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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2545

02/27/2014 Authored by Liebling

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/06/2014 Adoption of Report: Re-referred to the Committee on Civil Law

1.1 A bill for an act  
1.2 relating to health; adding and modifying definitions; changing the requirements  
1.3 for pharmacist participation in immunizations; changing the powers and duties of  
1.4 the Board of Pharmacy; changing licensing requirements for businesses regulated  
1.5 by the Board of Pharmacy; clarifying requirements for compounding; allowing  
1.6 certain educational institutions to purchase legend drugs in limited circumstances;  
1.7 allowing certain entities to handle drugs in preparation for emergency use;  
1.8 clarifying the requirement that drug manufacturers report certain payments to the  
1.9 Board of Pharmacy; adding certain substances to the schedules for controlled  
1.10 substances; amending Minnesota Statutes 2012, sections 151.01; 151.06;  
1.11 151.211; 151.26; 151.34; 151.35; 151.361, subdivision 2; 151.37, as amended;  
1.12 151.44; 151.58, subdivisions 2, 3, 5; 152.02, subdivision 8b; Minnesota Statutes  
1.13 2013 Supplement, sections 151.252, by adding a subdivision; 152.02, subdivision  
1.14 2; proposing coding for new law in Minnesota Statutes, chapter 151.

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

1.16 Section 1. Minnesota Statutes 2012, section 151.01, is amended to read:

1.17 **151.01 DEFINITIONS.**

1.18 Subdivision 1. **Words, terms, and phrases.** Unless the language or context clearly  
1.19 indicates that a different meaning is intended, the following words, terms, and phrases, for  
1.20 the purposes of this chapter, shall be given the meanings subjoined to them.

1.21 Subd. 2. **Pharmacy.** "Pharmacy" means ~~an established~~ a place of business in  
1.22 which prescriptions, prescription drugs, medicines, chemicals, and poisons are prepared,  
1.23 compounded, or dispensed, vended, or sold to or for the use of patients by or under  
1.24 the supervision of a pharmacist and from which related clinical pharmacy services are  
1.25 delivered.

1.26 Subd. 2a. **Limited service pharmacy.** "Limited service pharmacy" means a  
1.27 pharmacy that has been issued a restricted license by the board to perform a limited range  
1.28 of the activities that constitute the practice of pharmacy.

2.1 Subd. 3. **Pharmacist.** The term "pharmacist" means an individual with a currently  
2.2 valid license issued by the Board of Pharmacy to practice pharmacy.

2.3 Subd. 5. **Drug.** The term "drug" means all medicinal substances and preparations  
2.4 recognized by the United States Pharmacopoeia and National Formulary, or any revision  
2.5 thereof, vaccines and biologicals, and all substances and preparations intended for external  
2.6 and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in  
2.7 humans or other animals, and all substances and preparations, other than food, intended to  
2.8 affect the structure or any function of the bodies of humans or other animals. The term drug  
2.9 shall also mean any compound, substance, or derivative that is not approved for human  
2.10 consumption by the United States Food and Drug Administration or specifically permitted  
2.11 for human consumption under Minnesota law that, when introduced into the body, induces  
2.12 an effect similar to that of a Schedule I or Schedule II controlled substance listed in  
2.13 section 152.02, subdivisions 2 and 3, or Minnesota Rules, parts 6800.4210 and 6800.4220,  
2.14 regardless of whether the substance is marketed for the purpose of human consumption.

2.15 Subd. 6. **Medicine.** The term "medicine" means any remedial agent that has the  
2.16 property of curing, preventing, treating, or mitigating diseases, or that is used for that  
2.17 purpose.

2.18 Subd. 7. **Poisons.** The term "poisons" means any substance ~~which~~ that, when  
2.19 introduced into the system, directly or by absorption, produces violent, morbid, or fatal  
2.20 changes, or ~~which~~ that destroys living tissue with which it comes in contact.

2.21 Subd. 8. **Chemical.** The term "chemical" means all medicinal or industrial  
2.22 substances, whether simple or compound, or obtained through the process of the science  
2.23 and art of chemistry, whether of organic or inorganic origin.

