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**ARTICLE 6**  
**HEALTH LICENSING BOARDS**

257.17 Section 1. Minnesota Statutes 2022, section 144E.001, subdivision 1, is amended to read:

257.18 Subdivision 1. **Scope.** For the purposes of ~~sections 144E.001 to 144E.52~~ this chapter,

257.19 ~~the terms defined in this section have the meanings given them.~~

257.20 Sec. 2. Minnesota Statutes 2022, section 144E.001, is amended by adding a subdivision

257.21 to read:

257.22 Subd. 8b. **Medical resource communication center.** "Medical resource communication

257.23 center" means an entity that:

257.24 (1) facilitates hospital-to-ambulance communications for ambulance services, the regional

257.25 emergency medical services systems, and the board by coordinating patient care and

257.26 transportation for ground and air operations;

257.27 (2) is integrated with the state's Allied Radio Matrix for Emergency Response (ARMER)

257.28 radio system; and

257.29 (3) is the point of contact and a communication resource for statewide public safety

257.30 entities, hospitals, and communities.

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**ARTICLE 5**  
**HEALTH-RELATED LICENSING BOARDS**

310.13 Section 1. Minnesota Statutes 2022, section 144E.001, subdivision 1, is amended to read:

310.14 Subdivision 1. **Scope.** For the purposes of ~~sections 144E.001 to 144E.52~~ this chapter,

310.15 ~~the terms defined in this section have the meanings given them.~~

310.16 Sec. 2. Minnesota Statutes 2022, section 144E.001, is amended by adding a subdivision

310.17 to read:

310.18 Subd. 8b. **Medical resource communication center.** "Medical resource communication

310.19 center" means an entity that:

310.20 (1) facilitates hospital-to-ambulance communications for ambulance services, the regional

310.21 emergency medical services systems, and the board by coordinating patient care and

310.22 transportation for ground and air operations;

310.23 (2) is integrated with the state's Allied Radio Matrix for Emergency Response (ARMER)

310.24 radio system; and

310.25 (3) is the point of contact and a communication resource for statewide public safety

310.26 entities, hospitals, and communities.

310.27 Sec. 3. Minnesota Statutes 2022, section 144E.101, subdivision 6, is amended to read:

310.28 Subd. 6. **Basic life support.** (a) Except as provided in paragraph (c), a basic life-support

310.29 ambulance shall be staffed by at least two EMTs, one of whom must accompany the patient

310.30 and provide a level of care so as to ensure that:

311.1 (1) life-threatening situations and potentially serious injuries are recognized;

311.2 (2) patients are protected from additional hazards;

311.3 (3) basic treatment to reduce the seriousness of emergency situations is administered;

311.4 and

311.5 (4) patients are transported to an appropriate medical facility for treatment.

311.6 (b) A basic life-support service shall provide basic airway management.

311.7 (c) A basic life-support service shall provide automatic defibrillation.

311.8 (d) A basic life-support service licensee's medical director may authorize ambulance  
311.9 service personnel to perform intravenous infusion and use equipment that is within the  
311.10 licensure level of the ambulance service, ~~including~~. A basic life-support licensee's medical  
311.11 director must authorize ambulance service personnel to perform administration of an opiate  
311.12 antagonist. Ambulance service personnel must be properly trained. Documentation of  
311.13 authorization for use, guidelines for use, continuing education, and skill verification must  
311.14 be maintained in the licensee's files.

311.15 (e) For emergency ambulance calls and interfacility transfers, an ambulance service may  
311.16 staff its basic life-support ambulances with one EMT, who must accompany the patient,  
311.17 and one registered emergency medical responder driver. For purposes of this paragraph,  
311.18 "ambulance service" means either an ambulance service whose primary service area is  
311.19 mainly located outside the metropolitan counties listed in section 473.121, subdivision 4,  
311.20 and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an  
311.21 ambulance service based in a community with a population of less than 2,500.

311.22 Sec. 4. Minnesota Statutes 2022, section 144E.101, subdivision 7, is amended to read:

311.23 Subd. 7. **Advanced life support.** (a) Except as provided in paragraphs (f) and (g), an  
311.24 advanced life-support ambulance shall be staffed by at least:

311.25 (1) one EMT or one AEMT and one paramedic;

311.26 (2) one EMT or one AEMT and one registered nurse who is an EMT or an AEMT, is  
311.27 currently practicing nursing, and has passed a paramedic practical skills test approved by  
311.28 the board and administered by an education program; or

311.29 (3) one EMT or one AEMT and one physician assistant who is an EMT or an AEMT,  
311.30 is currently practicing as a physician assistant, and has passed a paramedic practical skills  
311.31 test approved by the board and administered by an education program.

312.1 (b) An advanced life-support service shall provide basic life support, as specified under  
312.2 subdivision 6, paragraph (a), advanced airway management, manual defibrillation, ~~and~~  
312.3 administration of intravenous fluids and pharmaceuticals, and administration of opiate  
312.4 antagonists.

312.5 (c) In addition to providing advanced life support, an advanced life-support service may  
312.6 staff additional ambulances to provide basic life support according to subdivision 6 and  
312.7 section 144E.103, subdivision 1.

312.8 (d) An ambulance service providing advanced life support shall have a written agreement  
312.9 with its medical director to ensure medical control for patient care 24 hours a day, seven  
312.10 days a week. The terms of the agreement shall include a written policy on the administration  
312.11 of medical control for the service. The policy shall address the following issues:

312.12 (1) two-way communication for physician direction of ambulance service personnel;

312.13 (2) patient triage, treatment, and transport;

- 312.14 (3) use of standing orders; and
- 312.15 (4) the means by which medical control will be provided 24 hours a day.
- 312.16 The agreement shall be signed by the licensee's medical director and the licensee or the  
312.17 licensee's designee and maintained in the files of the licensee.
- 312.18 (e) When an ambulance service provides advanced life support, the authority of a  
312.19 paramedic, Minnesota registered nurse-EMT, or Minnesota registered physician  
312.20 assistant-EMT to determine the delivery of patient care prevails over the authority of an  
312.21 EMT.
- 312.22 (f) Upon application from an ambulance service that includes evidence demonstrating  
312.23 hardship, the board may grant a variance from the staff requirements in paragraph (a), clause  
312.24 (1), and may authorize an advanced life-support ambulance to be staffed by a registered  
312.25 emergency medical responder driver with a paramedic for all emergency calls and interfacility  
312.26 transfers. The variance shall apply to advanced life-support ambulance services until the  
312.27 ambulance service renews its license. When the variance expires, an ambulance service  
312.28 may apply for a new variance under this paragraph. This paragraph applies only to an  
312.29 ambulance service whose primary service area is mainly located outside the metropolitan  
312.30 counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato,  
312.31 Moorhead, Rochester, and St. Cloud, or an ambulance based in a community with a  
312.32 population of less than 1,000 persons.
- 313.1 (g) After an initial emergency ambulance call, each subsequent emergency ambulance  
313.2 response, until the initial ambulance is again available, and interfacility transfers, may be  
313.3 staffed by one registered emergency medical responder driver and an EMT or paramedic.  
313.4 This paragraph applies only to an ambulance service whose primary service area is mainly  
313.5 located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside  
313.6 the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance based  
313.7 in a community with a population of less than 1,000 persons.
- 313.8 Sec. 5. Minnesota Statutes 2022, section 144E.101, subdivision 12, is amended to read:
- 313.9 Subd. 12. **Mutual aid agreement.** (a) A licensee shall have a written agreement with  
313.10 at least one neighboring licensed ambulance service for the preplanned and organized  
313.11 response of emergency medical services, and other emergency personnel and equipment,  
313.12 to a request for assistance in an emergency when local ambulance transport resources have  
313.13 been expended. The response is predicated upon formal agreements among participating  
313.14 ambulance services. A copy of each mutual aid agreement shall be maintained in the files  
313.15 of the licensee and shall be filed with the board for informational purposes only.
- 313.16 (b) A licensee may have a written agreement with a neighboring licensed ambulance  
313.17 service, including a licensed ambulance service from a neighboring state if that service is  
313.18 currently and remains in compliance with its home state licensing requirements, to provide  
313.19 part-time support to the primary service area of the licensee upon the licensee's request. The  
313.20 agreement may allow the licensee to suspend ambulance services in its primary service area

258.1       Sec. 3. Minnesota Statutes 2022, section 144E.35, is amended to read:

258.2       **144E.35 REIMBURSEMENT TO ~~NONPROFIT~~ AMBULANCE SERVICES FOR**

258.3 **VOLUNTEER EDUCATION COSTS.**

258.4       Subdivision 1. **Repayment for volunteer education.** A licensed ambulance service

258.5 shall be reimbursed by the board for the necessary expense of the initial education of a

258.6 volunteer ambulance attendant upon successful completion by the attendant of an EMT

258.7 education course, or a continuing education course for EMT care, or both, which has been

258.8 approved by the board, pursuant to section 144E.285. Reimbursement may include tuition,

258.9 transportation, food, lodging, hourly payment for the time spent in the education course,

258.10 and other necessary expenditures, except that in no instance shall a volunteer ambulance

258.11 attendant be reimbursed more than ~~\$600~~ \$900 for successful completion of an initial

258.12 education course, and ~~\$275~~ \$375 for successful completion of a continuing education course.

313.21 during the times the neighboring licensed ambulance service has agreed to provide all

313.22 emergency services to the licensee's primary service area. The agreement may ~~not~~ permit

313.23 the neighboring licensed ambulance service to serve the licensee's primary service area for

313.24 ~~more than 12~~ up to 24 hours per day, provided service by the neighboring licensed ambulance

313.25 does not exceed 108 hours per calendar week. This paragraph applies only to an ambulance

313.26 service whose primary service area is mainly located outside the metropolitan counties listed

313.27 in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead,

313.28 Rochester, and St. Cloud, or an ambulance based in a community with a population of less

313.29 than 2,500 persons.

313.30       Sec. 6. Minnesota Statutes 2022, section 144E.103, subdivision 1, is amended to read:

313.31       Subdivision 1. **General requirements.** Every ambulance in service for patient care shall

313.32 carry, at a minimum:

313.33       (1) oxygen;

314.1       (2) airway maintenance equipment in various sizes to accommodate all age groups;

314.2       (3) splinting equipment in various sizes to accommodate all age groups;

314.3       (4) dressings, bandages, commercially manufactured tourniquets, and bandaging

314.4 equipment;

314.5       (5) an emergency obstetric kit;

314.6       (6) equipment to determine vital signs in various sizes to accommodate all age groups;

314.7       (7) a stretcher;

314.8       (8) a defibrillator; ~~and~~

314.9       (9) a fire extinguisher; and

314.10       (10) opiate antagonists.

314.11       Sec. 7. Minnesota Statutes 2022, section 144E.35, is amended to read:

314.12       **144E.35 REIMBURSEMENT TO ~~NONPROFIT~~ AMBULANCE SERVICES FOR**

314.13 **VOLUNTEER EDUCATION COSTS.**

314.14       Subdivision 1. **Repayment for volunteer education.** A licensed ambulance service

314.15 shall be reimbursed by the board for the necessary expense of the initial education of a

314.16 volunteer ambulance attendant upon successful completion by the attendant of an EMT

314.17 education course, or a continuing education course for EMT care, or both, which has been

314.18 approved by the board, pursuant to section 144E.285. Reimbursement may include tuition,

314.19 transportation, food, lodging, hourly payment for the time spent in the education course,

314.20 and other necessary expenditures, except that in no instance shall a volunteer ambulance

314.21 attendant be reimbursed more than ~~\$600~~ \$900 for successful completion of an initial

314.22 education course, and ~~\$275~~ \$375 for successful completion of a continuing education course.

258.13 Subd. 2. **Reimbursement provisions.** Reimbursement ~~will~~ must be paid under provisions  
258.14 of this section when documentation is provided the board that the individual has served for  
258.15 one year from the date of the final certification exam as an active member of a Minnesota  
258.16 licensed ambulance service.

258.17 Sec. 4. **[144E.53] MEDICAL RESOURCE COMMUNICATION CENTER GRANTS.**

258.18 The board shall distribute medical resource communication center grants annually on a  
258.19 contract basis to the two medical resource communication centers that were in operation in  
258.20 the state prior to January 1, 2000.

314.23 Subd. 2. **Reimbursement provisions.** Reimbursement ~~will~~ must be paid under provisions  
314.24 of this section when documentation is provided to the board that the individual has served  
314.25 for one year from the date of the final certification exam as an active member of a Minnesota  
314.26 licensed ambulance service.

314.27 Sec. 8. **[144E.53] MEDICAL RESOURCE COMMUNICATION CENTER GRANTS.**

314.28 The board shall distribute medical resource communication center grants annually to  
314.29 the two medical resource communication centers that were in operation in the state prior to  
314.30 January 1, 2000.

315.1 Sec. 9. Minnesota Statutes 2022, section 147.02, subdivision 1, is amended to read:

315.2 Subdivision 1. **United States or Canadian medical school graduates.** The board shall  
315.3 issue a license to practice medicine to a person not currently licensed in another state or  
315.4 Canada and who meets the requirements in paragraphs (a) to (i).

315.5 (a) An applicant for a license shall file a written application on forms provided by the  
315.6 board, showing to the board's satisfaction that the applicant is of good moral character and  
315.7 satisfies the requirements of this section.

315.8 (b) The applicant shall present evidence satisfactory to the board of being a graduate of  
315.9 a medical or osteopathic medical school located in the United States, its territories or Canada,  
315.10 and approved by the board based upon its faculty, curriculum, facilities, accreditation by a  
315.11 recognized national accrediting organization approved by the board, and other relevant data,  
315.12 or is currently enrolled in the final year of study at the school.

315.13 (c) The applicant must have passed an examination as described in clause (1) or (2).

315.14 (1) The applicant must have passed a comprehensive examination for initial licensure  
315.15 prepared and graded by the National Board of Medical Examiners, the Federation of State  
315.16 Medical Boards, the Medical Council of Canada, the National Board of Osteopathic  
315.17 Examiners, or the appropriate state board that the board determines acceptable. The board  
315.18 shall by rule determine what constitutes a passing score in the examination.

315.19 (2) The applicant taking the United States Medical Licensing Examination (USMLE)  
315.20 or Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) must  
315.21 have passed steps or levels one, two, and three. Step or level three must be passed within  
315.22 five years of passing step or level two, or before the end of residency training. The applicant  
315.23 must pass each of steps or levels one, two, and three with passing scores as recommended  
315.24 by the USMLE program or National Board of Osteopathic Medical Examiners within three  
315.25 attempts. The applicant taking combinations of Federation of State Medical Boards, National  
315.26 Board of Medical Examiners, and USMLE may be accepted only if the combination is  
315.27 approved by the board as comparable to existing comparable examination sequences and  
315.28 all examinations are completed prior to the year 2000.

315.29 (d) The applicant shall present evidence satisfactory to the board of the completion of  
315.30 one year of graduate, clinical medical training in a program accredited by a national

- 315.31 accrediting organization approved by the board or other graduate training approved in  
315.32 advance by the board as meeting standards similar to those of a national accrediting  
315.33 organization.
- 316.1 (e) The applicant may make arrangements with the executive director to appear in person  
316.2 before the board or its designated representative to show that the applicant satisfies the  
316.3 requirements of this section. The board may establish as internal operating procedures the  
316.4 procedures or requirements for the applicant's personal presentation.
- 316.5 (f) The applicant shall pay a nonrefundable fee established by the board. Upon application  
316.6 or notice of license renewal, the board must provide notice to the applicant and to the person  
316.7 whose license is scheduled to be issued or renewed of any additional fees, surcharges, or  
316.8 other costs which the person is obligated to pay as a condition of licensure. The notice must:
- 316.9 (1) state the dollar amount of the additional costs; and
- 316.10 (2) clearly identify to the applicant the payment schedule of additional costs.
- 316.11 (g) The applicant must not be under license suspension or revocation by the licensing  
316.12 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
316.13 occurred.
- 316.14 (h) The applicant must not have engaged in conduct warranting disciplinary action  
316.15 against a licensee, or have been subject to disciplinary action other than as specified in  
316.16 paragraph (g). If the applicant does not satisfy the requirements stated in this paragraph,  
316.17 the board may issue a license only on the applicant's showing that the public will be protected  
316.18 through issuance of a license with conditions and limitations the board considers appropriate.
- 316.19 (i) If the examination in paragraph (c) was passed more than ten years ago, the applicant  
316.20 must either:
- 316.21 (1) pass the special purpose examination of the Federation of State Medical Boards with  
316.22 a score of 75 or better within three attempts; or
- 316.23 (2) have a current certification by a specialty board of the American Board of Medical  
316.24 Specialties, of the American Osteopathic Association, the Royal College of Physicians and  
316.25 Surgeons of Canada, or of the College of Family Physicians of Canada.
- 316.26 Sec. 10. Minnesota Statutes 2022, section 147.03, subdivision 1, is amended to read:
- 316.27 Subdivision 1. **Endorsement; reciprocity.** (a) The board may issue a license to practice  
316.28 medicine to any person who satisfies the requirements in paragraphs (b) to (e).
- 316.29 (b) The applicant shall satisfy all the requirements established in section 147.02,  
316.30 subdivision 1, paragraphs (a), (b), (d), (e), and (f), or section 147.037, subdivision 1,  
316.31 paragraphs (a) to (e).
- 316.32 (c) The applicant shall:

317.1 (1) have passed an examination prepared and graded by the Federation of State Medical  
 317.2 Boards, the National Board of Medical Examiners, or the United States Medical Licensing  
 317.3 Examination (USMLE) program in accordance with section 147.02, subdivision 1, paragraph  
 317.4 (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council  
 317.5 of Canada; and

317.6 (2) have a current license from the equivalent licensing agency in another state or Canada  
 317.7 and, if the examination in clause (1) was passed more than ten years ago, either:

317.8 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with  
 317.9 ~~a score of 75 or better~~ (SPEX) within three attempts; or

317.10 (ii) have a current certification by a specialty board of the American Board of Medical  
 317.11 Specialties, of the American Osteopathic Association, the Royal College of Physicians and  
 317.12 Surgeons of Canada, or of the College of Family Physicians of Canada; or

317.13 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision  
 317.14 1, paragraph (c), clause (2), because the applicant failed to pass within the permitted three  
 317.15 attempts each of steps or levels one, two, and three of the USMLE within the required three  
 317.16 attempts or the Comprehensive Osteopathic Medical Licensing Examination  
 317.17 (COMLEX-USA), the applicant may be granted a license provided the applicant:

317.18 (i) has passed each of steps or levels one, two, and three within no more than four attempts  
 317.19 for any of the three steps or levels with passing scores as recommended by the USMLE or  
 317.20 COMLEX-USA program within no more than four attempts for any of the three steps;

317.21 (ii) is currently licensed in another state; and

317.22 (iii) has current certification by a specialty board of the American Board of Medical  
 317.23 Specialties, the American Osteopathic Association Bureau of Professional Education, the  
 317.24 Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians  
 317.25 of Canada.

