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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4493

03/18/2026 Authored by Baker and Rehrauer The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health occupations; authorizing pharmacists to initiate, prescribe,
1.3 administer, and dispense certain drugs for the treatment of opioid use disorder;
1.4 modifying grounds for disciplinary action for pharmacists and pharmacist interns;
1.5 amending Minnesota Statutes 2024, sections 151.01, subdivision 27; 151.071,
1.6 subdivision 2; 151.37, by adding a subdivision; 152.11, subdivision 2; 152.12, by
1.7 adding a subdivision; Minnesota Statutes 2025 Supplement, section 151.01,
1.8 subdivision 23.

1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.10 Section 1. Minnesota Statutes 2025 Supplement, section 151.01, subdivision 23, is amended
1.11 to read:

1.12 Subd. 23. Practitioner. "Practitioner" means a licensed doctor of medicine, licensed
1.13 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
1.14 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
1.15 advanced practice registered nurse, licensed certified midwife, or licensed physician assistant.
1.16 For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision
1.17 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental
1.18 therapist authorized to dispense and administer under chapter 150A. For purposes of sections
1.19 151.252, subdivision 3, and 151.461, "practitioner" also means a pharmacist authorized to
1.20 prescribe self-administered hormonal contraceptives, nicotine replacement medications, or
1.21 opiate antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe
1.22 drugs to prevent the acquisition of human immunodeficiency virus (HIV) under drug therapy
1.23 according to subdivision 27 or section 151.37, subdivision 17.

2.1 Sec. 2. Minnesota Statutes 2024, section 151.01, subdivision 27, is amended to read:

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

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

2.4 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
2.5 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
2.6 and devices);

2.7 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
2.8 of safe and effective use of drugs, including ordering and performing laboratory tests that
2.9 are waived under the federal Clinical Laboratory Improvement Act of 1988, United States
2.10 Code, title 42, section 263a et seq. A pharmacist may collect specimens, interpret results,
2.11 notify the patient of results, and refer the patient to other health care providers for follow-up
2.12 care and may initiate, modify, or discontinue drug therapy only pursuant to a protocol or
2.13 collaborative practice agreement. A pharmacist may delegate the authority to administer
2.14 tests under this clause to a pharmacy technician or pharmacy intern. A pharmacy technician
2.15 or pharmacy intern may perform tests authorized under this clause if the technician or intern
2.16 is working under the direct supervision of a pharmacist;

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

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

2.22 (i) upon the order of a ~~prescriber~~ practitioner and the ~~prescriber~~ practitioner is notified
2.23 after administration is complete; or

2.24 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
2.25 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
2.26 modification, administration, and discontinuation of drug therapy is according to the protocol
2.27 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
2.28 physician, physician assistant, podiatrist, or veterinarian, or an advanced practice registered
2.29 nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes
2.30 in drug therapy or medication administration made pursuant to a protocol or collaborative
2.31 practice agreement must be documented by the pharmacist in the patient's medical record
2.32 or reported by the pharmacist to a practitioner responsible for the patient's care;

3.1 (6) initiating, ordering, and administering influenza and COVID-19 or SARS-CoV-2
3.2 vaccines authorized or approved by the United States Food and Drug Administration to all
3.3 eligible individuals three years of age and older and all other United States Food and Drug
3.4 Administration-approved vaccines to patients six years of age and older according to the
3.5 federal Advisory Committee on Immunization Practices recommendations. A pharmacist
3.6 may delegate the authority to administer vaccines under this clause to a pharmacy technician
3.7 or pharmacy intern who has completed training in vaccine administration if:

3.8 (i) the pharmacist and the pharmacy technician or pharmacy intern have successfully
3.9 completed a program approved by the Accreditation Council for Pharmacy Education
3.10 (ACPE) specifically for the administration of immunizations or a program approved by the
3.11 board;

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

3.15 (iii) the pharmacist reports the administration of the immunization to the Minnesota
3.16 Immunization Information Connection;

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

3.21 (v) in the case of a pharmacy technician administering vaccinations while being
3.22 supervised by a licensed pharmacist:

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

3.25 (B) the pharmacist is readily and immediately available to the immunizing pharmacy
3.26 technician;

3.27 (C) the pharmacy technician has a current certificate in basic cardiopulmonary
3.28 resuscitation;