2.24 Subd. 9. **Board or State Board of Pharmacy.** The term "board" or "State Board of  
2.25 Pharmacy" means the Minnesota State Board of Pharmacy.

2.26 Subd. 10. **Director.** The term "director" means the executive director of the  
2.27 Minnesota State Board of Pharmacy.

2.28 Subd. 11. **Person.** The term "person" means an individual, firm, partnership,  
2.29 company, corporation, trustee, association, agency, or other public or private entity.

2.30 Subd. 12. **Wholesale.** The term "wholesale" means and includes any sale for the  
2.31 purpose of resale.

2.32 Subd. 13. **Commercial purposes.** The phrase "commercial purposes" means the  
2.33 ordinary purposes of trade, agriculture, industry, and commerce, exclusive of the practices  
2.34 of medicine ~~and~~ pharmacy, and other health care professions.

2.35 Subd. 14. **Manufacturing.** The term "manufacturing" ~~except in the case of bulk~~  
2.36 ~~compounding, prepackaging or extemporaneous compounding within a pharmacy,~~ means

3.1 ~~and includes the production, quality control and standardization by mechanical, physical,~~  
3.2 ~~chemical, or pharmaceutical means, packing, repacking, tableting, encapsulating, labeling,~~  
3.3 ~~relabeling, filling or by any other process, of all drugs, medicines, chemicals, or poisons,~~  
3.4 ~~without exception, for medicinal purposes.~~ preparation, propagation, conversion, or  
3.5 processing of a drug, either directly or indirectly, by extraction from substances of natural  
3.6 origin or independently by means of chemical or biological synthesis. Manufacturing  
3.7 includes the packaging or repackaging of a drug, or the labeling or relabeling of  
3.8 the container of a drug, for resale by pharmacies, practitioners, or other persons.  
3.9 Manufacturing does not include the prepackaging, extemporaneous compounding, or  
3.10 anticipatory compounding of a drug within a licensed pharmacy or by a practitioner,  
3.11 nor the labeling of a container within a pharmacy or by a practitioner for the purpose of  
3.12 dispensing a drug to a patient pursuant to a valid prescription.

3.13 Subd. 14a. **Manufacturer.** The term "manufacturer" means any person engaged  
3.14 in manufacturing.

3.15 Subd. 14b. **Outsourcing facility.** "Outsourcing facility" means a facility that is  
3.16 registered by the United States Food and Drug Administration pursuant to United States  
3.17 Code, title 21, section 353b.

3.18 Subd. 15. **Pharmacist intern.** The term "pharmacist intern" means (1) a natural  
3.19 person satisfactorily progressing toward the degree in pharmacy required for licensure, or  
3.20 (2) a graduate of the University of Minnesota College of Pharmacy, or other pharmacy  
3.21 college approved by the board, who is registered by the State Board of Pharmacy for the  
3.22 purpose of obtaining practical experience as a requirement for licensure as a pharmacist,  
3.23 or (3) a qualified applicant awaiting examination for licensure.

3.24 Subd. 15a. **Pharmacy technician.** The term "pharmacy technician" means a person  
3.25 not licensed as a pharmacist or a pharmacist intern, who assists the pharmacist in the  
3.26 preparation and dispensing of medications by performing computer entry of prescription  
3.27 data and other manipulative tasks. A pharmacy technician shall not perform tasks  
3.28 specifically reserved to a licensed pharmacist or requiring professional judgment.

3.29 Subd. 16. **Prescription drug order.** The term "prescription drug order" means a  
3.30 signed lawful written order, or an oral, or electronic order reduced to writing, given by of  
3.31 a practitioner licensed to prescribe drugs for patients in the course of the practitioner's  
3.32 practice, issued for an individual patient and containing the following: the date of issue,  
3.33 name and address of the patient, name and quantity of the drug prescribed, directions  
3.34 for use, and the name and address of the prescriber. for a drug for a specific patient.  
3.35 Prescription drug orders for controlled substances must be prepared in accordance with the

4.1 provisions of section 152.11 and the federal Controlled Substances Act and the regulations  
4.2 promulgated thereunder.

