

**SENATE  
STATE OF MINNESOTA  
NINETY-FOURTH SESSION**

**S.F. No. 1814**

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DATE  
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Introduction and first reading  
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to health; authorizing the use of nonopioid directives; establishing immunity  
1.3 for certain acts or failures to act; amending Minnesota Statutes 2024, sections  
1.4 145C.01, by adding subdivisions; 145C.17; proposing coding for new law in  
1.5 Minnesota Statutes, chapter 145C.

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

1.7 Section 1. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision  
1.8 to read:

1.9 Subd. 1c. **Emergency medical services provider.** "Emergency medical services provider"  
1.10 means:

- 1.11 (1) an ambulance service licensed under chapter 144E;
- 1.12 (2) a medical response unit as defined in section 144E.275, subdivision 1;
- 1.13 (3) an emergency medical responder as defined in section 144E.001, subdivision 6; or
- 1.14 (4) ambulance service personnel as defined in section 144E.001, subdivision 3a.

1.15 Sec. 2. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision to  
1.16 read:

1.17 Subd. 7b. **Nonopioid directive.** "Nonopioid directive" means a written instrument that  
1.18 includes one or more instructions that a patient must not be administered an opioid by a  
1.19 health professional or be offered a prescription for an opioid by a prescriber.

2.1 Sec. 3. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision to  
2.2 read:

2.3 Subd. 7c. **Prescriber.** "Prescriber" means an individual who is authorized by section  
2.4 148.235; 151.01, subdivision 23; or 151.37 to prescribe prescription drugs.

2.5 Sec. 4. Minnesota Statutes 2024, section 145C.17, is amended to read:

2.6 **145C.17 OPIOID INSTRUCTIONS ENTERED INTO HEALTH RECORD.**

2.7 At the request of the patient or health care agent, a health care provider shall enter into  
2.8 the patient's health care record any instructions relating to administering, dispensing, or  
2.9 prescribing an opioid. A health care provider presented with a nonopioid directive executed  
2.10 by or on behalf of a patient must include the nonopioid directive in the patient's health care  
2.11 record. A health care provider receiving notice of revocation of a patient's nonopioid directive  
2.12 must note the revocation in the patient's health care record.

2.13 Sec. 5. **[145C.18] NONOPIOID DIRECTIVE.**

2.14 Subdivision 1. **Execution.** A patient with the capacity to do so may execute a nonopioid  
2.15 directive on the patient's own behalf. A patient's health care agent may execute a nonopioid  
2.16 directive on behalf of the patient. A nonopioid directive must include one or more instructions  
2.17 that the patient must not be administered an opioid by a health professional or be offered a  
2.18 prescription for an opioid by a prescriber.

2.19 Subd. 2. **Revocation.** A patient who executed a nonopioid directive on the patient's own  
2.20 behalf may revoke the nonopioid directive at any time and in any manner in which the  
2.21 patient is able to communicate an intent to revoke the nonopioid directive. A patient's health  
2.22 care agent may revoke the nonopioid directive executed on behalf of a patient by executing  
2.23 a written, dated statement of revocation and by providing notice of the revocation to the  
2.24 patient's health care provider.

2.25 Subd. 3. **Compliance with nonopioid directive; exception.** (a) Except as specified in  
2.26 paragraph (b), prescribers and health professionals must comply with a nonopioid directive  
2.27 executed under this section.

2.28 (b) A prescriber or a health professional acting on the order of a prescriber may administer  
2.29 an opioid to a patient with a nonopioid directive if:

2.30 (1) the patient is being treated in a hospital setting or is being treated in a setting outside  
2.31 a hospital in emergency circumstances; and

3.1 (2) in the prescriber's professional opinion, it is medically necessary to administer an  
3.2 opioid to the patient in order to treat the patient.

3.3 If an opioid is administered according to this paragraph to a patient with a nonopioid  
3.4 directive, the prescriber must ensure that the patient is provided with information on substance  
3.5 use disorder services.

3.6 Subd. 4. **Immunities.** Except as otherwise provided by law, the following persons or  
3.7 entities are not subject to criminal prosecution, civil liability, or professional disciplinary  
3.8 action for failing to prescribe, administer, or dispense an opioid to a patient with a nonopioid  
3.9 directive or, for the inadvertent administration of an opioid to a patient with a nonopioid  
3.10 directive, if the act or failure to act was performed reasonably and in good faith:

3.11 (1) a health professional whose scope of practice includes prescribing, administering,  
3.12 or dispensing a controlled substance;

3.13 (2) an employee of a health professional described in clause (1);

3.14 (3) a health care facility or an employee of a health care facility; or

3.15 (4) an emergency medical services provider.

3.16 Subd. 5. **Nonopioid directive form.** The commissioner of health must develop a  
3.17 nonopioid directive form for use by patients and health care agents to communicate to health  
3.18 professionals and prescribers that a patient with a nonopioid directive must not be  
3.19 administered an opioid or offered a prescription for an opioid. The commissioner must  
3.20 include on the nonopioid directive form instructions for how to revoke a nonopioid directive  
3.21 and other information the commissioner deems relevant. The commissioner must post the  
3.22 form on the Department of Health website.