***NEWS RELEASE***

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New for 2020: Minnesota Restricts Long-term Storage of Patient Prescription Data

ST. PAUL, Minn. — A major change to Minnesota’s Prescription Monitoring Program (PMP) took place on January 1, 2020. The Minnesota Board of Pharmacy will no longer have access to four years of identifiable patient prescription data, which it had been using for research without patient consent. Going forward, the board will have diminishing amounts of data available for analysis and research. By 2022, only the past 12 months of patient prescription data will be stored, on a rolling basis.

<table>
<thead>
<tr>
<th>Year</th>
<th>Years of Identified Data for Pharmacy Board Access</th>
<th>Years of Identified Data for Authorized User Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Last 24 months</td>
<td>Last 12 months</td>
</tr>
<tr>
<td>2021</td>
<td>Monthly reduction from 24 months</td>
<td>Last 12 months</td>
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<tr>
<td>2022</td>
<td>Last 12 months</td>
<td>Last 12 months</td>
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Citizens’ Council for Health Freedom (CCHF) has opposed the Prescription Monitoring Program since its inception in 2007. As a result, the ability to analyze and profile patients across multiple years will soon be eliminated.

The Prescription Monitoring Program is a searchable government database that tracks controlled substance prescriptions. While the intended use of the program was solely for doctors, the scope of the program has greatly expanded over the years, allowing individuals both in and outside of state government to access the private data, including patient names, medications prescribed, the doctor who prescribed them, and more.

During the 2019 legislative session, CCHF also successfully worked on a bipartisan basis to protect patients from unauthorized access to their private prescription data. As a result, three changes were made in state law:

1. Quarterly audit of access to the program is now required.
2. Termination of an individual’s access to the database is required within three business days after employment in a healthcare system ends.

3. Patient access to a list of individuals and entities that have accessed their medication records is required.

“The exam room is supposed to be a sanctuary of safety,” said Twila Brase, president of CCHF. “But the Prescription Monitoring Programs (PMPs), which are in all 50 states, make the exam room an unsafe place of data collection, government surveillance and unwanted exposure. At least 45 states allow some sharing of patient information with PMPs in other states.

“For example, when Prince died in 2016, his private medical information stored in the Minnesota PMP was accessed without any authorization. At least two Minnesota and three Indiana pharmacists were disciplined, but more may have accessed his information without consequence,” Brase added.

CCHF encourages other states to similarly limit the storage of patient prescription data, and adopt Minnesota’s first-in-the-nation PMP transparency and accountability language for their Prescription Monitoring Program.

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