

205.1 **ARTICLE 8**

205.2 **PHARMACY BOARD AND PRACTICE**

205.3 Section 1. Minnesota Statutes 2023 Supplement, section 62Q.46, subdivision 1, is amended
205.4 to read:

205.5 Subdivision 1. **Coverage for preventive items and services.** (a) "Preventive items and
205.6 services" has the meaning specified in the Affordable Care Act. Preventive items and services
205.7 includes:

205.8 (1) evidence-based items or services that have in effect a rating of A or B in the current
205.9 recommendations of the United States Preventive Services Task Force with respect to the
205.10 individual involved;

205.11 (2) immunizations for routine use in children, adolescents, and adults that have in effect
205.12 a recommendation from the Advisory Committee on Immunization Practices of the Centers
205.13 for Disease Control and Prevention with respect to the individual involved. For purposes
205.14 of this clause, a recommendation from the Advisory Committee on Immunization Practices
205.15 of the Centers for Disease Control and Prevention is considered in effect after the
205.16 recommendation has been adopted by the Director of the Centers for Disease Control and
205.17 Prevention, and a recommendation is considered to be for routine use if the recommendation
205.18 is listed on the Immunization Schedules of the Centers for Disease Control and Prevention;

205.19 (3) with respect to infants, children, and adolescents, evidence-informed preventive care
205.20 and screenings provided for in comprehensive guidelines supported by the Health Resources
205.21 and Services Administration;

205.22 (4) with respect to women, additional preventive care and screenings that are not listed
205.23 with a rating of A or B by the United States Preventive Services Task Force but that are
205.24 provided for in comprehensive guidelines supported by the Health Resources and Services
205.25 Administration;

205.26 (5) all contraceptive methods established in guidelines published by the United States
205.27 Food and Drug Administration;

205.28 (6) screenings for human immunodeficiency virus for:

205.29 (i) all individuals at least 15 years of age but less than 65 years of age; and

205.30 (ii) all other individuals with increased risk of human immunodeficiency virus infection
205.31 according to guidance from the Centers for Disease Control;

206.1 (7) all preexposure prophylaxis when used for the prevention or treatment of human
206.2 immunodeficiency virus, including but not limited to all preexposure prophylaxis, as defined
206.3 in any guidance by the United States Preventive Services Task Force or the Centers for
206.4 Disease Control, including the June 11, 2019, Preexposure Prophylaxis for the Prevention

219.9 **ARTICLE 8**

219.10 **PHARMACY PRACTICE**

219.11 Section 1. Minnesota Statutes 2023 Supplement, section 62Q.46, subdivision 1, is amended
219.12 to read:

219.13 Subdivision 1. **Coverage for preventive items and services.** (a) "Preventive items and
219.14 services" has the meaning specified in the Affordable Care Act. Preventive items and services
219.15 includes:

219.16 (1) evidence-based items or services that have in effect a rating of A or B in the current
219.17 recommendations of the United States Preventive Services Task Force with respect to the
219.18 individual involved;

219.19 (2) immunizations for routine use in children, adolescents, and adults that have in effect
219.20 a recommendation from the Advisory Committee on Immunization Practices of the Centers
219.21 for Disease Control and Prevention with respect to the individual involved. For purposes
219.22 of this clause, a recommendation from the Advisory Committee on Immunization Practices
219.23 of the Centers for Disease Control and Prevention is considered in effect after the
219.24 recommendation has been adopted by the Director of the Centers for Disease Control and
219.25 Prevention, and a recommendation is considered to be for routine use if the recommendation
219.26 is listed on the Immunization Schedules of the Centers for Disease Control and Prevention;

219.27 (3) with respect to infants, children, and adolescents, evidence-informed preventive care
219.28 and screenings provided for in comprehensive guidelines supported by the Health Resources
219.29 and Services Administration;

219.30 (4) with respect to women, additional preventive care and screenings that are not listed
219.31 with a rating of A or B by the United States Preventive Services Task Force but that are
220.1 provided for in comprehensive guidelines supported by the Health Resources and Services
220.2 Administration;

220.3 (5) all contraceptive methods established in guidelines published by the United States
220.4 Food and Drug Administration;

220.5 (6) screenings for human immunodeficiency virus for:

220.6 (i) all individuals at least 15 years of age but less than 65 years of age; and

220.7 (ii) all other individuals with increased risk of human immunodeficiency virus infection
220.8 according to guidance from the Centers for Disease Control;

220.9 (7) all preexposure prophylaxis when used for the prevention or treatment of human
220.10 immunodeficiency virus, including but not limited to all preexposure prophylaxis, as defined
220.11 in any guidance by the United States Preventive Services Task Force or the Centers for
220.12 Disease Control, including the June 11, 2019, Preexposure Prophylaxis for the Prevention

206.5 of HIV Infection United States Preventive Services Task Force Recommendation Statement;
206.6 and

206.7 (8) all postexposure prophylaxis when used for the prevention or treatment of human
206.8 immunodeficiency virus, including but not limited to all postexposure prophylaxis as defined
206.9 in any guidance by the United States Preventive Services Task Force or the Centers for
206.10 Disease Control.

206.11 (b) A health plan company must provide coverage for preventive items and services at
206.12 a participating provider without imposing cost-sharing requirements, including a deductible,
206.13 coinsurance, or co-payment. Nothing in this section prohibits a health plan company that
206.14 has a network of providers from excluding coverage or imposing cost-sharing requirements
206.15 for preventive items or services that are delivered by an out-of-network provider.

206.16 (c) A health plan company is not required to provide coverage for any items or services
206.17 specified in any recommendation or guideline described in paragraph (a) if the
206.18 recommendation or guideline is no longer included as a preventive item or service as defined
206.19 in paragraph (a). Annually, a health plan company must determine whether any additional
206.20 items or services must be covered without cost-sharing requirements or whether any items
206.21 or services are no longer required to be covered.

206.22 (d) Nothing in this section prevents a health plan company from using reasonable medical
206.23 management techniques to determine the frequency, method, treatment, or setting for a
206.24 preventive item or service to the extent not specified in the recommendation or guideline.

206.25 (e) A health plan shall not require prior authorization or step therapy for preexposure
206.26 prophylaxis or postexposure prophylaxis, except that if the United States Food and Drug
206.27 Administration has approved one or more therapeutic equivalents of a drug, device, or
206.28 product for the prevention of HIV, this paragraph does not require a health plan to cover
206.29 all of the therapeutically equivalent versions without prior authorization or step therapy, if
206.30 at least one therapeutically equivalent version is covered without prior authorization or step
206.31 therapy.

206.32 ~~(f)~~ (f) This section does not apply to grandfathered plans.

206.33 ~~(g)~~ (g) This section does not apply to plans offered by the Minnesota Comprehensive
206.34 Health Association.

207.1 **EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to health
207.2 plans offered, issued, or renewed on or after that date.

207.3 Sec. 2. Minnesota Statutes 2022, section 151.01, subdivision 23, is amended to read:

207.4 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
207.5 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
207.6 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
207.7 advanced practice registered nurse, or licensed physician assistant. For purposes of sections
207.8 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision

220.13 of HIV Infection United States Preventive Services Task Force Recommendation Statement;
220.14 and

220.15 (8) all postexposure prophylaxis when used for the prevention or treatment of human
220.16 immunodeficiency virus, including but not limited to all postexposure prophylaxis as defined
220.17 in any guidance by the United States Preventive Services Task Force or the Centers for
220.18 Disease Control.

220.19 (b) A health plan company must provide coverage for preventive items and services at
220.20 a participating provider without imposing cost-sharing requirements, including a deductible,
220.21 coinsurance, or co-payment. Nothing in this section prohibits a health plan company that
220.22 has a network of providers from excluding coverage or imposing cost-sharing requirements
220.23 for preventive items or services that are delivered by an out-of-network provider.

220.24 (c) A health plan company is not required to provide coverage for any items or services
220.25 specified in any recommendation or guideline described in paragraph (a) if the
220.26 recommendation or guideline is no longer included as a preventive item or service as defined
220.27 in paragraph (a). Annually, a health plan company must determine whether any additional
220.28 items or services must be covered without cost-sharing requirements or whether any items
220.29 or services are no longer required to be covered.

220.30 (d) Nothing in this section prevents a health plan company from using reasonable medical
220.31 management techniques to determine the frequency, method, treatment, or setting for a
220.32 preventive item or service to the extent not specified in the recommendation or guideline.

221.1 (e) A health plan shall not require prior authorization or step therapy for preexposure
221.2 prophylaxis, except that if the United States Food and Drug Administration has approved
221.3 one or more therapeutic equivalents of a drug, device, or product for the prevention of HIV,
221.4 this paragraph does not require a health plan to cover all of the therapeutically equivalent
221.5 versions without prior authorization or step therapy, if at least one therapeutically equivalent
221.6 version is covered without prior authorization or step therapy.

221.7 ~~(f)~~ (f) This section does not apply to grandfathered plans.

221.8 ~~(g)~~ (g) This section does not apply to plans offered by the Minnesota Comprehensive
221.9 Health Association.

221.10 **EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to health
221.11 plans offered, issued, or renewed on or after that date.