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

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

4.1 (7) participation in the initiation, management, modification, and discontinuation of
4.2 drug therapy according to a written protocol or collaborative practice agreement between:
4.3 (i) one or more pharmacists and one or more dentists, optometrists, physicians, physician
4.4 assistants, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
4.5 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
4.6 or advanced practice registered nurses authorized to prescribe, dispense, and administer
4.7 under section 148.235. Any changes in drug therapy made pursuant to a protocol or
4.8 collaborative practice agreement must be documented by the pharmacist in the patient's
4.9 medical record or reported by the pharmacist to a practitioner responsible for the patient's
4.10 care;

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

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

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

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

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

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

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

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

4.26 (14) prescribing, dispensing, and administering drugs for preventing the acquisition of
4.27 human immunodeficiency virus (HIV) if the pharmacist meets the requirements in section
4.28 151.37, subdivision 17; ~~and~~

4.29 (15) ordering, conducting, and interpreting laboratory tests necessary for therapies that
4.30 use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements
4.31 in section 151.37, subdivision 17; and

5.1 (16) initiating, prescribing, dispensing, and administering drugs for the treatment of
5.2 opioid use disorder pursuant to section 151.37, subdivision 18.

5.3 Sec. 3. Minnesota Statutes 2024, section 151.071, subdivision 2, is amended to read:

5.4 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is
5.5 grounds for disciplinary action:

5.6 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or
5.7 registration contained in this chapter or the rules of the board. The burden of proof is on
5.8 the applicant to demonstrate such qualifications or satisfaction of such requirements;

5.9 (2) obtaining a license by fraud or by misleading the board in any way during the
5.10 application process or obtaining a license by cheating, or attempting to subvert the licensing
5.11 examination process. Conduct that subverts or attempts to subvert the licensing examination
5.12 process includes, but is not limited to: (i) conduct that violates the security of the examination
5.13 materials, such as removing examination materials from the examination room or having
5.14 unauthorized possession of any portion of a future, current, or previously administered
5.15 licensing examination; (ii) conduct that violates the standard of test administration, such as
5.16 communicating with another examinee during administration of the examination, copying
5.17 another examinee's answers, permitting another examinee to copy one's answers, or
5.18 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an
5.19 impersonator to take the examination on one's own behalf;

5.20 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist
5.21 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,
5.22 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used
5.23 in this subdivision includes a conviction of an offense that if committed in this state would
5.24 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding
5.25 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either
5.26 withheld or not entered thereon. The board may delay the issuance of a new license or
5.27 registration if the applicant has been charged with a felony until the matter has been
5.28 adjudicated;

5.29 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner
5.30 or applicant is convicted of a felony reasonably related to the operation of the facility. The
5.31 board may delay the issuance of a new license or registration if the owner or applicant has
5.32 been charged with a felony until the matter has been adjudicated;

6.1 (5) for a controlled substance researcher, conviction of a felony reasonably related to
6.2 controlled substances or to the practice of the researcher's profession. The board may delay
6.3 the issuance of a registration if the applicant has been charged with a felony until the matter
6.4 has been adjudicated;

6.5 (6) disciplinary action taken by another state or by one of this state's health licensing
6.6 agencies:

6.7 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a
6.8 license or registration in another state or jurisdiction, failure to report to the board that
6.9 charges or allegations regarding the person's license or registration have been brought in
6.10 another state or jurisdiction, or having been refused a license or registration by any other
6.11 state or jurisdiction. The board may delay the issuance of a new license or registration if an
6.12 investigation or disciplinary action is pending in another state or jurisdiction until the
6.13 investigation or action has been dismissed or otherwise resolved; and

6.14 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a
6.15 license or registration issued by another of this state's health licensing agencies, failure to
6.16 report to the board that charges regarding the person's license or registration have been
6.17 brought by another of this state's health licensing agencies, or having been refused a license
6.18 or registration by another of this state's health licensing agencies. The board may delay the
6.19 issuance of a new license or registration if a disciplinary action is pending before another
6.20 of this state's health licensing agencies until the action has been dismissed or otherwise
6.21 resolved;

6.22 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of
6.23 any order of the board, of any of the provisions of this chapter or any rules of the board or
6.24 violation of any federal, state, or local law or rule reasonably pertaining to the practice of
6.25 pharmacy;