317.26 (d) The applicant must not be under license suspension or revocation by the licensing  
 317.27 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
 317.28 occurred.

317.29 (e) The applicant must not have engaged in conduct warranting disciplinary action against  
 317.30 a licensee, or have been subject to disciplinary action other than as specified in paragraph  
 317.31 (d). If an applicant does not satisfy the requirements stated in this paragraph, the board may  
 317.32 issue a license only on the applicant's showing that the public will be protected through  
 317.33 issuance of a license with conditions or limitations the board considers appropriate.

318.1 (f) Upon the request of an applicant, the board may conduct the final interview of the  
 318.2 applicant by teleconference.

318.3 Sec. 11. Minnesota Statutes 2022, section 147.037, subdivision 1, is amended to read:

318.4 Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to  
318.5 any person who satisfies the requirements in paragraphs (a) to (g).

318.6 (a) The applicant shall satisfy all the requirements established in section 147.02,  
318.7 subdivision 1, paragraphs (a), (e), (f), (g), and (h).

318.8 (b) The applicant shall present evidence satisfactory to the board that the applicant is a  
318.9 graduate of a medical or osteopathic school approved by the board as equivalent to accredited  
318.10 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,  
318.11 or other relevant data. If the applicant is a graduate of a medical or osteopathic program  
318.12 that is not accredited by the Liaison Committee for Medical Education or the American  
318.13 Osteopathic Association, the applicant may use the Federation of State Medical Boards'  
318.14 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses  
318.15 this service as allowed under this paragraph, the physician application fee may be less than  
318.16 \$200 but must not exceed the cost of administering this paragraph.

318.17 (c) The applicant shall present evidence satisfactory to the board that the applicant has  
318.18 been awarded a certificate by the Educational Council for Foreign Medical Graduates, and  
318.19 the applicant has a working ability in the English language sufficient to communicate with  
318.20 patients and physicians and to engage in the practice of medicine.

318.21 (d) The applicant shall present evidence satisfactory to the board of the completion of  
318.22 one year of graduate, clinical medical training in a program accredited by a national  
318.23 accrediting organization approved by the board ~~or other graduate training approved in~~  
318.24 ~~advance by the board as meeting standards similar to those of a national accrediting~~  
318.25 ~~organization.~~ This requirement does not apply to an applicant who is admitted pursuant to  
318.26 the rules of the United States Department of Labor and:

318.27 (1) ~~to an applicant who is~~ was admitted as a permanent immigrant to the United States  
318.28 on or before October 1, 1991, as a person of exceptional ability in the sciences according  
318.29 to Code of Federal Regulations, title 20, section 656.22(d); or

318.30 (2) ~~to an applicant holding~~ who holds a valid license to practice medicine in another  
318.31 country and was issued a permanent immigrant visa after October 1, 1991, as a person of  
318.32 extraordinary ability in the field of science or as an outstanding professor or researcher  
318.33 according to Code of Federal Regulations, title 8, section 204.5(h) and (i), or a temporary  
319.1 nonimmigrant visa as a person of extraordinary ability in the field of science according to  
319.2 Code of Federal Regulations, title 8, section 214.2(o);

319.3 ~~provided that a person under clause (1) or (2) is admitted pursuant to rules of the United~~  
319.4 ~~States Department of Labor.~~

319.5 (e) The applicant must:

319.6 (1) have passed an examination prepared and graded by the Federation of State Medical  
319.7 Boards, the United States Medical Licensing Examination (USMLE) program in accordance



319.8 with section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of  
319.9 Canada; and

319.10 (2) if the examination in clause (1) was passed more than ten years ago, either:

319.11 (i) pass the Special Purpose Examination of the Federation of State Medical Boards ~~with~~  
319.12 ~~a score of 75 or better within three attempts~~ (SPEX) or the Comprehensive Osteopathic  
319.13 Medical Variable-Purpose Examination of the National Board of Osteopathic Medical  
319.14 Examiners (COMVEX). The applicant must pass the SPEX or COMVEX within no more  
319.15 than three attempts of taking the SPEX, COMVEX, or a combination of the SPEX and  
319.16 COMVEX; or

319.17 (ii) have a current certification by a specialty board of the American Board of Medical  
319.18 Specialties, ~~of~~ the American Osteopathic Association, ~~of~~ the Royal College of Physicians  
319.19 and Surgeons of Canada, or ~~of~~ the College of Family Physicians of Canada; or

319.20 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision  
319.21 1, paragraph (c), clause (2), because the applicant failed to pass within the permitted three  
319.22 attempts each of steps or levels one, two, and three of the USMLE ~~within the required three~~  
319.23 ~~attempts~~ or the Comprehensive Osteopathic Medical Licensing Examination  
319.24 (COMLEX-USA), the applicant may be granted a license provided the applicant:

319.25 (i) has passed each of steps or levels one, two, and three within no more than four attempts  
319.26 for any of the three steps or levels with passing scores as recommended by the USMLE or  
319.27 COMLEX-USA program ~~within no more than four attempts for any of the three steps;~~

319.28 (ii) is currently licensed in another state; and

319.29 (iii) has current certification by a specialty board of the American Board of Medical  
319.30 Specialties, the American Osteopathic Association, the Royal College of Physicians and  
319.31 Surgeons of Canada, or the College of Family Physicians of Canada.

320.1 (f) The applicant must not be under license suspension or revocation by the licensing  
320.2 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
320.3 occurred.

320.4 (g) The applicant must not have engaged in conduct warranting disciplinary action  
320.5 against a licensee; or have been subject to disciplinary action other than as specified in  
320.6 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the  
320.7 board may issue a license only on the applicant's showing that the public will be protected  
320.8 through issuance of a license with conditions or limitations the board considers appropriate.

320.9 Sec. 12. Minnesota Statutes 2022, section 147.141, is amended to read:

320.10 **147.141 FORMS OF DISCIPLINARY ACTION.**

320.11 When the board finds that a licensed physician or a physician registered under section  
320.12 147.032 has violated a provision or provisions of sections 147.01 to 147.22, it may do one  
320.13 or more of the following:

320.14 (1) revoke the license;

320.15 (2) suspend the license;

320.16 (3) revoke or suspend registration to perform interstate telehealth;

320.17 (4) impose limitations or conditions on the physician's practice of medicine, including  
320.18 limiting the limitation of scope of practice to designated field specialties; the imposition of  
320.19 imposing retraining or rehabilitation requirements; the requirement of requiring practice  
320.20 under supervision; or the conditioning of continued practice on demonstration of knowledge  
320.21 or skills by appropriate examination or other review of skill and competence;

320.22 (5) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount  
320.23 of the civil penalty to be fixed so as to deprive the physician of any economic advantage  
320.24 gained by reason of the violation charged or to reimburse the board for the cost of the  
320.25 investigation and proceeding;

320.26 (6) order the physician to provide unremunerated professional service under supervision  
320.27 at a designated public hospital, clinic, or other health care institution; or

320.28 (7) censure or reprimand the licensed physician.

321.1 Sec. 13. Minnesota Statutes 2022, section 147A.16, is amended to read:

321.2 **147A.16 FORMS OF DISCIPLINARY ACTION.**

321.3 (a) When the board finds that a licensed physician assistant has violated a provision of  
321.4 this chapter, it may do one or more of the following:

321.5 (1) revoke the license;

321.6 (2) suspend the license;

321.7 (3) impose limitations or conditions on the physician assistant's practice, including  
321.8 limiting the scope of practice to designated field specialties; imposing retraining or  
321.9 rehabilitation requirements; or limiting practice until demonstration of knowledge or skills  
321.10 by appropriate examination or other review of skill and competence;

321.11 (4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount  
321.12 of the civil penalty to be fixed so as to deprive the physician assistant of any economic  
321.13 advantage gained by reason of the violation charged or to reimburse the board for the cost  
321.14 of the investigation and proceeding; or

- 321.15 (5) ~~censure or reprimand the licensed physician assistant.~~
- 321.16 (b) Upon judicial review of any board disciplinary action taken under this chapter, the
- 321.17 reviewing court shall seal the administrative record, except for the board's final decision,
- 321.18 and shall not make the administrative record available to the public.
- 321.19 Sec. 14. Minnesota Statutes 2022, section 147B.02, subdivision 4, is amended to read:
- 321.20 Subd. 4. **Exceptions.** (a) The following persons may practice acupuncture within the
- 321.21 scope of their practice without an acupuncture license:
- 321.22 (1) a physician licensed under chapter 147;
- 321.23 (2) an osteopathic physician licensed under chapter 147;
- 321.24 (3) a chiropractor licensed under chapter 148;
- 321.25 (4) ~~a person who is studying in a formal course of study or tutorial intern program~~
- 321.26 ~~approved by the acupuncture advisory council established in section 147B.05 so long as~~
- 321.27 ~~the person's acupuncture practice is supervised by a licensed acupuncturist or a person who~~
- 321.28 ~~is exempt under clause (5);~~
- 321.29 (4) a person who is studying in a formal course of study so long as the person's
- 321.30 acupuncture practice is supervised by a licensed acupuncturist or a person who is exempt
- 321.31 under clause (5);
- 322.1 (5) a visiting acupuncturist practicing acupuncture within an instructional setting for the
- 322.2 sole purpose of teaching at a school registered with the Minnesota Office of Higher
- 322.3 Education, who may practice without a license for a period of one year, with two one-year
- 322.4 extensions permitted; and
- 322.5 (6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial
- 322.6 or workshop not to exceed 30 days in one calendar year.
- 322.7 (b) This chapter does not prohibit a person who does not have an acupuncturist license
- 322.8 from practicing specific noninvasive techniques, such as acupressure, that are within the
- 322.9 scope of practice as set forth in section 147B.06, subdivision 4.
- 322.10 Sec. 15. Minnesota Statutes 2022, section 147B.02, subdivision 7, is amended to read:
- 322.11 Subd. 7. **Licensure requirements.** (a) ~~After June 30, 1997,~~ An applicant for licensure
- 322.12 must:
- 322.13 (1) submit a completed application for licensure on forms provided by the board, which
- 322.14 must include the applicant's name and address of record, which shall be public;
- 322.15 (2) unless licensed under subdivision 5 or 6, submit ~~a notarized copy of a~~ evidence
- 322.16 satisfactory to the board of current NCCAOM certification;

258.21     Sec. 5. Minnesota Statutes 2022, section 148.56, subdivision 1, is amended to read:

258.22             Subdivision 1. **Optometry defined.** (a) Any person shall be deemed to be practicing

258.23     optometry within the meaning of sections 148.52 to 148.62 who shall in any way:

258.24             (1) advertise as an optometrist;

258.25             (2) employ any means, including the use of autorefractors or other automated testing

258.26     devices, for the measurement of the powers of vision or the adaptation of lenses or prisms

258.27     for the aid thereof;

258.28             (3) possess testing appliances for the purpose of the measurement of the powers of vision;

258.29             (4) diagnose any disease, optical deficiency or deformity, or visual or muscular anomaly

258.30     of the visual system consisting of the human eye and its accessory or subordinate anatomical

258.31     parts;

259.1             (5) prescribe lenses, including plano or cosmetic contact lenses, or prisms for the

259.2     correction or the relief of same;

259.3             (6) employ or prescribe ocular exercises, orthoptics, or habilitative and rehabilitative

259.4     therapeutic vision care; or

259.5             (7) prescribe or administer legend drugs to aid in the diagnosis, cure, mitigation,

259.6     prevention, treatment, or management of disease, deficiency, deformity, or abnormality of

259.7     the human eye and adnexa included in the curricula of accredited schools or colleges of

259.8     optometry, and as limited by Minnesota statute and adopted rules by the Board of Optometry,

259.9     or who holds oneself out as being able to do so.

259.10            (b) In the course of treatment, nothing in this section shall allow:

259.11            (1) ~~legend drugs to be administered intravenously, intramuscularly, or by injection,~~

259.12     ~~except for treatment of anaphylaxis intravitreal injections;~~

259.13            (2) invasive surgery including, but not limited to, surgery using lasers;

322.17           (3) sign a statement that the information in the application is true and correct to the best

322.18     of the applicant's knowledge and belief;

322.19           (4) submit with the application all fees required; and

322.20           (5) sign a waiver authorizing the board to obtain access to the applicant's records in this

322.21     state or any state in which the applicant has engaged in the practice of acupuncture.

322.22           (b) The board may ask the applicant to provide any additional information necessary to

322.23     ensure that the applicant is able to practice with reasonable skill and safety to the public.

322.24           (c) The board may investigate information provided by an applicant to determine whether

322.25     the information is accurate and complete. The board shall notify an applicant of action taken

322.26     on the application and the reasons for denying licensure if licensure is denied.

259.14 (3) Schedule II and III oral legend drugs and oral steroids to be administered or  
259.15 prescribed; or

259.16 (4) oral antivirals to be prescribed or administered for more than ten days; or steroids  
259.17 to be prescribed or administered for more than 14 days without consultation with a physician.

259.18 (5) oral carbonic anhydrase inhibitors to be prescribed or administered for more than  
259.19 seven days.

259.20 Sec. 6. **[148.635] FEE.**

259.21 The fee for verification of licensure is \$20. The fee is nonrefundable.

259.22 Sec. 7. Minnesota Statutes 2022, section 148B.392, subdivision 2, is amended to read:

259.23 Subd. 2. **Licensure and application fees.** Licensure and application fees established  
259.24 by the board shall not exceed the following amounts:

259.25 (1) application fee for national examination is ~~\$110~~ \$150;

259.26 (2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination  
259.27 is ~~\$110~~ \$150;

259.28 (3) initial LMFT license fee is prorated, but cannot exceed ~~\$125~~ \$225;

259.29 (4) annual renewal fee for LMFT license is ~~\$125~~ \$225;

260.1 (5) late fee for LMFT license renewal is ~~\$50~~ \$100;

260.2 (6) application fee for LMFT licensure by reciprocity is ~~\$220~~ \$300;

260.3 (7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license  
260.4 is ~~\$75~~ \$100;

260.5 (8) annual renewal fee for LAMFT license is ~~\$75~~ \$100;

260.6 (9) late fee for LAMFT renewal is ~~\$25~~ \$50;

260.7 (10) fee for reinstatement of license is \$150;

260.8 (11) fee for emeritus status is ~~\$125~~ \$225; and

260.9 (12) fee for temporary license for members of the military is \$100.

322.27 Sec. 16. **[148.635] FEE.**

322.28 Subdivision 1. **Nonrefundable fee.** The fee in this section is nonrefundable.

322.29 Subd. 2. **Licensure verification fee.** The fee for verification of licensure is \$20.

323.1 Sec. 17. Minnesota Statutes 2022, section 148B.392, subdivision 2, is amended to read:

323.2 Subd. 2. **Licensure and application fees.** Licensure and application fees established  
323.3 by the board shall not exceed the following amounts:

323.4 (1) application fee for national examination is ~~\$110~~ \$150;

323.5 (2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination  
323.6 is ~~\$110~~ \$150;

323.7 (3) initial LMFT license fee is prorated, but cannot exceed ~~\$125~~ \$225;

323.8 (4) annual renewal fee for LMFT license is ~~\$125~~ \$225;

323.9 (5) late fee for LMFT license renewal is ~~\$50~~ \$100;

323.10 (6) application fee for LMFT licensure by reciprocity is ~~\$220~~ \$300;

323.11 (7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license  
323.12 is ~~\$75~~ \$100;

323.13 (8) annual renewal fee for LAMFT license is ~~\$75~~ \$100;

323.14 (9) late fee for LAMFT renewal is ~~\$25~~ \$50;

323.15 (10) fee for reinstatement of license is \$150;

323.16 (11) fee for emeritus status is ~~\$125~~ \$225; and

323.17 (12) fee for temporary license for members of the military is \$100.

