

## Minnesota -Excerpts from Newly Passed Legislation

Sec. 2. Minnesota Statutes 2007 Supplement, section 62J.495, is amended by adding a

18.7 subdivision to read:

18.8 **Subd. 3. Interoperable electronic health record requirements.** (a)

To meet the

18.9 requirements of subdivision 1, hospitals and health care providers must meet the following

18.10 criteria when implementing an interoperable electronic health records system within their

18.11 hospital system or clinical practice setting.

18.12 (b) The electronic health record must be certified by the Certification Commission

18.13 for Healthcare Information Technology, or its successor. This criterion only applies to

18.14 hospitals and health care providers whose practice setting is a practice setting covered

18.15 by Certification Commission for Healthcare Information Technology certifications. This

18.16 criterion shall be considered met if a hospital or health care provider is using an electronic

18.17 health records system that has been certified within the last three years, even if a more

18.18 current version of the system has been certified within the three-year period.

18.19 (c) A health care provider who is a prescriber or dispenser of controlled substances

18.20 must have an electronic health record system that meets the requirements of section

18.21 62J.497.

18.22 **Sec. 3. [62J.497] ELECTRONIC PRESCRIPTION DRUG PROGRAM.**

18.23 **Subdivision 1. Definitions.** For the purposes of this section, the following terms

18.24 have the meanings given.

18.25 (a) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision

18.26 30. Dispensing does not include the direct administering of a controlled substance to a

18.27 patient by a licensed health care professional.

18.28 (b) "Dispenser" means a person authorized by law to dispense a controlled substance,  
18.29 pursuant to a valid prescription.  
18.30 (c) "Electronic media" has the meaning given under Code of Federal Regulations,  
18.31 title 45, part 160.103.  
18.32 (d) "E-prescribing" means the transmission using electronic media of prescription  
18.33 or prescription-related information between a prescriber, dispenser, pharmacy benefit  
18.34 manager, or group purchaser, either directly or through an intermediary, including an  
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e-prescribing network. E-prescribing includes, but is not limited to, 19.1 two-way transmissions  
19.2 between the point of care and the dispenser.  
19.3 (e) "Electronic prescription drug program" means a program that provides for  
19.4 e-prescribing.  
19.5 (f) "Group purchaser" has the meaning given in section 62J.03, subdivision 6.  
19.6 (g) "HL7 messages" means a standard approved by the standards development  
19.7 organization known as Health Level Seven.  
19.8 (h) "National Provider Identifier" or "NPI" means the identifier described under  
19.9 Code of Federal Regulations, title 45, part 162.406.  
19.10 (i) "NCPDP" means the National Council for Prescription Drug Programs, Inc.  
19.11 (j) "NCPDP Formulary and Benefits Standard" means the National Council for  
19.12 Prescription Drug Programs Formulary and Benefits Standard, Implementation Guide,  
19.13 Version 1, Release 0, October 2005.  
19.14 (k) "NCPDP SCRIPT Standard" means the National Council for Prescription Drug  
19.15 Programs Prescriber/Pharmacist Interface SCRIPT Standard, Implementation Guide  
19.16 Version 8, Release 1 (Version 8.1), October 2005.  
19.17 (l) "Pharmacy" has the meaning given in section 151.01, subdivision 2.

19.18 (m) "Prescriber" means a licensed health care professional who is authorized to  
19.19 prescribe a controlled substance under section 152.12, subdivision 1.  
19.20 (n) "Prescription-related information" means information regarding eligibility for  
19.21 drug benefits, medication history, or related health or drug information.  
19.22 (o) "Provider" or "health care provider" has the meaning given in section 62J.03,  
19.23 subdivision 8.  
19.24 Subd. 2. **Requirements for electronic prescribing.** (a) Effective January 1, 2011,  
19.25 all providers, group purchasers, prescribers, and dispensers must establish and maintain  
19.26 an electronic prescription drug program that complies with the applicable standards  
19.27 in this section for transmitting, directly or through an intermediary, prescriptions and  
19.28 prescription-related information using electronic media.  
19.29 (b) Nothing in this section requires providers, group purchasers, prescribers, or  
19.30 dispensers to conduct the transactions described in this section. If transactions described in  
19.31 this section are conducted, they must be done electronically using the standards described  
19.32 in this section. Nothing in this section requires providers, group purchasers, prescribers,  
19.33 or dispensers to electronically conduct transactions that are expressly prohibited by other  
19.34 sections or federal law.  
19.35 (c) Providers, group purchasers, prescribers, and dispensers must use either HL7  
19.36 messages or the NCPDP SCRIPT Standard to transmit prescriptions or prescription-related  
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information internally when the sender and the recipient are part of the 20.1 same legal entity. If  
20.2 an entity sends prescriptions outside the entity, it must use the NCPDP SCRIPT Standard  
20.3 or other applicable standards required by this section. Any pharmacy within an entity

20.4 must be able to receive electronic prescription transmittals from outside the entity using

20.5 the adopted NCPDP SCRIPT Standard. This exemption does not supersede any Health

20.6 Insurance Portability and Accountability Act (HIPAA) requirement that may require the

20.7 use of a HIPAA transaction standard within an organization.

20.8 (d) Entities transmitting prescriptions or prescription-related information where the

20.9 prescriber is required by law to issue a prescription for a patient to a nonprescribing

20.10 provider that in turn forwards the prescription to a dispenser are exempt from the

20.11 requirement to use the NCPDP SCRIPT Standard when transmitting prescriptions or

20.12 prescription-related information.

20.13 Subd. 3. **Standards for electronic prescribing.** (a) Prescribers and dispensers

20.14 must use the NCPDP SCRIPT Standard for the communication of a prescription or

20.15 prescription-related information. The NCPDP SCRIPT Standard shall be used to conduct

20.16 the following transactions:

20.17 (1) get message transaction;

20.18 (2) status response transaction;

20.19 (3) error response transaction;

20.20 (4) new prescription transaction;

20.21 (5) prescription change request transaction;

20.22 (6) prescription change response transaction;

20.23 (7) refill prescription request transaction;

20.24 (8) refill prescription response transaction;

20.25 (9) verification transaction;

20.26 (10) password change transaction;

20.27 (11) cancel prescription request transaction; and

20.28 (12) cancel prescription response transaction.

20.29 (b) Providers, group purchasers, prescribers, and dispensers must use the NCPDP

20.30 SCRIPT Standard for communicating and transmitting medication history information.

20.31 (c) Providers, group purchasers, prescribers, and dispensers must use the NCPDP

20.32 Formulary and Benefits Standard for communicating and transmitting formulary and

20.33 benefit information.

20.34 (d) Providers, group purchasers, prescribers, and dispensers must use the national

20.35 provider identifier to identify a health care provider in e-prescribing or prescription-related

20.36 transactions when a health care provider's identifier is required.

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(e) Providers, group purchasers, prescribers, and dispensers 21.1 must communicate

21.2 eligibility information and conduct health care eligibility benefit inquiry and response

21.3 transactions according to the requirements of section 62J.536.