's determination of noncompliance.

4.34 **Subd. 8. Guest dosing.** In order to receive a guest dose, the client must be enrolled  
4.35 in an opioid treatment program elsewhere in the state or country and be receiving the  
4.36 medication on a temporary basis because the client is not able to receive the medication

5.1 at the program in which the client is enrolled. Such arrangements shall not exceed 30  
5.2 consecutive days in any one program and must not be for the convenience or benefit of  
5.3 either program. Guest dosing may also occur when the client's primary clinic is not open  
5.4 and the client is not receiving take-home doses.

5.5 Subd. 9. **Data and reporting.** The license holder must submit data concerning  
5.6 medication used for the treatment of opioid addiction to a central registry. The data must  
5.7 be submitted in a method determined by the commissioner and must be submitted for each  
5.8 client at the time of admission and discharge. The program must document the date the  
5.9 information was submitted. This requirement is effective upon implementation of changes  
5.10 to the Drug and Alcohol Abuse Normative Evaluation System (DAANES) or development  
5.11 of an electronic system by which to submit the data.

5.12 Subd. 10. **Nonmedication treatment services; documentation.** (a) The program  
5.13 must offer at least 50 consecutive minutes of individual or group therapy treatment services  
5.14 as defined in Minnesota Rules, part 9530.6430, subpart 1, item A, subitem (1), per week,  
5.15 for the first ten weeks following admission, and at least 50 consecutive minutes per month  
5.16 thereafter. As clinically appropriate, the program may offer these services cumulatively  
5.17 and not consecutively in increments of no less than 15 minutes over the required time  
5.18 period, and for a total of 60 minutes of treatment services over the time period, and must  
5.19 document the reason for providing services cumulatively in the client's record. The  
5.20 program may offer additional levels of service when deemed clinically necessary.

5.21 (b) Notwithstanding the requirements of individual treatment plans set forth in  
5.22 Minnesota Rules, part 9530.6425:

5.23 (1) treatment plan contents for maintenance clients are not required to include goals  
5.24 the client must reach to complete treatment and have services terminated;

5.25 (2) treatment plans for clients in a taper or detox status must include goals the client  
5.26 must reach to complete treatment and have services terminated;

5.27 (3) for the initial ten weeks after admission for all new admissions, readmissions, and  
5.28 transfers, progress notes must be entered in a client's file at least weekly and be recorded  
5.29 in each of the six dimensions upon the development of the treatment plan and thereafter.

5.30 Subsequently, the counselor must document progress no less than one time monthly,  
5.31 recorded in the six dimensions or when clinical need warrants more frequent notations; and

5.32 (4) treatment plan reviews must occur weekly, or after each treatment service,  
5.33 whichever is less frequent, for the first ten weeks of treatment for all new admissions,  
5.34 readmissions, and transfers. Following the first ten weeks of treatment, treatment plan  
5.35 reviews may occur monthly, unless the client has needs that warrant more frequent  
5.36 revisions or documentation.

6.1 Subd. 11. **Prescription monitoring program.** (a) Upon admission to an opioid  
6.2 treatment program, clients will be notified that the Department of Human Services and  
6.3 the medical director will be monitoring the prescription monitoring program to review  
6.4 the prescribed controlled drugs they have received. The medical director must review  
6.5 data from the Minnesota Board of Pharmacy, prescription monitoring program (PMP)  
6.6 established under section 152.126 prior to the client being ordered any controlled  
6.7 substance as defined under section 152.126, subdivision 1, paragraph (b), including  
6.8 medications used for the treatment of opioid addiction. The subsequent reviews of the  
6.9 PMP data must occur quarterly and be documented in the client's individual file. When  
6.10 the PMP data shows a recent history of multiple prescribers or multiple prescriptions for  
6.11 controlled substances, then subsequent reviews of the PMP data must occur monthly  
6.12 and be documented in the client's individual file. If, at any time the medical director  
6.13 believes the use of the controlled substances places the client at risk of harm, the program  
6.14 must seek the client's written consent to discuss the client's opioid treatment with other  
6.15 prescribers and must seek written consent for the other prescriber to disclose to the opioid  
6.16 treatment programs' medical director the client's condition that formed the basis of the  
6.17 other prescriptions. Additionally, any findings from the PMP data that are relevant to the  
6.18 medical director's course of treatment for the client must be documented in the client's  
6.19 individual file. A review of the PMP is not required for every medication dose adjustment.