323.18 Sec. 18. Minnesota Statutes 2022, section 148F.11, is amended by adding a subdivision  
323.19 to read:

323.20 Subd. 2a. **Former students.** (a) A former student may practice alcohol and drug  
323.21 counseling for 90 days from the former student's degree conferral date from an accredited  
323.22 school or educational program or from the last date the former student received credit for

260.10     Sec. 8. Minnesota Statutes 2022, section 150A.08, subdivision 1, is amended to read:

260.11             Subdivision 1. **Grounds.** The board may refuse or by order suspend or revoke, limit or

260.12 modify by imposing conditions it deems necessary, the license of a dentist, dental therapist,

260.13 dental hygienist, or dental ~~assisting~~ assistant upon any of the following grounds:

260.14             (1) fraud or deception in connection with the practice of dentistry or the securing of a

260.15 license certificate;

260.16             (2) conviction, including a finding or verdict of guilt, an admission of guilt, or a no

260.17 contest plea, in any court of a felony or gross misdemeanor reasonably related to the practice

260.18 of dentistry as evidenced by a certified copy of the conviction;

260.19             (3) conviction, including a finding or verdict of guilt, an admission of guilt, or a no

260.20 contest plea, in any court of an offense involving moral turpitude as evidenced by a certified

260.21 copy of the conviction;

260.22             (4) habitual overindulgence in the use of intoxicating liquors;

260.23             (5) improper or unauthorized prescription, dispensing, administering, or personal or

260.24 other use of any legend drug as defined in chapter 151, of any chemical as defined in chapter

260.25 151, or of any controlled substance as defined in chapter 152;

260.26             (6) conduct unbecoming a person licensed to practice dentistry, dental therapy, dental

260.27 hygiene, or dental assisting, or conduct contrary to the best interest of the public, as such

260.28 conduct is defined by the rules of the board;

260.29             (7) gross immorality;

261.1             (8) any physical, mental, emotional, or other disability which adversely affects a dentist's,

261.2 dental therapist's, dental hygienist's, or dental assistant's ability to perform the service for

261.3 which the person is licensed;

261.4             (9) revocation or suspension of a license or equivalent authority to practice, or other

261.5 disciplinary action or denial of a license application taken by a licensing or credentialing

261.6 authority of another state, territory, or country as evidenced by a certified copy of the

261.7 licensing authority's order, if the disciplinary action or application denial was based on facts

261.8 that would provide a basis for disciplinary action under this chapter and if the action was

323.23 an alcohol and drug counseling course from an accredited school or educational program.

323.24 The former student's practice must be supervised by an alcohol and drug counselor or an

323.25 alcohol and drug counselor supervisor, as defined in section 245G.11. The former student's

323.26 practice is limited to the site where the student completed their internship or practicum. A

323.27 former student must be paid for work performed during the 90-day period.

323.28             **(b)** The former student's right to practice automatically expires after 90 days from the

323.29 former student's degree conferral date or date of last course credit for an alcohol and drug

323.30 counseling course, whichever occurs last.

324.1     Sec. 19. Minnesota Statutes 2022, section 150A.08, subdivision 1, is amended to read:

324.2             Subdivision 1. **Grounds.** The board may refuse or by order suspend or revoke, limit or

324.3 modify by imposing conditions it deems necessary, the license of a dentist, dental therapist,

324.4 dental hygienist, or dental ~~assisting~~ assistant upon any of the following grounds:

324.5             (1) fraud or deception in connection with the practice of dentistry or the securing of a

324.6 license certificate;

324.7             (2) conviction, including a finding or verdict of guilt, an admission of guilt, or a no

324.8 contest plea, in any court of a felony or gross misdemeanor reasonably related to the practice

324.9 of dentistry as evidenced by a certified copy of the conviction;

324.10             (3) conviction, including a finding or verdict of guilt, an admission of guilt, or a no

324.11 contest plea, in any court of an offense involving moral turpitude as evidenced by a certified

324.12 copy of the conviction;

324.13             (4) habitual overindulgence in the use of intoxicating liquors;

324.14             (5) improper or unauthorized prescription, dispensing, administering, or personal or

324.15 other use of any legend drug as defined in chapter 151, of any chemical as defined in chapter

324.16 151, or of any controlled substance as defined in chapter 152;

324.17             (6) conduct unbecoming a person licensed to practice dentistry, dental therapy, dental

324.18 hygiene, or dental assisting, or conduct contrary to the best interest of the public, as such

324.19 conduct is defined by the rules of the board;

324.20             (7) gross immorality;

324.21             (8) any physical, mental, emotional, or other disability which adversely affects a dentist's,

324.22 dental therapist's, dental hygienist's, or dental assistant's ability to perform the service for

324.23 which the person is licensed;

324.24             (9) revocation or suspension of a license or equivalent authority to practice, or other

324.25 disciplinary action or denial of a license application taken by a licensing or credentialing

324.26 authority of another state, territory, or country as evidenced by a certified copy of the

324.27 licensing authority's order, if the disciplinary action or application denial was based on facts

324.28 that would provide a basis for disciplinary action under this chapter and if the action was

261.9 taken only after affording the credentialed person or applicant notice and opportunity to  
261.10 refute the allegations or pursuant to stipulation or other agreement;

261.11 (10) failure to maintain adequate safety and sanitary conditions for a dental office in  
261.12 accordance with the standards established by the rules of the board;

261.13 (11) employing, assisting, or enabling in any manner an unlicensed person to practice  
261.14 dentistry;

261.15 (12) failure or refusal to attend, testify, and produce records as directed by the board  
261.16 under subdivision 7;

261.17 (13) violation of, or failure to comply with, any other provisions of sections 150A.01 to  
261.18 150A.12, the rules of the Board of Dentistry, or any disciplinary order issued by the board,  
261.19 sections 144.291 to 144.298 or 595.02, subdivision 1, paragraph (d), or for any other just  
261.20 cause related to the practice of dentistry. Suspension, revocation, modification or limitation  
261.21 of any license shall not be based upon any judgment as to therapeutic or monetary value of  
261.22 any individual drug prescribed or any individual treatment rendered, but only upon a repeated  
261.23 pattern of conduct;

261.24 (14) knowingly providing false or misleading information that is directly related to the  
261.25 care of that patient unless done for an accepted therapeutic purpose such as the administration  
261.26 of a placebo; or

261.27 (15) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
261.28 established by any of the following:

261.29 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation  
261.30 of section 609.215, subdivision 1 or 2;

261.31 (ii) a copy of the record of a judgment of contempt of court for violating an injunction  
261.32 issued under section 609.215, subdivision 4;

262.1 (iii) a copy of the record of a judgment assessing damages under section 609.215,  
262.2 subdivision 5; or

262.3 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.  
262.4 The board shall investigate any complaint of a violation of section 609.215, subdivision 1  
262.5 or 2.

262.6 Sec. 9. Minnesota Statutes 2022, section 150A.08, subdivision 5, is amended to read:

262.7 Subd. 5. **Medical examinations.** If the board has probable cause to believe that a dentist,  
262.8 dental therapist, dental hygienist, dental assistant, or applicant engages in acts described in  
262.9 subdivision 1, clause (4) or (5), or has a condition described in subdivision 1, clause (8), it  
262.10 shall direct the dentist, dental therapist, dental hygienist, dental assistant, or applicant to  
262.11 submit to a mental or physical examination or a substance use disorder assessment. For the  
262.12 purpose of this subdivision, every dentist, dental therapist, dental hygienist, or dental assistant

324.29 taken only after affording the credentialed person or applicant notice and opportunity to  
324.30 refute the allegations or pursuant to stipulation or other agreement;

324.31 (10) failure to maintain adequate safety and sanitary conditions for a dental office in  
324.32 accordance with the standards established by the rules of the board;

325.1 (11) employing, assisting, or enabling in any manner an unlicensed person to practice  
325.2 dentistry;

325.3 (12) failure or refusal to attend, testify, and produce records as directed by the board  
325.4 under subdivision 7;

325.5 (13) violation of, or failure to comply with, any other provisions of sections 150A.01 to  
325.6 150A.12, the rules of the Board of Dentistry, or any disciplinary order issued by the board,  
325.7 sections 144.291 to 144.298 or 595.02, subdivision 1, paragraph (d), or for any other just  
325.8 cause related to the practice of dentistry. Suspension, revocation, modification or limitation  
325.9 of any license shall not be based upon any judgment as to therapeutic or monetary value of  
325.10 any individual drug prescribed or any individual treatment rendered, but only upon a repeated  
325.11 pattern of conduct;

325.12 (14) knowingly providing false or misleading information that is directly related to the  
325.13 care of that patient unless done for an accepted therapeutic purpose such as the administration  
325.14 of a placebo; or

325.15 (15) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
325.16 established by any of the following:

325.17 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation  
325.18 of section 609.215, subdivision 1 or 2;

325.19 (ii) a copy of the record of a judgment of contempt of court for violating an injunction  
325.20 issued under section 609.215, subdivision 4;

325.21 (iii) a copy of the record of a judgment assessing damages under section 609.215,  
325.22 subdivision 5; or

325.23 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.  
325.24 The board shall investigate any complaint of a violation of section 609.215, subdivision 1  
325.25 or 2.

325.26 Sec. 20. Minnesota Statutes 2022, section 150A.08, subdivision 5, is amended to read:

325.27 Subd. 5. **Medical examinations.** If the board has probable cause to believe that a dentist,  
325.28 dental therapist, dental hygienist, dental assistant, or applicant engages in acts described in  
325.29 subdivision 1, clause (4) or (5), or has a condition described in subdivision 1, clause (8), it  
325.30 shall direct the dentist, dental therapist, dental hygienist, dental assistant, or applicant to  
325.31 submit to a mental or physical examination or a substance use disorder assessment. For the  
325.32 purpose of this subdivision, every dentist, dental therapist, dental hygienist, or dental assistant

262.13 licensed under this chapter or person submitting an application for a license is deemed to  
262.14 have given consent to submit to a mental or physical examination when directed in writing  
262.15 by the board and to have waived all objections in any proceeding under this section to the  
262.16 admissibility of the examining physician's testimony or examination reports on the ground  
262.17 that they constitute a privileged communication. Failure to submit to an examination without  
262.18 just cause may result in an application being denied or a default and final order being entered  
262.19 without the taking of testimony or presentation of evidence, other than evidence which may  
262.20 be submitted by affidavit, that the licensee or applicant did not submit to the examination.  
262.21 A dentist, dental therapist, dental hygienist, dental assistant, or applicant affected under this  
262.22 section shall at reasonable intervals be afforded an opportunity to demonstrate ability to  
262.23 start or resume the competent practice of dentistry or perform the duties of a dental therapist,  
262.24 dental hygienist, or dental assistant with reasonable skill and safety to patients. In any  
262.25 proceeding under this subdivision, neither the record of proceedings nor the orders entered  
262.26 by the board is admissible, is subject to subpoena, or may be used against the dentist, dental  
262.27 therapist, dental hygienist, dental assistant, or applicant in any proceeding not commenced  
262.28 by the board. Information obtained under this subdivision shall be classified as private  
262.29 pursuant to the Minnesota Government Data Practices Act.

262.30 Sec. 10. Minnesota Statutes 2022, section 150A.091, is amended by adding a subdivision  
262.31 to read:

262.32 Subd. 23. **Mailing list services.** Each licensee must submit a nonrefundable \$5 fee to  
262.33 request a mailing address list.

263.1 Sec. 11. Minnesota Statutes 2022, section 150A.13, subdivision 10, is amended to read:

263.2 Subd. 10. **Failure to report.** ~~On or after August 1, 2012,~~ Any person, institution, insurer,  
263.3 or organization that fails to report as required under subdivisions 2 to 6 shall be subject to  
263.4 civil penalties for failing to report as required by law.

326.1 licensed under this chapter or person submitting an application for a license is deemed to  
326.2 have given consent to submit to a mental or physical examination when directed in writing  
326.3 by the board and to have waived all objections in any proceeding under this section to the  
326.4 admissibility of the examining physician's testimony or examination reports on the ground  
326.5 that they constitute a privileged communication. Failure to submit to an examination without  
326.6 just cause may result in an application being denied or a default and final order being entered  
326.7 without the taking of testimony or presentation of evidence, other than evidence which may  
326.8 be submitted by affidavit, that the licensee or applicant did not submit to the examination.  
326.9 A dentist, dental therapist, dental hygienist, dental assistant, or applicant affected under this  
326.10 section shall at reasonable intervals be afforded an opportunity to demonstrate ability to  
326.11 start or resume the competent practice of dentistry or perform the duties of a dental therapist,  
326.12 dental hygienist, or dental assistant with reasonable skill and safety to patients. In any  
326.13 proceeding under this subdivision, neither the record of proceedings nor the orders entered  
326.14 by the board is admissible, is subject to subpoena, or may be used against the dentist, dental  
326.15 therapist, dental hygienist, dental assistant, or applicant in any proceeding not commenced  
326.16 by the board. Information obtained under this subdivision shall be classified as private  
326.17 pursuant to the Minnesota Government Data Practices Act.

326.18 Sec. 21. Minnesota Statutes 2022, section 150A.091, is amended by adding a subdivision  
326.19 to read:

326.20 Subd. 23. **Mailing list services.** Each licensee must submit a nonrefundable \$5 fee to  
326.21 request a mailing address list.

326.22 Sec. 22. Minnesota Statutes 2022, section 150A.13, subdivision 10, is amended to read:

326.23 Subd. 10. **Failure to report.** ~~On or after August 1, 2012,~~ Any person, institution, insurer,  
326.24 or organization that fails to report as required under subdivisions 2 to 6 shall be subject to  
326.25 civil penalties for failing to report as required by law.

326.26 Sec. 23. Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:

326.27 Subd. 27. **Practice of pharmacy.** (a) "Practice of pharmacy" means:

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

326.29 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a  
326.30 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs  
326.31 and devices);

327.1 (3) participation in clinical interpretations and monitoring of drug therapy for assurance  
327.2 of safe and effective use of drugs, including the performance of laboratory tests that are  
327.3 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,  
327.4 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory  
327.5 tests but may modify drug therapy only pursuant to a protocol or collaborative practice  
327.6 agreement;



327.7 (4) participation in drug and therapeutic device selection; drug administration for first  
327.8 dosage and medical emergencies; intramuscular and subcutaneous drug administration under  
327.9 a prescription drug order; drug regimen reviews; and drug or drug-related research;

327.10 (5) drug administration, through intramuscular and subcutaneous administration used  
327.11 to treat mental illnesses as permitted under the following conditions:

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

327.14 (ii) pursuant to a protocol or collaborative practice agreement as defined by section  
327.15 151.01, subdivisions 27b and 27c, and participation in the initiation, management,  
327.16 modification, administration, and discontinuation of drug therapy is according to the protocol  
327.17 or collaborative practice agreement between the pharmacist and a dentist, optometrist,  
327.18 physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered  
327.19 nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes  
327.20 in drug therapy or medication administration made pursuant to a protocol or collaborative  
327.21 practice agreement must be documented by the pharmacist in the patient's medical record  
327.22 or reported by the pharmacist to a practitioner responsible for the patient's care;

327.23 (6) participation in administration of influenza vaccines and vaccines authorized or  
327.24 approved by the United States Food and Drug Administration related to COVID-19 or  
327.25 SARS-CoV-2 to all eligible individuals six years of age and older and all other vaccines to  
327.26 patients 13 years of age and older by written protocol with a physician licensed under chapter  
327.27 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced  
327.28 practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

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

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

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

327.32 (C) contraindications and precautions to the vaccine;

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

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

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

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

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

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

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

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

328.22 (vi) the pharmacist has a current certificate in cardiopulmonary resuscitation;

328.23 (7) participation in the initiation, management, modification, and discontinuation of  
328.24 drug therapy according to a written protocol or collaborative practice agreement between:  
328.25 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician  
328.26 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more  
328.27 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,  
328.28 or advanced practice registered nurses authorized to prescribe, dispense, and administer  
328.29 under section 148.235. Any changes in drug therapy made pursuant to a protocol or  
328.30 collaborative practice agreement must be documented by the pharmacist in the patient's  
328.31 medical record or reported by the pharmacist to a practitioner responsible for the patient's  
328.32 care;

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

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

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

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

329.7 (i) a written protocol as allowed under clause (7); or

329.8 (ii) a written protocol with a community health board medical consultant or a practitioner  
329.9 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;

329.10 (12) prescribing self-administered hormonal contraceptives; nicotine replacement  
329.11 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant  
329.12 to section 151.37, subdivision 14, 15, or 16; and

263.5       Sec. 12. Minnesota Statutes 2022, section 151.065, subdivision 1, is amended to read:

263.6           Subdivision 1. **Application fees.** Application fees for licensure and registration are as

263.7 follows:

263.8       (1) pharmacist licensed by examination, ~~\$175~~ \$225;

263.9       (2) pharmacist licensed by reciprocity, ~~\$275~~ \$300;

263.10       (3) pharmacy intern, ~~\$50~~ \$75;

263.11       (4) pharmacy technician, ~~\$50~~ \$60;

263.12       (5) pharmacy, ~~\$260~~ \$450;

263.13       (6) drug wholesaler, legend drugs only, ~~\$5,260~~ \$5,500;

329.13       (13) participation in the placement of drug monitoring devices according to a prescription,

329.14 protocol, or collaborative practice agreement.