221.12 Sec. 2. Minnesota Statutes 2022, section 151.01, subdivision 23, is amended to read:

221.13 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
221.14 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
221.15 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
221.16 advanced practice registered nurse, or licensed physician assistant. For purposes of sections
221.17 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision

207.9 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to
207.10 dispense and administer under chapter 150A. For purposes of sections 151.252, subdivision
207.11 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe
207.12 self-administered hormonal contraceptives, nicotine replacement medications, or opiate
207.13 antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs
207.14 to prevent the acquisition of human immunodeficiency virus (HIV) under section 151.37,
207.15 subdivision 17.

207.16 **EFFECTIVE DATE.** This section is effective January 1, 2025.

207.17 Sec. 3. Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:

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

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

207.20 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
207.21 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
207.22 and devices);

207.23 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
207.24 of safe and effective use of drugs, including ~~the performance of ordering and performing~~
207.25 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
207.26 1988, United States Code, title 42, section 263a et seq.; ~~provided that a pharmacist may~~
207.27 ~~interpret the results of laboratory tests but may modify~~ A pharmacist may collect specimens,
207.28 interpret results, notify the patient of results, and refer the patient to other health care
207.29 providers for follow-up care and may initiate, modify, or discontinue drug therapy only
207.30 pursuant to a protocol or collaborative practice agreement. A pharmacist may delegate the
207.31 authority to administer tests under this clause to a pharmacy technician or pharmacy intern.
208.1 A pharmacy technician or pharmacy intern may perform tests authorized under this clause
208.2 if the technician or intern is working under the direct supervision of a pharmacist;

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

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

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

208.10 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
208.11 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
208.12 modification, administration, and discontinuation of drug therapy is according to the protocol
208.13 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
208.14 physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered
208.15 nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes

221.18 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to
221.19 dispense and administer under chapter 150A. For purposes of sections 151.252, subdivision
221.20 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe
221.21 self-administered hormonal contraceptives, nicotine replacement medications, or opiate
221.22 antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs
221.23 to prevent the acquisition of human immunodeficiency virus (HIV) under section 151.37,
221.24 subdivision 17.

221.25 **EFFECTIVE DATE.** This section is effective January 1, 2026.

221.26 Sec. 3. Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:

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

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

221.29 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
221.30 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
221.31 and devices);

222.1 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
222.2 of safe and effective use of drugs, including ~~the performance of ordering and performing~~
222.3 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
222.4 1988, United States Code, title 42, section 263a et seq.; ~~provided that a pharmacist may~~
222.5 ~~interpret the results of laboratory tests but may modify~~ A pharmacist may collect specimens,
222.6 interpret results, notify the patient of results, and refer the patient to other health care
222.7 providers for follow-up care and may initiate, modify, or discontinue drug therapy only
222.8 pursuant to a protocol or collaborative practice agreement. A pharmacist may delegate the
222.9 authority to administer tests under this clause to a pharmacy technician or pharmacy intern.
222.10 A pharmacy technician or pharmacy intern may perform tests authorized under this clause
222.11 if the technician or intern is working under the direct supervision of a pharmacist;

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

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

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

222.19 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
222.20 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
222.21 modification, administration, and discontinuation of drug therapy is according to the protocol
222.22 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
222.23 physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered
222.24 nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes

208.16 in drug therapy or medication administration made pursuant to a protocol or collaborative
 208.17 practice agreement must be documented by the pharmacist in the patient's medical record
 208.18 or reported by the pharmacist to a practitioner responsible for the patient's care;

208.19 (6) ~~participation in administration of influenza vaccines and~~ initiating, ordering, and
 208.20 administering influenza and COVID-19 or SARS-CoV-2 vaccines authorized or approved
 208.21 by the United States Food and Drug Administration ~~related to COVID-19 or SARS-CoV-2~~
 208.22 to all eligible individuals ~~six~~ three years of age and older and all other United States Food
 208.23 and Drug Administration approved vaccines to patients ~~13~~ six years of age and older ~~by~~
 208.24 ~~written protocol with a physician licensed under chapter 147, a physician assistant authorized~~
 208.25 ~~to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized~~
 208.26 ~~to prescribe drugs under section 148.235, provided that according to the federal Advisory~~
 208.27 Committee on Immunization Practices recommendation. A pharmacist may delegate the
 208.28 authority to administer vaccines under this clause to a pharmacy technician or pharmacy
 208.29 intern who has completed training in vaccine administration if:

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

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

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

208.33 (C) contraindications and precautions to the vaccine;

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

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

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

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

209.7 (ii) (i) the pharmacist ~~has~~ and the pharmacy technician or pharmacy intern have
 209.8 successfully completed a program approved by the Accreditation Council for Pharmacy
 209.9 Education (ACPE) specifically for the administration of immunizations or a program
 209.10 approved by the board;

209.11 (iii) (ii) the pharmacist utilizes and the pharmacy technician or pharmacy intern utilize
 209.12 the Minnesota Immunization Information Connection to assess the immunization status of
 209.13 individuals prior to the administration of vaccines, except when administering influenza
 209.14 vaccines to individuals age nine three and older;

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

209.17 (v) ~~the pharmacist complies with guidelines for vaccines and immunizations established~~
 209.18 ~~by the federal Advisory Committee on Immunization Practices, except that a pharmacist~~

222.25 in drug therapy or medication administration made pursuant to a protocol or collaborative
 222.26 practice agreement must be documented by the pharmacist in the patient's medical record
 222.27 or reported by the pharmacist to a practitioner responsible for the patient's care;

222.28 (6) ~~participation in administration of influenza vaccines and~~ initiating, ordering, and
 222.29 administering influenza and COVID-19 or SARS-CoV-2 vaccines authorized or approved
 222.30 by the United States Food and Drug Administration ~~related to COVID-19 or SARS-CoV-2~~
 222.31 to all eligible individuals ~~six~~ three years of age and older and all other United States Food
 222.32 and Drug Administration approved vaccines to patients ~~13~~ six years of age and older ~~by~~
 222.33 ~~written protocol with a physician licensed under chapter 147, a physician assistant authorized~~
 222.34 ~~to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized~~
 223.1 ~~to prescribe drugs under section 148.235, provided that according to the federal Advisory~~
 223.2 Committee on Immunization Practices recommendations. A pharmacist may delegate the
 223.3 authority to administer vaccines under this clause to a pharmacy technician or pharmacy
 223.4 intern who has completed training in vaccine administration if:

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

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

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

223.8 (C) contraindications and precautions to the vaccine;

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

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

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

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

223.15 (ii) (i) the pharmacist ~~has~~ and the pharmacy technician or pharmacy intern have
 223.16 successfully completed a program approved by the Accreditation Council for Pharmacy
 223.17 Education (ACPE) specifically for the administration of immunizations or a program
 223.18 approved by the board;

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

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

223.24 (v) ~~the pharmacist complies with guidelines for vaccines and immunizations established~~
 223.25 ~~by the federal Advisory Committee on Immunization Practices, except that a pharmacist~~

209.19 ~~does not need to comply with those portions of the guidelines that establish immunization~~
209.20 ~~schedules when administering a vaccine pursuant to a valid, patient specific order issued~~
209.21 ~~by a physician licensed under chapter 147, a physician assistant authorized to prescribe~~
209.22 ~~drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe~~
209.23 ~~drugs under section 148.235, provided that the order is consistent with the United States~~
209.24 ~~Food and Drug Administration approved labeling of the vaccine;~~

209.25 (iv) if the patient is 18 years of age or younger, the pharmacist, pharmacy technician,
209.26 or pharmacy intern informs the patient and any adult caregiver accompanying the patient
209.27 of the importance of a well-child visit with a pediatrician or other licensed primary care
209.28 provider; and

209.29 (v) in the case of a pharmacy technician administering vaccinations while being
209.30 supervised by a licensed pharmacist, which supervision must be in-person and must not be
209.31 done through telehealth as defined under section 62A.673, subdivision 2;

209.32 (A) the pharmacist is readily and immediately available to the immunizing pharmacy
209.33 technician;

210.1 (B) the pharmacy technician has a current certificate in basic cardiopulmonary
210.2 resuscitation; and

210.3 (C) the pharmacy technician has completed a minimum of two hours of ACPE-approved,
210.4 immunization-related continuing pharmacy education as part of the pharmacy technician's
210.5 two-year continuing education schedule;

210.6 (7) participation in the initiation, management, modification, and discontinuation of
210.7 drug therapy according to a written protocol or collaborative practice agreement between:
210.8 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician
210.9 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
210.10 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
210.11 or advanced practice registered nurses authorized to prescribe, dispense, and administer
210.12 under section 148.235. Any changes in drug therapy made pursuant to a protocol or
210.13 collaborative practice agreement must be documented by the pharmacist in the patient's
210.14 medical record or reported by the pharmacist to a practitioner responsible for the patient's
210.15 care;

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

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

223.26 ~~does not need to comply with those portions of the guidelines that establish immunization~~
223.27 ~~schedules when administering a vaccine pursuant to a valid, patient specific order issued~~
223.28 ~~by a physician licensed under chapter 147, a physician assistant authorized to prescribe~~
223.29 ~~drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe~~
223.30 ~~drugs under section 148.235, provided that the order is consistent with the United States~~
223.31 ~~Food and Drug Administration approved labeling of the vaccine;~~

224.1 (iv) if the patient is 18 years of age or younger, the pharmacist, pharmacy technician,
224.2 or pharmacy intern informs the patient and any adult caregiver accompanying the patient
224.3 of the importance of a well-child visit with a pediatrician or other licensed primary care
224.4 provider; and

