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State of Minnesota  
HOUSE OF REPRESENTATIVES  
NINETIETH SESSION

H. F. No. 3732

03/14/2018 Authored by Baker  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to health; allowing individuals to execute a voluntary nonopioid directive;  
1.3 directing the Board of Pharmacy to develop a format and guidelines for the  
1.4 directive; proposing coding for new law in Minnesota Statutes, chapter 151.

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

1.6 Section 1. [151.72] VOLUNTARY NONOPIOID DIRECTIVE.

1.7 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions  
1.8 apply.

1.9 (b) "Board" means the Board of Pharmacy.

1.10 (c) "Opioid" means any product containing opium or opiates listed in section 152.02,  
1.11 subdivision 3, paragraphs (b) and (c); any product containing narcotics listed in section  
1.12 152.02, subdivision 4, paragraphs (e) and (h); or any product containing narcotic drugs  
1.13 listed in section 152.02, subdivision 5, paragraph (b), other than products containing  
1.14 difenoxin or eluxadoline.

1.15 Subd. 2. Execution of directive. (a) An individual who is 18 years of age or older or  
1.16 an emancipated minor, a parent or legal guardian of a minor, or an individual's guardian or  
1.17 other person appointed by the individual or the court to manage the individual's health care  
1.18 may execute a voluntary nonopioid directive instructing health care providers that an opioid  
1.19 may not be administered or prescribed to the individual or the minor. The directive must  
1.20 be in the format prescribed by the board. The person executing the directive may submit  
1.21 the directive to a health care provider or hospital.

1.22 (b) An individual executing a directive may revoke the directive at any time in writing  
1.23 or orally.

2.1 Subd. 3. **Duties of the board.** (a) The board shall adopt rules establishing guidelines to  
2.2 govern the use of voluntary nonopioid health care directives. The guidelines must:

2.3 (1) include verification by a health care provider and comply with the written consent  
2.4 requirements under United States Code, title 42, section 290dd-2(b);

2.5 (2) specify standard procedures for the person executing a directive to use when  
2.6 submitting the directive to a health care provider or hospital;

2.7 (3) specify procedures to include the directive in the individual's medical record or  
2.8 interoperable electronic health record, and to submit the directive to the prescription  
2.9 monitoring program database;

2.10 (4) specify procedures to modify, override, or revoke a directive;

2.11 (5) include exemptions for the administration of naloxone or other opioid overdose drugs  
2.12 in an emergency situation;

2.13 (6) ensure the confidentiality of a voluntary nonopioid directive; and

2.14 (7) ensure exemptions for an opioid used to treat substance abuse or opioid dependence.

2.15 Subd. 4. **Exemption from liability.** (a) A health care provider, a hospital, or an employee  
2.16 of a health care provider or hospital may not be subject to disciplinary action by the health  
2.17 care provider's or employee's professional licensing board or held civilly or criminally liable  
2.18 for failure to administer, prescribe, or dispense an opioid, or for inadvertent administration  
2.19 of an opioid, to an individual or minor who has a voluntary nonopioid directive.

2.20 (b) A prescription presented to a pharmacy is presumed to be valid, and a pharmacist  
2.21 may not be subject to disciplinary action by the pharmacist's professional licensing board  
2.22 or held civilly or criminally liable for dispensing an opioid in contradiction to an individual's  
2.23 or minor's voluntary nonopioid directive.

2.24 Subd. 5. **Construction.** Nothing in this section shall be construed to:

2.25 (1) alter a health care directive under chapter 145C;

2.26 (2) limit the prescribing, dispensing, or administering of an opioid overdose drug; or

2.27 (3) limit an authorized health care provider or pharmacist from prescribing, dispensing,  
2.28 or administering an opioid for the treatment of substance abuse or opioid dependence.