329.15       (b) A pharmacist may delegate the authority to administer vaccines under paragraph (a),

329.16 clause (6), to a pharmacy technician or pharmacist intern who has completed training in

329.17 vaccine administration if:

329.18       (1) the pharmacy technician or pharmacist intern has successfully completed a program

329.19 approved by the ACPE specifically for the administration of immunizations or a program

329.20 approved by the board;

329.21       (2) the pharmacy technician or pharmacist intern has a current certificate in

329.22 cardiopulmonary resuscitation;

329.23       (3) the pharmacist intern has the ability, under the direct supervision of a pharmacist,

329.24 to utilize the Minnesota Immunization Information Connection to assess the immunization

329.25 status of individuals prior to the administration of vaccines, except when administering

329.26 influenza vaccines to individuals age nine and older;

329.27       (4) the pharmacy technician has completed a minimum of two hours of ACPE-approved,

329.28 immunization-related continuing pharmacy education as part of the pharmacy technician's

329.29 two-year continuing education schedule;

329.30       (5) the pharmacy technician has completed one of the training programs listed under

329.31 Minnesota Rules, part 6800.3850, subpart 1h, item B; and

330.1       (6) the pharmacy technician or pharmacist intern administering vaccinations is supervised

330.2 by a licensed pharmacist according to the following requirements:

330.3       (i) the supervising pharmacist is readily and immediately available to the immunizing

330.4 pharmacy technician or pharmacist intern; and

330.5       (ii) direct supervision under this clause is provided in person and not through telehealth,

330.6 as defined under section 62A.673, subdivision 2.

330.7       Sec. 24. Minnesota Statutes 2022, section 151.065, subdivision 1, is amended to read:

330.8           Subdivision 1. **Application fees.** Application fees for licensure and registration are as

330.9 follows:

330.10       (1) pharmacist licensed by examination, ~~\$175~~ \$210;

330.11       (2) pharmacist licensed by reciprocity, ~~\$275~~ \$300;

330.12       (3) pharmacy intern, ~~\$50~~ \$75;

330.13       (4) pharmacy technician, ~~\$50~~ \$60;

330.14       (5) pharmacy, ~~\$260~~ \$300;

330.15       (6) drug wholesaler, legend drugs only, ~~\$5,260~~ \$5,300;

263.14 (7) drug wholesaler, legend and nonlegend drugs, ~~\$5,260~~ \$5,500;

263.15 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, ~~\$5,260~~ \$5,500;

263.16 (9) drug wholesaler, medical gases, ~~\$5,260~~ \$5,500 for the first facility and ~~\$260~~ \$500  
 263.17 for each additional facility;

263.18 (10) third-party logistics provider, ~~\$260~~ \$300;

263.19 (11) drug manufacturer, nonopiate legend drugs only, ~~\$5,260~~ \$5,500;

263.20 (12) drug manufacturer, nonopiate legend and nonlegend drugs, ~~\$5,260~~ \$5,500;

263.21 (13) drug manufacturer, nonlegend or veterinary legend drugs, ~~\$5,260~~ \$5,500;

263.22 (14) drug manufacturer, medical gases, ~~\$5,260~~ \$5,500 for the first facility and ~~\$260~~  
 263.23 \$500 for each additional facility;

263.24 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, ~~\$5,260~~ \$5,500;

263.25 (16) drug manufacturer of opiate-containing controlled substances listed in section  
 263.26 152.02, subdivisions 3 to 5, ~~\$55,260~~ \$55,500;

263.27 (17) medical gas dispenser, ~~\$260~~ \$400;

263.28 (18) controlled substance researcher, ~~\$75~~ \$150; and

264.1 (19) pharmacy professional corporation, \$150.

264.2 Sec. 13. Minnesota Statutes 2022, section 151.065, subdivision 2, is amended to read:

264.3 Subd. 2. **Original license fee.** The pharmacist original licensure fee, ~~\$175~~ \$225.

264.4 Sec. 14. Minnesota Statutes 2022, section 151.065, subdivision 3, is amended to read:

264.5 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as  
 264.6 follows:

264.7 (1) pharmacist, ~~\$175~~ \$225;

264.8 (2) pharmacy technician, ~~\$50~~ \$60;

264.9 (3) pharmacy, ~~\$260~~ \$450;

264.10 (4) drug wholesaler, legend drugs only, ~~\$5,260~~ \$5,500;

264.11 (5) drug wholesaler, legend and nonlegend drugs, ~~\$5,260~~ \$5,500;

264.12 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, ~~\$5,260~~ \$5,500;

264.13 (7) drug wholesaler, medical gases, ~~\$5,260~~ \$5,500 for the first facility and ~~\$260~~ \$500  
 264.14 for each additional facility;

264.15 (8) third-party logistics provider, ~~\$260~~ \$300;

330.16 (7) drug wholesaler, legend and nonlegend drugs, ~~\$5,260~~ \$5,300;

330.17 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, ~~\$5,260~~ \$5,300;

330.18 (9) drug wholesaler, medical gases, ~~\$5,260~~ \$5,300 for the first facility and ~~\$260~~ \$300  
 330.19 for each additional facility;

330.20 (10) third-party logistics provider, ~~\$260~~ \$300;

330.21 (11) drug manufacturer, nonopiate legend drugs only, ~~\$5,260~~ \$5,300;

330.22 (12) drug manufacturer, nonopiate legend and nonlegend drugs, ~~\$5,260~~ \$5,300;

330.23 (13) drug manufacturer, nonlegend or veterinary legend drugs, ~~\$5,260~~ \$5,300;

330.24 (14) drug manufacturer, medical gases, ~~\$5,260~~ \$5,300 for the first facility and ~~\$260~~  
 330.25 \$300 for each additional facility;

330.26 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, ~~\$5,260~~ \$5,300;

330.27 (16) drug manufacturer of opiate-containing controlled substances listed in section  
 330.28 152.02, subdivisions 3 to 5, ~~\$55,260~~ \$55,300;

330.29 (17) medical gas dispenser, ~~\$260~~ \$400;

331.1 (18) controlled substance researcher, ~~\$75~~ \$150; and

331.2 (19) pharmacy professional corporation, \$150.

331.3 Sec. 25. Minnesota Statutes 2022, section 151.065, subdivision 2, is amended to read:

331.4 Subd. 2. **Original license fee.** The pharmacist original licensure fee, ~~\$175~~ \$210.

331.5 Sec. 26. Minnesota Statutes 2022, section 151.065, subdivision 3, is amended to read:

331.6 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as  
 331.7 follows:

331.8 (1) pharmacist, ~~\$175~~ \$210;

331.9 (2) pharmacy technician, ~~\$50~~ \$60;

331.10 (3) pharmacy, ~~\$260~~ \$300;

331.11 (4) drug wholesaler, legend drugs only, ~~\$5,260~~ \$5,300;

331.12 (5) drug wholesaler, legend and nonlegend drugs, ~~\$5,260~~ \$5,300;

331.13 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, ~~\$5,260~~ \$5,300;

331.14 (7) drug wholesaler, medical gases, ~~\$5,260~~ \$5,300 for the first facility and ~~\$260~~ \$300  
 331.15 for each additional facility;

331.16 (8) third-party logistics provider, ~~\$260~~ \$300;

264.16 (9) drug manufacturer, nonopiate legend drugs only, ~~\$5,260~~ \$5,500;

264.17 (10) drug manufacturer, nonopiate legend and nonlegend drugs, ~~\$5,260~~ \$5,500;

264.18 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, ~~\$5,260~~ \$5,500;

264.19 (12) drug manufacturer, medical gases, ~~\$5,260~~ \$5,500 for the first facility and ~~\$260~~

264.20 \$500 for each additional facility;

264.21 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, ~~\$5,260~~ \$5,500;

264.22 (14) drug manufacturer of opiate-containing controlled substances listed in section

264.23 152.02, subdivisions 3 to 5, ~~\$55,260~~ \$55,500;

264.24 (15) medical gas dispenser, ~~\$260~~ \$400;

264.25 (16) controlled substance researcher, ~~\$75~~ \$150; and

264.26 (17) pharmacy professional corporation, ~~\$100~~ \$150.

265.1 Sec. 15. Minnesota Statutes 2022, section 151.065, subdivision 4, is amended to read:

265.2 Subd. 4. **Miscellaneous fees.** Fees for issuance of affidavits and duplicate licenses and

265.3 certificates are as follows:

265.4 (1) intern affidavit, ~~\$20~~ \$30;

265.5 (2) duplicate small license, ~~\$20~~ \$30; and

265.6 (3) duplicate large certificate, \$30.

265.7 Sec. 16. Minnesota Statutes 2022, section 151.065, subdivision 6, is amended to read:

265.8 Subd. 6. **Reinstatement fees.** (a) A pharmacist who has allowed the pharmacist's license

265.9 to lapse may reinstate the license with board approval and upon payment of any fees and

265.10 late fees in arrears, up to a maximum of \$1,000.

265.11 (b) A pharmacy technician who has allowed the technician's registration to lapse may

265.12 reinstate the registration with board approval and upon payment of any fees and late fees

265.13 in arrears, up to a maximum of ~~\$90~~ \$250.

265.14 (c) An owner of a pharmacy, a drug wholesaler, a drug manufacturer, third-party logistics

265.15 provider, or a medical gas dispenser who has allowed the license of the establishment to

265.16 lapse may reinstate the license with board approval and upon payment of any fees and late

265.17 fees in arrears.

265.18 (d) A controlled substance researcher who has allowed the researcher's registration to

265.19 lapse may reinstate the registration with board approval and upon payment of any fees and

265.20 late fees in arrears.

331.17 (9) drug manufacturer, nonopiate legend drugs only, ~~\$5,260~~ \$5,300;

331.18 (10) drug manufacturer, nonopiate legend and nonlegend drugs, ~~\$5,260~~ \$5,300;

331.19 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, ~~\$5,260~~ \$5,300;

331.20 (12) drug manufacturer, medical gases, ~~\$5,260~~ \$5,300 for the first facility and ~~\$260~~

331.21 \$300 for each additional facility;

331.22 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, ~~\$5,260~~ \$5,300;

331.23 (14) drug manufacturer of opiate-containing controlled substances listed in section

331.24 152.02, subdivisions 3 to 5, ~~\$55,260~~ \$55,300;

331.25 (15) medical gas dispenser, ~~\$260~~ \$400;

331.26 (16) controlled substance researcher, ~~\$75~~ \$150; and

331.27 (17) pharmacy professional corporation, ~~\$100~~ \$150.

332.1 Sec. 27. Minnesota Statutes 2022, section 151.065, subdivision 4, is amended to read:

332.2 Subd. 4. **Miscellaneous fees.** Fees for issuance of affidavits and duplicate licenses and

332.3 certificates are as follows:

332.4 (1) intern affidavit, ~~\$20~~ \$30;

332.5 (2) duplicate small license, ~~\$20~~ \$30; and

332.6 (3) duplicate large certificate, \$30.

332.7 Sec. 28. Minnesota Statutes 2022, section 151.065, subdivision 6, is amended to read:

332.8 Subd. 6. **Reinstatement fees.** (a) A pharmacist who has allowed the pharmacist's license

332.9 to lapse may reinstate the license with board approval and upon payment of any fees and

332.10 late fees in arrears, up to a maximum of \$1,000.

332.11 (b) A pharmacy technician who has allowed the technician's registration to lapse may

332.12 reinstate the registration with board approval and upon payment of any fees and late fees

332.13 in arrears, up to a maximum of ~~\$90~~ \$250.

332.14 (c) An owner of a pharmacy, a drug wholesaler, a drug manufacturer, third-party logistics

332.15 provider, or a medical gas dispenser who has allowed the license of the establishment to

332.16 lapse may reinstate the license with board approval and upon payment of any fees and late

332.17 fees in arrears.

332.18 (d) A controlled substance researcher who has allowed the researcher's registration to

332.19 lapse may reinstate the registration with board approval and upon payment of any fees and

332.20 late fees in arrears.

265.21 (e) A pharmacist owner of a professional corporation who has allowed the corporation's  
265.22 registration to lapse may reinstate the registration with board approval and upon payment  
265.23 of any fees and late fees in arrears.

265.24 Sec. 17. Minnesota Statutes 2022, section 151.555, is amended to read:

265.25 **151.555 ~~PRESCRIPTION DRUG~~ MEDICATION REPOSITORY PROGRAM.**

265.26 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this  
265.27 subdivision have the meanings given.

265.28 (b) "Central repository" means a wholesale distributor that meets the requirements under  
265.29 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this  
265.30 section.

266.1 (c) "Distribute" means to deliver, other than by administering or dispensing.

266.2 (d) "Donor" means:

266.3 (1) a health care facility as defined in this subdivision;

266.4 (2) a skilled nursing facility licensed under chapter 144A;

266.5 (3) an assisted living facility licensed under chapter 144G;

266.6 (4) a pharmacy licensed under section 151.19, and located either in the state or outside  
266.7 the state;

266.8 (5) a drug wholesaler licensed under section 151.47;

266.9 (6) a drug manufacturer licensed under section 151.252; or

266.10 (7) an individual at least 18 years of age, provided that the drug or medical supply that  
266.11 is donated was obtained legally and meets the requirements of this section for donation.

266.12 (e) "Drug" means any prescription drug that has been approved for medical use in the  
266.13 United States, is listed in the United States Pharmacopoeia or National Formulary, and  
266.14 meets the criteria established under this section for donation; or any over-the-counter  
266.15 medication that meets the criteria established under this section for donation. This definition  
266.16 includes cancer drugs and antirejection drugs, but does not include controlled substances,  
266.17 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed  
266.18 to a patient registered with the drug's manufacturer in accordance with federal Food and  
266.19 Drug Administration requirements.

266.20 (f) "Health care facility" means:

266.21 (1) a physician's office or health care clinic where licensed practitioners provide health  
266.22 care to patients;

266.23 (2) a hospital licensed under section 144.50;

332.21 (e) A pharmacist owner of a professional corporation who has allowed the corporation's  
332.22 registration to lapse may reinstate the registration with board approval and upon payment  
332.23 of any fees and late fees in arrears.

332.24 Sec. 29. Minnesota Statutes 2022, section 151.555, is amended to read:

332.25 **151.555 ~~PRESCRIPTION DRUG~~ MEDICATION REPOSITORY PROGRAM.**

332.26 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this  
332.27 subdivision have the meanings given.

332.28 (b) "Central repository" means a wholesale distributor that meets the requirements under  
332.29 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this  
332.30 section.

333.1 (c) "Distribute" means to deliver, other than by administering or dispensing.

333.2 (d) "Donor" means:

333.3 (1) a health care facility as defined in this subdivision;

333.4 (2) a skilled nursing facility licensed under chapter 144A;

333.5 (3) an assisted living facility licensed under chapter 144G;

333.6 (4) a pharmacy licensed under section 151.19, and located either in the state or outside  
333.7 the state;

333.8 (5) a drug wholesaler licensed under section 151.47;

333.9 (6) a drug manufacturer licensed under section 151.252; or

333.10 (7) an individual at least 18 years of age, provided that the drug or medical supply that  
333.11 is donated was obtained legally and meets the requirements of this section for donation.

333.12 (e) "Drug" means any prescription drug that has been approved for medical use in the  
333.13 United States, is listed in the United States Pharmacopoeia or National Formulary, and  
333.14 meets the criteria established under this section for donation; or any over-the-counter  
333.15 medication that meets the criteria established under this section for donation. This definition  
333.16 includes cancer drugs and antirejection drugs, but does not include controlled substances,  
333.17 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed  
333.18 to a patient registered with the drug's manufacturer in accordance with federal Food and  
333.19 Drug Administration requirements.

333.20 (f) "Health care facility" means:

333.21 (1) a physician's office or health care clinic where licensed practitioners provide health  
333.22 care to patients;

333.23 (2) a hospital licensed under section 144.50;

266.24 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

266.25 (4) a nonprofit community clinic, including a federally qualified health center; a rural

266.26 health clinic; public health clinic; or other community clinic that provides health care utilizing

266.27 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

266.28 (g) "Local repository" means a health care facility that elects to accept donated drugs

266.29 and medical supplies and meets the requirements of subdivision 4.

