

Updating Standards for e-Prescribing

HF 1567 / SF 1479

Like many states, Minnesota is working to improve the affordability, access and quality of health care, and the health status of Minnesotans. Among the overall strategies for achieving these ambitious goals is the adoption and effective use of interoperable electronic health record systems and other health information technologies, including e-prescribing.

This proposal calls for an update to the Minnesota standards for e-prescribing, linking Minnesota's baseline standard to those adopted at the national level and providing necessary flexibility to address industry concerns and expand e-prescribing.

Current e-Prescribing Standards

Minnesota law requires that, "Effective January 1, 2011, all providers group purchasers, prescribers and dispensers must establish and maintain an electronic prescription drug program that applies with the applicable standards in this section for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media." (Minnesota Statutes, section 62J.497).

The standards referenced above require that, "...providers, group purchasers, prescribers and dispensers must use either HL7 messages or the NCPDP SCRIPT Standard to transmit prescriptions or prescription-related information." The law as it is written today specifically requires NCPDP SCRIPT Standard version 8.1. (See Figure 1 on reverse.)

Addressing Evolving Standards

Because national standards are dynamic and evolve over time to meet industry needs, this proposal is designed to accomplish the following:

- It establishes the baseline standard for use in Minnesota as NCPDP SCRIPT Standard version 8.1, or the most recent standard adopted by CMS for the Medicare Part D program.

- It requires that the schedule for moving Minnesota's baseline standard to subsequent versions be consistent with the CMS schedule for compliance.
- It allows subsequently released versions of the standards to be used, provided that the new version is compatible with the baseline standard.

Meeting Needs for Long Term Care

The proposal is also intended to address the needs of the long term care industry in moving toward rapid adoption of e-prescribing. The long term care industry has determined that the most recent version of the standard is necessary to transmit all of the essential information for e-prescribing in long term care settings. Because the current law specifically states that version 8.1 must be used, long term care was originally excluded from the 2011 mandate.

Updating Minnesota's standards for e-prescribing to allow subsequently released versions to be used will expand access to e-prescribing for patients and providers in long term care settings, and move Minnesota closer to its goal to improve the affordability, access and quality of health care, and the health status of all Minnesotans.

For more information

Minnesota e-Health Initiative

www.health.state.mn.us/e-health

Minnesota Statewide Interoperable EHR Implementation Plan 2008 Edition

(See Guide II: Standards Recommended for Use in Minnesota as of June 2008)

<http://www.health.state.mn.us/e-health/ehrplan.html>

MDH Fact Sheet on e-Prescribing

<http://www.health.state.mn.us/e-health/eprescribing/erxfactsheet08.pdf>

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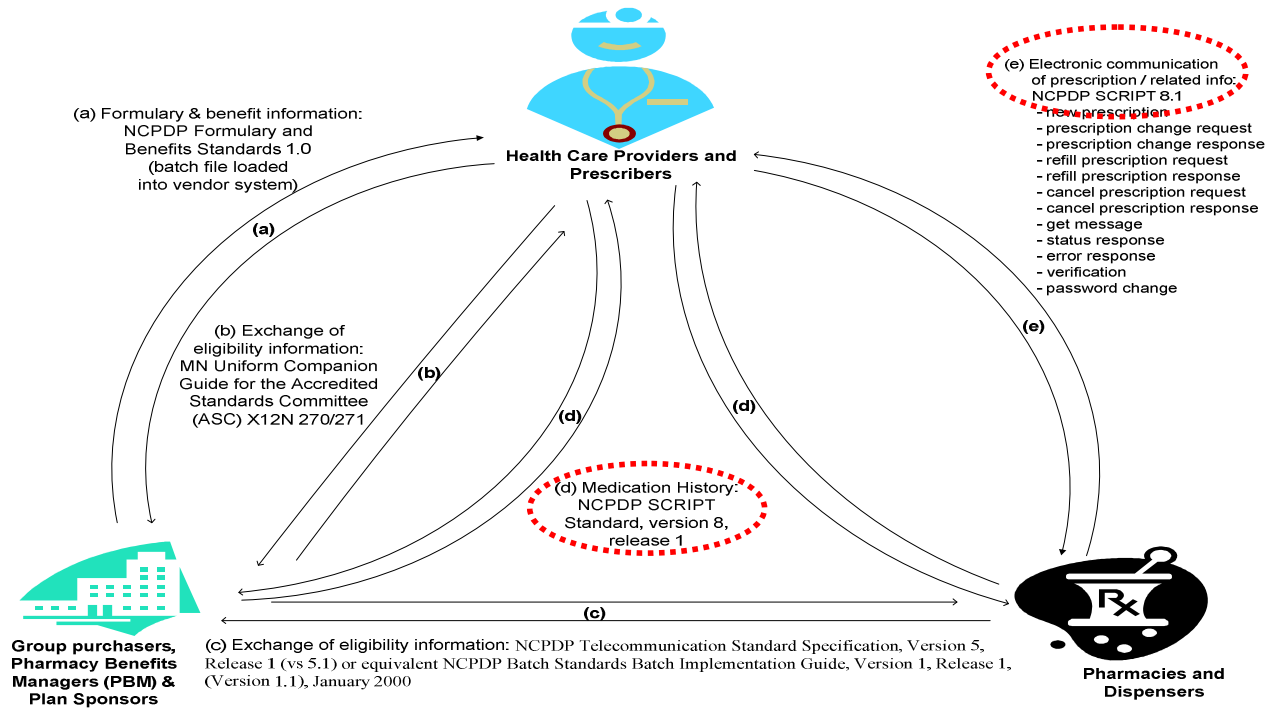
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Figure 1: Current Standards for Electronic Prescribing in Minnesota

Standards for Electronic Prescribing Mandate in Minnesota



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