

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 2408

(SENATE AUTHORS: EATON, Lourey and Abeler)

DATE	D-PG	OFFICIAL STATUS
03/08/2016	4915	Introduction and first reading Referred to Health, Human Services and Housing
03/10/2016	4966	Author added Abeler

1.1

A bill for an act

1.2

relating to health; modifying definitions; authorizing pharmacists to prescribe

1.3

naloxone under certain conditions; amending Minnesota Statutes 2015

1.4

Supplement, section 151.01, subdivision 27.

1.5

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

1.6

Section 1. Minnesota Statutes 2015 Supplement, section 151.01, subdivision 27,

1.7

is amended to read:

1.8

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

1.9

(1) interpretation and evaluation of prescription drug orders;

1.10

(2) compounding, labeling, and dispensing drugs and devices (except labeling by

1.11

a manufacturer or packager of nonprescription drugs or commercially packaged legend

1.12

drugs and devices);

1.13

(3) participation in clinical interpretations and monitoring of drug therapy for

1.14

assurance of safe and effective use of drugs, including the performance of laboratory tests

1.15

that are waived under the federal Clinical Laboratory Improvement Act of 1988, United

1.16

States Code, title 42, section 263a et seq., provided that a pharmacist may interpret the

1.17

results of laboratory tests but may modify drug therapy only pursuant to a protocol or

1.18

collaborative practice agreement;

1.19

(4) participation in drug and therapeutic device selection; drug administration for first

1.20

dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

1.21

(5) participation in administration of influenza vaccines to all eligible individuals

1.22

six years of age and older and all other vaccines to patients 13 years of age and older

1.23

by written protocol with a physician licensed under chapter 147, a physician assistant

authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

(i) the protocol includes, at a minimum:

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

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

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

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

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

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

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

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

(iv) the pharmacist reports the administration of the immunization to the Minnesota Immunization Information Connection; and

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

(6) participation in the initiation, management, modification, and discontinuation of drug therapy according to a written protocol or collaborative practice agreement between: (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more physician assistants authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice nurses authorized to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy made pursuant to a protocol or collaborative

practice agreement must be documented by the pharmacist in the patient's medical record or reported by the pharmacist to a practitioner responsible for the patient's care;

(7) participation in the storage of drugs and the maintenance of records;

(8) patient counseling on therapeutic values, content, hazards, and uses of drugs and devices; ~~and~~

(9) offering or performing those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy; and

(10) prescribing opiate antagonists, as defined in section 604A.04, subdivision 1, provided that the pharmacist:

(i) has successfully completed a training program specifically focused on the administration of opiate antagonists that is offered by a college of pharmacy judged by the board to be in good standing pursuant to section 151.10; an Accreditation Council for Pharmacy Education accredited provider of continuing education; or a board-approved provider of continuing education;

(ii) prepares a prescription as defined in subdivision 16a and processes the prescription in accordance with this chapter and the rules of the board;

(iii) provides counseling to the individual to whom the opiate antagonist is dispensed, as required by the rules of the board;

(iv) does not issue a standing order or distribute an opiate antagonist as allowed under section 604A.04, subdivision 3, but may prescribe and dispense an opiate antagonist pursuant to this subdivision, section 604A.04, subdivision 3, and the rules of the board; and

(v) does not delegate the prescribing of an opiate antagonist to any other person, but may allow a pharmacist intern registered pursuant to section 151.101 to prepare a prescription for an opiate antagonist, provided that a prescription prepared by a pharmacist intern shall not be processed or dispensed until it is reviewed, approved, and signed by the pharmacist.