6.20 (b) The commissioner shall collaborate with the Minnesota Board of Pharmacy  
6.21 to develop and implement an electronic system through which the commissioner shall  
6.22 routinely access the data from the Minnesota Board of Pharmacy, prescription monitoring  
6.23 program established under section 152.126 for the purpose of determining whether  
6.24 any client enrolled in an opioid addiction treatment program licensed according to this  
6.25 section has also been prescribed or dispensed a controlled substance in addition to  
6.26 that administered or dispensed by the opioid addiction treatment program. When the  
6.27 commissioner determines there have been multiple prescribers or multiple prescriptions of  
6.28 controlled substances, the commissioner shall:

6.29 (1) inform the medical director of the opioid treatment program only that the  
6.30 commissioner determined the existence of multiple prescribers or multiple prescriptions of  
6.31 controlled substances; and

6.32 (2) direct the medical director of the opioid treatment program to access the data  
6.33 directly, review the effect of the multiple prescribers or multiple prescriptions, and  
6.34 document the review.

7.1 (c) If determined necessary, the commissioner shall seek a federal waiver of, or  
7.2 exception to, any applicable provision of Code of Federal Regulations, title 42, part 2.34,  
7.3 item (c), prior to implementing this paragraph.

7.4 Subd. 12. **Policies and procedures.** (a) License holders must develop and maintain  
7.5 the policies and procedures required in this subdivision. Where a standard exceeds that in  
7.6 administrative rule, the standards of this subdivision apply.

7.7 (b) For programs that are not open every day of the year, the license holder must  
7.8 maintain a policy and procedure that permits clients to receive a single unsupervised use  
7.9 of medication used for the treatment of opioid addiction for days that the program is  
7.10 closed for business, including, but not limited to, Sundays and state and federal holidays  
7.11 as required under subdivision 5, paragraph (a), clause (1).

7.12 (c) The license holder must maintain a policy and procedure that includes specific  
7.13 measures to reduce the possibility of medication used for the treatment of opioid addiction  
7.14 being diverted from its intended treatment use. The policy and procedure must:

7.15 (1) specifically identify and define the responsibilities of the medical and  
7.16 administrative staff for carrying out diversion control measures; and

7.17 (2) include a process for contacting no less than five percent of clients who have  
7.18 unsupervised use of medication used for the treatment of opioid addiction, excluding those  
7.19 approved solely under subdivision 5, paragraph (a), clause (1), to require them to physically  
7.20 return to the program each month. The system must require clients to return to the program  
7.21 within a stipulated time frame and turn in all unused medication containers related to  
7.22 opioid addiction treatment. The license holder must document all related contacts on a  
7.23 central log and the outcome of the contact for each client in the individual client's record.

7.24 (d) Medications used for the treatment of opioid addictions must be ordered,  
7.25 administered, and dispensed according to applicable state and federal regulations and the  
7.26 standards set by applicable accreditation entities. In addition, when an order requires  
7.27 assessment by the person administering or dispensing the medication to determine  
7.28 the amount to be administered or dispensed, the assessment must be completed by  
7.29 an individual whose professional scope of practice permits such assessment. For the  
7.30 purposes of enforcement of this paragraph, the commissioner has the authority to monitor  
7.31 for compliance with these state and federal regulations and the relevant standards of  
7.32 the license holder's accreditation agency and may issue licensing actions according to  
7.33 sections 245A.05, 245A.06, and 245A.07 based on the commissioner's determination  
7.34 of noncompliance.

