

1.1 A bill for an act
1.2 relating to health; establishing a benchmark for electronic prescribing; requiring
1.3 corrective action plans for prescribers who do not meet the benchmark; amending
1.4 Minnesota Statutes 2016, section 62J.497, subdivision 2.

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

1.6 Section 1. Minnesota Statutes 2016, section 62J.497, subdivision 2, is amended to read:

1.7 Subd. 2. **Requirements for electronic prescribing.** (a) Effective January 1, 2011, all
1.8 providers, group purchasers, prescribers, and dispensers must establish, maintain, and use
1.9 an electronic prescription drug program. This program must comply with the applicable
1.10 standards in this section for transmitting, directly or through an intermediary, prescriptions
1.11 and prescription-related information using electronic media.

1.12 (b) If transactions described in this section are conducted, they must be done electronically
1.13 using the standards described in this section. Nothing in this section requires providers,
1.14 group purchasers, prescribers, or dispensers to electronically conduct transactions that are
1.15 expressly prohibited by other sections or federal law.

1.16 (c) Providers, group purchasers, prescribers, and dispensers must use either HL7 messages
1.17 or the NCPDP SCRIPT Standard to transmit prescriptions or prescription-related information
1.18 internally when the sender and the recipient are part of the same legal entity. If an entity
1.19 sends prescriptions outside the entity, it must use the NCPDP SCRIPT Standard or other
1.20 applicable standards required by this section. Any pharmacy within an entity must be able
1.21 to receive electronic prescription transmittals from outside the entity using the adopted
1.22 NCPDP SCRIPT Standard. This exemption does not supersede any Health Insurance

2.1 Portability and Accountability Act (HIPAA) requirement that may require the use of a
2.2 HIPAA transaction standard within an organization.

2.3 (d) By July 1, 2020, a prescriber must use e-prescribing to transmit to a dispenser at
2.4 least 80 percent of the prescriptions issued by that prescriber on a monthly basis. The
2.5 commissioner of health shall evaluate prescribers to assess compliance with this requirement
2.6 and shall send notices of noncompliance, by November 1, 2020, to prescribers who are not
2.7 in compliance with this requirement. A prescriber who receives a notice of noncompliance
2.8 from the commissioner must submit to the commissioner, by December 1, 2020, a corrective
2.9 action plan detailing the steps the prescriber will take to reach the benchmark of transmitting
2.10 80 percent of prescriptions to dispensers through e-prescribing and a timeline for the
2.11 prescriber to reach that benchmark. The commissioner shall periodically monitor prescriber
2.12 compliance with the prescriber's corrective action plan.