224.5 (v) in the case of a pharmacy technician administering vaccinations while being
224.6 supervised by a licensed pharmacist;

224.7 (A) the supervision is in-person and must not be done through telehealth as defined
224.8 under section 62A.673, subdivision 2;

224.9 (B) the pharmacist is readily and immediately available to the immunizing pharmacy
224.10 technician;

224.11 (C) the pharmacy technician has a current certificate in basic cardiopulmonary
224.12 resuscitation;

224.13 (D) the pharmacy technician has completed a minimum of two hours of ACPE-approved,
224.14 immunization-related continuing pharmacy education as part of the pharmacy technician's
224.15 two-year continuing education schedule; and

224.16 (E) the pharmacy technician has completed one of two training programs listed under
224.17 Minnesota Rules, part 6800.3850, subpart 1h, item B;

224.18 (7) participation in the initiation, management, modification, and discontinuation of
224.19 drug therapy according to a written protocol or collaborative practice agreement between:
224.20 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician
224.21 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
224.22 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
224.23 or advanced practice registered nurses authorized to prescribe, dispense, and administer
224.24 under section 148.235. Any changes in drug therapy made pursuant to a protocol or
224.25 collaborative practice agreement must be documented by the pharmacist in the patient's
224.26 medical record or reported by the pharmacist to a practitioner responsible for the patient's
224.27 care;

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

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

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

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

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

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

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

210.29 (13) participation in the placement of drug monitoring devices according to a prescription,
210.30 protocol, or collaborative practice agreement.

210.31 Sec. 4. **Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:**

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

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

211.2 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
211.3 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
211.4 and devices);

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

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

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

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

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

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

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

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

225.9 (13) participation in the placement of drug monitoring devices according to a prescription,
225.10 protocol, or collaborative practice agreement.

NEW CLAUSES (14) AND (15) WERE MOVED DOWN TO MATCH WITH
THE DUPLICATE SENATE SECTION AMENDING SECTION 151.01,
SUBDIVISION 27 (SENATE ARTICLE 9, SECTION 4)

225.17 **EFFECTIVE DATE.** This section is effective July 1, 2024, except that clauses (14)
225.18 **and (15) are effective January 1, 2026.**

- 211.16 (i) upon the order of a prescriber and the prescriber is notified after administration is
211.17 complete; or
- 211.18 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
211.19 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
211.20 modification, administration, and discontinuation of drug therapy is according to the protocol
211.21 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
211.22 physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered
211.23 nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes
211.24 in drug therapy or medication administration made pursuant to a protocol or collaborative
211.25 practice agreement must be documented by the pharmacist in the patient's medical record
211.26 or reported by the pharmacist to a practitioner responsible for the patient's care;
- 211.27 (6) participation in administration of influenza vaccines and vaccines approved by the
211.28 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
211.29 eligible individuals six years of age and older and all other vaccines to patients 13 years of
211.30 age and older by written protocol with a physician licensed under chapter 147, a physician
211.31 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
211.32 nurse authorized to prescribe drugs under section 148.235, provided that:
- 211.33 (i) the protocol includes, at a minimum:
- 212.1 (A) the name, dose, and route of each vaccine that may be given;
- 212.2 (B) the patient population for whom the vaccine may be given;
- 212.3 (C) contraindications and precautions to the vaccine;
- 212.4 (D) the procedure for handling an adverse reaction;
- 212.5 (E) the name, signature, and address of the physician, physician assistant, or advanced
212.6 practice registered nurse;
- 212.7 (F) a telephone number at which the physician, physician assistant, or advanced practice
212.8 registered nurse can be contacted; and
- 212.9 (G) the date and time period for which the protocol is valid;
- 212.10 (ii) the pharmacist has successfully completed a program approved by the Accreditation
212.11 Council for Pharmacy Education specifically for the administration of immunizations or a
212.12 program approved by the board;
- 212.13 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
212.14 assess the immunization status of individuals prior to the administration of vaccines, except
212.15 when administering influenza vaccines to individuals age nine and older;
- 212.16 (iv) the pharmacist reports the administration of the immunization to the Minnesota
212.17 Immunization Information Connection; and

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

212.26 (7) participation in the initiation, management, modification, and discontinuation of
212.27 drug therapy according to a written protocol or collaborative practice agreement between:
212.28 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician
212.29 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
212.30 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
212.31 or advanced practice registered nurses authorized to prescribe, dispense, and administer
212.32 under section 148.235. Any changes in drug therapy made pursuant to a protocol or
213.1 collaborative practice agreement must be documented by the pharmacist in the patient's
213.2 medical record or reported by the pharmacist to a practitioner responsible for the patient's
213.3 care;

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

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

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

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

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

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

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

213.17 (13) participation in the placement of drug monitoring devices according to a prescription,
213.18 protocol, or collaborative practice agreement;

NEW CLAUSES (14) AND (15) WERE MOVED FROM HOUSE ARTICLE 8,
SECTION 3, ABOVE TO MATCH THE DUPLICATE SENATE SECTION

213.19 (14) prescribing, dispensing, and administering drugs for preventing the acquisition of
213.20 human immunodeficiency virus (HIV) if the pharmacist meets the requirements in section
213.21 151.37, subdivision 17; and

213.22 (15) ordering, conducting, and interpreting laboratory tests necessary for therapies that
213.23 use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements
213.24 in section 151.37, subdivision 17.

213.25 **EFFECTIVE DATE.** This section is effective January 1, 2025.

213.26 Sec. 5. Minnesota Statutes 2022, section 151.065, is amended by adding a subdivision to
213.27 read:

213.28 Subd. 4a. **Application and fee; relocation.** A person who is registered with or licensed
213.29 by the board must submit a new application to the board before relocating the physical
213.30 location of the person's business. An application must be submitted for each affected license.
213.31 The application must set forth the proposed change of location on a form established by the
214.1 board. If the licensee or registrant remitted payment for the full amount during the state's
214.2 fiscal year, the relocation application fee is the same as the application fee in subdivision
214.3 1, except that the fees in clauses (6) to (9) and (11) to (16) are reduced by \$5,000 and the
214.4 fee in clause (16) is reduced by \$55,000. If the application is made within 60 days before
214.5 the date of the original license or registration expiration, the applicant must pay the full
214.6 application fee provided in subdivision 1. Upon approval of an application for a relocation,
214.7 the board shall issue a new license or registration.

214.8 Sec. 6. Minnesota Statutes 2022, section 151.065, is amended by adding a subdivision to
214.9 read:

214.10 Subd. 4b. **Application and fee; change of ownership.** A person who is registered with
214.11 or licensed by the board must submit a new application to the board before changing the
214.12 ownership of the licensee or registrant. An application must be submitted for each affected
214.13 license. The application must set forth the proposed change of ownership on a form
214.14 established by the board. If the licensee or registrant remitted payment for the full amount
214.15 during the state's fiscal year, the application fee is the same as the application fee in
214.16 subdivision 1, except that the fees in clauses (6) to (9) and (11) to (16) are reduced by \$5,000
214.17 and the fee in clause (16) is reduced by \$55,000. If the application is made within 60 days
214.18 before the date of the original license or registration expiration, the applicant must pay the
214.19 full application fee provided in subdivision 1. Upon approval of an application for a change
214.20 of ownership, the board shall issue a new license or registration.

AMENDING SECTION 151.01, SUBDIVISION 27 (SENATE ARTICLE 8,
SECTION 3).

225.11 (14) prescribing, dispensing, and administering drugs for preventing the acquisition of
225.12 human immunodeficiency virus (HIV) if the pharmacist meets the requirements in section
225.13 151.37, subdivision 17; and

225.14 (15) ordering, conducting, and interpreting laboratory tests necessary for therapies that
225.15 use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements
225.16 in section 151.37, subdivision 17.

225.17 **EFFECTIVE DATE.** This section is effective July 1, 2024, except that clauses (14)
225.18 and (15) are effective January 1, 2026.

214.21 Sec. 7. Minnesota Statutes 2022, section 151.065, is amended by adding a subdivision to
214.22 read:

214.23 Subd. 8. **Transfer of licenses.** Licenses and registrations granted by the board are not
214.24 transferable.

214.25 Sec. 8. Minnesota Statutes 2022, section 151.066, subdivision 1, is amended to read:

214.26 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
214.27 the meanings given to them in this subdivision.

214.28 (b) "Manufacturer" means a manufacturer licensed under section 151.252 ~~that is engaged~~
214.29 ~~in the manufacturing of an opiate~~, excluding those exclusively licensed to manufacture
214.30 medical gas.

214.31 (c) "Opiate" means any opiate-containing controlled substance listed in section 152.02,
214.32 subdivisions 3 to 5, that is distributed, delivered, sold, or dispensed into or within this state.

215.1 (d) "Third-party logistics provider" means a third-party logistics provider licensed under
215.2 section 151.471.

215.3 (e) "Wholesaler" means a wholesale drug distributor licensed under section 151.47 ~~that~~
215.4 ~~is engaged in the wholesale drug distribution of an opiate~~, excluding those exclusively
215.5 licensed to distribute medical gas.