266.30 (h) "Medical supplies" or "supplies" means any prescription ~~and or~~ nonprescription

266.31 medical supplies needed to administer a ~~prescription~~ drug.

267.1 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is

267.2 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or

267.3 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose

267.4 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,

267.5 part 6800.3750.

267.6 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that

267.7 it does not include a veterinarian.

267.8 Subd. 2. **Establishment; contract and oversight.** ~~By January 1, 2020,~~ (a) The Board

267.9 of Pharmacy shall establish a ~~drug~~ medication repository program, through which donors

267.10 may donate a drug or medical supply for use by an individual who meets the eligibility

267.11 criteria specified under subdivision 5.

267.12 (b) The board shall contract with a central repository that meets the requirements of

267.13 subdivision 3 to implement and administer the ~~prescription drug~~ medication repository

267.14 program. The contract must:

267.15 (1) require payment by the board to the central repository any amount appropriated by

267.16 the legislature for the operation and administration of the medication repository program;

267.17 (2) require the central repository to report the following performance measures to the

267.18 board:

267.19 (i) the number of individuals served and the types of medications these individuals

267.20 received;

267.21 (ii) the number of clinics, pharmacies, and long-term care facilities with which the central

267.22 repository partnered;

267.23 (iii) the number and cost of medications accepted for inventory, disposed of, and

267.24 dispensed to individuals in need; and

267.25 (iv) locations within the state to which medications were shipped or delivered; and

333.24 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

333.25 (4) a nonprofit community clinic, including a federally qualified health center; a rural

333.26 health clinic; public health clinic; or other community clinic that provides health care utilizing

333.27 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

333.28 (g) "Local repository" means a health care facility that elects to accept donated drugs

333.29 and medical supplies and meets the requirements of subdivision 4.

333.30 (h) "Medical supplies" or "supplies" means any prescription ~~and or~~ nonprescription

333.31 medical supplies needed to administer a ~~prescription~~ drug.

334.1 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is

334.2 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or

334.3 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose

334.4 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,

334.5 part 6800.3750.

334.6 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that

334.7 it does not include a veterinarian.

334.8 Subd. 2. **Establishment; contract and oversight.** ~~By January 1, 2020,~~ (a) The Board

334.9 of Pharmacy shall establish a ~~drug~~ medication repository program, through which donors

334.10 may donate a drug or medical supply for use by an individual who meets the eligibility

334.11 criteria specified under subdivision 5.

334.12 (b) The board shall contract with a central repository that meets the requirements of

334.13 subdivision 3 to implement and administer the ~~prescription drug~~ medication repository

334.14 program. The contract must:

334.15 (1) require the board to transfer to the central repository any money appropriated by the

334.16 legislature for the purpose of operating the medication repository program and require the

334.17 central repository to spend any money transferred only for purposes specified in the contract;

334.18 (2) require the central repository to report the following performance measures to the

334.19 board:

334.20 (i) the number of individuals served and the types of medications these individuals

334.21 received;

334.22 (ii) the number of clinics, pharmacies, and long-term care facilities with which the central

334.23 repository partnered;

334.24 (iii) the number and cost of medications accepted for inventory, disposed of, and

334.25 dispensed to individuals in need; and

334.26 (iv) locations within the state to which medications were shipped or delivered; and

267.26 (3) require the board to annually audit the expenditure by the central repository of any  
 267.27 money appropriated by the legislature and paid under a contract by the board to ensure that  
 267.28 the amount appropriated is used only for purposes specified in the contract.

267.29 Subd. 3. **Central repository requirements.** (a) The board may publish a request for  
 267.30 proposal for participants who meet the requirements of this subdivision and are interested  
 267.31 in acting as the central repository for the drug medication repository program. If the board  
 267.32 publishes a request for proposal, it shall follow all applicable state procurement procedures  
 268.1 in the selection process. The board may also work directly with the University of Minnesota  
 268.2 to establish a central repository.

268.3 (b) To be eligible to act as the central repository, the participant must be a wholesale  
 268.4 drug distributor located in Minnesota, licensed pursuant to section 151.47, and in compliance  
 268.5 with all applicable federal and state statutes, rules, and regulations.

268.6 (c) The central repository shall be subject to inspection by the board pursuant to section  
 268.7 151.06, subdivision 1.

268.8 (d) The central repository shall comply with all applicable federal and state laws, rules,  
 268.9 and regulations pertaining to the drug medication repository program, drug storage, and  
 268.10 dispensing. The facility must maintain in good standing any state license or registration that  
 268.11 applies to the facility.

268.12 Subd. 4. **Local repository requirements.** (a) To be eligible for participation in the drug  
 268.13 medication repository program, a health care facility must agree to comply with all applicable  
 268.14 federal and state laws, rules, and regulations pertaining to the drug medication repository  
 268.15 program, drug storage, and dispensing. The facility must also agree to maintain in good  
 268.16 standing any required state license or registration that may apply to the facility.

268.17 (b) A local repository may elect to participate in the program by submitting the following  
 268.18 information to the central repository on a form developed by the board and made available  
 268.19 on the board's website:

268.20 (1) the name, street address, and telephone number of the health care facility and any  
 268.21 state-issued license or registration number issued to the facility, including the issuing state  
 268.22 agency;

268.23 (2) the name and telephone number of a responsible pharmacist or practitioner who is  
 268.24 employed by or under contract with the health care facility; and

268.25 (3) a statement signed and dated by the responsible pharmacist or practitioner indicating  
 268.26 that the health care facility meets the eligibility requirements under this section and agrees  
 268.27 to comply with this section.

268.28 (c) Participation in the drug medication repository program is voluntary. A local  
 268.29 repository may withdraw from participation in the drug medication repository program at  
 268.30 any time by providing written notice to the central repository on a form developed by the  
 268.31 board and made available on the board's website. The central repository shall provide the

334.27 (3) require the board to annually audit the expenditure by the central repository of any  
 334.28 money appropriated by the legislature and transferred by the board to ensure that this money  
 334.29 is used only for purposes specified in the contract.

334.30 Subd. 3. **Central repository requirements.** (a) The board may publish a request for  
 334.31 proposal for participants who meet the requirements of this subdivision and are interested  
 334.32 in acting as the central repository for the drug medication repository program. If the board  
 335.1 publishes a request for proposal, it shall follow all applicable state procurement procedures  
 335.2 in the selection process. The board may also work directly with the University of Minnesota  
 335.3 to establish a central repository.

335.4 (b) To be eligible to act as the central repository, the participant must be a wholesale  
 335.5 drug distributor located in Minnesota, licensed pursuant to section 151.47, and in compliance  
 335.6 with all applicable federal and state statutes, rules, and regulations.

335.7 (c) The central repository shall be subject to inspection by the board pursuant to section  
 335.8 151.06, subdivision 1.

335.9 (d) The central repository shall comply with all applicable federal and state laws, rules,  
 335.10 and regulations pertaining to the drug medication repository program, drug storage, and  
 335.11 dispensing. The facility must maintain in good standing any state license or registration that  
 335.12 applies to the facility.

335.13 Subd. 4. **Local repository requirements.** (a) To be eligible for participation in the drug  
 335.14 medication repository program, a health care facility must agree to comply with all applicable  
 335.15 federal and state laws, rules, and regulations pertaining to the drug medication repository  
 335.16 program, drug storage, and dispensing. The facility must also agree to maintain in good  
 335.17 standing any required state license or registration that may apply to the facility.

335.18 (b) A local repository may elect to participate in the program by submitting the following  
 335.19 information to the central repository on a form developed by the board and made available  
 335.20 on the board's website:

335.21 (1) the name, street address, and telephone number of the health care facility and any  
 335.22 state-issued license or registration number issued to the facility, including the issuing state  
 335.23 agency;

335.24 (2) the name and telephone number of a responsible pharmacist or practitioner who is  
 335.25 employed by or under contract with the health care facility; and

335.26 (3) a statement signed and dated by the responsible pharmacist or practitioner indicating  
 335.27 that the health care facility meets the eligibility requirements under this section and agrees  
 335.28 to comply with this section.

335.29 (c) Participation in the drug medication repository program is voluntary. A local  
 335.30 repository may withdraw from participation in the drug medication repository program at  
 335.31 any time by providing written notice to the central repository on a form developed by the  
 335.32 board and made available on the board's website. The central repository shall provide the



268.32 board with a copy of the withdrawal notice within ten business days from the date of receipt  
268.33 of the withdrawal notice.

269.1 Subd. 5. **Individual eligibility and application requirements.** (a) To be eligible for  
269.2 the ~~drug~~ medication repository program, an individual must submit to a local repository an  
269.3 intake application form that is signed by the individual and attests that the individual:

269.4 (1) is a resident of Minnesota;

269.5 (2) is uninsured and is not enrolled in the medical assistance program under chapter  
269.6 256B or the MinnesotaCare program under chapter 256L, has no prescription drug coverage,  
269.7 or is underinsured;

269.8 (3) acknowledges that the drugs or medical supplies to be received through the program  
269.9 may have been donated; and

269.10 (4) consents to a waiver of the child-resistant packaging requirements of the federal  
269.11 Poison Prevention Packaging Act.

269.12 (b) Upon determining that an individual is eligible for the program, the local repository  
269.13 shall furnish the individual with an identification card. The card shall be valid for one year  
269.14 from the date of issuance and may be used at any local repository. A new identification card  
269.15 may be issued upon expiration once the individual submits a new application form.

269.16 (c) The local repository shall send a copy of the intake application form to the central  
269.17 repository by regular mail, facsimile, or secured email within ten days from the date the  
269.18 application is approved by the local repository.

269.19 (d) The board shall develop and make available on the board's website an application  
269.20 form and the format for the identification card.

269.21 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a)  
269.22 A donor may donate ~~prescription~~ drugs or medical supplies to the central repository or a  
269.23 local repository if the drug or supply meets the requirements of this section as determined  
269.24 by a pharmacist or practitioner who is employed by or under contract with the central  
269.25 repository or a local repository.

269.26 (b) A ~~prescription~~ drug is eligible for donation under the ~~drug~~ medication repository  
269.27 program if the following requirements are met:

269.28 (1) the donation is accompanied by a ~~drug~~ medication repository donor form described  
269.29 under paragraph (d) that is signed by an individual who is authorized by the donor to attest  
269.30 to the donor's knowledge in accordance with paragraph (d);

269.31 (2) the drug's expiration date is at least six months after the date the drug was donated.  
269.32 If a donated drug bears an expiration date that is less than six months from the donation  
270.1 date, the drug may be accepted and distributed if the drug is in high demand and can be  
270.2 dispensed for use by a patient before the drug's expiration date;

336.1 board with a copy of the withdrawal notice within ten business days from the date of receipt  
336.2 of the withdrawal notice.

336.3 Subd. 5. **Individual eligibility and application requirements.** (a) To be eligible for  
336.4 the ~~drug~~ medication repository program, an individual must submit to a local repository an  
336.5 intake application form that is signed by the individual and attests that the individual:

336.6 (1) is a resident of Minnesota;

336.7 (2) is uninsured and is not enrolled in the medical assistance program under chapter  
336.8 256B or the MinnesotaCare program under chapter 256L, has no prescription drug coverage,  
336.9 or is underinsured;

336.10 (3) acknowledges that the drugs or medical supplies to be received through the program  
336.11 may have been donated; and

336.12 (4) consents to a waiver of the child-resistant packaging requirements of the federal  
336.13 Poison Prevention Packaging Act.

336.14 (b) Upon determining that an individual is eligible for the program, the local repository  
336.15 shall furnish the individual with an identification card. The card shall be valid for one year  
336.16 from the date of issuance and may be used at any local repository. A new identification card  
336.17 may be issued upon expiration once the individual submits a new application form.

336.18 (c) The local repository shall send a copy of the intake application form to the central  
336.19 repository by regular mail, facsimile, or secured email within ten days from the date the  
336.20 application is approved by the local repository.

336.21 (d) The board shall develop and make available on the board's website an application  
336.22 form and the format for the identification card.

336.23 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a)  
336.24 A donor may donate ~~prescription~~ drugs or medical supplies to the central repository or a  
336.25 local repository if the drug or supply meets the requirements of this section as determined  
336.26 by a pharmacist or practitioner who is employed by or under contract with the central  
336.27 repository or a local repository.

336.28 (b) A ~~prescription~~ drug is eligible for donation under the ~~drug~~ medication repository  
336.29 program if the following requirements are met:

336.30 (1) the donation is accompanied by a ~~drug~~ medication repository donor form described  
336.31 under paragraph (d) that is signed by an individual who is authorized by the donor to attest  
336.32 to the donor's knowledge in accordance with paragraph (d);

337.1 (2) the drug's expiration date is at least six months after the date the drug was donated.  
337.2 If a donated drug bears an expiration date that is less than six months from the donation  
337.3 date, the drug may be accepted and distributed if the drug is in high demand and can be  
337.4 dispensed for use by a patient before the drug's expiration date;

270.3 (3) the drug is in its original, sealed, unopened, tamper-evident packaging that includes  
270.4 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging  
270.5 is unopened;

270.6 (4) the drug or the packaging does not have any physical signs of tampering, misbranding,  
270.7 deterioration, compromised integrity, or adulteration;

270.8 (5) the drug does not require storage temperatures other than normal room temperature  
270.9 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being  
270.10 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located  
270.11 in Minnesota; and

270.12 (6) the ~~prescription~~ drug is not a controlled substance.

270.13 (c) A medical supply is eligible for donation under the drug medication repository  
270.14 program if the following requirements are met:

270.15 (1) the supply has no physical signs of tampering, misbranding, or alteration and there  
270.16 is no reason to believe it has been adulterated, tampered with, or misbranded;

270.17 (2) the supply is in its original, unopened, sealed packaging;

270.18 (3) the donation is accompanied by a drug medication repository donor form described  
270.19 under paragraph (d) that is signed by an individual who is authorized by the donor to attest  
270.20 to the donor's knowledge in accordance with paragraph (d); and

270.21 (4) if the supply bears an expiration date, the date is at least six months later than the  
270.22 date the supply was donated. If the donated supply bears an expiration date that is less than  
270.23 six months from the date the supply was donated, the supply may be accepted and distributed  
270.24 if the supply is in high demand and can be dispensed for use by a patient before the supply's  
270.25 expiration date.

270.26 (d) The board shall develop the drug medication repository donor form and make it  
270.27 available on the board's website. The form must state that to the best of the donor's knowledge  
270.28 the donated drug or supply has been properly stored under appropriate temperature and  
270.29 humidity conditions and that the drug or supply has never been opened, used, tampered  
270.30 with, adulterated, or misbranded.

270.31 (e) Donated drugs and supplies may be shipped or delivered to the premises of the central  
270.32 repository or a local repository, and shall be inspected by a pharmacist or an authorized  
271.1 practitioner who is employed by or under contract with the repository and who has been  
271.2 designated by the repository to accept donations. A drop box must not be used to deliver  
271.3 or accept donations.

271.4 (f) The central repository and local repository shall inventory all drugs and supplies  
271.5 donated to the repository. For each drug, the inventory must include the drug's name, strength,  
271.6 quantity, manufacturer, expiration date, and the date the drug was donated. For each medical

337.5 (3) the drug is in its original, sealed, unopened, tamper-evident packaging that includes  
337.6 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging  
337.7 is unopened;

337.8 (4) the drug or the packaging does not have any physical signs of tampering, misbranding,  
337.9 deterioration, compromised integrity, or adulteration;

337.10 (5) the drug does not require storage temperatures other than normal room temperature  
337.11 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being  
337.12 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located  
337.13 in Minnesota; and

337.14 (6) the ~~prescription~~ drug is not a controlled substance.

337.15 (c) A medical supply is eligible for donation under the drug medication repository  
337.16 program if the following requirements are met:

337.17 (1) the supply has no physical signs of tampering, misbranding, or alteration and there  
337.18 is no reason to believe it has been adulterated, tampered with, or misbranded;

337.19 (2) the supply is in its original, unopened, sealed packaging;

337.20 (3) the donation is accompanied by a drug medication repository donor form described  
337.21 under paragraph (d) that is signed by an individual who is authorized by the donor to attest  
337.22 to the donor's knowledge in accordance with paragraph (d); and

337.23 (4) if the supply bears an expiration date, the date is at least six months later than the  
337.24 date the supply was donated. If the donated supply bears an expiration date that is less than  
337.25 six months from the date the supply was donated, the supply may be accepted and distributed  
337.26 if the supply is in high demand and can be dispensed for use by a patient before the supply's  
337.27 expiration date.

337.28 (d) The board shall develop the drug medication repository donor form and make it  
337.29 available on the board's website. The form must state that to the best of the donor's knowledge  
337.30 the donated drug or supply has been properly stored under appropriate temperature and  
337.31 humidity conditions and that the drug or supply has never been opened, used, tampered  
337.32 with, adulterated, or misbranded.

