



Date: Thursday, January 24<sup>th</sup>, 2024

To: Representative Mike Freiberg  
Senator Kelly Morrison

CC: Representative Tina Liebling  
Senator Melissa Wiklund

From: The Minnesota Pharmacy Alliance  
The Minnesota Pharmacists Association  
The Minnesota Society of Health-System Pharmacists

Re: HF1930 – The End-of-Life Option Act

The Minnesota Pharmacy Alliance (MPA), the Minnesota Pharmacists Association (MPhA), and Minnesota Society of Health-System Pharmacists (MSHP) represents pharmacists and pharmacies across Minnesota. MPA represents many types of pharmacists and pharmacy technicians from those working in health-systems, to regional and national chains, to pharmacists embedded in clinics and independently owned pharmacies. We are writing you today to share with you our concerns and suggestions for the language included in the DE-1 amendment to Representative Freiberg’s End-of-Life Option legislation.

We appreciate being able to work with you on this issue. Choosing to end one’s life is a deeply personal decision that should only be made with the counsel of an appropriate licensed provider. Providers that choose not to participate in prescribing, administering, or dispensing medications that end a human’s life should not be punished for this complex choice. They should also not be subjectively held to a standard that could make them criminally liable.

Pharmacists have the right to conscientious objection and Minnesota law protects this right. MPA takes a neutral approach to this bill and medical aid in dying. We are aware that 11 other states do spell out in statute how, when, and where End-of-Life options can legally take place. We appreciate that your bill language takes into account some of the decisions and actions a pharmacist participating in the dispensing or administration of medications to end a life would need to take. However, we would like to note that almost none of the other state’s statutes specifically call out the responsibilities and/or duties of a pharmacist.

Here are the considerations, suggested changes and questions we have about the bill language as proposed to be amended.

## HF1930-DE1: bill language

*9.25 Subd. 4. Pharmacist responsibilities. A pharmacist who receives a prescription for medical aid in dying medication may dispense the medication and any ancillary medications to the attending provider, to the qualified individual, or to an individual expressly designated in person by the qualified individual. If dispensed, the medical aid in dying medication and any ancillary medications must be dispensed in person or, with a signature required on delivery, by mail service, common carrier, or messenger service. 9.26 9.27 9.28 9.29 9.30*

The legislative language in subdivision 4, Pharmacist Responsibilities, articulates the authority to dispense the medication that would end the patient's life. When a licensed pharmacist chooses to participate in dispensing the aid in dying medication, we appreciate the responsibilities being detailed in the bill language. We assume that the participating pharmacist would not be responsible for determining if all "qualifying individual" and end-of-life patient as defined has already been determined before dispensing the prescription and that ensuring that those steps have been taken and the legal criteria met.

*10.13 Subd. 6. No duty to fill a medical aid in dying medication prescription. (a) A 10.14 pharmacist may choose whether or not to fill a prescription for medical aid in dying 10.15 medication. 10.16 (b) If a pharmacist is unable or unwilling to fill a prescription for medical aid in dying 10.17 medication, the pharmacist must, upon request, transfer the individual's care and medical 10.18 records to a new pharmacist consistent with federal and Minnesota law. 10.19 (c) A pharmacist must not engage in false, misleading, or deceptive practices relating 10.20 to the pharmacist's willingness to fill a prescription for medical aid in dying medication. 10.21 A pharmacist who intentionally violates this paragraph is guilty of a gross misdemeanor and 10.22 may also be subject to disciplinary action by the Board of Pharmacy. 10.23 EFFECTIVE DATE. Subdivision 5, paragraph (d), and subdivision 6, paragraph (c), 10.24 are effective August 1, 2024, and apply to crimes committed on or after that date.*

We appreciate that the bill calls out the right of a pharmacist to be able to choose to not participate in the dispensing of aid in dying medications. In addition, mandating the transfer of a prescription to a pharmacist that will fill the prescription is logical. However, we would ask that Subd. 6, (c) be removed from the bill language. Subd. 6 (c) is unnecessary and redundant. Criminalizing a pharmacist's actions in the context of receiving a prescription from a qualified individual or provider and then dispensing aid in dying medications or choosing not to participate is a personal decision and being potentially criminally liable is not acceptable. In addition, the Minnesota Board of Pharmacy's MN rules 6800.2250: unprofessional conduct (see below) already addresses this. There are state and federal guidelines as well as statutes that cover professional misconduct. These rules and laws articulate penalties and disciplinary actions that the defined jurisdictions can take against pharmacists. We would also highlight for the authors the fact that none of the 11 other states with end-of-life options statutes in place include this or any other punitive pharmacy language.

