

Subject Intractable pain  
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Date March 8, 2022

### Overview

This bill modifies the criteria and procedures for prescribing or administering controlled substances to treat intractable pain. The bill limits the extent to which state agencies can take action against providers for upward deviations from morphine milligram equivalent (MME) dosage recommendations or thresholds, limits tapering a medication solely to meet an MME dosage recommendation or threshold, requires providers and patients to enter into patient-provider agreements before treatment for intractable pain, and makes related changes.

### Summary

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1	<b>Intractable pain.</b> Amends § 152.125.
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**Subd. 1. Definitions.** Provides new definitions of: drug diversion, palliative care, and rare disease. Also modifies the definition of intractable pain to list associated conditions. Makes various clarifying changes.

**Subd. 1a. Criteria for the evaluation and treatment of intractable pain.** Provides that the evaluation and treatment of intractable pain is governed by the following criteria:

- 1) a diagnosis of intractable pain by a treating physician and by a physician specializing in pain medicine or a physician treating the part of the body that is the source of pain, is sufficient to meet the definition of intractable pain; and
- 2) the cause of the diagnosis of intractable pain must not interfere with medically necessary treatment, including but not limited to prescribing or administering a controlled substance.

**Subd. 2. Prescription and administration of controlled substances for intractable pain.** (a) Adds references to advanced practice registered nurses and

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physician assistants prescribing or administering a controlled substance in the course of treatment of intractable pain. Provides that these individuals shall not be subject to disciplinary action by the Board of Nursing for appropriately prescribing or administering a controlled substance for intractable pain if specified conditions are met. Adds as a new condition that physicians, advanced practice registered nurses, and physician assistants enter into a patient-provider agreement.

(b) Provides that a physician, advanced practice registered nurse, or physician assistant, acting in good faith and based on the needs of the patient, shall not be subject to civil or criminal action or investigation, disenrollment, or termination by the commissioners of health or human services, solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent (MME) dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies. Specifies that these guidelines or policies include, but are not limited to: the Guideline for Prescribing Opioids for Chronic Pain issued by the Center for Disease Control and Prevention, Minnesota opioid prescribing guidelines, the Minnesota opioid prescribing improvement program, and the Minnesota quality improvement program.

(c) Prohibits a physician, advanced practice registered nurse, or physician assistant treating intractable pain from tapering a patient's controlled substance medication solely to meet a predetermined MME dosage recommendation or threshold, if the patient is stable and compliant with the treatment plan, is not experiencing serious harm from the level of medication, and is in compliance with the patient-provider agreement.

(d) Provides that a decision to taper a patient's medication dosage must be based on factors other than an MME recommendation or threshold.

(e) Prohibits a pharmacist, health plan company, or pharmacy benefit manager from refusing to fill a prescription for an opiate based solely on the prescription exceeding a predetermined MME dosage recommendation or threshold.

**Subd. 3. Limits on applicability.** Provides that the section does not apply to patients known to be using controlled substances for drug diversion. Also makes clarifying and conforming changes.

**Subd. 4. Notice of risks.** Makes conforming changes, adding references to advanced practice registered nurses and physician assistants and the patient-provider agreement. Also requires discussions of treatment for intractable pain using controlled substances to be held with the patient's legal guardian, if applicable.

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**Subd. 5. Patient-provider agreement.** (a) Before treating a patient for intractable pain, requires a physician, advanced practice registered nurse, or physician assistant, and the patient or legal guardian if applicable, to mutually agree to the treatment and enter into a patient-provider agreement. Requires the agreement to include a description of the prescriber's and patient's expectations, responsibilities, and rights according to best practices and current standards of care.

(b) Requires the agreement to be signed by the parties, and included in the patient's medical records. Requires a copy of the signed agreement to be provided to the patient.

(c) Requires the agreement to be reviewed by the patient and the provider annually. Specifies requirements related to updated and revised agreements.

(d) States that a patient-provider agreement is not required in an emergency or inpatient hospital setting.



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