215.6 Sec. 9. Minnesota Statutes 2022, section 151.066, subdivision 2, is amended to read:

215.7 Subd. 2. **Reporting requirements.** (a) By March 1 of each year, beginning March 1,
215.8 2020, each manufacturer and each wholesaler must report to the board every sale, delivery,
215.9 or other distribution within or into this state of any opiate that is made to any practitioner,
215.10 pharmacy, hospital, veterinary hospital, or other person who is permitted by section 151.37
215.11 to possess controlled substances for administration or dispensing to patients that occurred
215.12 during the previous calendar year. Reporting must be in the automation of reports and
215.13 consolidated orders system format unless otherwise specified by the board. If no reportable
215.14 distributions occurred for a given year, notification must be provided to the board in a
215.15 manner specified by the board. If a manufacturer or wholesaler fails to provide information
215.16 required under this paragraph on a timely basis, the board may assess an administrative
215.17 penalty of \$500 per day. This penalty shall not be considered a form of disciplinary action.

215.18 (b) By March 1 of each year, beginning March 1, 2020, each owner of a pharmacy with
215.19 at least one location within this state must report to the board any intracompany delivery
215.20 or distribution into this state, of any opiate, to the extent that those deliveries and distributions
215.21 are not reported to the board by a licensed wholesaler owned by, under contract to, or
215.22 otherwise operating on behalf of the owner of the pharmacy. Reporting must be in the
215.23 manner and format specified by the board for deliveries and distributions that occurred
215.24 during the previous calendar year. The report must include the name of the manufacturer
215.25 or wholesaler from which the owner of the pharmacy ultimately purchased the opiate, and
215.26 the amount and date that the purchase occurred.

215.27 (c) By March 1 of each year, beginning March 1, 2025, each third-party logistics provider
215.28 must report to the board any delivery or distribution into this state of any opiate, to the
215.29 extent that those deliveries and distributions are not reported to the board by a licensed
215.30 wholesaler or manufacturer. Reporting must be in the manner and format specified by the
215.31 board for deliveries and distributions that occurred during the previous calendar year.

216.1 Sec. 10. Minnesota Statutes 2022, section 151.066, subdivision 3, is amended to read:

216.2 Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall
216.3 annually assess an opiate product registration fee on any manufacturer of an opiate that
216.4 annually sells, delivers, or distributes an opiate within or into the state in a quantity of
216.5 2,000,000 or more units as reported to the board under subdivision 2.

216.6 (b) For purposes of assessing the annual registration fee under this section and
216.7 determining the number of opiate units a manufacturer sold, delivered, or distributed within
216.8 or into the state, the board shall not consider any opiate that is used for substance use disorder
216.9 treatment with medications for opioid use disorder.

216.10 (c) The annual registration fee for each manufacturer meeting the requirement under
216.11 paragraph (a) is \$250,000.

216.12 (d) In conjunction with the data reported under this section, and notwithstanding section
216.13 152.126, subdivision 6, the board may use the data reported under section 152.126,
216.14 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)
216.15 and are required to pay the registration fees under this subdivision.

216.16 (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer
216.17 that the manufacturer meets the requirement in paragraph (a) and is required to pay the
216.18 annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

216.19 (f) A manufacturer may dispute the board's determination that the manufacturer must
216.20 pay the registration fee no later than 30 days after the date of notification. However, the
216.21 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph
216.22 (b). The dispute must be filed with the board in the manner and using the forms specified
216.23 by the board. A manufacturer must submit, with the required forms, data satisfactory to the
216.24 board that demonstrates that the assessment of the registration fee was incorrect. The board
216.25 must make a decision concerning a dispute no later than 60 days after receiving the required
216.26 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated
216.27 that the fee was incorrectly assessed, the board must refund the amount paid in error.

216.28 (g) For purposes of this subdivision, a unit means the individual dosage form of the
216.29 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,
216.30 patch, syringe, milliliter, or gram.

216.31 (h) For the purposes of this subdivision, an opiate's units will be assigned to the
216.32 manufacturer holding the New Drug Application (NDA) or Abbreviated New Drug
216.33 Application (ANDA), as listed by the United States Food and Drug Administration.

217.1 Sec. 11. Minnesota Statutes 2022, section 151.212, is amended by adding a subdivision
217.2 to read:

217.3 Subd. 4. **Accessible prescription drug container labels.** (a) A pharmacy must inform
217.4 each patient for whom a prescription drug is dispensed that an accessible prescription drug
217.5 container label is available to any patient who identifies as a person who is blind, visually
217.6 impaired, or otherwise disabled, upon request of the patient or the patient's representative,
217.7 at no additional cost.

217.8 (b) If a patient requests an accessible container label, the pharmacy shall provide the
217.9 patient with an audible, large print, or braille prescription drug container label depending
217.10 on the need and preference of the patient.

217.11 (c) The accessible container label must:

217.12 (1) be affixed on the container;

217.13 (2) be available in a timely manner comparable to other patient wait time;

217.14 (3) last for at least the duration of the prescription;

217.15 (4) conform with the format-specific best practices established by the United States
217.16 Access Board;

217.17 (5) contain the information required under subdivisions 1 and 2; and

217.18 (6) be compatible with a prescription reader if a reader is provided.

217.19 (d) This subdivision does not apply to prescription drugs dispensed and administered
217.20 by a correctional institution.

217.21 (e) For purposes of this subdivision, "prescription reader" means a device that is designed
217.22 to audibly convey the information contained on the label of a prescription drug container.

217.23 Sec. 12. Minnesota Statutes 2022, section 151.37, is amended by adding a subdivision to
217.24 read:

217.25 Subd. 17. **Drugs for preventing the acquisition of HIV.** (a) A pharmacist is authorized
217.26 to prescribe and administer drugs to prevent the acquisition of human immunodeficiency
217.27 virus (HIV) in accordance with this subdivision.

217.28 (b) By January 1, 2025, the Board of Pharmacy shall develop a standardized protocol
217.29 for a pharmacist to follow in prescribing the drugs described in paragraph (a). In developing
217.30 the protocol, the board may consult with community health advocacy groups, the Board of
217.31 Medical Practice, the Board of Nursing, the commissioner of health, professional pharmacy

225.19 Sec. 4. Minnesota Statutes 2022, section 151.37, is amended by adding a subdivision to
225.20 read:

225.21 Subd. 17. **Drugs for preventing the acquisition of HIV.** (a) A pharmacist is authorized
225.22 to prescribe and administer drugs to prevent the acquisition of human immunodeficiency
225.23 virus (HIV) in accordance with this subdivision.

225.24 (b) By January 1, 2025, the Board of Pharmacy shall develop a standardized protocol
225.25 for a pharmacist to follow in prescribing the drugs described in paragraph (a). In developing
225.26 the protocol, the board may consult with community health advocacy groups, the Board of
225.27 Medical Practice, the Board of Nursing, the commissioner of health, professional pharmacy

218.1 associations, and professional associations for physicians, physician assistants, and advanced
218.2 practice registered nurses.

218.3 (c) Before a pharmacist is authorized to prescribe a drug described in paragraph (a), the
218.4 pharmacist must successfully complete a training program specifically developed for
218.5 prescribing drugs for preventing the acquisition of HIV that is offered by a college of
218.6 pharmacy, a continuing education provider that is accredited by the Accreditation Council
218.7 for Pharmacy Education, or a program approved by the board. To maintain authorization
218.8 to prescribe, the pharmacist shall complete continuing education requirements as specified
218.9 by the board.

218.10 (d) Before prescribing a drug described in paragraph (a), the pharmacist shall follow the
218.11 appropriate standardized protocol developed under paragraph (b) and, if appropriate, may
218.12 dispense to a patient a drug described in paragraph (a).

218.13 (e) Before dispensing a drug described in paragraph (a) that is prescribed by the
218.14 pharmacist, the pharmacist must provide counseling to the patient on the use of the drugs
218.15 and must provide the patient with a fact sheet that includes the indications and
218.16 contraindications for the use of these drugs, the appropriate method for using these drugs,
218.17 the need for medical follow up, and any additional information listed in Minnesota Rules,
218.18 part 6800.0910, subpart 2, that is required to be provided to a patient during the counseling
218.19 process.

218.20 (f) A pharmacist is prohibited from delegating the prescribing authority provided under
218.21 this subdivision to any other person. A pharmacist intern registered under section 151.101
218.22 may prepare the prescription, but before the prescription is processed or dispensed, a
218.23 pharmacist authorized to prescribe under this subdivision must review, approve, and sign
218.24 the prescription.

218.25 (g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation,
218.26 management, modification, and discontinuation of drug therapy according to a protocol as
218.27 authorized in this section and in section 151.01, subdivision 27.

218.28 **EFFECTIVE DATE.** This section is effective January 1, 2025, except that paragraph
218.29 (b) is effective the day following final enactment.

218.30 Sec. 13. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 1, is amended
218.31 to read:

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

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

225.28 associations, and professional associations for physicians, physician assistants, and advanced
225.29 practice registered nurses.

225.30 (c) Before a pharmacist is authorized to prescribe a drug described in paragraph (a), the
225.31 pharmacist must successfully complete a training program specifically developed for
225.32 prescribing drugs for preventing the acquisition of HIV that is offered by a college of
226.1 pharmacy, a continuing education provider that is accredited by the Accreditation Council
226.2 for Pharmacy Education, or a program approved by the board. To maintain authorization
226.3 to prescribe, the pharmacist shall complete continuing education requirements as specified
226.4 by the board.

226.5 (d) Before prescribing a drug described in paragraph (a), the pharmacist shall follow the
226.6 appropriate standardized protocol developed under paragraph (b) and, if appropriate, may
226.7 dispense to a patient a drug described in paragraph (a).