7.35 Subd. 13. **Quality improvement plan.** The license holder must develop and  
7.36 maintain a quality improvement process and plan. The plan must:

8.1 (1) include evaluation of the services provided to clients with the goal of identifying  
8.2 issues that may improve service delivery and client outcomes;

8.3 (2) include goals for the program to accomplish based on the evaluation;

8.4 (3) be reviewed annually by the management of the program to determine whether  
8.5 the goals were met and if not, whether additional action is required;

8.6 (4) be updated at least annually to include new or continued goals based on an  
8.7 updated evaluation of services; and

8.8 (5) identify two specific goal areas, in addition to others identified by the program  
8.9 including:

8.10 (i) a goal concerning oversight and monitoring of the premises around and near the  
8.11 exterior of the program to reduce the possibility of medication used for the treatment of  
8.12 opioid addiction being inappropriately used by clients, including but not limited to the sale  
8.13 or transfer of the medication to others; and

8.14 (ii) a goal concerning community outreach, including but not limited to  
8.15 communications with local law enforcement and county human services agencies with  
8.16 the goal of increasing coordination of services and identification of areas of concern to  
8.17 be addressed in the plan.

8.18 Subd. 14. **Placing authorities.** Programs must provide certain notification and  
8.19 client-specific updates to placing authorities for clients who are enrolled in Minnesota  
8.20 health care programs. At the request of the placing authority, the program must provide  
8.21 client-specific updates, including but not limited to informing the placing authority of  
8.22 positive drug screenings and changes in medications used for the treatment of opioid  
8.23 addiction ordered for the client.

## 8.24 **ARTICLE 2**

### 8.25 **CHEMICAL AND MENTAL HEALTH**

8.26 Section 1. Minnesota Statutes 2012, section 254B.04, is amended by adding a  
8.27 subdivision to read:

8.28 Subd. 2b. **Eligibility for placement in opioid treatment programs.** (a)  
8.29 Notwithstanding provisions of Minnesota Rules, part 9530.6622, subpart 5, related  
8.30 to a placement authority's requirement to authorize services or service coordination  
8.31 in a program that complies with Minnesota Rules, part 9530.6500, or Code of Federal  
8.32 Regulations, title 42, part 8, and after taking into account an individual's preference for  
8.33 placement in an opioid treatment program, a placement authority may, but is not required  
8.34 to, authorize services or service coordination or otherwise place an individual in an opioid



9.1 treatment program. Prior to making a determination of placement for an individual, the  
 9.2 placing authority must consult with the current treatment provider, if any.

9.3 (b) Prior to placement of an individual who is determined by the assessor to require  
 9.4 treatment for opioid addiction, the assessor must provide educational information  
 9.5 concerning treatment options for opioid addiction, including the use of a medication  
 9.6 for the use of opioid addiction. The commissioner shall develop educational materials  
 9.7 supported by research and updated periodically that must be used by assessors to comply  
 9.8 with this requirement.

### 9.9 ARTICLE 3

#### 9.10 CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

9.11 Section 1. Minnesota Statutes 2012, section 152.01, subdivision 5a, is amended to read:

9.12 Subd. 5a. **Hallucinogen.** "Hallucinogen" means any hallucinogen listed in section  
 9.13 152.02, subdivision 2, clause ~~(3)~~ (d), or Minnesota Rules, part 6800.4210, item C, except  
 9.14 marijuana and Tetrahydrocannabinols.

9.15 **EFFECTIVE DATE.** This section is effective August 1, 2013, and applies to crimes  
 9.16 committed on or after that date.

9.17 Sec. 2. Minnesota Statutes 2012, section 152.02, subdivision 2, is amended to read:

9.18 Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this  
 9.19 subdivision.

