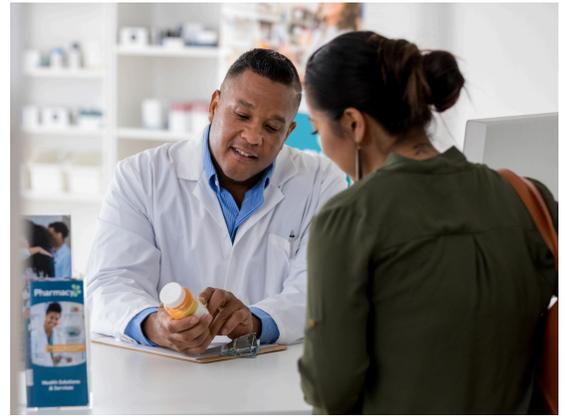


Pharmacist Prescriptive Authority for MOUD in Minnesota



Background

Opioid use disorder (OUD) continues to impact communities across Minnesota, particularly in rural and underserved areas where provider shortages limit timely access to treatment. Although federal barriers such as the X-waiver have been removed, significant access gaps remain due to workforce constraints, stigma, and limited prescriber availability.

Unlocking Access to OUD Treatment-Pharmacists Are Ready to Lead

The proposed legislation would authorize Minnesota pharmacists to prescribe, administer, and dispense medications for opioid use disorder (MOUD), including Schedule III-V controlled substances and non-controlled medications. The goal is to expand timely access to evidence-based OUD treatment while maintaining patient safety and regulatory oversight.

With this proposal, pharmacists could prescribe and, when appropriate, dispense MOUD they prescribe. Pharmacist interns may assist with prescription preparation, but an authorized pharmacist must review, approve, and sign all prescriptions.

Before prescribing MOUD, pharmacists must complete the DEA required 8-hour OUD training from an approved provider. Pharmacists prescribing controlled MOUD would be required to comply with all applicable DEA requirements, including maintaining a valid DEA registration. Pharmacists would also be required to provide patient counseling and written educational materials prior to dispensing MOUD.

Overall, this proposal expands access to lifesaving treatment by leveraging pharmacists' accessibility and expertise, while ensuring appropriate training, patient safeguards, and alignment with state and federal law.

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.

Name: Jordan Banister, PharmD, CDCES

Organization: Minnesota Pharmacy Alliance (MPA): Minnesota Pharmacists Association (MPHA), Minnesota Society of Health-System Pharmacists (MSHP), University of Minnesota College of Pharmacy (UMN CoP)

Phone: Please contact Buck Humphrey, MPA’s Gov Affair rep, with any questions: 612-889-6515

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- **Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.**
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Pharmacist

2) Briefly describe the proposed change.

The proposed change would authorize pharmacists to independently prescribe, dispense, and administer FDA-approved Schedule III–V medications for Medication-Assisted Treatment (MAT) to care for patients with Opioid Use Disorder (OUD).

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

“The Mainstreaming Addiction Treatment Act, which went into effect in December 2022, sought to increase access to buprenorphine by removing federal requirements for clinicians to obtain a Drug Addiction Treatment Act (DATA) waiver to prescribe buprenorphine for opioid use disorder.” (US Pharmacist)

“On December 1 2025, President Trump signed H.R. 2483, the “SUPPORT for Patients and Communities Reauthorization Act of 2025,” into law, which includes a critical provision permitting the American Pharmacists Association (APhA) and the Accreditation Council for Pharmacy Education (ACPE) to offer 8 hours of continuing pharmacy education (CPE) training for pharmacists. This training will fulfill requirements under law for prescribing buprenorphine, an essential medication for treating OUD, and will ensure pharmacists maintain their Drug Enforcement Administration (DEA) registration...This legislation reauthorizes programs related to substance use disorder prevention, treatment, and recovery and takes effect retroactively as if enacted on December 29, 2022. **States will still need to authorize pharmacists to prescribe buprenorphine before they can receive the CPE training.** (American Pharmacists Association)

4) If the proposal has been introduced, provide the bill number and names of House and Senate

sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

SF 4486, Author: Senator John Hoffman
HF 4493, Author: Representative Dave Baker

Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Pharmacists are directly affected by the proposed legislation. Primary care providers benefit through sharing the workload when pharmacists can prescribe Medications for Opioid Use Disorder (MOUD).

