

1.1 ..... moves to amend H.F. No. 81 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **PHARMACOGENOMICS (PGX) TASK FORCE.**

1.4 Subdivision 1. **Establishment.** The Minnesota Board of Pharmacy shall establish a  
1.5 pharmacogenomics (PGx) task force to evaluate and assess the current availability of  
1.6 pharmacogenomics statewide and to develop recommendations for making  
1.7 pharmacogenomics available statewide. For purposes of this section, "pharmacogenomics"  
1.8 means the determination of how variation in an individual's genomic information influences  
1.9 medication safety and efficacy.

1.10 Subd. 2. **Membership.** (a) The PGx task force shall consist of members appointed by  
1.11 the executive director of the Minnesota Board of Pharmacy according to paragraph (c) and  
1.12 four members of the legislature appointed according to paragraph (e).

1.13 (b) The task force will elect a chair and co-chair and other officers as the members deem  
1.14 necessary.

1.15 (c) The executive director shall appoint the following members:

1.16 (1) at least two pharmacists with expertise in pharmacogenomics from the University  
1.17 of Minnesota;

1.18 (2) at least two other pharmacists licensed and practicing within the state with expertise  
1.19 in pharmacogenomics;

1.20 (3) at least two physicians licensed and practicing in the state;

1.21 (4) at least two health system or clinic administrators, or their designees, from the state;

1.22 (5) a representative of a patient organization that operates in the state;

- 2.1 (6) a patient or caregiver with an interest in pharmacogenomics;
- 2.2 (7) a pharmacist or other provider who is a member of a diverse and underrepresented
- 2.3 community;
- 2.4 (8) a second member of a diverse and underrepresented community;
- 2.5 (9) a representative of the biotechnology industry;
- 2.6 (10) a representative of payers, health plans, or insurers;
- 2.7 (11) an expert in health informatics from the University of Minnesota;
- 2.8 (12) an expert in data management and security;
- 2.9 (13) an expert in ethical, legal, and social implications of genomics;
- 2.10 (14) an expert in health regulatory affairs from the state; and
- 2.11 (15) a genetic counselor.
- 2.12 (d) Members appointed according to paragraph (c) shall reflect an equitable statewide
- 2.13 geographical representation and representation from diverse groups within the state.
- 2.14 (e) The PGx task force shall include two members of the senate, one appointed by the
- 2.15 majority leader and one appointed by the minority leader, and two members of the house
- 2.16 of representatives, one appointed by the speaker of the house and one appointed by the
- 2.17 minority leader.
- 2.18 (f) The executive director or a designee shall serve as an ex officio, nonvoting member
- 2.19 of the PGx task force.
- 2.20 (g) Initial appointments to the PGx task force shall be made no later than September 1,
- 2.21 2021. Members appointed according to paragraph (c) shall serve for a term of one year.
- 2.22 Subd. 3. **Meetings.** The first meeting of the PGx task force shall be convened no later
- 2.23 than October 1, 2021. The PGx task force shall meet at the call of the chairperson or at the
- 2.24 request of a majority of PGx task force members.
- 2.25 Subd. 4. **Duties.** The PGx task force's duties may include but are not limited to:
- 2.26 (1) conducting a comprehensive analysis of strategies that could be undertaken to
- 2.27 implement pharmacogenomics across the state;
- 2.28 (2) determining what education in pharmacogenomics is needed by the health care
- 2.29 workforce to improve effectiveness of and reduce adverse reactions to medications through
- 2.30 the use of pharmacogenomics;

3.1 (3) soliciting input from the public on readiness for adoption of pharmacogenomics;

3.2 (4) considering the needs and perspectives of diverse and underrepresented communities;

3.3 and

3.4 (5) developing recommendations for:

3.5 (i) diffusion of pharmacogenomics services into practice across the state;

3.6 (ii) necessary education for providers;

3.7 (iii) evaluation of the benefits and value to health of pharmacogenomics; and

3.8 (iv) building capacity for research on pharmacogenomics needs and capabilities across  
3.9 the state.

3.10 Subd. 5. **Contracts.** The Board of Pharmacy may enter into a contract with the University  
3.11 of Minnesota for conducting research and surveys, or providing administrative assistance  
3.12 to the task force.

3.13 Subd. 6. **Conflict of interest.** PGx task force members are subject to state policy on  
3.14 conflicts of interest.

3.15 Subd. 7. **Report required.** By June 30, 2022, the executive director shall report to the  
3.16 chairs and ranking minority members of the legislative committees with jurisdiction over  
3.17 health care policy on the activities of the PGx task force. At a minimum, the report must  
3.18 include:

3.19 (1) a description of the PGx task force's goals; and

3.20 (2) a description of the independent recommendations made by the PGx task force.

3.21 Subd. 8. **Expiration.** The PGx task force expires September 1, 2022.

3.22 Sec. 2. **APPROPRIATION.**

3.23 \$250,000 in fiscal year 2022 is appropriated from the general fund to the Minnesota  
3.24 Board of Pharmacy for the pharmacogenomics (PGx) task force under section 1. This is a  
3.25 onetime appropriation. This appropriation is available until expended."

3.26 Delete the title and insert:

3.27 "A bill for an act

3.28 relating to health; requesting the Minnesota Board of Pharmacy to establish  
3.29 pharmacogenomics (PGx) task force; requiring a report; appropriating money."