338.1 (e) Donated drugs and supplies may be shipped or delivered to the premises of the central  
338.2 repository or a local repository, and shall be inspected by a pharmacist or an authorized  
338.3 practitioner who is employed by or under contract with the repository and who has been  
338.4 designated by the repository to accept donations. A drop box must not be used to deliver  
338.5 or accept donations.

338.6 (f) The central repository and local repository shall inventory all drugs and supplies  
338.7 donated to the repository. For each drug, the inventory must include the drug's name, strength,  
338.8 quantity, manufacturer, expiration date, and the date the drug was donated. For each medical

271.7 supply, the inventory must include a description of the supply, its manufacturer, the date  
271.8 the supply was donated, and, if applicable, the supply's brand name and expiration date.

271.9 Subd. 7. **Standards and procedures for inspecting and storing donated ~~prescription~~**  
271.10 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or  
271.11 under contract with the central repository or a local repository shall inspect all donated  
271.12 ~~prescription~~ drugs and supplies before the drug or supply is dispensed to determine, to the  
271.13 extent reasonably possible in the professional judgment of the pharmacist or practitioner,  
271.14 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe  
271.15 and suitable for dispensing, has not been subject to a recall, and meets the requirements for  
271.16 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an  
271.17 inspection record stating that the requirements for donation have been met. If a local  
271.18 repository receives drugs and supplies from the central repository, the local repository does  
271.19 not need to reinspect the drugs and supplies.

271.20 (b) The central repository and local repositories shall store donated drugs and supplies  
271.21 in a secure storage area under environmental conditions appropriate for the drug or supply  
271.22 being stored. Donated drugs and supplies may not be stored with nondonated inventory.

271.23 (c) The central repository and local repositories shall dispose of all ~~prescription~~ drugs  
271.24 and medical supplies that are not suitable for donation in compliance with applicable federal  
271.25 and state statutes, regulations, and rules concerning hazardous waste.

271.26 (d) In the event that controlled substances or ~~prescription~~ drugs that can only be dispensed  
271.27 to a patient registered with the drug's manufacturer are shipped or delivered to a central or  
271.28 local repository for donation, the shipment delivery must be documented by the repository  
271.29 and returned immediately to the donor or the donor's representative that provided the drugs.

271.30 (e) Each repository must develop drug and medical supply recall policies and procedures.  
271.31 If a repository receives a recall notification, the repository shall destroy all of the drug or  
271.32 medical supply in its inventory that is the subject of the recall and complete a record of  
271.33 destruction form in accordance with paragraph (f). If a drug or medical supply that is the  
271.34 subject of a Class I or Class II recall has been dispensed, the repository shall immediately  
272.1 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject  
272.2 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug  
272.3 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

272.4 (f) A record of destruction of donated drugs and supplies that are not dispensed under  
272.5 subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation  
272.6 shall be maintained by the repository for at least two years. For each drug or supply destroyed,  
272.7 the record shall include the following information:

272.8 (1) the date of destruction;

272.9 (2) the name, strength, and quantity of the drug destroyed; and

272.10 (3) the name of the person or firm that destroyed the drug.

338.9 supply, the inventory must include a description of the supply, its manufacturer, the date  
338.10 the supply was donated, and, if applicable, the supply's brand name and expiration date.

338.11 Subd. 7. **Standards and procedures for inspecting and storing donated ~~prescription~~**  
338.12 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or  
338.13 under contract with the central repository or a local repository shall inspect all donated  
338.14 ~~prescription~~ drugs and supplies before the drug or supply is dispensed to determine, to the  
338.15 extent reasonably possible in the professional judgment of the pharmacist or practitioner,  
338.16 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe  
338.17 and suitable for dispensing, has not been subject to a recall, and meets the requirements for  
338.18 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an  
338.19 inspection record stating that the requirements for donation have been met. If a local  
338.20 repository receives drugs and supplies from the central repository, the local repository does  
338.21 not need to reinspect the drugs and supplies.

338.22 (b) The central repository and local repositories shall store donated drugs and supplies  
338.23 in a secure storage area under environmental conditions appropriate for the drug or supply  
338.24 being stored. Donated drugs and supplies may not be stored with nondonated inventory.

338.25 (c) The central repository and local repositories shall dispose of all ~~prescription~~ drugs  
338.26 and medical supplies that are not suitable for donation in compliance with applicable federal  
338.27 and state statutes, regulations, and rules concerning hazardous waste.

338.28 (d) In the event that controlled substances or ~~prescription~~ drugs that can only be dispensed  
338.29 to a patient registered with the drug's manufacturer are shipped or delivered to a central or  
338.30 local repository for donation, the shipment delivery must be documented by the repository  
338.31 and returned immediately to the donor or the donor's representative that provided the drugs.

338.32 (e) Each repository must develop drug and medical supply recall policies and procedures.  
338.33 If a repository receives a recall notification, the repository shall destroy all of the drug or  
338.34 medical supply in its inventory that is the subject of the recall and complete a record of  
339.1 destruction form in accordance with paragraph (f). If a drug or medical supply that is the  
339.2 subject of a Class I or Class II recall has been dispensed, the repository shall immediately  
339.3 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject  
339.4 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug  
339.5 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

339.6 (f) A record of destruction of donated drugs and supplies that are not dispensed under  
339.7 subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation  
339.8 shall be maintained by the repository for at least two years. For each drug or supply destroyed,  
339.9 the record shall include the following information:

339.10 (1) the date of destruction;

339.11 (2) the name, strength, and quantity of the drug destroyed; and

339.12 (3) the name of the person or firm that destroyed the drug.

272.11 Subd. 8. **Dispensing requirements.** (a) Donated drugs and supplies may be dispensed  
 272.12 if the drugs or supplies are prescribed by a practitioner for use by an eligible individual and  
 272.13 are dispensed by a pharmacist or practitioner. A repository shall dispense drugs and supplies  
 272.14 to eligible individuals in the following priority order: (1) individuals who are uninsured;  
 272.15 (2) individuals with no prescription drug coverage; and (3) individuals who are underinsured.  
 272.16 A repository shall dispense donated ~~prescription~~ drugs in compliance with applicable federal  
 272.17 and state laws and regulations for dispensing ~~prescription~~ drugs, including all requirements  
 272.18 relating to packaging, labeling, record keeping, drug utilization review, and patient  
 272.19 counseling.

272.20 (b) Before dispensing or administering a drug or supply, the pharmacist or practitioner  
 272.21 shall visually inspect the drug or supply for adulteration, misbranding, tampering, and date  
 272.22 of expiration. Drugs or supplies that have expired or appear upon visual inspection to be  
 272.23 adulterated, misbranded, or tampered with in any way must not be dispensed or administered.

272.24 (c) Before a drug or supply is dispensed or administered to an individual, the individual  
 272.25 must sign a drug repository recipient form acknowledging that the individual understands  
 272.26 the information stated on the form. The board shall develop the form and make it available  
 272.27 on the board's website. The form must include the following information:

272.28 (1) that the drug or supply being dispensed or administered has been donated and may  
 272.29 have been previously dispensed;

272.30 (2) that a visual inspection has been conducted by the pharmacist or practitioner to ensure  
 272.31 that the drug or supply has not expired, has not been adulterated or misbranded, and is in  
 272.32 its original, unopened packaging; and

273.1 (3) that the dispensing pharmacist, the dispensing or administering practitioner, the  
 273.2 central repository or local repository, the Board of Pharmacy, and any other participant of  
 273.3 the ~~drug~~ medication repository program cannot guarantee the safety of the drug or medical  
 273.4 supply being dispensed or administered and that the pharmacist or practitioner has determined  
 273.5 that the drug or supply is safe to dispense or administer based on the accuracy of the donor's  
 273.6 form submitted with the donated drug or medical supply and the visual inspection required  
 273.7 to be performed by the pharmacist or practitioner before dispensing or administering.

273.8 Subd. 9. **Handling fees.** (a) The central or local repository may charge the individual  
 273.9 receiving a drug or supply a handling fee of no more than 250 percent of the medical  
 273.10 assistance program dispensing fee for each drug or medical supply dispensed or administered  
 273.11 by that repository.

273.12 (b) A repository that dispenses or administers a drug or medical supply through the ~~drug~~  
 273.13 medication repository program shall not receive reimbursement under the medical assistance  
 273.14 program or the MinnesotaCare program for that dispensed or administered drug or supply.

273.15 Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and  
 273.16 local repositories may distribute drugs and supplies donated under the ~~drug~~ medication  
 273.17 repository program to other participating repositories for use pursuant to this program.

339.13 Subd. 8. **Dispensing requirements.** (a) Donated drugs and supplies may be dispensed  
 339.14 if the drugs or supplies are prescribed by a practitioner for use by an eligible individual and  
 339.15 are dispensed by a pharmacist or practitioner. A repository shall dispense drugs and supplies  
 339.16 to eligible individuals in the following priority order: (1) individuals who are uninsured;  
 339.17 (2) individuals with no prescription drug coverage; and (3) individuals who are underinsured.  
 339.18 A repository shall dispense donated ~~prescription~~ drugs in compliance with applicable federal  
 339.19 and state laws and regulations for dispensing ~~prescription~~ drugs, including all requirements  
 339.20 relating to packaging, labeling, record keeping, drug utilization review, and patient  
 339.21 counseling.

339.22 (b) Before dispensing or administering a drug or supply, the pharmacist or practitioner  
 339.23 shall visually inspect the drug or supply for adulteration, misbranding, tampering, and date  
 339.24 of expiration. Drugs or supplies that have expired or appear upon visual inspection to be  
 339.25 adulterated, misbranded, or tampered with in any way must not be dispensed or administered.

339.26 (c) Before a drug or supply is dispensed or administered to an individual, the individual  
 339.27 must sign a drug repository recipient form acknowledging that the individual understands  
 339.28 the information stated on the form. The board shall develop the form and make it available  
 339.29 on the board's website. The form must include the following information:

339.30 (1) that the drug or supply being dispensed or administered has been donated and may  
 339.31 have been previously dispensed;

340.1 (2) that a visual inspection has been conducted by the pharmacist or practitioner to ensure  
 340.2 that the drug or supply has not expired, has not been adulterated or misbranded, and is in  
 340.3 its original, unopened packaging; and

340.4 (3) that the dispensing pharmacist, the dispensing or administering practitioner, the  
 340.5 central repository or local repository, the Board of Pharmacy, and any other participant of  
 340.6 the ~~drug~~ medication repository program cannot guarantee the safety of the drug or medical  
 340.7 supply being dispensed or administered and that the pharmacist or practitioner has determined  
 340.8 that the drug or supply is safe to dispense or administer based on the accuracy of the donor's  
 340.9 form submitted with the donated drug or medical supply and the visual inspection required  
 340.10 to be performed by the pharmacist or practitioner before dispensing or administering.

340.11 Subd. 9. **Handling fees.** (a) The central or local repository may charge the individual  
 340.12 receiving a drug or supply a handling fee of no more than 250 percent of the medical  
 340.13 assistance program dispensing fee for each drug or medical supply dispensed or administered  
 340.14 by that repository.

340.15 (b) A repository that dispenses or administers a drug or medical supply through the ~~drug~~  
 340.16 medication repository program shall not receive reimbursement under the medical assistance  
 340.17 program or the MinnesotaCare program for that dispensed or administered drug or supply.

340.18 Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and  
 340.19 local repositories may distribute drugs and supplies donated under the ~~drug~~ medication  
 340.20 repository program to other participating repositories for use pursuant to this program.

273.18 (b) A local repository that elects not to dispense donated drugs or supplies must transfer  
273.19 all donated drugs and supplies to the central repository. A copy of the donor form that was  
273.20 completed by the original donor under subdivision 6 must be provided to the central  
273.21 repository at the time of transfer.

273.22 Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed  
273.23 for the administration of this program shall be utilized by the participants of the program  
273.24 and shall be available on the board's website:

- 273.25 (1) intake application form described under subdivision 5;
- 273.26 (2) local repository participation form described under subdivision 4;
- 273.27 (3) local repository withdrawal form described under subdivision 4;
- 273.28 (4) ~~drug medication~~ repository donor form described under subdivision 6;
- 273.29 (5) record of destruction form described under subdivision 7; and
- 273.30 (6) ~~drug medication~~ repository recipient form described under subdivision 8.

273.31 (b) All records, including drug inventory, inspection, and disposal of donated ~~prescription~~  
273.32 drugs and medical supplies, must be maintained by a repository for a minimum of two years.  
274.1 Records required as part of this program must be maintained pursuant to all applicable  
274.2 practice acts.

274.3 (c) Data collected by the ~~drug medication~~ repository program from all local repositories  
274.4 shall be submitted quarterly or upon request to the central repository. Data collected may  
274.5 consist of the information, records, and forms required to be collected under this section.

274.6 (d) The central repository shall submit reports to the board as required by the contract  
274.7 or upon request of the board.

274.8 Subd. 12. **Liability.** (a) The manufacturer of a drug or supply is not subject to criminal  
274.9 or civil liability for injury, death, or loss to a person or to property for causes of action  
274.10 described in clauses (1) and (2). A manufacturer is not liable for:

- 274.11 (1) the intentional or unintentional alteration of the drug or supply by a party not under  
274.12 the control of the manufacturer; or
- 274.13 (2) the failure of a party not under the control of the manufacturer to transfer or  
274.14 communicate product or consumer information or the expiration date of the donated drug  
274.15 or supply.

274.16 (b) A health care facility participating in the program, a pharmacist dispensing a drug  
274.17 or supply pursuant to the program, a practitioner dispensing or administering a drug or  
274.18 supply pursuant to the program, or a donor of a drug or medical supply is immune from  
274.19 civil liability for an act or omission that causes injury to or the death of an individual to  
274.20 whom the drug or supply is dispensed and no disciplinary action by a health-related licensing

340.21 (b) A local repository that elects not to dispense donated drugs or supplies must transfer  
340.22 all donated drugs and supplies to the central repository. A copy of the donor form that was  
340.23 completed by the original donor under subdivision 6 must be provided to the central  
340.24 repository at the time of transfer.

340.25 Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed  
340.26 for the administration of this program shall be utilized by the participants of the program  
340.27 and shall be available on the board's website:

- 340.28 (1) intake application form described under subdivision 5;
- 340.29 (2) local repository participation form described under subdivision 4;
- 340.30 (3) local repository withdrawal form described under subdivision 4;
- 340.31 (4) ~~drug medication~~ repository donor form described under subdivision 6;
- 340.32 (5) record of destruction form described under subdivision 7; and
- 341.1 (6) ~~drug medication~~ repository recipient form described under subdivision 8.

341.2 (b) All records, including drug inventory, inspection, and disposal of donated ~~prescription~~  
341.3 drugs and medical supplies, must be maintained by a repository for a minimum of two years.  
341.4 Records required as part of this program must be maintained pursuant to all applicable  
341.5 practice acts.

341.6 (c) Data collected by the ~~drug medication~~ repository program from all local repositories  
341.7 shall be submitted quarterly or upon request to the central repository. Data collected may  
341.8 consist of the information, records, and forms required to be collected under this section.

341.9 (d) The central repository shall submit reports to the board as required by the contract  
341.10 or upon request of the board.

341.11 Subd. 12. **Liability.** (a) The manufacturer of a drug or supply is not subject to criminal  
341.12 or civil liability for injury, death, or loss to a person or to property for causes of action  
341.13 described in clauses (1) and (2). A manufacturer is not liable for:

- 341.14 (1) the intentional or unintentional alteration of the drug or supply by a party not under  
341.15 the control of the manufacturer; or
- 341.16 (2) the failure of a party not under the control of the manufacturer to transfer or  
341.17 communicate product or consumer information or the expiration date of the donated drug  
341.18 or supply.

341.19 (b) A health care facility participating in the program, a pharmacist dispensing a drug  
341.20 or supply pursuant to the program, a practitioner dispensing or administering a drug or  
341.21 supply pursuant to the program, or a donor of a drug or medical supply is immune from  
341.22 civil liability for an act or omission that causes injury to or the death of an individual to  
341.23 whom the drug or supply is dispensed and no disciplinary action by a health-related licensing

274.21 board shall be taken against a pharmacist or practitioner so long as the drug or supply is  
274.22 donated, accepted, distributed, and dispensed according to the requirements of this section.  
274.23 This immunity does not apply if the act or omission involves reckless, wanton, or intentional  
274.24 misconduct, or malpractice unrelated to the quality of the drug or medical supply.

274.25 Subd. 13. **Drug returned for credit.** Nothing in this section allows a long-term care  
274.26 facility to donate a drug to a central or local repository when federal or state law requires  
274.27 the drug to be returned to the pharmacy that initially dispensed it, so that the pharmacy can  
274.28 credit the payer for the amount of the drug returned.

274.29 Subd. 14. **Cooperation.** The central repository, as approved by the Board of Pharmacy,  
274.30 may enter into an agreement with another state that has an established drug repository or  
274.31 drug donation program if the other state's program includes regulations to ensure the purity,  
274.32 integrity, and safety of the drugs and supplies donated, to permit the central repository to  
274.33 offer to another state program inventory that is not needed by a Minnesota resident and to  
275.1 accept inventory from another state program to be distributed to local repositories and  
275.2 dispensed to Minnesota residents in accordance with this program.