*MN rules 6800.2250: MN rules 6800.2250: unprofessional conduct:  
6800.2250 UNPROFESSIONAL CONDUCT.*

*Subpart 1. Prohibited conduct. Unprofessional conduct shall include, but is not limited to, the following acts of a pharmacist or pharmacy:*

*A. The assertion or inference in a public manner of material claims of professional superiority in the practice of pharmacy that cannot be substantiated.*

*B. The publication or circulation of false, misleading, or otherwise deceptive statements concerning the practice of pharmacy.*

*C. Refusing to compound or dispense prescription drug orders that may reasonably be expected to be compounded or dispensed in pharmacies by pharmacists, except as provided for in Minnesota Statutes, sections 145.414 and 145.42.*

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**12.3 Sec. 8. [145E.30] IMMUNITIES FOR ACTIONS IN GOOD FAITH; PROHIBITION AGAINST REPRISALS. 12.4**

*(a) No individual, including no provider, pharmacist, licensed mental health professional, or hospice provider employee, shall be subject to civil or criminal liability or professional disciplinary action, including censure, suspension, loss of license, loss of privileges, or any other penalty for engaging in good faith compliance with this chapter. 12.6 12.7 12.8*

*(b) No provider or health care facility shall subject a provider, pharmacist, or licensed mental health professional to discharge, demotion, censure, discipline, suspension, loss of license, loss of privileges, discrimination, or any other penalty for: 12.10 12.11*

*(1) providing medical aid in dying in accordance with the standard of care and in good faith under this chapter while engaged in the outside practice of the individual's profession and off the facility premises; 12.13 12.14*

*(2) providing scientific and accurate information about medical aid in dying to an individual when discussing end-of-life care options; or*

*(3) choosing not to practice or participate in medical aid in dying.*

*(c) No individual shall be subject to civil or criminal liability or professional disciplinary action if, at the request of the qualified individual, the individual is present outside the scope of their employment contract and off the facility premises when the qualified individual self-administers medical aid in dying medication or at the time of death. An individual who is present may, without civil or criminal liability, assist the qualified individual by preparing the medical aid in dying medication, including opening medication containers, measuring the medication, or preparing an enteral dispenser containing the medication. The assisting individual is not permitted to assist the qualified individual by administering a prepared enteral dispenser to the qualified individual. 12.16 12.19 12.20 12.21 12.22 12.23 12.24 12.25 12.26*

MPA appreciate the bill authors including the Immunities language and would recommend that it be included as is. The immunity language will go a long way to assuring a pharmacist that does wish to participate in the aid in dying medication dispensing will not face any consequences for doing so. This language will also have the effect of ensuring that professional medical and pharmacists are involved in this very consequential decision process and patient choice.

**18.12 Sec. 3. Minnesota Statutes 2022, section 609.215, subdivision 3, is amended to read:**

**18.13 Subd. 3. Acts or omissions not considered aiding suicide or aiding attempted**

**18.14 suicide.** *(a) A health care provider, as defined in section 145B.02, subdivision 6, who  
18.15 administers, prescribes, or dispenses medications or procedures to relieve another person's  
18.16 pain or discomfort, even if the medication or procedure may hasten or increase the risk of  
18.17 death, does not violate this section unless the medications or procedures are knowingly  
18.18 administered, prescribed, or dispensed to cause death.*

**18.19(b)** *A health care provider, as defined in section 145B.02, subdivision 6, who withholds  
18.20 or withdraws a life-sustaining procedure in compliance with chapter 145B or 145C or in  
18.21 accordance with reasonable medical practice does not violate this section.*

**18.22 (c)** *A provider, as defined in section 145E.02, subdivision 13, or pharmacist who*

*18.23 prescribes or provides a medical aid in dying medication in compliance with chapter 145E*  
*18.24 does not violate this section.*  
*18.25 EFFECTIVE DATE. This section is effective August 1, 2024, and applies to crimes*  
*18.26 committed on or after that date.*

We appreciate the authors defining in the bill language that end-of-life options and dispensing aid in dying medications for patients who choose to act on their option is not suicide and this section would further define that protection for pharmacists, qualified individuals, and healthcare providers.

Thank you for your attention to our comments and suggestions related to your End-of-Life Options legislation. We look forward to continuing our dialogue and are happy to meet with the authors and stakeholders about this issue. If you have any questions or think we can provide further assistance, please do not hesitate to contact Buck Humphrey: [hubert4@gmail.com](mailto:hubert4@gmail.com); 612-889-6515

Sincerely,

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