226.8 (e) Before dispensing a drug described in paragraph (a) that is prescribed by the
226.9 pharmacist, the pharmacist must provide counseling to the patient on the use of the drugs
226.10 and must provide the patient with a fact sheet that includes the indications and
226.11 contraindications for the use of these drugs, the appropriate method for using these drugs,
226.12 the need for medical follow up, and any additional information listed in Minnesota Rules,
226.13 part 6800.0910, subpart 2, that is required to be provided to a patient during the counseling
226.14 process.

226.15 (f) A pharmacist is prohibited from delegating the prescribing authority provided under
226.16 this subdivision to any other person. A pharmacist intern registered under section 151.101
226.17 may prepare the prescription, but before the prescription is processed or dispensed, a
226.18 pharmacist authorized to prescribe under this subdivision must review, approve, and sign
226.19 the prescription.

226.20 (g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation,
226.21 management, modification, and discontinuation of drug therapy according to a protocol as
226.22 authorized in this section and in section 151.01, subdivision 27.

226.23 **EFFECTIVE DATE.** This section is effective January 1, 2026, except that paragraph
226.24 (b) is effective the day following final enactment.

THE FOLLOWING LANGUAGE WAS MOVED IN FROM HOUSE ARTICLE
3, SECTIONS 7 TO 15.

38.7 Sec. 7. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 1, is amended
38.8 to read:

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

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

- 219.4 (c) "Distribute" means to deliver, other than by administering or dispensing.
- 219.5 (d) "Donor" means:
- 219.6 (1) ~~a health care facility as defined in this subdivision~~ an individual at least 18 years of
219.7 age, provided that the drug or medical supply that is donated was obtained legally and meets
219.8 the requirements of this section for donation; or
- 219.9 (2) ~~a skilled nursing facility licensed under chapter 144A;~~ any entity legally authorized
219.10 to possess medicine with a license or permit in good standing in the state in which it is
219.11 located, without further restrictions, including but not limited to a health care facility, skilled
219.12 nursing facility, assisted living facility, pharmacy, wholesaler, and drug manufacturer.
- 219.13 ~~(3) an assisted living facility licensed under chapter 144G;~~
- 219.14 ~~(4) a pharmacy licensed under section 151.19, and located either in the state or outside~~
219.15 ~~the state;~~
- 219.16 ~~(5) a drug wholesaler licensed under section 151.47;~~
- 219.17 ~~(6) a drug manufacturer licensed under section 151.252; or~~
- 219.18 ~~(7) an individual at least 18 years of age, provided that the drug or medical supply that~~
219.19 ~~is donated was obtained legally and meets the requirements of this section for donation.~~
- 219.20 (e) "Drug" means any prescription drug that has been approved for medical use in the
219.21 United States, is listed in the United States Pharmacopoeia or National Formulary, and
219.22 meets the criteria established under this section for donation; or any over-the-counter
219.23 medication that meets the criteria established under this section for donation. This definition
219.24 includes cancer drugs and antirejection drugs, but does not include controlled substances,
219.25 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
219.26 to a patient registered with the drug's manufacturer in accordance with federal Food and
219.27 Drug Administration requirements.
- 219.28 (f) "Health care facility" means:
- 219.29 (1) a physician's office or health care clinic where licensed practitioners provide health
219.30 care to patients;
- 219.31 (2) a hospital licensed under section 144.50;
- 220.1 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or
- 220.2 (4) a nonprofit community clinic, including a federally qualified health center; a rural
220.3 health clinic; public health clinic; or other community clinic that provides health care utilizing
220.4 a sliding fee scale to patients who are low-income, uninsured, or underinsured.
- 220.5 (g) "Local repository" means a health care facility that elects to accept donated drugs
220.6 and medical supplies and meets the requirements of subdivision 4.

- 38.14 (c) "Distribute" means to deliver, other than by administering or dispensing.
- 38.15 (d) "Donor" means:
- 38.16 (1) ~~a health care facility as defined in this subdivision~~ an individual at least 18 years of
38.17 age, provided that the drug or medical supply that is donated was obtained legally and meets
38.18 the requirements of this section for donation; or
- 38.19 (2) ~~a skilled nursing facility licensed under chapter 144A;~~ any entity legally authorized
38.20 to possess medicine with a license or permit in good standing in the state in which it is
38.21 located, without further restrictions, including but not limited to a health care facility, skilled
38.22 nursing facility, assisted living facility, pharmacy, wholesaler, and drug manufacturer.
- 38.23 ~~(3) an assisted living facility licensed under chapter 144G;~~
- 38.24 ~~(4) a pharmacy licensed under section 151.19, and located either in the state or outside~~
38.25 ~~the state;~~
- 38.26 ~~(5) a drug wholesaler licensed under section 151.47;~~
- 38.27 ~~(6) a drug manufacturer licensed under section 151.252; or~~
- 38.28 ~~(7) an individual at least 18 years of age, provided that the drug or medical supply that~~
38.29 ~~is donated was obtained legally and meets the requirements of this section for donation.~~
- 38.30 (e) "Drug" means any prescription drug that has been approved for medical use in the
38.31 United States, is listed in the United States Pharmacopoeia or National Formulary, and
39.1 meets the criteria established under this section for donation; or any over-the-counter
39.2 medication that meets the criteria established under this section for donation. This definition
39.3 includes cancer drugs and antirejection drugs, but does not include controlled substances,
39.4 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
39.5 to a patient registered with the drug's manufacturer in accordance with federal Food and
39.6 Drug Administration requirements.
- 39.7 (f) "Health care facility" means:
- 39.8 (1) a physician's office or health care clinic where licensed practitioners provide health
39.9 care to patients;
- 39.10 (2) a hospital licensed under section 144.50;
- 39.11 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or
- 39.12 (4) a nonprofit community clinic, including a federally qualified health center; a rural
39.13 health clinic; public health clinic; or other community clinic that provides health care utilizing
39.14 a sliding fee scale to patients who are low-income, uninsured, or underinsured.
- 39.15 (g) "Local repository" means a health care facility that elects to accept donated drugs
39.16 and medical supplies and meets the requirements of subdivision 4.

220.7 (h) "Medical supplies" or "supplies" means any prescription or nonprescription medical
220.8 supplies needed to administer a drug.

220.9 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
220.10 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
220.11 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
220.12 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
220.13 part 6800.3750.

220.14 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
220.15 it does not include a veterinarian.

220.16 Sec. 14. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 4, is amended
220.17 to read:

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

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

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

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

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

221.4 (c) Participation in the medication repository program is voluntary. A local repository
221.5 may withdraw from participation in the medication repository program at any time by
221.6 providing written notice to the central repository on a form developed by the board and
221.7 made available on the board's website. ~~The central repository shall provide the board with~~
221.8 ~~a copy of the withdrawal notice within ten business days from the date of receipt of the~~
221.9 ~~withdrawal notice.~~

221.10 Sec. 15. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 5, is amended
221.11 to read:

221.12 Subd. 5. **Individual eligibility and application requirements.** (a) ~~To be eligible for~~
221.13 ~~the medication repository program~~ At the time of or before receiving donated drugs or

39.17 (h) "Medical supplies" or "supplies" means any prescription or nonprescription medical
39.18 supplies needed to administer a drug.

39.19 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
39.20 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
39.21 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
39.22 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
39.23 part 6800.3750.

39.24 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
39.25 it does not include a veterinarian.

39.26 Sec. 8. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 4, is amended
39.27 to read:

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

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

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

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

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

40.12 (c) Participation in the medication repository program is voluntary. A local repository
40.13 may withdraw from participation in the medication repository program at any time by
40.14 providing written notice to the central repository on a form developed by the board and
40.15 made available on the board's website. ~~The central repository shall provide the board with~~
40.16 ~~a copy of the withdrawal notice within ten business days from the date of receipt of the~~
40.17 ~~withdrawal notice.~~

40.18 Sec. 9. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 5, is amended
40.19 to read:

40.20 Subd. 5. **Individual eligibility and application requirements.** (a) ~~To be eligible for~~
40.21 ~~the medication repository program~~ At the time of or before receiving donated drugs or

221.14 supplies as a new eligible patient, an individual must submit to a local repository an electronic
221.15 or physical intake application form that is signed by the individual and attests that the
221.16 individual:

221.17 (1) is a resident of Minnesota;
221.18 (2) is uninsured ~~and is not enrolled in the medical assistance program under chapter~~
221.19 ~~256B or the MinnesotaCare program under chapter 256L~~, has no prescription drug coverage,
221.20 or is underinsured;

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

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

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

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

222.1 ~~(d)~~ (c) The board shall develop and make available on the board's website an application
222.2 form ~~and the format for the identification card.~~

222.3 Sec. 16. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 6, is amended
222.4 to read:

222.5 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a)
222.6 Notwithstanding any other law or rule, a donor may donate drugs or medical supplies to
222.7 the central repository or a local repository if the drug or supply meets the requirements of
222.8 this section as determined by a pharmacist or practitioner who is employed by or under
222.9 contract with the central repository or a local repository.

