

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 3556

(SENATE AUTHORS: JENSEN)

DATE	D-PG	OFFICIAL STATUS
02/24/2020	4890	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/16/2020	5537a	Comm report: To pass as amended
	5564	Second reading

- 1.1 A bill for an act
- 1.2 relating to health occupations; allowing pharmacists to administer drugs through
- 1.3 intramuscular and subcutaneous administration; amending Minnesota Statutes
- 1.4 2019 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 2019 Supplement, section 151.01, subdivision 27, is amended
- 1.7 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 a
- 1.11 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
- 1.12 and devices);
- 1.13 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
- 1.14 of safe and effective use of drugs, including the performance of laboratory tests that are
- 1.15 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
- 1.16 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory
- 1.17 tests but may modify drug therapy only pursuant to a protocol or collaborative practice
- 1.18 agreement;
- 1.19 (4) participation in drug and therapeutic device selection; drug administration for first
- 1.20 dosage and medical emergencies; intramuscular and subcutaneous drug administration used
- 1.21 ~~for the treatment of alcohol or opioid dependence~~ under a prescription drug order; drug

2.1 regimen reviews; and drug or drug-related research, except that vaccines must be
2.2 administered pursuant to clause (6);

2.3 (5) drug administration; through intramuscular and subcutaneous administration used
2.4 to treat mental illnesses as permitted under the following conditions:

2.5 (i) upon the order of a prescriber and the prescriber is notified after administration is
2.6 complete; or

2.7 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
2.8 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
2.9 modification, administration, and discontinuation of drug therapy is according to the protocol
2.10 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
2.11 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
2.12 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
2.13 or medication administration made pursuant to a protocol or collaborative practice agreement
2.14 must be documented by the pharmacist in the patient's medical record or reported by the
2.15 pharmacist to a practitioner responsible for the patient's care;

2.16 (6) participation in administration of influenza vaccines to all eligible individuals six
2.17 years of age and older and all other vaccines to patients 13 years of age and older by written
2.18 protocol with a physician licensed under chapter 147, a physician assistant authorized to
2.19 prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to
2.20 prescribe drugs under section 148.235, provided that:

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

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

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

2.24 (C) contraindications and precautions to the vaccine;

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

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

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

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

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

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

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

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

3.17 (7) participation in the initiation, management, modification, and discontinuation of
3.18 drug therapy according to a written protocol or collaborative practice agreement between:
3.19 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
3.20 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
3.21 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
3.22 nurses authorized to prescribe, dispense, and administer under section 148.235. Any changes
3.23 in drug therapy made pursuant to a protocol or collaborative practice agreement must be
3.24 documented by the pharmacist in the patient's medical record or reported by the pharmacist
3.25 to a practitioner responsible for the patient's care;

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

3.27 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
3.28 devices;

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

3.31 (11) participation in the initiation, management, modification, and discontinuation of
3.32 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

3.33 (i) a written protocol as allowed under clause (6); or

- 4.1 (ii) a written protocol with a community health board medical consultant or a practitioner
- 4.2 designated by the commissioner of health, as allowed under section 151.37, subdivision 13.