4.3 Subd. 16a. **Prescription.** The term "prescription" means a prescription drug order  
4.4 that is written or printed on paper, an oral order reduced to writing by a pharmacist, or an  
4.5 electronic order. To be valid, a prescription must be issued for an individual patient by  
4.6 a practitioner within the scope and usual course of the practitioner's practice, and must  
4.7 contain the date of issue, name and address of the patient, name and quantity of the drug  
4.8 prescribed, directions for use, the name and address of the practitioner, and a telephone  
4.9 number at which the practitioner can be reached. A prescription written or printed on  
4.10 paper that is given to the patient or an agent of the patient or that is transmitted by fax  
4.11 must contain the practitioner's manual signature. An electronic prescription must contain  
4.12 the practitioner's electronic signature.

4.13 Subd. 16b. **Chart order.** The term "chart order" means a prescription drug order for  
4.14 a drug that is to be dispensed by a pharmacist, or by a pharmacist intern under the direct  
4.15 supervision of a pharmacist, and administered by an authorized person only during the  
4.16 patient's stay in a hospital or long-term care facility. The chart order shall contain the name  
4.17 of the patient, another patient identifier such as birth date or medical record number, the  
4.18 drug ordered, and any directions that the practitioner may prescribe concerning strength,  
4.19 dosage, frequency, and route of administration. The manual or electronic signature of the  
4.20 practitioner must be affixed to the chart order at the time it is written or at a later date in  
4.21 the case of verbal chart orders.

4.22 Subd. 17. **Legend drug.** "Legend drug" means a drug ~~which~~ that is required by  
4.23 federal law to bear the following statement, "Caution: Federal law prohibits dispensing  
4.24 without prescription." be dispensed only pursuant to the prescription of a licensed  
4.25 practitioner.

4.26 Subd. 18. **Label.** "Label" means a display of written, printed, or graphic matter  
4.27 upon the immediate container of any drug or medicine; ~~and a requirement made by or~~  
4.28 ~~under authority of Laws 1969, chapter 933 that.~~ Any word, statement, or other information  
4.29 ~~appearing~~ required by or under the authority of this chapter to appear on the label shall ~~not~~  
4.30 ~~be considered to be complied with unless such word, statement, or other information also~~  
4.31 ~~appears~~ appear on the outside container or wrapper, if any there be, of the retail package of  
4.32 such drug or medicine, or is be easily legible through the outside container or wrapper.

4.33 Subd. 19. **Package.** "Package" means any container or wrapping in which any  
4.34 drug or medicine is enclosed for use in the delivery or display of that article to retail  
4.35 purchasers, but does not include:

5.1 (a) shipping containers or wrappings used solely for the transportation of any such  
5.2 article in bulk or in quantity to manufacturers, packers, processors, or wholesale or  
5.3 retail distributors;

5.4 (b) shipping containers or outer wrappings used by retailers to ship or deliver any  
5.5 such article to retail customers if such containers and wrappings bear no printed matter  
5.6 pertaining to any particular drug or medicine.

5.7 Subd. 20. **Labeling.** "Labeling" means all labels and other written, printed, or  
5.8 graphic matter (a) upon a drug or medicine or any of its containers or wrappers, or (b)  
5.9 accompanying such article.

5.10 Subd. 21. **Federal act.** "Federal act" means the Federal Food, Drug, and Cosmetic  
5.11 Act, United States Code, title 21, section 301, et seq., as amended.

5.12 Subd. 22. **Pharmacist in charge.** "Pharmacist in charge" means a duly licensed  
5.13 pharmacist in the state of Minnesota who has been designated in accordance with the rules  
5.14 of the State Board of Pharmacy to assume professional responsibility for the operation  
5.15 of the pharmacy in compliance with the requirements and duties as established by the  
5.16 board in its rules.