9.20 (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of  
 9.21 the following substances, including their analogs, isomers, esters, ethers, salts, and salts  
 9.22 of isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters,  
 9.23 ethers, and salts is possible:

9.24 (1) acetylmethadol;

9.25 (2) allylprodine;

9.26 (3) alphacetylmethadol (except levo-alphacetylmethadol, also known as  
 9.27 levomethadyl acetate);

9.28 (4) alphameprodine;

9.29 (5) alphamethadol;

9.30 (6) alpha-methylfentanyl benzethidine;

9.31 (7) betacetylmethadol;

9.32 (8) betameprodine;

9.33 (9) betamethadol;

- 10.1 (10) betaprodine;
- 10.2 (11) clonitazene;
- 10.3 (12) dextromoramide;
- 10.4 (13) diampromide;
- 10.5 (14) diethylambutene;
- 10.6 (15) difenoxin;
- 10.7 (16) dimenoxadol;
- 10.8 (17) dimepheptanol;
- 10.9 (18) dimethylambutene;
- 10.10 (19) dioxaphetyl butyrate;
- 10.11 (20) dipipanone;
- 10.12 (21) ethylmethylthiambutene;
- 10.13 (22) etonitazene;
- 10.14 (23) etoxeridine;
- 10.15 (24) furethidine;
- 10.16 (25) hydroxypethidine;
- 10.17 (26) ketobemidone;
- 10.18 (27) levomoramide;
- 10.19 (28) levophenacilmorphan;
- 10.20 (29) 3-methylfentanyl;
- 10.21 (30) acetyl-alpha-methylfentanyl;
- 10.22 (31) alpha-methylthiofentanyl;
- 10.23 (32) benzylfentanyl beta-hydroxyfentanyl;
- 10.24 (33) beta-hydroxy-3-methylfentanyl;
- 10.25 (34) 3-methylthiofentanyl;
- 10.26 (35) thenylfentanyl;
- 10.27 (36) thiofentanyl;
- 10.28 (37) para-fluorofentanyl;
- 10.29 (38) morpheridine;
- 10.30 (39) 1-methyl-4-phenyl-4-propionoxypiperidine;
- 10.31 (40) noracymethadol;
- 10.32 (41) norlevorphanol;
- 10.33 (42) normethadone;
- 10.34 (43) norpipanone;
- 10.35 (44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);
- 10.36 (45) phenadoxone;

- 11.1 (46) phenampromide;
- 11.2 (47) phenomorphan;
- 11.3 (48) phenoperidine;
- 11.4 (49) piritramide;
- 11.5 (50) proheptazine;
- 11.6 (51) properidine;
- 11.7 (52) propiram;
- 11.8 (53) racemoramide;
- 11.9 (54) tilidine;
- 11.10 (55) trimeperidine.

11.11 (c) Opium derivatives. Any of the following substances, their analogs, salts, isomers,  
11.12 and salts of isomers, unless specifically excepted or unless listed in another schedule,  
11.13 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

- 11.14 (1) acetorphine;
- 11.15 (2) acetyldihydrocodeine;
- 11.16 (3) benzylmorphine;
- 11.17 (4) codeine methylbromide;
- 11.18 (5) codeine-n-oxide;
- 11.19 (6) cyprenorphine;
- 11.20 (7) desomorphine;
- 11.21 (8) dihydromorphine;
- 11.22 (9) drotebanol;
- 11.23 (10) etorphine;
- 11.24 (11) heroin;
- 11.25 (12) hydromorphanol;
- 11.26 (13) methyl-desorphine;
- 11.27 (14) methyldihydromorphine;
- 11.28 (15) morphine methylbromide;
- 11.29 (16) morphine methylsulfonate;
- 11.30 (17) morphine-n-oxide;
- 11.31 (18) myrophine;
- 11.32 (19) nicocodeine;
- 11.33 (20) nicomorphine;
- 11.34 (21) normorphine;
- 11.35 (22) pholcodine;
- 11.36 (23) thebacon.