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

Minnesota Pharmacists Association: approximately 1200 member pharmacists

Minnesota Society of Health-System Pharmacists: approximately 350 member pharmacists in MN.

University of Minnesota College of Pharmacy: 450+ students and 70+ faculty at the University of Minnesota Twin Cities & Duluth campuses.

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Pharmacists are trusted healthcare providers that are accessible to most Minnesotans within 5 miles or 5-10 minutes of their home. On average, patients visit their pharmacy about 18 to 25 times per year. Data from March 2024 shows that there are approximately 9,912 active Minnesota pharmacists. (MN Department of Health).

The pharmacists most impacted by the proposed legislation will be those who work in rural retail, hospital, and clinic settings. Community pharmacists, who are widely distributed across Minnesota, would serve as accessible entry points for care, particularly in rural and underserved communities where patients may face long travel distances and limited provider availability. This authority would allow patients to initiate and continue MAT locally, reducing delays caused by referrals or transportation challenges. Hospital pharmacists could initiate MAT during inpatient stays or prior to discharge, improving continuity of care and reducing the risk of treatment interruption following hospitalization. Ambulatory care pharmacists, embedded in clinics and health systems, could manage ongoing MAT as part of chronic care models, including monitoring, dose adjustments, counseling, and coordination with behavioral health and primary care providers. Together, these practice settings would create a more integrated, accessible MAT care pathway that leverages pharmacists' medication expertise to expand access, improve continuity, and reduce disparities in opioid use disorder treatment.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or like those performed by any other occupational groups.

Like other healthcare providers, pharmacists can prescribe (in the states that have passed legislation allowing it), dispense, and administer (MN pharmacists have long-acting injectable administration authority) FDA-approved Schedule III–V medications for medication-assisted treatment, provide medication counseling, and monitor treatment outcomes. Pharmacists can also coordinate care with other healthcare providers, interpret laboratory results when applicable, provide point of care testing, and implement an appropriate plan of care.

e. Discuss the fiscal impact.

There is no fiscal note for this bill. It will likely decrease the cost of care-when patients have access to buprenorphine; there will be reduced downstream costs including but not limited to emergency room visits/hospital stays.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Pharmacists are the foremost medication experts in the healthcare field. Pharmacists are licensed by the Board of Pharmacy through examination after completing a Doctor of Pharmacy (PharmD) degree at an accredited school or college of pharmacy. Pharmacists who were educated before 2000 may have earned a PharmD or a Bachelor of Science in pharmacy, which also leads to licensing by the Board of Pharmacy. Pharmacists are trained in the patient care process, which includes an assessment of indication, effectiveness, safety, and convenience for all medications. This includes MOUD. View information on H.R. 2483 above for further information as it relates to training for MOUD. Training can be completed as continuing education.

- b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this

change under the proposal?

The proposed scope change does not change current education and training practices.

Pharmacists will continue to undergo the same basic training to be a licensed pharmacist in Minnesota (pharmacists in Minnesota have earned a Bachelor of Science in Pharmacy or earn a Doctor of Pharmacy from an accredited school of pharmacy and pass the National Pharmacy Licensing Examination). If a pharmacist wishes to provide the proposed MOUD prescribing, they would additionally be required to undergo an ACPE approved training program (required by the DEA).

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

At least 11 states give pharmacists the ability to prescribe MOUD through various pathways.

Section 1262(a)(1) of the Consolidated Appropriations Act of 2023 (passed 12/29/2022) eliminated the DATA 2000 “X waiver” requirement.

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

The Minnesota Board of Pharmacy (MBOP) regulates the pharmacist profession of pharmacy and grants licenses to pharmacists.

This proposal does not require any changes in supervision. Pharmacists do not require direct supervision by another health professional in typical activity and would not need additional supervision to prescribe MOUD. They will be held to the same standards required by the DEA as well and need to complete the required 8-hour training.

SF 4486/ HF 4493 also modifies grounds for disciplinary action for pharmacists, adding a provision for conduct that departs from accepted healthcare standards.