5.17 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed  
5.18 doctor of osteopathy duly licensed to practice medicine, licensed doctor of dentistry,  
5.19 licensed doctor of optometry, licensed podiatrist, or licensed veterinarian. For purposes of  
5.20 sections 151.15, subdivision 4; 151.252, subdivision 3; 151.37, subdivision 2, paragraphs  
5.21 (b), (e), and (f); and 151.461, "practitioner" also means a physician assistant authorized to  
5.22 prescribe, dispense, and administer under chapter 147A, or an advanced practice nurse  
5.23 authorized to prescribe, dispense, and administer under section 148.235. For purposes of  
5.24 sections 151.15, subdivision 4; 151.252, subdivision 3; 151.37, subdivision 2, paragraph  
5.25 (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense and  
5.26 administer under chapter 150A.

5.27 Subd. 24. **Brand name.** "Brand name" means the registered trademark name given  
5.28 to a drug product by its manufacturer, labeler or distributor.

5.29 Subd. 25. **Generic name.** "Generic name" means the established name or official  
5.30 name of a drug or drug product.

5.31 Subd. 26. **Finished dosage form.** "Finished dosage form" means that form of a  
5.32 drug ~~which~~ that is or is intended to be dispensed or administered to the patient and requires  
5.33 no further manufacturing or processing other than packaging, reconstitution, or labeling.

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

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

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

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

6.10 (4) participation in drug and therapeutic device selection; drug administration for first  
6.11 dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

6.12 (5) participation in administration of influenza vaccines to all eligible individuals ten  
6.13 years of age and older and all other vaccines to patients 18 years of age and older ~~under~~  
6.14 ~~standing orders from a physician licensed under chapter 147 or by written protocol with a~~  
6.15 physician licensed under chapter 147, a physician assistant authorized to prescribe drugs  
6.16 under chapter 147A, or an advanced practice nurse authorized to prescribe drugs under  
6.17 section 148.235, provided that:

6.18 (i) the protocol includes, at a minimum:

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

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

6.21 (C) contraindications and precautions to the vaccine;

6.22 (D) the procedure for handling an adverse reaction;

6.23 (E) the name, signature, and address of the physician, physician assistant, or  
6.24 advanced nurse practitioner;

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

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

6.28 ~~(i)~~ (ii) the pharmacist is trained in ~~has successfully completed~~ a program approved  
6.29 by the American Accreditation Council of Pharmaceutical for Pharmacy Education  
6.30 specifically for the administration of immunizations or graduated from a college of  
6.31 pharmacy in 2001 or thereafter a program approved by the board; and

6.32 ~~(ii)~~ (iii) the pharmacist reports the administration of the immunization to the patient's  
6.33 primary physician or clinic or to the Minnesota Immunization Information Connection; and

6.34 (iv) the pharmacist complies with guidelines for vaccines and immunizations  
6.35 established by the federal Advisory Committee on Immunization Practices, except that a  
6.36 pharmacist does not need to comply with those portions of the guidelines that establish

7.1 immunization schedules when administering a vaccine pursuant to a valid, patient-specific  
 7.2 order issued by a physician licensed under chapter 147, a physician assistant authorized to  
 7.3 prescribe drugs under chapter 147A, or an advanced practice nurse authorized to prescribe  
 7.4 drugs under section 148.235, provided that the order is consistent with the United States  
 7.5 Food and Drug Administration approved labeling of the vaccine;

7.6 (6) participation in the ~~practice of managing drug therapy and modifying~~ initiation,  
 7.7 management, modification, and discontinuation of drug therapy, according to section  
 7.8 151.21, subdivision 1, according to a written protocol or collaborative practice agreement  
 7.9 between the specific pharmacist: (i) one or more pharmacists and the individual dentist,  
 7.10 optometrist, physician, podiatrist, or veterinarian who is responsible for the patient's  
 7.11 care and authorized to independently prescribe drugs one or more dentists, optometrists,  
 7.12 physicians, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more  
 7.13 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,  
 7.14 or advanced practice nurses authorized to prescribe, dispense, and administer under  
 7.15 section 148.235. Any significant changes in drug therapy made pursuant to a protocol or  
 7.16 collaborative practice agreement must be reported documented by the pharmacist to in  
 7.17 the patient's medical record or reported by the pharmacist to a practitioner responsible  
 7.18 for the patient's care;

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

7.20 (8) ~~responsibility for participation in~~ patient counseling on therapeutic values,  
 7.21 content, hazards, and uses of drugs and devices; and

7.22 (9) offering or performing those acts, services, operations, or transactions necessary  
 7.23 in the conduct, operation, management, and control of a pharmacy.