275.3 Subd. 15. **Funding.** The central repository may seek grants and other money from  
275.4 nonprofit charitable organizations, the federal government, and other sources to fund the  
275.5 ongoing operations of the medication repository program.

275.6 Sec. 18. Minnesota Statutes 2022, section 151.74, subdivision 3, is amended to read:

275.7 Subd. 3. **Access to urgent-need insulin.** (a) MNsure shall develop an application form  
275.8 to be used by an individual who is in urgent need of insulin. The application must ask the  
275.9 individual to attest to the eligibility requirements described in subdivision 2. The form shall  
275.10 be accessible through MNsure's website. MNsure shall also make the form available to  
275.11 pharmacies and health care providers who prescribe or dispense insulin, hospital emergency  
275.12 departments, urgent care clinics, and community health clinics. By submitting a completed,  
275.13 signed, and dated application to a pharmacy, the individual attests that the information  
275.14 contained in the application is correct.

275.15 (b) If the individual is in urgent need of insulin, the individual may present a completed,  
275.16 signed, and dated application form to a pharmacy. The individual must also:

275.17 (1) have a valid insulin prescription; and

275.18 (2) present the pharmacist with identification indicating Minnesota residency in the form  
275.19 of a valid Minnesota identification card, driver's license or permit, individual taxpayer  
275.20 identification number, or Tribal identification card as defined in section 171.072, paragraph  
275.21 (b). If the individual in urgent need of insulin is under the age of 18, the individual's parent  
275.22 or legal guardian must provide the pharmacist with proof of residency.

341.24 board shall be taken against a pharmacist or practitioner so long as the drug or supply is  
341.25 donated, accepted, distributed, and dispensed according to the requirements of this section.  
341.26 This immunity does not apply if the act or omission involves reckless, wanton, or intentional  
341.27 misconduct, or malpractice unrelated to the quality of the drug or medical supply.

341.28 Subd. 13. **Drug returned for credit.** Nothing in this section allows a long-term care  
341.29 facility to donate a drug to a central or local repository when federal or state law requires  
341.30 the drug to be returned to the pharmacy that initially dispensed it, so that the pharmacy can  
341.31 credit the payer for the amount of the drug returned.

341.32 Subd. 14. **Cooperation.** The central repository, as approved by the Board of Pharmacy,  
341.33 may enter into an agreement with another state that has an established drug repository or  
342.1 drug donation program if the other state's program includes regulations to ensure the purity,  
342.2 integrity, and safety of the drugs and supplies donated, to permit the central repository to  
342.3 offer to another state program inventory that is not needed by a Minnesota resident and to  
342.4 accept inventory from another state program to be distributed to local repositories and  
342.5 dispensed to Minnesota residents in accordance with this program.

342.6 Subd. 15. **Funding.** The central repository may seek grants and other money from  
342.7 nonprofit charitable organizations, the federal government, and other sources to fund the  
342.8 ongoing operations of the medication repository program.

THE FOLLOWING SECTION HAS BEEN MOVED IN FROM UES2995-2,  
ARTICLE 13, SECTION 10

524.17 Sec. 10. Minnesota Statutes 2022, section 151.74, subdivision 3, is amended to read:

524.18 Subd. 3. **Access to urgent-need insulin.** (a) MNsure shall develop an application form  
524.19 to be used by an individual who is in urgent need of insulin. The application must ask the  
524.20 individual to attest to the eligibility requirements described in subdivision 2. The form shall  
524.21 be accessible through MNsure's website. MNsure shall also make the form available to  
524.22 pharmacies and health care providers who prescribe or dispense insulin, hospital emergency  
524.23 departments, urgent care clinics, and community health clinics. By submitting a completed,  
524.24 signed, and dated application to a pharmacy, the individual attests that the information  
524.25 contained in the application is correct.

524.26 (b) If the individual is in urgent need of insulin, the individual may present a completed,  
524.27 signed, and dated application form to a pharmacy. The individual must also:

524.28 (1) have a valid insulin prescription; and

524.29 (2) present the pharmacist with identification indicating Minnesota residency in the form  
524.30 of a valid Minnesota identification card, driver's license or permit, individual taxpayer  
524.31 identification number, or Tribal identification card as defined in section 171.072, paragraph  
525.1 (b). If the individual in urgent need of insulin is under the age of 18, the individual's parent  
525.2 or legal guardian must provide the pharmacist with proof of residency.

275.23 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense  
275.24 the prescribed insulin in an amount that will provide the individual with a 30-day supply.  
275.25 The pharmacy must notify the health care practitioner who issued the prescription order no  
275.26 later than 72 hours after the insulin is dispensed.

275.27 (d) The pharmacy may submit to the manufacturer of the dispensed insulin product or  
275.28 to the manufacturer's vendor a claim for payment that is in accordance with the National  
275.29 Council for Prescription Drug Program standards for electronic claims processing, unless  
275.30 the manufacturer agrees to send to the pharmacy a replacement supply of the same insulin  
275.31 as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the  
275.32 manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the  
275.33 pharmacy in an amount that covers the pharmacy's acquisition cost.

276.1 (e) The pharmacy may collect an insulin co-payment from the individual to cover the  
276.2 pharmacy's costs of processing and dispensing in an amount not to exceed \$35 for the 30-day  
276.3 supply of insulin dispensed.

276.4 (f) The pharmacy shall also provide each eligible individual with the information sheet  
276.5 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy  
276.6 for the individual to contact if the individual is in need of accessing ongoing insulin coverage  
276.7 options, including assistance in:

276.8 (1) applying for medical assistance or MinnesotaCare;

276.9 (2) applying for a qualified health plan offered through MNsure, subject to open and  
276.10 special enrollment periods;

276.11 (3) accessing information on providers who participate in prescription drug discount  
276.12 programs, including providers who are authorized to participate in the 340B program under  
276.13 section 340b of the federal Public Health Services Act, United States Code, title 42, section  
276.14 256b; and

276.15 (4) accessing insulin manufacturers' patient assistance programs, co-payment assistance  
276.16 programs, and other foundation-based programs.

276.17 (g) The pharmacist shall retain a copy of the application form submitted by the individual  
276.18 to the pharmacy for reporting and auditing purposes.

276.19 Sec. 19. Minnesota Statutes 2022, section 151.74, subdivision 4, is amended to read:

276.20 Subd. 4. **Continuing safety net program; general.** (a) Each manufacturer shall make  
276.21 a patient assistance program available to any individual who meets the requirements of this  
276.22 subdivision. Each manufacturer's patient assistance programs must meet the requirements  
276.23 of this section. Each manufacturer shall provide the Board of Pharmacy with information

525.3 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense  
525.4 the prescribed insulin in an amount that will provide the individual with a 30-day supply.  
525.5 The pharmacy must notify the health care practitioner who issued the prescription order no  
525.6 later than 72 hours after the insulin is dispensed.

525.7 (d) The pharmacy may submit to the manufacturer of the dispensed insulin product or  
525.8 to the manufacturer's vendor a claim for payment that is in accordance with the National  
525.9 Council for Prescription Drug Program standards for electronic claims processing, unless  
525.10 the manufacturer agrees to send to the pharmacy a replacement supply of the same insulin  
525.11 as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the  
525.12 manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the  
525.13 pharmacy in an amount that covers the pharmacy's acquisition cost.

525.14 (e) The pharmacy may collect an insulin co-payment from the individual to cover the  
525.15 pharmacy's costs of processing and dispensing in an amount not to exceed \$35 for the 30-day  
525.16 supply of insulin dispensed.

525.17 (f) The pharmacy shall also provide each eligible individual with the information sheet  
525.18 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy  
525.19 for the individual to contact if the individual is in need of accessing ongoing insulin coverage  
525.20 options, including assistance in:

525.21 (1) applying for medical assistance or MinnesotaCare;

525.22 (2) applying for a qualified health plan offered through MNsure, subject to open and  
525.23 special enrollment periods;

525.24 (3) accessing information on providers who participate in prescription drug discount  
525.25 programs, including providers who are authorized to participate in the 340B program under  
525.26 section 340b of the federal Public Health Services Act, United States Code, title 42, section  
525.27 256b; and

525.28 (4) accessing insulin manufacturers' patient assistance programs, co-payment assistance  
525.29 programs, and other foundation-based programs.

525.30 (g) The pharmacist shall retain a copy of the application form submitted by the individual  
525.31 to the pharmacy for reporting and auditing purposes.

THE FOLLOWING SECTION WAS MOVED IN FROM UES2995-2, ARTICLE  
13, SECTION 11

526.1 Sec. 11. Minnesota Statutes 2022, section 151.74, subdivision 4, is amended to read:

526.2 Subd. 4. **Continuing safety net program; general.** (a) Each manufacturer shall make  
526.3 a patient assistance program available to any individual who meets the requirements of this  
526.4 subdivision. Each manufacturer's patient assistance programs must meet the requirements  
526.5 of this section. Each manufacturer shall provide the Board of Pharmacy with information

276.24 regarding the manufacturer's patient assistance program, including contact information for  
276.25 individuals to call for assistance in accessing their patient assistance program.

276.26 (b) To be eligible to participate in a manufacturer's patient assistance program, the  
276.27 individual must:

276.28 (1) be a Minnesota resident with a valid Minnesota identification card that indicates  
276.29 Minnesota residency in the form of a Minnesota identification card, driver's license or  
276.30 permit, individual taxpayer identification number, or Tribal identification card as defined  
276.31 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's  
276.32 parent or legal guardian must provide proof of residency;

277.1 (2) have a family income that is equal to or less than 400 percent of the federal poverty  
277.2 guidelines;

277.3 (3) not be enrolled in medical assistance or MinnesotaCare;

277.4 (4) not be eligible to receive health care through a federally funded program or receive  
277.5 prescription drug benefits through the Department of Veterans Affairs; and

277.6 (5) not be enrolled in prescription drug coverage through an individual or group health  
277.7 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a  
277.8 30-day supply of insulin, including co-payments, deductibles, or coinsurance to \$75 or less,  
277.9 regardless of the type or amount of insulin needed.

277.10 (c) Notwithstanding the requirement in paragraph (b), clause (4), an individual who is  
277.11 enrolled in Medicare Part D is eligible for a manufacturer's patient assistance program if  
277.12 the individual has spent \$1,000 on prescription drugs in the current calendar year and meets  
277.13 the eligibility requirements in paragraph (b), clauses (1) to (3).

277.14 (d) An individual who is interested in participating in a manufacturer's patient assistance  
277.15 program may apply directly to the manufacturer; apply through the individual's health care  
277.16 practitioner, if the practitioner participates; or contact a trained navigator for assistance in  
277.17 finding a long-term insulin supply solution, including assistance in applying to a  
277.18 manufacturer's patient assistance program.

277.19 Sec. 20. Minnesota Statutes 2022, section 152.126, subdivision 4, is amended to read:

277.20 Subd. 4. **Reporting requirements; notice.** (a) Each dispenser must submit the following  
277.21 data to the board or its designated vendor:

277.22 (1) name of the prescriber;

277.23 (2) national provider identifier of the prescriber;

277.24 (3) name of the dispenser;

277.25 (4) national provider identifier of the dispenser;

277.26 (5) prescription number;

526.6 regarding the manufacturer's patient assistance program, including contact information for  
526.7 individuals to call for assistance in accessing their patient assistance program.

526.8 (b) To be eligible to participate in a manufacturer's patient assistance program, the  
526.9 individual must:

526.10 (1) be a Minnesota resident with a valid Minnesota identification card that indicates  
526.11 Minnesota residency in the form of a Minnesota identification card, driver's license or  
526.12 permit, individual taxpayer identification number, or Tribal identification card as defined  
526.13 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's  
526.14 parent or legal guardian must provide proof of residency;

526.15 (2) have a family income that is equal to or less than 400 percent of the federal poverty  
526.16 guidelines;

526.17 (3) not be enrolled in medical assistance or MinnesotaCare;

526.18 (4) not be eligible to receive health care through a federally funded program or receive  
526.19 prescription drug benefits through the Department of Veterans Affairs; and

526.20 (5) not be enrolled in prescription drug coverage through an individual or group health  
526.21 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a  
526.22 30-day supply of insulin, including co-payments, deductibles, or coinsurance to \$75 or less,  
526.23 regardless of the type or amount of insulin needed.

526.24 (c) Notwithstanding the requirement in paragraph (b), clause (4), an individual who is  
526.25 enrolled in Medicare Part D is eligible for a manufacturer's patient assistance program if  
526.26 the individual has spent \$1,000 on prescription drugs in the current calendar year and meets  
526.27 the eligibility requirements in paragraph (b), clauses (1) to (3).

526.28 (d) An individual who is interested in participating in a manufacturer's patient assistance  
526.29 program may apply directly to the manufacturer; apply through the individual's health care  
526.30 practitioner, if the practitioner participates; or contact a trained navigator for assistance in  
526.31 finding a long-term insulin supply solution, including assistance in applying to a  
526.32 manufacturer's patient assistance program.



277.27 (6) name of the patient for whom the prescription was written;

277.28 (7) address of the patient for whom the prescription was written;

277.29 (8) date of birth of the patient for whom the prescription was written;

277.30 (9) date the prescription was written;

278.1 (10) date the prescription was filled;

278.2 (11) name and strength of the controlled substance;

278.3 (12) quantity of controlled substance prescribed;

278.4 (13) quantity of controlled substance dispensed; and

278.5 (14) number of days supply.

278.6 (b) The dispenser must submit the required information by a procedure and in a format

278.7 established by the board. The board may allow dispensers to omit data listed in this

278.8 subdivision or may require the submission of data not listed in this subdivision provided

278.9 the omission or submission is necessary for the purpose of complying with the electronic

278.10 reporting or data transmission standards of the American Society for Automation in

278.11 Pharmacy, the National Council on Prescription Drug Programs, or other relevant national

278.12 standard-setting body.

278.13 (c) A dispenser is not required to submit this data for those controlled substance

278.14 prescriptions dispensed for:

278.15 (1) individuals residing in a health care facility as defined in section 151.58, subdivision

278.16 2, paragraph (b), when a drug is distributed through the use of an automated drug distribution

278.17 system according to section 151.58; ~~and~~

278.18 (2) individuals receiving a drug sample that was packaged by a manufacturer and provided

278.19 to the dispenser for dispensing as a professional sample pursuant to Code of Federal

278.20 Regulations, title 21, part 203, subpart D; and

278.21 (3) individuals whose prescriptions are being mailed, shipped, or delivered from

278.22 Minnesota to another state, so long as the data are reported to the prescription drug monitoring

278.23 program of that state.

278.24 (d) A dispenser must provide notice to the patient for whom the prescription was written

278.25 ~~a conspicuous notice~~, or to that patient's authorized representative, of the reporting

278.26 requirements of this section and notice that the information may be used for program

278.27 administration purposes.

278.28 (e) The dispenser must submit the required information within the time frame specified

278.29 by the board; if no reportable prescriptions are dispensed or sold on any day, a report

278.30 indicating that fact must be filed with the board.

278.31 (f) The dispenser must submit accurate information to the database and must correct  
278.32 errors identified during the submission process within seven calendar days.

279.1 (g) For the purposes of this paragraph, the term "subject of the data" means the individual  
279.2 reported as being the patient, the practitioner reported as being the prescriber, the client  
279.3 when an animal is reported as being the patient, or an authorized agent of these individuals.  
279.4 The dispenser must correct errors brought to its attention by the subject of the data within  
279.5 seven calendar days, unless the dispenser verifies that an error did not occur and the data  
279.6 were correctly submitted. The dispenser must notify the subject of the data that either the  
279.7 error was corrected or that no error occurred.

279.8 Sec. 21. Minnesota Statutes 2022, section 152.126, subdivision 5, is amended to read:

279.9 Subd. 5. **Use of data by board.** (a) The board shall develop and maintain a database of  
279.10 the data reported under subdivision 4. The board shall maintain data that could identify an  
279.11 individual prescriber or dispenser in encrypted form. Except as otherwise allowed under  
279.12 subdivision 6, the database may be used by permissible users identified under subdivision  
279.13 6 for the identification of:

279.14 (1) individuals receiving prescriptions for controlled substances from prescribers who  
279.15 subsequently obtain controlled substances from dispensers in quantities or with a frequency  
279.16 inconsistent with generally recognized standards of use for those controlled substances,  
279.17 including standards accepted by national and international pain management associations;  
279.18 and

279.19 (2) individuals presenting forged or otherwise false or altered prescriptions for controlled  
279.20 substances to dispensers.

279.21 (b) No permissible user identified under subdivision 6 may access the database for the  
279.22 sole purpose of identifying prescribers of controlled substances for unusual or excessive  
279.23 prescribing patterns without a valid search warrant or court order.

279.24 (c) No personnel of a state or federal occupational licensing board or agency may access  
279.25 the database for the purpose of obtaining information to be used to initiate a disciplinary  
279.26 action against a prescriber.