- b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners’ competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

This proposal does not include any changes to the regulatory entity of the Minnesota Board of Pharmacy. The Minnesota Board of Pharmacy is the regulatory entity that oversees and regulates safety. The MBOP regulates all practice and public safety aspects of the pharmacy practice for pharmacists under MN statute Chapter 151. The Board develops rules, sets baseline training and educational requirements for becoming licensed in the state, ensures licensees meet continuing education requirements to maintain their license, and ensures compliance with the rules and laws governing pharmacy practice in Minnesota.

- c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

All licensed pharmacists must complete continuing education requirements required by the MBOP.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

The safety and wellbeing of Minnesotans can be protected and improved by allowing pharmacists to prescribe buprenorphine for OUD, as this will expand access to care. Pharmacists are highly trained medication experts and are already trusted, accessible healthcare professionals across Minnesota, including in rural and underserved areas. Reducing regulatory barriers such as restrictive prescribing rules or access limitations improves timely access to life-saving treatment, reduces overdose risk, and supports continuity of care without compromising safety.

- b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

Yes, see the MBOP’s authorizing and penalties provisions in MN Chapter 151.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This proposal will increase the accessibility of OUD treatment by allowing patients to receive it at any location where a pharmacist who prescribes MOUD could work—such as a rural retail pharmacy, clinic, ER, hospital, or jail— which then increases availability and decreases total health care costs. Pharmacists are the most accessible health professionals in Minnesota and are located throughout the state, often within 5 minutes or five miles of a patient. Urban underserved and rural populations often face barriers to hospital access, making the community pharmacy an important access point for care.

“In 2023, 24 counties did not have a treatment provider located within the county boundaries. This underscores the need for continued concentrated efforts to ensure statewide access to treatment”
-source: Opioid Epidemic Response Advisory Council Legislative Report

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

As previously mentioned, the pharmacist is the most accessible healthcare professional able to provide this service for patients. Increasing the authorities for pharmacists in Minnesota would have no impact on the number of pharmacists in Minnesota. It will not impact any other health provider profession, other than to alleviate overburdened hospitals, clinics and provider offices.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?**

No. Pharmacists can bill for clinical services for commercial plans in Minnesota. If needed, Medicaid MOUD initiation could be billed under MTM (Medication Therapy Management).

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value based payments)?

Pharmacists' broad geographic distribution and frequent patient contact help improve access for rural, underserved, and culturally diverse populations, supporting culturally responsive care through community-based settings where trust already exists. This proposal also complements value-based payment models by emphasizing early intervention, prevention of overdose, reduced emergency department visits, and improved long-term outcomes-key metrics in accountable care organizations (ACOs) and Medicaid value-based arrangements. Overall, empowering pharmacists to prescribe MOUD modernizes care delivery, improves system efficiency, and supports Minnesota's transition toward accessible, coordinated, and outcome-focused health care.

- e. **What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?**

Cost savings for the state government include reduced downstream healthcare costs. Some MOUD initiation currently billed under physician or clinic visits would shift to community pharmacy settings, often at a lower per-encounter cost.

6) **Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

Could consider tracking ACPE training completion or asking the MN Board of Pharmacy to add questions on the yearly pharmacist license renewal survey. We could also look at data from the DEA to see how many pharmacists obtained a DEA in MN each year.

7) **Support for and opposition to the proposal**

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

Please see the above pharmacy supporting organizations and member information in our answer to question 1-b above.

- b. **List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.**

Minnesota Pharmacists Association
Minnesota Society of Health-System Pharmacists
The University of Minnesota College of Pharmacy
Minnesota Board of Pharmacy
Minnesota Medical Association
The Minnesota APRN Coalition

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

We do not know of any organizations who actively oppose this legislation.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?**

This bill was presented to the Minnesota Medical Association and they voted unanimously to support it.



March 25, 2026

Dear Members of the Health Finance and Policy Committee,

On behalf of the Minnesota Medical Association (MMA), the largest professional association representing over 10,000 physicians across the state, I am writing in support of HF 4493.

The legislation to authorize appropriately trained pharmacists to initiate, prescribe, dispense, and administer medication for opioid use disorder (MOUD) would improve access to needed services in communities across Minnesota.