12.1 (d) Hallucinogens. Any material, compound, mixture or preparation which contains  
12.2 any quantity of the following substances, their analogs, salts, isomers (whether optical,  
12.3 positional, or geometric), and salts of isomers, unless specifically excepted or unless listed  
12.4 in another schedule, whenever the existence of the analogs, salts, isomers, and salts of  
12.5 isomers is possible:

- 12.6 (1) methylenedioxy amphetamine;
- 12.7 (2) methylenedioxymethamphetamine;
- 12.8 (3) methylenedioxy-N-ethylamphetamine (MDEA);
- 12.9 (4) n-hydroxy-methylenedioxyamphetamine;
- 12.10 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);
- 12.11 (6) 2,5-dimethoxyamphetamine (2,5-DMA);
- 12.12 (7) 4-methoxyamphetamine;
- 12.13 (8) 5-methoxy-3, 4-methylenedioxy amphetamine;
- 12.14 (9) alpha-ethyltryptamine;
- 12.15 (10) bufotenine;
- 12.16 (11) diethyltryptamine;
- 12.17 (12) dimethyltryptamine;
- 12.18 (13) 3,4,5-trimethoxy amphetamine;
- 12.19 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);
- 12.20 (15) ibogaine;
- 12.21 (16) lysergic acid diethylamide (LSD);
- 12.22 (17) mescaline;
- 12.23 (18) parahexyl;
- 12.24 (19) N-ethyl-3-piperidyl benzilate;
- 12.25 (20) N-methyl-3-piperidyl benzilate;
- 12.26 (21) psilocybin;
- 12.27 (22) psilocyn;
- 12.28 (23) tenocyclidine (TPCP or TCP);
- 12.29 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);
- 12.30 (25) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);
- 12.31 (26) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);
- 12.32 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);
- 12.33 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);
- 12.34 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);
- 12.35 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);
- 12.36 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);

- 13.1 (32) 4-methyl-2,5-dimethoxyphenethylamine (2-CD);
- 13.2 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);
- 13.3 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);
- 13.4 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);
- 13.5 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);
- 13.6 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);
- 13.7 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine
- 13.8 (2-CB-FLY);
- 13.9 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);
- 13.10 (40) alpha-methyltryptamine (AMT);
- 13.11 (41) N,N-diisopropyltryptamine (DiPT);
- 13.12 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);
- 13.13 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);
- 13.14 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);
- 13.15 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);
- 13.16 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);
- 13.17 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);
- 13.18 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);
- 13.19 (49) 5-methoxy- $\alpha$ -methyltryptamine (5-MeO-AMT);
- 13.20 (50) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);
- 13.21 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);
- 13.22 (52) 5-methoxy-N-methyl-N-propyltryptamine (5-MeO-MiPT);
- 13.23 (53) 5-methoxy- $\alpha$ -ethyltryptamine (5-MeO-AET);
- 13.24 (54) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);
- 13.25 (55) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);
- 13.26 (56) 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT);
- 13.27 (57) methoxetamine (MXE);
- 13.28 (58) 5-iodo-2-aminoindane (5-IAI);
- 13.29 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);
- 13.30 (60) 2-(4-iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine
- 13.31 (25I-NBOMe).

13.32 (e) Peyote. All parts of the plant presently classified botanically as *Lophophora*

13.33 *williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part

13.34 of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation

13.35 of the plant, its seeds or extracts. The listing of peyote as a controlled substance in

13.36 Schedule I does not apply to the nondrug use of peyote in bona fide religious ceremonies

14.1 of the American Indian Church, and members of the American Indian Church are exempt  
14.2 from registration. Any person who manufactures peyote for or distributes peyote to the  
14.3 American Indian Church, however, is required to obtain federal registration annually and  
14.4 to comply with all other requirements of law.

14.5 (f) Central nervous system depressants. Unless specifically excepted or unless listed  
14.6 in another schedule, any material compound, mixture, or preparation which contains any  
14.7 quantity of the following substances, their analogs, salts, isomers, and salts of isomers  
14.8 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

- 14.9 (1) mecloqualone;
- 14.10 (2) methaqualone;
- 14.11 (3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;
- 14.12 (4) flunitrazepam.