279.27 (d) Data reported under subdivision 4 shall be made available to permissible users for  
279.28 a 12-month period beginning the day the data was received and ending 12 months from the  
279.29 last day of the month in which the data was received, except that permissible users defined  
279.30 in subdivision 6, paragraph (b), clauses ~~(6)~~ (7) and ~~(7)~~ (8), may use all data collected under  
279.31 this section for the purposes of administering, operating, and maintaining the prescription  
279.32 monitoring program and conducting trend analyses and other studies necessary to evaluate  
279.33 the effectiveness of the program.

280.1 (e) Data reported during the period January 1, 2015, through December 31, 2018, may  
280.2 be retained through December 31, 2019, in an identifiable manner. Effective January 1,  
280.3 2020, data older than 24 months must be destroyed. Data reported for prescriptions dispensed

280.4 on or after January 1, 2020, must be destroyed no later than 12 months from the date the  
280.5 ~~data~~ prescription was ~~received~~ reported as dispensed.

280.6 Sec. 22. Minnesota Statutes 2022, section 152.126, subdivision 6, is amended to read:

280.7 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this subdivision,  
280.8 the data submitted to the board under subdivision 4 is private data on individuals as defined  
280.9 in section 13.02, subdivision 12, and not subject to public disclosure.

280.10 (b) Except as specified in subdivision 5, the following persons shall be considered  
280.11 permissible users and may access the data submitted under subdivision 4 in the same or  
280.12 similar manner, and for the same or similar purposes, as those persons who are authorized  
280.13 to access similar private data on individuals under federal and state law:

280.14 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has  
280.15 delegated the task of accessing the data, to the extent the information relates specifically to  
280.16 a current patient, to whom the prescriber is:

280.17 (i) prescribing or considering prescribing any controlled substance;

280.18 (ii) providing emergency medical treatment for which access to the data may be necessary;

280.19 (iii) providing care, and the prescriber has reason to believe, based on clinically valid  
280.20 indications, that the patient is potentially abusing a controlled substance; or

280.21 (iv) providing other medical treatment for which access to the data may be necessary  
280.22 for a clinically valid purpose and the patient has consented to access to the submitted data,  
280.23 and with the provision that the prescriber remains responsible for the use or misuse of data  
280.24 accessed by a delegated agent or employee;

280.25 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has  
280.26 delegated the task of accessing the data, to the extent the information relates specifically to  
280.27 a current patient to whom that dispenser is dispensing or considering dispensing any  
280.28 controlled substance and with the provision that the dispenser remains responsible for the  
280.29 use or misuse of data accessed by a delegated agent or employee;

280.30 (3) a licensed dispensing practitioner or licensed pharmacist to the extent necessary to  
280.31 determine whether corrections made to the data reported under subdivision 4 are accurate;

281.1 (4) a licensed pharmacist who is providing pharmaceutical care for which access to the  
281.2 data may be necessary to the extent that the information relates specifically to a current  
281.3 patient for whom the pharmacist is providing pharmaceutical care: (i) if the patient has  
281.4 consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber  
281.5 who is requesting data in accordance with clause (1);

281.6 ~~(4)~~ (5) an individual who is the recipient of a controlled substance prescription for which  
281.7 data was submitted under subdivision 4, or a guardian of the individual, parent or guardian  
281.8 of a minor, or health care agent of the individual acting under a health care directive under

281.9 chapter 145C. For purposes of this clause, access by individuals includes persons in the  
281.10 definition of an individual under section 13.02;

281.11 ~~(5)~~ (6) personnel or designees of a health-related licensing board listed in section 214.01,  
281.12 subdivision 2, or of the Emergency Medical Services Regulatory Board, assigned to conduct  
281.13 a bona fide investigation of a complaint received by that board that alleges that a specific  
281.14 licensee is impaired by use of a drug for which data is collected under subdivision 4, has  
281.15 engaged in activity that would constitute a crime as defined in section 152.025, or has  
281.16 engaged in the behavior specified in subdivision 5, paragraph (a);

281.17 ~~(6)~~ (7) personnel of the board engaged in the collection, review, and analysis of controlled  
281.18 substance prescription information as part of the assigned duties and responsibilities under  
281.19 this section;

281.20 ~~(7)~~ (8) authorized personnel of a vendor under contract with the board, or under contract  
281.21 with the state of Minnesota and approved by the board, who are engaged in the design,  
281.22 evaluation, implementation, operation, and or maintenance of the prescription monitoring  
281.23 program as part of the assigned duties and responsibilities of their employment, provided  
281.24 that access to data is limited to the minimum amount necessary to carry out such duties and  
281.25 responsibilities, and subject to the requirement of de-identification and time limit on retention  
281.26 of data specified in subdivision 5, paragraphs (d) and (e);

281.27 ~~(8)~~ (9) federal, state, and local law enforcement authorities acting pursuant to a valid  
281.28 search warrant;

281.29 ~~(9)~~ (10) personnel of the Minnesota health care programs assigned to use the data  
281.30 collected under this section to identify and manage recipients whose usage of controlled  
281.31 substances may warrant restriction to a single primary care provider, a single outpatient  
281.32 pharmacy, and a single hospital;

281.33 ~~(10)~~ (11) personnel of the Department of Human Services assigned to access the data  
281.34 pursuant to paragraph (k);

282.1 ~~(11)~~ (12) personnel of the health professionals services program established under section  
282.2 214.31, to the extent that the information relates specifically to an individual who is currently  
282.3 enrolled in and being monitored by the program, and the individual consents to access to  
282.4 that information. The health professionals services program personnel shall not provide this  
282.5 data to a health-related licensing board or the Emergency Medical Services Regulatory  
282.6 Board, except as permitted under section 214.33, subdivision 3; and

282.7 ~~(12)~~ (13) personnel or designees of a health-related licensing board other than the Board  
282.8 of Pharmacy listed in section 214.01, subdivision 2, assigned to conduct a bona fide  
282.9 investigation of a complaint received by that board that alleges that a specific licensee is  
282.10 inappropriately prescribing controlled substances as defined in this section. For the purposes  
282.11 of this clause, the health-related licensing board may also obtain utilization data; and

282.12 (14) personnel of the board specifically assigned to conduct a bona fide investigation  
282.13 of a specific licensee or registrant. For the purposes of this clause, the board may also obtain  
282.14 utilization data.

282.15 (c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed  
282.16 in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe  
282.17 controlled substances for humans and who holds a current registration issued by the federal  
282.18 Drug Enforcement Administration, and every pharmacist licensed by the board and practicing  
282.19 within the state, shall register and maintain a user account with the prescription monitoring  
282.20 program. Data submitted by a prescriber, pharmacist, or their delegate during the registration  
282.21 application process, other than their name, license number, and license type, is classified  
282.22 as private pursuant to section 13.02, subdivision 12.

282.23 (d) Notwithstanding paragraph (b), beginning January 1, 2021, a prescriber or an agent  
282.24 or employee of the prescriber to whom the prescriber has delegated the task of accessing  
282.25 the data, must access the data submitted under subdivision 4 to the extent the information  
282.26 relates specifically to the patient:

282.27 (1) before the prescriber issues an initial prescription order for a Schedules II through  
282.28 IV opiate controlled substance to the patient; and

282.29 (2) at least once every three months for patients receiving an opiate for treatment of  
282.30 chronic pain or participating in medically assisted treatment for an opioid addiction.

282.31 (e) Paragraph (d) does not apply if:

282.32 (1) the patient is receiving palliative care, or hospice or other end-of-life care;

282.33 (2) the patient is being treated for pain due to cancer or the treatment of cancer;

283.1 (3) the prescription order is for a number of doses that is intended to last the patient five  
283.2 days or less and is not subject to a refill;

283.3 (4) the prescriber and patient have a current or ongoing provider/patient relationship of  
283.4 a duration longer than one year;

283.5 (5) the prescription order is issued within 14 days following surgery or three days  
283.6 following oral surgery or follows the prescribing protocols established under the opioid  
283.7 prescribing improvement program under section 256B.0638;

283.8 (6) the controlled substance is prescribed or administered to a patient who is admitted  
283.9 to an inpatient hospital;

283.10 (7) the controlled substance is lawfully administered by injection, ingestion, or any other  
283.11 means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a  
283.12 prescriber and in the presence of the prescriber or pharmacist;

283.13 (8) due to a medical emergency, it is not possible for the prescriber to review the data  
283.14 before the prescriber issues the prescription order for the patient; or

283.15 (9) the prescriber is unable to access the data due to operational or other technological  
283.16 failure of the program so long as the prescriber reports the failure to the board.

283.17 (f) Only permissible users identified in paragraph (b), clauses (1), (2), (3), ~~(6)~~ (4), (7),  
283.18 ~~(9), and~~ (8), (10), and (11), may directly access the data electronically. No other permissible  
283.19 users may directly access the data electronically. If the data is directly accessed electronically,  
283.20 the permissible user shall implement and maintain a comprehensive information security  
283.21 program that contains administrative, technical, and physical safeguards that are appropriate  
283.22 to the user's size and complexity, and the sensitivity of the personal information obtained.  
283.23 The permissible user shall identify reasonably foreseeable internal and external risks to the  
283.24 security, confidentiality, and integrity of personal information that could result in the  
283.25 unauthorized disclosure, misuse, or other compromise of the information and assess the  
283.26 sufficiency of any safeguards in place to control the risks.

283.27 (g) The board shall not release data submitted under subdivision 4 unless it is provided  
283.28 with evidence, satisfactory to the board, that the person requesting the information is entitled  
283.29 to receive the data.

283.30 (h) The board shall maintain a log of all persons who access the data for a period of at  
283.31 least three years and shall ensure that any permissible user complies with paragraph (c)  
283.32 prior to attaining direct access to the data.

284.1 (i) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant  
284.2 to subdivision 2. A vendor shall not use data collected under this section for any purpose  
284.3 not specified in this section.

284.4 (j) The board may participate in an interstate prescription monitoring program data  
284.5 exchange system provided that permissible users in other states have access to the data only  
284.6 as allowed under this section, and that section 13.05, subdivision 6, applies to any contract  
284.7 or memorandum of understanding that the board enters into under this paragraph.

284.8 (k) With available appropriations, the commissioner of human services shall establish  
284.9 and implement a system through which the Department of Human Services shall routinely  
284.10 access the data for the purpose of determining whether any client enrolled in an opioid  
284.11 treatment program licensed according to chapter 245A has been prescribed or dispensed a  
284.12 controlled substance in addition to that administered or dispensed by the opioid treatment  
284.13 program. When the commissioner determines there have been multiple prescribers or multiple  
284.14 prescriptions of controlled substances, the commissioner shall:

284.15 (1) inform the medical director of the opioid treatment program only that the  
284.16 commissioner determined the existence of multiple prescribers or multiple prescriptions of  
284.17 controlled substances; and

284.18 (2) direct the medical director of the opioid treatment program to access the data directly,  
284.19 review the effect of the multiple prescribers or multiple prescriptions, and document the  
284.20 review.

284.21 If determined necessary, the commissioner of human services shall seek a federal waiver  
284.22 of, or exception to, any applicable provision of Code of Federal Regulations, title 42, section  
284.23 2.34, paragraph (c), prior to implementing this paragraph.

284.24 (l) The board shall review the data submitted under subdivision 4 on at least a quarterly  
284.25 basis and shall establish criteria, in consultation with the advisory task force, for referring  
284.26 information about a patient to prescribers and dispensers who prescribed or dispensed the  
284.27 prescriptions in question if the criteria are met.

284.28 (m) The board shall conduct random audits, on at least a quarterly basis, of electronic  
284.29 access by permissible users, as identified in paragraph (b), clauses (1), (2), (3), ~~(4)~~ (4), (7),  
284.30 ~~(9)~~, and (8), (10), and (11), to the data in subdivision 4, to ensure compliance with permissible  
284.31 use as defined in this section. A permissible user whose account has been selected for a  
284.32 random audit shall respond to an inquiry by the board, no later than 30 days after receipt of  
284.33 notice that an audit is being conducted. Failure to respond may result in deactivation of  
284.34 access to the electronic system and referral to the appropriate health licensing board, or the  
285.1 commissioner of human services, for further action. The board shall report the results of  
285.2 random audits to the chairs and ranking minority members of the legislative committees  
285.3 with jurisdiction over health and human services policy and finance and government data  
285.4 practices.

285.5 (n) A permissible user who has delegated the task of accessing the data in subdivision  
285.6 4 to an agent or employee shall audit the use of the electronic system by delegated agents  
285.7 or employees on at least a quarterly basis to ensure compliance with permissible use as  
285.8 defined in this section. When a delegated agent or employee has been identified as  
285.9 inappropriately accessing data, the permissible user must immediately remove access for  
285.10 that individual and notify the board within seven days. The board shall notify all permissible  
285.11 users associated with the delegated agent or employee of the alleged violation.

285.12 (o) A permissible user who delegates access to the data submitted under subdivision 4  
285.13 to an agent or employee shall terminate that individual's access to the data within three  
285.14 business days of the agent or employee leaving employment with the permissible user. The  
285.15 board may conduct random audits to determine compliance with this requirement.

285.16 Sec. 23. Minnesota Statutes 2022, section 152.126, subdivision 9, is amended to read:

285.17 Subd. 9. **Immunity from liability; no requirement to obtain information.** (a) A  
285.18 pharmacist, prescriber, or other dispenser making a report to the program in good faith under  
285.19 this section is immune from any civil, criminal, or administrative liability, which might  
285.20 otherwise be incurred or imposed as a result of the report, ~~or on the basis that the pharmacist~~  
285.21 ~~or prescriber did or did not seek or obtain or use information from the program.~~

285.22 (b) Except as required by subdivision 6, paragraph (d), nothing in this section shall  
285.23 require a pharmacist, prescriber, or other dispenser to obtain information about a patient  
285.24 from the program, and the pharmacist, prescriber, or other dispenser, if acting in good faith,



285.25 is immune from any civil, criminal, or administrative liability that might otherwise be  
285.26 incurred or imposed for requesting, receiving, or using information from the program.

342.9 Sec. 30. **[245A.245] CHILDREN'S RESIDENTIAL FACILITY SUBSTANCE USE**  
342.10 **DISORDER TREATMENT PROGRAMS.**

342.11 Subdivision 1. **Applicability.** A license holder of a children's residential facility substance  
342.12 use disorder treatment program license issued under this chapter and Minnesota Rules, parts  
342.13 2960.0010 to 2960.0220 and 2960.0430 to 2960.0490, must comply with this section.

342.14 Subd. 2. **Former students.** (a) "Alcohol and drug counselor" means an individual  
342.15 qualified according to Minnesota Rules, part 2960.0460, subpart 5.

342.16 (b) "Former student" means an individual that meets the requirements in section 148F.11,  
342.17 subdivision 2a, to practice as a former student.

342.18 (c) An alcohol and drug counselor must supervise and be responsible for a treatment  
342.19 service performed by a former student and must review and sign each assessment, individual  
342.20 treatment plan, progress note, and treatment plan review prepared by a former student.

342.21 (d) A former student must receive the orientation and training required for permanent  
342.22 staff members.

342.23 Sec. 31. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision  
342.24 to read:

342.25 Subd. 13c. **Former student.** "Former student" means a staff person that meets the  
342.26 requirements in section 148F.11, subdivision 2a, to practice as a former student.

342.27 Sec. 32. Minnesota Statutes 2022, section 245G.11, subdivision 10, is amended to read:

342.28 Subd. 10. **Student interns and former students.** (a) A qualified staff member must  
342.29 supervise and be responsible for a treatment service performed by a student intern and must  
342.30 review and sign each assessment, individual treatment plan, and treatment plan review  
342.31 prepared by a student intern.

343.1 (b) An alcohol and drug counselor must supervise and be responsible for a treatment  
343.2 service performed by a former student and must review and sign each assessment, individual  
343.3 treatment plan, and treatment plan review prepared by the former student.

343.4 (c) A student intern or former student must receive the orientation and training required  
343.5 in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the  
343.6 treatment staff may be students, former students, or licensing candidates with time  
343.7 documented to be directly related to the provision of treatment services for which the staff  
343.8 are authorized.



285.27     Sec. 24. **LICENSED TRADITIONAL MIDWIVES; AUTHORITY TO PURCHASE**  
285.28 **CERTAIN DRUGS.**

285.29     By November 15, 2023, the Minnesota Board of Medical Practice, in consultation with  
285.30 the Advisory Council on Licensed Traditional Midwifery, must:

285.31     (1) issue an administrative order to allow licensed traditional midwives to purchase  
285.32 drugs listed in Minnesota Statutes, section 147D.09, paragraph (b); or

286.1     (2) make recommendations to the chairs and ranking minority members of the legislative  
286.2 committees with jurisdiction on health finance and policy on how to amend Minnesota  
286.3 Statutes, section 147D.09, or other statutes to allow licensed traditional midwives to purchase  
286.4 drugs listed in Minnesota Statutes, section 147D.09, paragraph (b).

286.5     **EFFECTIVE DATE.** This section is effective the day following final enactment.

343.9     Sec. 33. **REPEALER.**

343.10     Minnesota Rules, parts 5610.0100; 5610.0200; and 5610.0300, are repealed.