222.10 (b) A drug is eligible for donation under the medication repository program if the
222.11 following requirements are met:

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

222.15 ~~(2)~~ (1) the drug's expiration date is at least six months after the date the drug was donated.
222.16 If a donated drug bears an expiration date that is less than six months from the donation
222.17 date, the drug may be accepted and distributed if the drug is in high demand and can be
222.18 dispensed for use by a patient before the drug's expiration date;

40.22 supplies as a new eligible patient, an individual must submit to a local repository an electronic
40.23 or physical intake application form that is signed by the individual and attests that the
40.24 individual:

40.25 (1) is a resident of Minnesota;
40.26 (2) is uninsured ~~and is not enrolled in the medical assistance program under chapter~~
40.27 ~~256B or the MinnesotaCare program under chapter 256L~~, has no prescription drug coverage,
40.28 or is underinsured;

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

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

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

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

41.8 ~~(d)~~ (c) The board shall develop and make available on the board's website an application
41.9 form ~~and the format for the identification card.~~

41.10 Sec. 10. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 6, is amended
41.11 to read:

41.12 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a)
41.13 Notwithstanding any other law or rule, a donor may donate drugs or medical supplies to
41.14 the central repository or a local repository if the drug or supply meets the requirements of
41.15 this section as determined by a pharmacist or practitioner who is employed by or under
41.16 contract with the central repository or a local repository.

41.17 (b) A drug is eligible for donation under the medication repository program if the
41.18 following requirements are met:

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

41.22 ~~(2)~~ (1) the drug's expiration date is at least six months after the date the drug was donated.
41.23 If a donated drug bears an expiration date that is less than six months from the donation
41.24 date, the drug may be accepted and distributed if the drug is in high demand and can be
41.25 dispensed for use by a patient before the drug's expiration date;

222.19 ~~(2)~~ (2) the drug is in its original, sealed, unopened, tamper-evident packaging that includes
222.20 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging
222.21 is unopened;

222.22 ~~(4)~~ (3) the drug or the packaging does not have any physical signs of tampering,
222.23 misbranding, deterioration, compromised integrity, or adulteration;

222.24 ~~(5)~~ (4) the drug does not require storage temperatures other than normal room temperature
222.25 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being
222.26 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located
222.27 in Minnesota; and

222.28 ~~(6)~~ (5) the drug is not a controlled substance.

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

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

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

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

223.5 ~~(4)~~ (3) if the supply bears an expiration date, the date is at least six months later than
223.6 the date the supply was donated. If the donated supply bears an expiration date that is less
223.7 than six months from the date the supply was donated, the supply may be accepted and
223.8 distributed if the supply is in high demand and can be dispensed for use by a patient before
223.9 the supply's expiration date.

223.10 (d) The board shall develop the medication repository donor form and make it available
223.11 on the board's website. ~~The form must state that to the best of the donor's knowledge the~~
223.12 ~~donated drug or supply has been properly stored under appropriate temperature and humidity~~
223.13 ~~conditions and that the drug or supply has never been opened, used, tampered with,~~
223.14 ~~adulterated, or misbranded. Prior to the first donation from a new donor, a central repository~~
223.15 ~~or local repository shall verify and record the following information on the donor form:~~

223.16 (1) the donor's name, address, phone number, and license number, if applicable;

223.17 (2) that the donor will only make donations in accordance with the program;

223.18 (3) to the best of the donor's knowledge, only drugs or supplies that have been properly
223.19 stored under appropriate temperature and humidity conditions will be donated; and

223.20 (4) to the best of the donor's knowledge, only drugs or supplies that have never been
223.21 opened, used, tampered with, adulterated, or misbranded will be donated.

41.26 ~~(2)~~ (2) the drug is in its original, sealed, unopened, tamper-evident packaging that includes
41.27 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging
41.28 is unopened;

41.29 ~~(4)~~ (3) the drug or the packaging does not have any physical signs of tampering,
41.30 misbranding, deterioration, compromised integrity, or adulteration;

41.31 ~~(5)~~ (4) the drug does not require storage temperatures other than normal room temperature
41.32 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being
42.1 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located
42.2 in Minnesota; and

42.3 ~~(6)~~ (5) the drug is not a controlled substance.

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

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

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

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

42.12 ~~(4)~~ (3) if the supply bears an expiration date, the date is at least six months later than
42.13 the date the supply was donated. If the donated supply bears an expiration date that is less
42.14 than six months from the date the supply was donated, the supply may be accepted and
42.15 distributed if the supply is in high demand and can be dispensed for use by a patient before
42.16 the supply's expiration date.

42.17 (d) The board shall develop the medication repository donor form and make it available
42.18 on the board's website. ~~The form must state that to the best of the donor's knowledge the~~
42.19 ~~donated drug or supply has been properly stored under appropriate temperature and humidity~~
42.20 ~~conditions and that the drug or supply has never been opened, used, tampered with,~~
42.21 ~~adulterated, or misbranded. Prior to the first donation from a new donor, a central repository~~
42.22 ~~or local repository shall verify and record the following information on the donor form:~~

42.23 (1) the donor's name, address, phone number, and license number, if applicable;

42.24 (2) that the donor will only make donations in accordance with the program;

42.25 (3) to the best of the donor's knowledge, only drugs or supplies that have been properly
42.26 stored under appropriate temperature and humidity conditions will be donated; and

42.27 (4) to the best of the donor's knowledge, only drugs or supplies that have never been
42.28 opened, used, tampered with, adulterated, or misbranded will be donated.

223.22 (e) Notwithstanding any other law or rule, a central repository or a local repository may
 223.23 receive donated drugs from donors. Donated drugs and supplies may be shipped or delivered
 223.24 to the premises of the central repository or a local repository, and shall be inspected by a
 223.25 pharmacist or an authorized practitioner who is employed by or under contract with the
 223.26 repository and who has been designated by the repository ~~to accept donations~~ prior to
 223.27 dispensing. A drop box must not be used to deliver or accept donations.

223.28 (f) The central repository and local repository shall maintain a written or electronic
 223.29 inventory of all drugs and supplies donated to the repository upon acceptance of each drug
 223.30 or supply. For each drug, the inventory must include the drug's name, strength, quantity,
 223.31 manufacturer, expiration date, and the date the drug was donated. For each medical supply,
 223.32 the inventory must include a description of the supply, its manufacturer, the date the supply
 223.33 was donated, and, if applicable, the supply's brand name and expiration date. The board
 224.1 may waive the requirement under this paragraph if an entity is under common ownership
 224.2 or control with a central repository or local repository and either the entity or the repository
 224.3 maintains an inventory containing all the information required under this paragraph.

224.4 Sec. 17. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 7, is amended
 224.5 to read:

224.6 Subd. 7. **Standards and procedures for inspecting and storing donated drugs and**
 224.7 **supplies.** (a) A pharmacist or authorized practitioner who is employed by or under contract
 224.8 with the central repository or a local repository shall inspect all donated drugs and supplies
 224.9 before the drug or supply is dispensed to determine, to the extent reasonably possible in the
 224.10 professional judgment of the pharmacist or practitioner, that the drug or supply is not
 224.11 adulterated or misbranded, has not been tampered with, is safe and suitable for dispensing,
 224.12 has not been subject to a recall, and meets the requirements for donation. ~~The pharmacist~~
 224.13 ~~or practitioner who inspects the drugs or supplies shall sign an inspection record stating that~~
 224.14 ~~the requirements for donation have been met.~~ If a local repository receives drugs and supplies
 224.15 from the central repository, the local repository does not need to reinspect the drugs and
 224.16 supplies.

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

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

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

42.29 (e) Notwithstanding any other law or rule, a central repository or a local repository may
 42.30 receive donated drugs from donors. Donated drugs and supplies may be shipped or delivered
 42.31 to the premises of the central repository or a local repository, and shall be inspected by a
 42.32 pharmacist or an authorized practitioner who is employed by or under contract with the
 43.1 repository and who has been designated by the repository ~~to accept donations~~ prior to
 43.2 dispensing. A drop box must not be used to deliver or accept donations.

43.3 (f) The central repository and local repository shall maintain a written or electronic
 43.4 inventory of all drugs and supplies donated to the repository upon acceptance of each drug
 43.5 or supply. For each drug, the inventory must include the drug's name, strength, quantity,
 43.6 manufacturer, expiration date, and the date the drug was donated. For each medical supply,
 43.7 the inventory must include a description of the supply, its manufacturer, the date the supply
 43.8 was donated, and, if applicable, the supply's brand name and expiration date. The board
 43.9 may waive the requirement under this paragraph if an entity is under common ownership
 43.10 or control with a central repository or local repository and either the entity or the repository
 43.11 maintains an inventory containing all the information required under this paragraph.

43.12 Sec. 11. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 7, is amended
 43.13 to read:

43.14 Subd. 7. **Standards and procedures for inspecting and storing donated drugs and**
 43.15 **supplies.** (a) A pharmacist or authorized practitioner who is employed by or under contract
 43.16 with the central repository or a local repository shall inspect all donated drugs and supplies
 43.17 before the drug or supply is dispensed to determine, to the extent reasonably possible in the
 43.18 professional judgment of the pharmacist or practitioner, that the drug or supply is not
 43.19 adulterated or misbranded, has not been tampered with, is safe and suitable for dispensing,
 43.20 has not been subject to a recall, and meets the requirements for donation. ~~The pharmacist~~
 43.21 ~~or practitioner who inspects the drugs or supplies shall sign an inspection record stating that~~
 43.22 ~~the requirements for donation have been met.~~ If a local repository receives drugs and supplies
 43.23 from the central repository, the local repository does not need to reinspect the drugs and
 43.24 supplies.