HF 4493 allows pharmacists the flexibility to adapt their prescribing to constantly changing clinical guidelines regarding buprenorphine, as contrasted by an alternative authority pathway via a statewide protocol, such as that for naloxone. The authority included in the legislation should seek to ensure appropriate documentation in the Prescription Monitoring Program (PMP) and patient and electronic health records; facilitate referrals to physicians for comprehensive care and ongoing medication management; and ensure patient receipt of resources for ongoing supportive counseling.

The demand for these services in Minnesota is severe, and access must be increased. On behalf of the MMA, I appreciate the collaborative effort by the Minnesota Pharmacist Association to HF 4493 into a practical bill that will improve the health of Minnesota patients with opioid use disorder, and I respectfully ask members for their support.

Sincerely,

Lisa Mattson, MD
President, Minnesota Medical Association



March 22, 2022

Minnesota Senate
Health and Human Services Committee

House of Representatives
Health Finance and Policy Committee

Dear Chairs, Wiklund, Backer Bierman and Health committee members:

Dear Chair and Members of the Committee:

On behalf of the Minnesota APRN Coalition, we write in support of SF4486/HF4493, legislation to expand pharmacist prescriptive authority for medications for opioid use disorder (MOUD). As advanced practice registered nurses, we are committed to improving access to safe, evidence-based care—particularly in rural and underserved areas where provider shortages continue to limit timely treatment.

Despite the removal of federal barriers such as the X-waiver, significant gaps in access to OUD treatment remain. Workforce shortages, geographic disparities, stigma, and limited prescriber availability continue to delay care for patients in need. APRNs across Minnesota see these challenges firsthand, especially in Greater Minnesota, where patients often face long wait times or must travel considerable distances to access treatment. Expanding the number of qualified providers able to prescribe MOUD is a critical step in addressing these barriers.

This proposal takes a thoughtful approach by leveraging pharmacists' accessibility and expertise while maintaining appropriate safeguards. Pharmacists are highly accessible healthcare professionals, and enabling them to prescribe, administer, and dispense MOUD within a regulated framework will help reduce delays in care and improve treatment continuity.

Importantly, this legislation complements—not replaces—the existing care team. APRNs strongly support team-based models that expand access while maintaining high standards of care. This proposal will strengthen Minnesota's ability to respond to the opioid crisis and improve outcomes for patients across the state.

For these reasons, we respectfully urge your support.

Sincerely,
Minnesota APRN Coalition



March 24, 2026

RE: HF 4493 (Baker) Pharmacists authorization to initiate, prescribe, administer, and dispense certain drugs for the treatment of opioid use disorder

Chair Backer, Chair Bierman, and members of the Committee:

Thank you for the opportunity to share written testimony in support of HF 4493 (Baker). We also want to thank Rep. Baker for his leadership in advancing this legislation and his continued focus on strengthening Minnesota's health system.

Minnesota Retailers and Minnesota Grocers Association are proud to represent retail pharmacies across the state—trusted, community-based healthcare access points that serve patients every day. HF 4493 is an important, forward-thinking step that recognizes the critical role pharmacists can play in addressing opioid use disorder (OUD).

This legislation would authorize pharmacists to initiate, prescribe, administer, and dispense certain medications for OUD treatment, expanding access to care at a time when timely intervention can save lives.

From a pharmacy perspective, accessibility is key. Pharmacies are often the most accessible healthcare provider in a community—open extended hours, located in neighborhoods across Minnesota, and available without appointments. Allowing pharmacists to engage more directly in OUD treatment helps meet patients where they are and reduces barriers to care.

HF 4493 supports a public health approach by expanding access to evidence-based treatment, reducing delays in care, and leveraging the expertise of pharmacists as part of the healthcare team.

As communities across Minnesota continue to address the challenges of opioid use disorder, policies that increase access to treatment options are essential. This bill does exactly that—opening additional doors for patients seeking help and strengthening the continuum of care.

Sincerely,

Will Hagen
Minnesota Retailers
will@mnretail.org

Steve Barthel
Minnesota Grocers Association
SBarthel@mngrocers.com