14.13 (g) Stimulants. Unless specifically excepted or unless listed in another schedule, any  
14.14 material compound, mixture, or preparation which contains any quantity of the following  
14.15 substances, their analogs, salts, isomers, and salts of isomers whenever the existence of  
14.16 the analogs, salts, isomers, and salts of isomers is possible:

- 14.17 (1) aminorex;
- 14.18 (2) cathinone;
- 14.19 (3) fenethylamine;
- 14.20 (4) methcathinone;
- 14.21 (5) methylaminorex;
- 14.22 (6) N,N-dimethylamphetamine;
- 14.23 (7) N-benzylpiperazine (BZP);
- 14.24 (8) methylmethcathinone (mephedrone);
- 14.25 (9) 3,4-methylenedioxy-N-methylcathinone (methylone);
- 14.26 (10) methoxymethcathinone (methedrone);
- 14.27 (11) methylenedioxypropylamphetamine (MDPV);
- 14.28 (12) fluoromethcathinone;
- 14.29 (13) methylethcathinone (MEC);
- 14.30 (14) 1-benzofuran-6-ylpropan-2-amine (6-APB);
- 14.31 (15) dimethylmethcathinone (DMMC);
- 14.32 (16) fluoroamphetamine;
- 14.33 (17) fluoromethamphetamine;
- 14.34 (18)  $\alpha$ -methylaminobutyrophenone (MABP or buphedrone);
- 14.35 (19)  $\beta$ -keto-N-methylbenzodioxolylpropylamine (bk-MBDB or butylone);
- 14.36 (20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);

15.1 (21) naphthylpyrovalerone (naphyrone); and

15.2 (22) any other substance, except bupropion or compounds listed under a different  
15.3 schedule, that is structurally derived from 2-aminopropan-1-one by substitution at the  
15.4 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the  
15.5 compound is further modified in any of the following ways:

15.6 (i) by substitution in the ring system to any extent with alkyl, alkylendioxy, alkoxy,  
15.7 haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring  
15.8 system by one or more other univalent substituents;

15.9 (ii) by substitution at the 3-position with an acyclic alkyl substituent;

15.10 (iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or  
15.11 methoxybenzyl groups; or

15.12 (iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.

15.13 (h) Marijuana, tetrahydrocannabinols, and synthetic cannabinoids. Unless  
15.14 specifically excepted or unless listed in another schedule, any natural or synthetic material,  
15.15 compound, mixture, or preparation that contains any quantity of the following substances,  
15.16 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers,  
15.17 whenever the existence of the isomers, esters, ethers, or salts is possible:

15.18 (1) marijuana;

15.19 (2) tetrahydrocannabinols naturally contained in a plant of the genus Cannabis,  
15.20 synthetic equivalents of the substances contained in the cannabis plant or in the  
15.21 resinous extractives of the plant, or synthetic substances with similar chemical structure  
15.22 and pharmacological activity to those substances contained in the plant or resinous  
15.23 extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans  
15.24 tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol;

15.25 (3) synthetic cannabinoids, including the following substances:

15.26 (i) Naphthoylindoles, which are any compounds containing a 3-(1-naphthoyl)indole  
15.27 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,  
15.28 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidiny)methyl or  
15.29 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any  
15.30 extent and whether or not substituted in the naphthyl ring to any extent. Examples of  
15.31 naphthoylindoles include, but are not limited to:

15.32 (A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);

15.33 (B) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);

15.34 (C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);

15.35 (D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);

15.36 (E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);

16.1 (F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);

16.2 (G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);

16.3 (H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);

16.4 (I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);

16.5 (J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).

16.6 (ii) Naphthylmethyloindoles, which are any compounds containing a  
16.7 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom  
16.8 of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
16.9 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further  
16.10 substituted in the indole ring to any extent and whether or not substituted in the naphthyl  
16.11 ring to any extent. Examples of naphthylmethyloindoles include, but are not limited to:

16.12 (A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);

16.13 (B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methan (JWH-184).