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

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

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

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

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

225.5 (1) the date of destruction;

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

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

225.8 No other record of destruction is required.

225.9 Sec. 18. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 8, is amended
225.10 to read:

225.11 Subd. 8. **Dispensing requirements.** (a) Donated prescription drugs and supplies may
225.12 be dispensed if the drugs or supplies are prescribed by a practitioner for use by an eligible
225.13 individual and are dispensed by a pharmacist or practitioner. A repository shall dispense
225.14 drugs and supplies to eligible individuals in the following priority order: (1) individuals
225.15 who are uninsured; (2) individuals with no prescription drug coverage; and (3) individuals
225.16 who are underinsured. A repository shall dispense donated drugs in compliance with
225.17 applicable federal and state laws and regulations for dispensing drugs, including all
225.18 requirements relating to packaging, labeling, record keeping, drug utilization review, and
225.19 patient counseling.

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

225.24 (c) Before ~~a~~ the first drug or supply is dispensed or administered to an individual, the
225.25 individual must sign ~~a~~ an electronic or physical drug repository recipient form acknowledging
225.26 that the individual understands the information stated on the form. ~~The board shall develop~~
225.27 ~~the form and make it available on the board's website. The form must include the following~~
225.28 ~~information:~~

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

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

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

44.13 (1) the date of destruction;

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

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

44.16 No other record of destruction is required.

44.17 Sec. 12. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 8, is amended
44.18 to read:

44.19 Subd. 8. **Dispensing requirements.** (a) Donated prescription drugs and supplies may
44.20 be dispensed if the drugs or supplies are prescribed by a practitioner for use by an eligible
44.21 individual and are dispensed by a pharmacist or practitioner. A repository shall dispense
44.22 drugs and supplies to eligible individuals in the following priority order: (1) individuals
44.23 who are uninsured; (2) individuals with no prescription drug coverage; and (3) individuals
44.24 who are underinsured. A repository shall dispense donated drugs in compliance with
44.25 applicable federal and state laws and regulations for dispensing drugs, including all
44.26 requirements relating to packaging, labeling, record keeping, drug utilization review, and
44.27 patient counseling.

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

44.32 (c) Before ~~a~~ the first drug or supply is dispensed or administered to an individual, the
44.33 individual must sign ~~a~~ an electronic or physical drug repository recipient form acknowledging
45.1 that the individual understands the information stated on the form. ~~The board shall develop~~
45.2 ~~the form and make it available on the board's website. The form must include the following~~
45.3 ~~information:~~

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

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

226.4 (3) that the dispensing pharmacist, the dispensing or administering practitioner, the
226.5 central repository or local repository, the Board of Pharmacy, and any other participant of
226.6 the medication repository program cannot guarantee the safety of the drug or medical supply
226.7 being dispensed or administered and that the pharmacist or practitioner has determined that
226.8 the drug or supply is safe to dispense or administer based on the accuracy of the donor's
226.9 form submitted with the donated drug or medical supply and the visual inspection required
226.10 to be performed by the pharmacist or practitioner before dispensing or administering.

226.11 Sec. 19. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 9, is amended
226.12 to read:

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

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

226.20 (c) A supply or handling fee must not be charged to an individual enrolled in the medical
226.21 assistance or MinnesotaCare program.

226.22 Sec. 20. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 11, is amended
226.23 to read:

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

226.27 (1) intake application form described under subdivision 5;

226.28 (2) local repository participation form described under subdivision 4;

226.29 (3) local repository withdrawal form described under subdivision 4;

226.30 (4) medication repository donor form described under subdivision 6;

226.31 (5) record of destruction form described under subdivision 7; and

227.1 (6) medication repository recipient form described under subdivision 8.

227.2 Participants may use substantively similar electronic or physical forms.

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

45.9 (3) that the dispensing pharmacist, the dispensing or administering practitioner, the
45.10 central repository or local repository, the Board of Pharmacy, and any other participant of
45.11 the medication repository program cannot guarantee the safety of the drug or medical supply
45.12 being dispensed or administered and that the pharmacist or practitioner has determined that
45.13 the drug or supply is safe to dispense or administer based on the accuracy of the donor's
45.14 form submitted with the donated drug or medical supply and the visual inspection required
45.15 to be performed by the pharmacist or practitioner before dispensing or administering.

45.16 Sec. 13. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 9, is amended
45.17 to read:

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

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

45.25 (c) A supply or handling fee must not be charged to an individual enrolled in the medical
45.26 assistance or MinnesotaCare program.

45.27 Sec. 14. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 11, is amended
45.28 to read:

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

45.32 (1) intake application form described under subdivision 5;

46.1 (2) local repository participation form described under subdivision 4;

46.2 (3) local repository withdrawal form described under subdivision 4;

46.3 (4) medication repository donor form described under subdivision 6;

46.4 (5) record of destruction form described under subdivision 7; and

46.5 (6) medication repository recipient form described under subdivision 8.

46.6 Participants may use substantively similar electronic or physical forms.

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

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

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

227.11 Sec. 21. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 12, is amended
227.12 to read:

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

227.16 (1) the intentional or unintentional alteration of the drug or supply by a party not under
227.17 the control of the manufacturer; or

227.18 (2) the failure of a party not under the control of the manufacturer to transfer or
227.19 communicate product or consumer information or the expiration date of the donated drug
227.20 or supply.

227.21 (b) A health care facility participating in the program, a pharmacist dispensing a drug
227.22 or supply pursuant to the program, a practitioner dispensing or administering a drug or
227.23 supply pursuant to the program, ~~or a donor of a drug or medical supply, or a person or entity~~
227.24 that facilitates any of the above is immune from civil liability for an act or omission that
227.25 causes injury to or the death of an individual to whom the drug or supply is dispensed and
227.26 no disciplinary action by a health-related licensing board shall be taken against a ~~pharmacist~~
227.27 ~~or practitioner person or entity~~ so long as the drug or supply is donated, accepted, distributed,
227.28 and dispensed according to the requirements of this section. This immunity does not apply
227.29 if the act or omission involves reckless, wanton, or intentional misconduct, or malpractice
227.30 unrelated to the quality of the drug or medical supply.

228.1 Sec. 22. Minnesota Statutes 2023 Supplement, section 256B.0625, subdivision 13f, is
228.2 amended to read:

228.3 Subd. 13f. **Prior authorization.** (a) The Formulary Committee shall review and
228.4 recommend drugs which require prior authorization. The Formulary Committee shall
228.5 establish general criteria to be used for the prior authorization of brand-name drugs for
228.6 which generically equivalent drugs are available, but the committee is not required to review
228.7 each brand-name drug for which a generically equivalent drug is available.

228.8 (b) Prior authorization may be required by the commissioner before certain formulary
228.9 drugs are eligible for payment. The Formulary Committee may recommend drugs for prior
228.10 authorization directly to the commissioner. The commissioner may also request that the

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

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

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

46.15 Sec. 15. Minnesota Statutes 2023 Supplement, section 151.555, subdivision 12, is amended
46.16 to read:

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

46.20 (1) the intentional or unintentional alteration of the drug or supply by a party not under
46.21 the control of the manufacturer; or

46.22 (2) the failure of a party not under the control of the manufacturer to transfer or
46.23 communicate product or consumer information or the expiration date of the donated drug
46.24 or supply.

46.25 (b) A health care facility participating in the program, a pharmacist dispensing a drug
46.26 or supply pursuant to the program, a practitioner dispensing or administering a drug or
46.27 supply pursuant to the program, ~~or a donor of a drug or medical supply, or a person or entity~~
46.28 that facilitates any of the above is immune from civil liability for an act or omission that
46.29 causes injury to or the death of an individual to whom the drug or supply is dispensed and
46.30 no disciplinary action by a health-related licensing board shall be taken against a ~~pharmacist~~
46.31 ~~or practitioner person or entity~~ so long as the drug or supply is donated, accepted, distributed,
47.1 and dispensed according to the requirements of this section. This immunity does not apply
47.2 if the act or omission involves reckless, wanton, or intentional misconduct, or malpractice
47.3 unrelated to the quality of the drug or medical supply.

226.25 Sec. 5. Minnesota Statutes 2023 Supplement, section 256B.0625, subdivision 13f, is
226.26 amended to read:

226.27 Subd. 13f. **Prior authorization.** (a) The Formulary Committee shall review and
226.28 recommend drugs which require prior authorization. The Formulary Committee shall
226.29 establish general criteria to be used for the prior authorization of brand-name drugs for
226.30 which generically equivalent drugs are available, but the committee is not required to review
226.31 each brand-name drug for which a generically equivalent drug is available.

226.32 (b) Prior authorization may be required by the commissioner before certain formulary
226.33 drugs are eligible for payment. The Formulary Committee may recommend drugs for prior
227.1 authorization directly to the commissioner. The commissioner may also request that the

228.11 Formulary Committee review a drug for prior authorization. Before the commissioner may
228.12 require prior authorization for a drug:

228.13 (1) the commissioner must provide information to the Formulary Committee on the
228.14 impact that placing the drug on prior authorization may have on the quality of patient care
228.15 and on program costs, information regarding whether the drug is subject to clinical abuse
228.16 or misuse, and relevant data from the state Medicaid program if such data is available;

228.17 (2) the Formulary Committee must review the drug, taking into account medical and
228.18 clinical data and the information provided by the commissioner; and

228.19 (3) the Formulary Committee must hold a public forum and receive public comment for
228.20 an additional 15 days.

