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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-NINTH SESSION

**H. F. No. 1659**

03/09/2015 Authored by Peterson and Fischer

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/18/2015 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

03/23/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; modifying definitions; increasing the permitted ratio of  
1.3 pharmacy technicians to pharmacists; increasing the size of the Board of  
1.4 Pharmacy; amending Minnesota Statutes 2014, sections 151.01, subdivisions  
1.5 15a, 27; 151.02; 151.102.

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

1.7 Section 1. Minnesota Statutes 2014, section 151.01, subdivision 15a, is amended to read:

1.8 Subd. 15a. **Pharmacy technician.** "Pharmacy technician" means a person not  
1.9 licensed as a pharmacist or registered as a pharmacist intern, who ~~assists the pharmacist~~  
1.10 ~~in the preparation and dispensing of medications by performing computer entry of~~  
1.11 ~~prescription data and other manipulative tasks. A pharmacy technician shall not perform~~  
1.12 ~~tasks specifically reserved to a licensed pharmacist or requiring~~ has been trained in  
1.13 pharmacy tasks that do not require the professional judgment of a licensed pharmacist. A  
1.14 pharmacy technician may not perform tasks specifically reserved to a licensed pharmacist.

1.15 Sec. 2. Minnesota Statutes 2014, section 151.01, subdivision 27, is amended to read:

1.16 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

1.17 (1) interpretation and evaluation of prescription drug orders;

1.18 (2) compounding, labeling, and dispensing drugs and devices (except labeling by  
1.19 a manufacturer or packager of nonprescription drugs or commercially packaged legend  
1.20 drugs and devices);

1.21 (3) participation in clinical interpretations and monitoring of drug therapy for  
1.22 assurance of safe and effective use of drugs, including the performance of laboratory tests  
1.23 that are waived under the federal Clinical Laboratory Improvement Act of 1988, United  
1.24 States Code, title 42, section 263a et seq., provided that a pharmacist may interpret the

2.1 results of laboratory tests but may modify drug therapy only pursuant to a protocol or  
2.2 collaborative practice agreement;

2.3 (4) participation in drug and therapeutic device selection; drug administration for first  
2.4 dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

2.5 (5) participation in administration of influenza vaccines to all eligible individuals ~~ten~~  
2.6 six years of age and older and all other vaccines to patients ~~18~~ 13 years of age and older  
2.7 by written protocol with a physician licensed under chapter 147, a physician assistant  
2.8 authorized to prescribe drugs under chapter 147A, or an advanced practice registered  
2.9 nurse authorized to prescribe drugs under section 148.235, provided that:

2.10 (i) the protocol includes, at a minimum:

2.11 (A) the name, dose, and route of each vaccine that may be given;

2.12 (B) the patient population for whom the vaccine may be given;

2.13 (C) contraindications and precautions to the vaccine;

2.14 (D) the procedure for handling an adverse reaction;

2.15 (E) the name, signature, and address of the physician, physician assistant, or  
2.16 advanced practice registered nurse;

2.17 (F) a telephone number at which the physician, physician assistant, or advanced  
2.18 practice registered nurse can be contacted; and

2.19 (G) the date and time period for which the protocol is valid;

2.20 (ii) the pharmacist has successfully completed a program approved by the  
2.21 Accreditation Council for Pharmacy Education specifically for the administration of  
2.22 immunizations or a program approved by the board;

2.23 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection  
2.24 to assess the immunization status of individuals prior to the administration of vaccines,  
2.25 except when administering influenza vaccines to individuals age nine and older;

2.26 (iv) the pharmacist reports the administration of the immunization to the patient's  
2.27 primary physician or clinic or to the Minnesota Immunization Information Connection; and

2.28 (v) the pharmacist complies with guidelines for vaccines and immunizations  
2.29 established by the federal Advisory Committee on Immunization Practices, except that a  
2.30 pharmacist does not need to comply with those portions of the guidelines that establish  
2.31 immunization schedules when administering a vaccine pursuant to a valid, patient-specific  
2.32 order issued by a physician licensed under chapter 147, a physician assistant authorized to  
2.33 prescribe drugs under chapter 147A, or an advanced practice nurse authorized to prescribe  
2.34 drugs under section 148.235, provided that the order is consistent with the United States  
2.35 Food and Drug Administration approved labeling of the vaccine;