16.14 (iii) Naphthoylpyrroles, which are any compounds containing a  
16.15 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the  
16.16 pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
16.17 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not  
16.18 further substituted in the pyrrole ring to any extent, whether or not substituted in the  
16.19 naphthyl ring to any extent. Examples of naphthoylpyrroles include, but are not limited to,  
16.20 (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).

16.21 (iv) Naphthylmethylindenes, which are any compounds containing a  
16.22 naphthylideneindene structure with substitution at the 3-position of the indene  
16.23 ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
16.24 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further  
16.25 substituted in the indene ring to any extent, whether or not substituted in the naphthyl  
16.26 ring to any extent. Examples of naphthylmethylindenes include, but are not limited to,  
16.27 E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).

16.28 (v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole  
16.29 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,  
16.30 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or  
16.31 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to  
16.32 any extent, whether or not substituted in the phenyl ring to any extent. Examples of  
16.33 phenylacetylindoles include, but are not limited to:

16.34 (A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);

16.35 (B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);

16.36 (C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);



17.1 (D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).

17.2 (vi) Cyclohexylphenols, which are compounds containing a  
17.3 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position  
17.4 of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
17.5 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not  
17.6 substituted in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include,  
17.7 but are not limited to:

17.8 (A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);

17.9 (B) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol

17.10 (Cannabicyclohexanol or CP 47,497 C8 homologue);

17.11 (C) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]  
17.12 -phenol (CP 55,940).

17.13 (vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole  
17.14 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,  
17.15 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or  
17.16 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to  
17.17 any extent and whether or not substituted in the phenyl ring to any extent. Examples of  
17.18 benzoylindoles include, but are not limited to:

17.19 (A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);

17.20 (B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);

17.21 (C) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone  
17.22 (WIN 48,098 or Pravadoline).

17.23 (viii) Others specifically named:

17.24 (A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)  
17.25 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);

17.26 (B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)  
17.27 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);

17.28 (C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]  
17.29 -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);

17.30 (D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);

17.31 (E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone  
17.32 (XLR-11);

17.33 (F) 1-pentyl-N-tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl-1H-indazole-3-carboxamide  
17.34 (AKB-48(APINACA));

17.35 (G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide  
17.36 (5-Fluoro-AKB-48);

18.1 (H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22); and  
18.2 (I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro  
18.3 PB-22).

18.4 (i) A controlled substance analog, to the extent that it is implicitly or explicitly  
18.5 intended for human consumption.

18.6 **EFFECTIVE DATE.** This section is effective August 1, 2013, and applies to crimes  
18.7 committed on or after that date.

18.8 Sec. 3. Minnesota Statutes 2012, section 152.126, subdivision 6, is amended to read:

18.9 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this  
18.10 subdivision, the data submitted to the board under subdivision 4 is private data on  
18.11 individuals as defined in section 13.02, subdivision 12, and not subject to public disclosure.

18.12 (b) Except as specified in subdivision 5, the following persons shall be considered  
18.13 permissible users and may access the data submitted under subdivision 4 in the same or  
18.14 similar manner, and for the same or similar purposes, as those persons who are authorized  
18.15 to access similar private data on individuals under federal and state law:

18.16 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has  
18.17 delegated the task of accessing the data, to the extent the information relates specifically to  
18.18 a current patient, to whom the prescriber is prescribing or considering prescribing any  
18.19 controlled substance and with the provision that the prescriber remains responsible for the  
18.20 use or misuse of data accessed by a delegated agent or employee;

18.21 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has  
18.22 delegated the task of accessing the data, to the extent the information relates specifically  
18.23 to a current patient to whom that dispenser is dispensing or considering dispensing any  
18.24 controlled substance and with the provision that the dispenser remains responsible for the  
18.25 use or misuse of data accessed by a delegated agent or employee;