6.26 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order
6.27 of the board, of any of the provisions of this chapter or the rules of the board or violation
6.28 of any federal, state, or local law relating to the operation of the facility;

6.29 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the
6.30 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of
6.31 a patient; or pharmacy practice that is professionally incompetent, in that it may create
6.32 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of
6.33 actual injury need not be established;

7.1 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it
7.2 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy
7.3 technician or pharmacist intern if that person is performing duties allowed by this chapter
7.4 or the rules of the board;

7.5 (11) for an individual licensed or registered by the board, adjudication as mentally ill
7.6 or developmentally disabled, or as a chemically dependent person, a person dangerous to
7.7 the public, a sexually dangerous person, or a person who has a sexual psychopathic
7.8 personality, by a court of competent jurisdiction, within or without this state. Such
7.9 adjudication shall automatically suspend a license for the duration thereof unless the board
7.10 orders otherwise;

7.11 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified
7.12 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in
7.13 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist
7.14 intern or performing duties specifically reserved for pharmacists under this chapter or the
7.15 rules of the board;

7.16 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
7.17 duty except as allowed by a variance approved by the board;

7.18 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety
7.19 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
7.20 of material or as a result of any mental or physical condition, including deterioration through
7.21 the aging process or loss of motor skills. In the case of registered pharmacy technicians,
7.22 pharmacist interns, or controlled substance researchers, the inability to carry out duties
7.23 allowed under this chapter or the rules of the board with reasonable skill and safety to
7.24 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
7.25 of material or as a result of any mental or physical condition, including deterioration through
7.26 the aging process or loss of motor skills;

7.27 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas
7.28 dispenser, or controlled substance researcher, revealing a privileged communication from
7.29 or relating to a patient except when otherwise required or permitted by law;

7.30 (16) for a pharmacist or pharmacy, improper management of patient records, including
7.31 failure to maintain adequate patient records, to comply with a patient's request made pursuant
7.32 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

7.33 (17) fee splitting, including without limitation:

8.1 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
8.2 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

8.3 (ii) referring a patient to any health care provider as defined in sections 144.291 to
8.4 144.298 in which the licensee or registrant has a financial or economic interest as defined
8.5 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
8.6 licensee's or registrant's financial or economic interest in accordance with section 144.6521;
8.7 and

8.8 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner
8.9 does not have a significant ownership interest, fills a prescription drug order and the
8.10 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price
8.11 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy
8.12 benefit manager, or other person paying for the prescription or, in the case of veterinary
8.13 patients, the price for the filled prescription that is charged to the client or other person
8.14 paying for the prescription, except that a veterinarian and a pharmacy may enter into such
8.15 an arrangement provided that the client or other person paying for the prescription is notified,
8.16 in writing and with each prescription dispensed, about the arrangement, unless such
8.17 arrangement involves pharmacy services provided for livestock, poultry, and agricultural
8.18 production systems, in which case client notification would not be required;

8.19 (18) engaging in abusive or fraudulent billing practices, including violations of the
8.20 federal Medicare and Medicaid laws or state medical assistance laws or rules;

8.21 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted
8.22 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
8.23 to a patient;

8.24 (20) failure to make reports as required by section 151.072 or to cooperate with an
8.25 investigation of the board as required by section 151.074;

8.26 (21) knowingly providing false or misleading information that is directly related to the
8.27 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and
8.28 administration of a placebo;

8.29 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
8.30 established by any of the following:

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

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

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

9.5 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.
 9.6 The board must investigate any complaint of a violation of section 609.215, subdivision 1
 9.7 or 2;

9.8 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For
 9.9 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing
 9.10 duties permitted to such individuals by this chapter or the rules of the board under a lapsed
 9.11 or nonrenewed registration. For a facility required to be licensed under this chapter, operation
 9.12 of the facility under a lapsed or nonrenewed license or registration;

9.13 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge
 9.14 from the health professionals services program for reasons other than the satisfactory
 9.15 completion of the program; ~~and~~

9.16 (25) for a manufacturer, a violation of section 62J.842 or 62J.845; and

9.17 (26) for a pharmacist or pharmacist intern, engaging in conduct that departs from or fails
 9.18 to conform with accepted standards for health care that would be provided in a similar
 9.19 setting by a reasonable and prudent pharmacist or pharmacist intern.

