State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1915

02/16/2023 Authored by Franson, Knudsen and Fogelman
The bill was read for the first time and referred to the Committee on Health Finance and Policy

A bill for an act

relating to health care; authorizing pharmacists to prescribe, dispense, and administer hydroxychloroquine and ivermectin for preexposure prophylaxis use, postexposure prophylaxis use, or the treatment of COVID-19; amending Minnesota Statutes 2022, sections 151.01, subdivision 27; 151.37, by adding a subdivision.

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

Section 1. Minnesota Statutes 2022, section 151.01, subdivision 27, is amended to read:

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

(1) interpretation and evaluation of prescription drug orders;

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

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

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

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

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

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

(6) participation in administration of influenza vaccines and vaccines approved by the United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all eligible individuals six years of age and older and all other vaccines to patients 13 years of age and older by written protocol with a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

(i) the protocol includes, at a minimum:

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

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

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

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

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

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

(ii) the pharmacist has successfully completed a program approved by the Accreditation Council for Pharmacy Education specifically for the administration of immunizations or a program approved by the board;

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

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

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

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

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

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

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

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

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

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

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

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

(14) prescribing, dispensing, and administering hydroxychloroquine and ivermectin pursuant to section 151.37, subdivision 17.

Sec. 2. Minnesota Statutes 2022, section 151.37, is amended by adding a subdivision to read:

Subd. 17. **Hydroxychloroquine and ivermectin.** (a) A pharmacist is authorized to prescribe, dispense, and administer hydroxychloroquine and ivermectin to a patient if the patient is 18 years of age or older and the protocols described in this subdivision are followed. Hydroxychloroquine and ivermectin may be prescribed, if appropriate, for either preexposure or postexposure prophylaxis purposes or for the treatment of COVID-19. A pharmacist must not prescribe more than a 30-day supply of the drug at a time. Any prescription issued under this subdivision is issued and dispensed for a legitimate medical purpose in the usual course of professional practice.

(b) Before the pharmacist prescribes hydroxychloroquine or ivermectin, the patient must complete a self-screening tool to identify possible patient risk factors and the pharmacist must review the completed screening tool with the patient, including a discussion with the patient on any possible risks in taking one of these drugs.

(c) If hydroxychloroquine or ivermectin is prescribed by the pharmacist, the pharmacist must provide counseling to the patient before dispensing the drug. The counseling must include the appropriate method for using the drug, contraindications, possible adverse effects and the need to seek appropriate medical care, the importance of follow-up care, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that is required to be given to a patient during the counseling session. The pharmacist must also provide the patient with an information sheet written in plain language that contains the information provided during the counseling session. Nothing in the counseling or information sheet shall discourage a patient from using hydroxychloroquine or ivermectin for the prevention or treatment of COVID-19 unless specifically contraindicated.

(d) The pharmacist must provide the patient with a written record of the drug prescribed and must document in the patient's record the drug prescribed, that the screening tool was

completed and reviewed with the patient, and that the patient received the required counseling and information sheet.

(e) The Board of Pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who prescribes or dispenses hydroxychloroquine or ivermectin in accordance with this subdivision.

(f) If the United States Food and Drug Administration permits hydroxychloroquine or ivermectin to be available over the counter, hydroxychloroquine or ivermectin must be made available over the counter in this state without a prescription order or consultation with a pharmacist or other health care professional.

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