18.26 (3) an individual who is the recipient of a controlled substance prescription for  
18.27 which data was submitted under subdivision 4, or a guardian of the individual, parent or  
18.28 guardian of a minor, or health care agent of the individual acting under a health care  
18.29 directive under chapter 145C;

18.30 (4) personnel of the board specifically assigned to conduct a bona fide investigation  
18.31 of a specific licensee;

18.32 (5) personnel of the board engaged in the collection of controlled substance  
18.33 prescription information as part of the assigned duties and responsibilities under this  
18.34 section;

19.1 (6) authorized personnel of a vendor under contract with the board who are engaged  
19.2 in the design, implementation, operation, and maintenance of the electronic reporting  
19.3 system as part of the assigned duties and responsibilities of their employment, provided  
19.4 that access to data is limited to the minimum amount necessary to carry out such duties  
19.5 and responsibilities;

19.6 (7) federal, state, and local law enforcement authorities acting pursuant to a valid  
19.7 search warrant; and

19.8 (8) personnel of the medical assistance program assigned to use the data collected  
19.9 under this section to identify recipients whose usage of controlled substances may warrant  
19.10 restriction to a single primary care physician, a single outpatient pharmacy, or a single  
19.11 hospital.

19.12 For purposes of clause (3), access by an individual includes persons in the definition  
19.13 of an individual under section 13.02.

19.14 (c) Any permissible user identified in paragraph (b), who directly accesses  
19.15 the data electronically, shall implement and maintain a comprehensive information  
19.16 security program that contains administrative, technical, and physical safeguards that  
19.17 are appropriate to the user's size and complexity, and the sensitivity of the personal  
19.18 information obtained. The permissible user shall identify reasonably foreseeable internal  
19.19 and external risks to the security, confidentiality, and integrity of personal information  
19.20 that could result in the unauthorized disclosure, misuse, or other compromise of the  
19.21 information and assess the sufficiency of any safeguards in place to control the risks.

19.22 (d) The board shall not release data submitted under this section unless it is provided  
19.23 with evidence, satisfactory to the board, that the person requesting the information is  
19.24 entitled to receive the data.

19.25 (e) The board shall not release the name of a prescriber without the written consent  
19.26 of the prescriber or a valid search warrant or court order. The board shall provide a  
19.27 mechanism for a prescriber to submit to the board a signed consent authorizing the release  
19.28 of the prescriber's name when data containing the prescriber's name is requested.

19.29 (f) The board shall maintain a log of all persons who access the data and shall ensure  
19.30 that any permissible user complies with paragraph (c) prior to attaining direct access to  
19.31 the data.

19.32 (g) Section 13.05, subdivision 6, shall apply to any contract the board enters into  
19.33 pursuant to subdivision 2. A vendor shall not use data collected under this section for  
19.34 any purpose not specified in this section.

19.35 (h) Within available appropriations, the commissioner of human services shall  
19.36 establish and implement a system through which the Department of Human Services shall

20.1 routinely access the data for the purpose of determining whether any client enrolled in an  
20.2 opioid treatment program licensed according to chapter 245A has also been prescribed  
20.3 or dispensed a controlled substance in addition to that administered or dispensed by the  
20.4 opioid treatment program. When the commissioner determines there have been multiple  
20.5 prescribers or multiple prescriptions of controlled substances, the commissioner shall:

20.6 (1) inform the medical director of the opioid treatment program only that the  
20.7 commissioner determined the existence of multiple prescribers or multiple prescriptions of  
20.8 controlled substances; and

20.9 (2) direct the medical director of the opioid treatment program to access the data  
20.10 directly, review the effect of the multiple prescribers or multiple prescriptions, and  
20.11 document the review.

20.12 If determined necessary, the commissioner of human services shall seek a federal waiver  
20.13 of, or exception to, any applicable provision of Code of Federal Regulations, title 42, part  
20.14 2.34, item (c), prior to implementing this paragraph.

APPENDIX  
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