- 3.1 (6) participation in the initiation, management, modification, and discontinuation  
3.2 of drug therapy according to a written protocol or collaborative practice agreement  
3.3 between: (i) one or more pharmacists and one or more dentists, optometrists, physicians,  
3.4 podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more physician  
3.5 assistants authorized to prescribe, dispense, and administer under chapter 147A, or  
3.6 advanced practice nurses authorized to prescribe, dispense, and administer under section  
3.7 148.235. Any changes in drug therapy made pursuant to a protocol or collaborative  
3.8 practice agreement must be documented by the pharmacist in the patient's medical record  
3.9 or reported by the pharmacist to a practitioner responsible for the patient's care;
- 3.10 (7) participation in the storage of drugs and the maintenance of records;
- 3.11 (8) patient counseling on therapeutic values, content, hazards, and uses of drugs  
3.12 and devices; and
- 3.13 (9) offering or performing those acts, services, operations, or transactions necessary  
3.14 in the conduct, operation, management, and control of a pharmacy.

3.15 Sec. 3. Minnesota Statutes 2014, section 151.02, is amended to read:

3.16 **151.02 STATE BOARD OF PHARMACY.**

3.17 The Minnesota State Board of Pharmacy shall consist of ~~two~~ three public members  
3.18 as defined by section 214.02 and ~~five~~ six pharmacists actively engaged in the practice of  
3.19 pharmacy in this state. Each of said pharmacists shall have had at least five consecutive  
3.20 years of practical experience as a pharmacist immediately preceding appointment.

3.21 Sec. 4. Minnesota Statutes 2014, section 151.102, is amended to read:

3.22 **151.102 PHARMACY TECHNICIAN.**

3.23 Subdivision 1. **General.** A pharmacy technician may assist a pharmacist in the  
3.24 practice of pharmacy by performing ~~nonjudgmental~~ tasks and that are not reserved to, and  
3.25 do not require the professional judgment of, a licensed pharmacist. A pharmacy technician  
3.26 works under the personal and direct supervision of the pharmacist. A pharmacist may  
3.27 supervise ~~two~~ up to three technicians, ~~as long as the~~. A pharmacist assumes responsibility  
3.28 is responsible for all the ~~functions work~~ performed by the technicians who are under the  
3.29 supervision of the pharmacist. A pharmacy may exceed the ratio of pharmacy technicians  
3.30 to pharmacists permitted in this subdivision or in rule by a total of one technician at  
3.31 any given time in the pharmacy, provided at least one technician in the pharmacy  
3.32 holds a valid certification from the Pharmacy Technician Certification Board or from  
3.33 another national certification body for pharmacy technicians that requires passage of a  
3.34 nationally recognized, psychometrically valid certification examination for certification as

4.1 determined by the Board of Pharmacy. The Board of Pharmacy may, by rule, set ratios of  
4.2 technicians to pharmacists greater than ~~two~~ three to one for the functions specified in rule.  
4.3 ~~The delegation of any duties, tasks, or functions by a pharmacist to a pharmacy technician~~  
4.4 ~~is subject to continuing review and becomes the professional and personal responsibility of~~  
4.5 ~~the pharmacist who directed the pharmacy technician to perform the duty, task, or function.~~

4.6 Subd. 2. **Waivers by board permitted.** A pharmacist in charge in a pharmacy may  
4.7 petition the board for authorization to allow a pharmacist to supervise more than ~~two~~ three  
4.8 pharmacy technicians. The pharmacist's petition must include provisions addressing the  
4.9 ~~maintenance of~~ how patient care and safety will be maintained. A petition filed with the  
4.10 board under this subdivision shall be deemed approved 90 days after the board receives  
4.11 the petition, unless the board denies the petition within 90 days of receipt and notifies the  
4.12 petitioning pharmacist of the petition's denial and the board's reasons for denial.

4.13 Subd. 3. **Registration fee.** The board shall not register an individual as a pharmacy  
4.14 technician unless all applicable fees specified in section 151.065 have been paid.