

1.1 Senator moves to amend S.F. No. 3940 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

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

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

1.6 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
1.7 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
1.8 and devices);

1.9 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
1.10 of safe and effective use of drugs, including ~~the performance of~~ ordering and performing
1.11 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
1.12 1988, United States Code, title 42, section 263a et seq., ~~provided that a pharmacist may~~
1.13 ~~interpret the results of laboratory tests but may modify~~ A pharmacist may collect specimens,
1.14 interpret results, notify the patient of results, and refer patients to other health care providers
1.15 for follow-up care and may initiate, modify, or discontinue drug therapy ~~only~~ pursuant to
1.16 a protocol or collaborative practice agreement. A pharmacy technician or pharmacist intern
1.17 may perform tests authorized under this clause if the technician or intern is working under
1.18 the direct supervision of a pharmacist;

1.19 (4) participation in drug and therapeutic device selection; drug administration for first
1.20 dosage and medical emergencies; intramuscular and subcutaneous administration used for
1.21 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or
1.22 drug-related research;

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

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

1.27 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
1.28 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
1.29 modification, administration, and discontinuation of drug therapy is according to the protocol
1.30 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
1.31 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
1.32 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy

2.1 or medication administration made pursuant to a protocol or collaborative practice agreement
2.2 must be documented by the pharmacist in the patient's medical record or reported by the
2.3 pharmacist to a practitioner responsible for the patient's care;

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

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

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

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

2.13 ~~(C) contraindications and precautions to the vaccine;~~

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

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

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

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

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

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

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

2.28 ~~(v) the pharmacist (iv) complies with guidelines for vaccines and immunizations
2.29 established by the federal Advisory Committee on Immunization Practices, except that a
2.30 pharmacist does not need to comply with those portions of the guidelines that establish
2.31 immunization schedules when if the pharmacist is administering a vaccine pursuant to a
2.32 valid, patient-specific order issued by a physician licensed under chapter 147, a physician~~

3.1 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
3.2 nurse authorized to prescribe drugs under section 148.235, provided that the order is
3.3 consistent with the United States Food and Drug Administration approved labeling of the
3.4 vaccine; and

3.5 (v) if the patient is 18 years of age or younger, informs the patient and any adult caregiver
3.6 accompanying the patient of the importance of a well-child visit with a pediatrician or other
3.7 licensed primary care provider;

3.8 (7) participation in the initiation, management, modification, and discontinuation of
3.9 drug therapy according to a written protocol or collaborative practice agreement between:
3.10 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
3.11 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
3.12 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
3.13 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
3.14 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
3.15 must be documented by the pharmacist in the patient's medical record or reported by the
3.16 pharmacist to a practitioner responsible for the patient's care;

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

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

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

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

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

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

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

4.1 Sec. 2. [151.103] DELEGATION OF VACCINE ADMINISTRATION.

4.2 (a) A pharmacy technician or pharmacist intern may administer vaccines under section
4.3 151.01, subdivision 27, clause (6) if the technician or intern:

4.4 (1) is under the direct supervision of a pharmacist while administering the vaccine;

4.5 (2) has successfully completed a program approved by the Accreditation Council for
4.6 Pharmacy Education specifically for the administration of immunizations or a program
4.7 approved by the board;

4.8 (3) has a current certificate in basic cardiopulmonary resuscitation; and

4.9 (4) if delegated to a pharmacy technician, the technician has completed:

4.10 (i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart
4.11 1h(B); and

4.12 (ii) a minimum of two hours of ACPE-approved, immunization-related continuing
4.13 pharmacy education as part of the pharmacy technician's two-year continuing education
4.14 schedule.

4.15 (b) Direct supervision under this section must be in-person and must not be done through
4.16 telehealth as defined under section 62A.673, subdivision 2.

4.17 Sec. 3. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
4.18 to read:

4.19 Subd. 13k. Vaccines and laboratory tests provided by pharmacists. (a) Medical
4.20 assistance covers vaccines initiated, ordered, or administered by a licensed pharmacist,
4.21 according to the requirements of section 151.01, subdivision 27, clause (6), at no less than
4.22 the rate for which the same services are covered when provided by any other licensed
4.23 practitioner.

4.24 (b) Medical assistance covers laboratory tests ordered and performed by a licensed
4.25 pharmacist, according to the requirements of section 151.01, subdivision 27, clause (3), at
4.26 no less than the rate for which the same services are covered when provided by any other
4.27 licensed practitioner.

4.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
4.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
4.30 when federal approval is obtained."