9.20 Sec. 4. Minnesota Statutes 2024, section 151.37, is amended by adding a subdivision to
 9.21 read:

9.22 Subd. 18. **Treatment of opioid use disorder.** (a) A pharmacist is authorized to prescribe,
 9.23 administer, and dispense legend drugs and controlled substances in Schedules III through
 9.24 V of section 152.02 to treat opioid use disorder if:

9.25 (1) the pharmacist has determined, based on medically acceptable standards, that treatment
 9.26 is indicated and necessary; and

9.27 (2) the pharmacist documents in the patient's health record the assessment, treatment,
 9.28 response, and monitoring activities performed according to an individual treatment plan.

9.29 (b) In order to prescribe a drug described in paragraph (a), the pharmacist must first:

9.30 (1) successfully complete a training program specifically developed for practitioners for
 9.31 the treatment of substance use disorders, in accordance with United States Code, title 21,
 9.32 section 823(m); and

10.1 (2) obtain the appropriate federal Drug Enforcement Administration registration number
10.2 required for the schedule in which that drug is included, if the drug to be prescribed is a
10.3 controlled substance.

10.4 (c) Before dispensing a drug described in paragraph (a) that is prescribed by the
10.5 pharmacist, the pharmacist must provide counseling to the patient on the proper use of the
10.6 drug, the need for follow-up, and any additional information listed in Minnesota Rules, part
10.7 6800.0910, subpart 2, that must be provided during patient counseling.

10.8 (d) A pharmacist is prohibited from delegating the prescribing authority under this
10.9 subdivision to any other person. A pharmacist intern registered under section 151.101 may
10.10 prepare the prescription, but before the prescription is processed or dispensed, a pharmacist
10.11 authorized to prescribe under this subdivision must review, approve, and sign the prescription.

10.12 (e) Nothing in this subdivision prohibits a pharmacist from participating in the initiation,
10.13 management, modification, and discontinuation of drug therapy according to a protocol for
10.14 opioid use disorder as authorized in this section and section 151.01, subdivision 27.

10.15 (f) Nothing in this subdivision prohibits a pharmacist from dispensing or administering
10.16 drugs for the treatment of opioid use disorder in accordance with a valid prescription issued
10.17 by another practitioner.

10.18 (g) Nothing in this subdivision prohibits a pharmacist from charging for a service
10.19 authorized under this subdivision.

10.20 Sec. 5. Minnesota Statutes 2024, section 152.11, subdivision 2, is amended to read:

10.21 **Subd. 2. Prescription requirements for Schedule III or IV controlled substances.** (a)
10.22 Except as provided in paragraph (b), no person may dispense a controlled substance included
10.23 in Schedule III or IV of section 152.02 without a prescription issued, as permitted under
10.24 subdivision 1, by a doctor of medicine, a doctor of osteopathic medicine licensed to practice
10.25 medicine, a doctor of dental surgery, a doctor of dental medicine, a doctor of podiatry, a
10.26 doctor of optometry limited to Schedule IV, a pharmacist limited to Schedule III or IV and
10.27 in accordance with section 151.37, or a doctor of veterinary medicine, lawfully licensed to
10.28 prescribe in this state or from a practitioner licensed to prescribe controlled substances by
10.29 the state in which the prescription is issued, and having a current federal drug enforcement
10.30 administration registration number. Such prescription may not be dispensed or refilled
10.31 except with the documented consent of the prescriber, and in no event more than six months
10.32 after the date on which such prescription was issued and no such prescription may be refilled
10.33 more than five times.

11.1 (b) This subdivision does not apply to cannabis plants, cannabis flower, cannabis products,
11.2 or hemp-derived consumer products sold or transferred in compliance with chapter 342.

11.3 Sec. 6. Minnesota Statutes 2024, section 152.12, is amended by adding a subdivision to
11.4 read:

11.5 Subd. 2a. **Pharmacist.** A licensed pharmacist, in good faith and in the course of
11.6 professional practice only, may prescribe, administer, and dispense a controlled substance
11.7 that is included in Schedules III through V of section 152.02 and that the pharmacist is
11.8 authorized to prescribe, administer, and dispense under section 151.37, subdivision 18, and
11.9 may cause the same to be administered by a pharmacist intern under the direction and
11.10 supervision of the pharmacist.