228.21 The commissioner must provide a 15-day notice period before implementing the prior
228.22 authorization.

228.23 (c) Except as provided in subdivision 13j, prior authorization shall not be required or
228.24 utilized for any atypical antipsychotic drug prescribed for the treatment of mental illness
228.25 if:

228.26 (1) there is no generically equivalent drug available; and

228.27 (2) the drug was initially prescribed for the recipient prior to July 1, 2003; or

228.28 (3) the drug is part of the recipient's current course of treatment.

228.29 This paragraph applies to any multistate preferred drug list or supplemental drug rebate
228.30 program established or administered by the commissioner. Prior authorization shall
228.31 automatically be granted for 60 days for brand name drugs prescribed for treatment of mental
228.32 illness within 60 days of when a generically equivalent drug becomes available, provided
229.1 that the brand name drug was part of the recipient's course of treatment at the time the
229.2 generically equivalent drug became available.

229.3 (d) Prior authorization must not be required for liquid methadone if only one version of
229.4 liquid methadone is available. If more than one version of liquid methadone is available,
229.5 the commissioner shall ensure that at least one version of liquid methadone is available
229.6 without prior authorization.

229.7 (e) Prior authorization may be required for an oral liquid form of a drug, except as
229.8 described in paragraph (d). A prior authorization request under this paragraph must be
229.9 automatically approved within 24 hours if the drug is being prescribed for a Food and Drug
229.10 Administration-approved condition for a patient who utilizes an enteral tube for feedings
229.11 or medication administration, even if the patient has current or prior claims for pills for that
229.12 condition. If more than one version of the oral liquid form of a drug is available, the
229.13 commissioner may select the version that is able to be approved for a Food and Drug
229.14 Administration-approved condition for a patient who utilizes an enteral tube for feedings
229.15 or medication administration. This paragraph applies to any multistate preferred drug list

227.2 Formulary Committee review a drug for prior authorization. Before the commissioner may
227.3 require prior authorization for a drug:

227.4 (1) the commissioner must provide information to the Formulary Committee on the
227.5 impact that placing the drug on prior authorization may have on the quality of patient care
227.6 and on program costs, information regarding whether the drug is subject to clinical abuse
227.7 or misuse, and relevant data from the state Medicaid program if such data is available;

227.8 (2) the Formulary Committee must review the drug, taking into account medical and
227.9 clinical data and the information provided by the commissioner; and

227.10 (3) the Formulary Committee must hold a public forum and receive public comment for
227.11 an additional 15 days.

227.12 The commissioner must provide a 15-day notice period before implementing the prior
227.13 authorization.

227.14 (c) Except as provided in subdivision 13j, prior authorization shall not be required or
227.15 utilized for any atypical antipsychotic drug prescribed for the treatment of mental illness
227.16 if:

227.17 (1) there is no generically equivalent drug available; and

227.18 (2) the drug was initially prescribed for the recipient prior to July 1, 2003; or

227.19 (3) the drug is part of the recipient's current course of treatment.

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227.21 program established or administered by the commissioner. Prior authorization shall
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227.23 illness within 60 days of when a generically equivalent drug becomes available, provided
227.24 that the brand name drug was part of the recipient's course of treatment at the time the
227.25 generically equivalent drug became available.

227.26 (d) Prior authorization must not be required for liquid methadone if only one version of
227.27 liquid methadone is available. If more than one version of liquid methadone is available,
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227.29 without prior authorization.

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228.2 or medication administration, even if the patient has current or prior claims for pills for that
228.3 condition. If more than one version of the oral liquid form of a drug is available, the
228.4 commissioner may select the version that is able to be approved for a Food and Drug
228.5 Administration-approved condition for a patient who utilizes an enteral tube for feedings
228.6 or medication administration. This paragraph applies to any multistate preferred drug list

229.16 or supplemental drug rebate program established or administered by the commissioner. The
229.17 commissioner shall design and implement a streamlined prior authorization form for patients
229.18 who utilize an enteral tube for feedings or medication administration and are prescribed an
229.19 oral liquid form of a drug. The commissioner may require prior authorization for brand
229.20 name drugs whenever a generically equivalent product is available, even if the prescriber
229.21 specifically indicates "dispense as written-brand necessary" on the prescription as required
229.22 by section 151.21, subdivision 2.

229.23 (f) Notwithstanding this subdivision, the commissioner may automatically require prior
229.24 authorization, for a period not to exceed 180 days, for any drug that is approved by the
229.25 United States Food and Drug Administration on or after July 1, 2005. The 180-day period
229.26 begins no later than the first day that a drug is available for shipment to pharmacies within
229.27 the state. The Formulary Committee shall recommend to the commissioner general criteria
229.28 to be used for the prior authorization of the drugs, but the committee is not required to
229.29 review each individual drug. In order to continue prior authorizations for a drug after the
229.30 180-day period has expired, the commissioner must follow the provisions of this subdivision.

229.31 (g) Prior authorization under this subdivision shall comply with section 62Q.184.

229.32 (h) Any step therapy protocol requirements established by the commissioner must comply
229.33 with section 62Q.1841.

230.1 (i) Notwithstanding any law to the contrary, prior authorization or step therapy shall not
230.2 be required or utilized for any class of drugs that is approved by the United States Food and
230.3 Drug Administration for the treatment or prevention of HIV and AIDS.

230.4 **EFFECTIVE DATE.** This section is effective January 1, 2026.

230.5 Sec. 23. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
230.6 to read:

230.7 Subd. 131. **Vaccines and laboratory tests provided by pharmacists.** (a) Medical
230.8 assistance covers vaccines initiated, ordered, or administered by a licensed pharmacist,
230.9 according to the requirements of section 151.01, subdivision 27, clause (6), at no less than
230.10 the rate for which the same services are covered when provided by any other licensed
230.11 practitioner.

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

230.16 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
230.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
230.18 when federal approval is obtained.

228.7 or supplemental drug rebate program established or administered by the commissioner. The
228.8 commissioner shall design and implement a streamlined prior authorization form for patients
228.9 who utilize an enteral tube for feedings or medication administration and are prescribed an
228.10 oral liquid form of a drug. The commissioner may require prior authorization for brand
228.11 name drugs whenever a generically equivalent product is available, even if the prescriber
228.12 specifically indicates "dispense as written-brand necessary" on the prescription as required
228.13 by section 151.21, subdivision 2.

228.14 (f) Notwithstanding this subdivision, the commissioner may automatically require prior
228.15 authorization, for a period not to exceed 180 days, for any drug that is approved by the
228.16 United States Food and Drug Administration on or after July 1, 2005. The 180-day period
228.17 begins no later than the first day that a drug is available for shipment to pharmacies within
228.18 the state. The Formulary Committee shall recommend to the commissioner general criteria
228.19 to be used for the prior authorization of the drugs, but the committee is not required to
228.20 review each individual drug. In order to continue prior authorizations for a drug after the
228.21 180-day period has expired, the commissioner must follow the provisions of this subdivision.

228.22 (g) Prior authorization under this subdivision shall comply with section 62Q.184.

228.23 (h) Any step therapy protocol requirements established by the commissioner must comply
228.24 with section 62Q.1841.

228.25 (i) Notwithstanding any law to the contrary, prior authorization or step therapy shall not
228.26 be required or utilized for any class of drugs that is approved by the United States Food and
228.27 Drug Administration for preexposure prophylaxis of HIV and AIDS, except under the
228.28 conditions specified in section 62Q.46, subdivision 1, paragraph (e).

228.29 **EFFECTIVE DATE.** This section is effective January 1, 2026.

228.30 Sec. 6. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
228.31 to read:

228.32 Subd. 131. **Vaccines and laboratory tests provided by pharmacists.** (a) Medical
228.33 assistance covers vaccines initiated, ordered, or administered by a licensed pharmacist,
229.1 according to the requirements of section 151.01, subdivision 27, clause (6), at no less than
229.2 the rate for which the same services are covered when provided by any other licensed
229.3 practitioner.

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

229.8 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
229.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
229.10 when federal approval is obtained.

230.19 Sec. 24. Minnesota Statutes 2022, section 256B.0625, subdivision 39, is amended to read:

230.20 Subd. 39. **Childhood immunizations.** Providers who administer pediatric vaccines

230.21 within the scope of their licensure, and who are enrolled as a medical assistance provider,

230.22 must enroll in the pediatric vaccine administration program established by section 13631

230.23 of the Omnibus Budget Reconciliation Act of 1993. Medical assistance shall pay for

230.24 administration of the vaccine to children eligible for medical assistance. Medical assistance

230.25 does not pay for vaccines that are available at no cost from the pediatric vaccine

230.26 administration program unless the vaccines qualify for 100 percent federal funding or are

230.27 mandated by the Centers for Medicare and Medicaid Services to be covered outside of the

230.28 Vaccines for Children program.

230.29 Sec. 25. **RULEMAKING; BOARD OF PHARMACY.**

230.30 The Board of Pharmacy must amend Minnesota Rules, part 6800.3400, to permit and

230.31 promote the inclusion of the following on a prescription label:

231.1 (1) the complete and unabbreviated generic name of the drug; and

231.2 (2) instructions written in plain language explaining the patient-specific indications for

231.3 the drug if the patient-specific indications are indicated on the prescription.

231.4 The Board of Pharmacy must comply with Minnesota Statutes, section 14.389, in adopting

231.5 the amendment to the rule.

231.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.