7.24 Subd. 27a. **Protocol.** "Protocol" means:

7.25 (1) a specific written plan that describes the nature and scope of activities that a  
 7.26 pharmacist may engage in when initiating, managing, modifying, or discontinuing drug  
 7.27 therapy as allowed in subdivision 27, clause (6); or

7.28 (2) a specific written plan that authorizes a pharmacist to administer vaccines and  
 7.29 that complies with subdivision 27, clause (5).

7.30 Subd. 27b. **Collaborative practice.** "Collaborative practice" means patient care  
 7.31 activities, consistent with subdivision 27, engaged in by one or more pharmacists who  
 7.32 have agreed to work in collaboration with one or more practitioners to initiate, manage,  
 7.33 and modify drug therapy under specified conditions mutually agreed to by the pharmacists  
 7.34 and practitioners.

8.1           Subd. 27c. **Collaborative practice agreement.** "Collaborative practice agreement"  
8.2 means a written and signed agreement between one or more pharmacists and one or more  
8.3 practitioners that allows the pharmacist or pharmacists to engage in collaborative practice.

8.4           Subd. 28. **Veterinary legend drug.** "Veterinary legend drug" means a drug that is  
8.5 required by federal law to bear the following statement: ~~"Caution: Federal law restricts~~  
8.6 ~~this drug to use by or on the order of a licensed veterinarian."~~ be dispensed only pursuant  
8.7 to the prescription of a licensed veterinarian.

8.8           Subd. 29. **Legend medical gas.** "Legend medical gas" means a liquid or gaseous  
8.9 substance used for medical purposes and that is required by federal law to bear the  
8.10 following statement: ~~"Caution: Federal law prohibits dispensing without a prescription."~~  
8.11 be dispensed only pursuant to the prescription of a licensed practitioner.

8.12           Subd. 30. **Dispense or dispensing.** "Dispense or dispensing" means the ~~preparation~~  
8.13 ~~or delivery of a drug pursuant to a lawful order of a practitioner in a suitable container~~  
8.14 ~~appropriately labeled for subsequent administration to or use by a patient or other individual~~  
8.15 ~~entitled to receive the drug.~~ interpretation, evaluation, and processing of a prescription  
8.16 drug order and includes those processes specified by the board in rule that are necessary  
8.17 for the preparation and provision of a drug to a patient or patient's agent in a suitable  
8.18 container appropriately labeled for subsequent administration to, or use by, a patient.

8.19           Subd. 31. **Central service pharmacy.** "Central service pharmacy" means a  
8.20 pharmacy that may provide dispensing functions, drug utilization review, packaging,  
8.21 labeling, or delivery of a prescription product to another pharmacy for the purpose of  
8.22 filling a prescription.

8.23           Subd. 32. **Electronic signature.** "Electronic signature" means an electronic sound,  
8.24 symbol, or process attached to or associated with a record and executed or adopted by a  
8.25 person with the intent to sign the record.

8.26           Subd. 33. **Electronic transmission.** "Electronic transmission" means transmission  
8.27 of information in electronic form.

8.28           Subd. 34. **Health professional shortage area.** "Health professional shortage area"  
8.29 means an area designated as such by the federal Secretary of Health and Human Services,  
8.30 as provided under Code of Federal Regulations, title 42, part 5, and United States Code,  
8.31 title 42, section 254E.

8.32           Subd. 35. **Compounding.** "Compounding" means preparing, mixing, assembling,  
8.33 packaging, and labeling a drug for an identified individual patient as a result of  
8.34 a practitioner's prescription drug order. Compounding also includes anticipatory  
8.35 compounding, as defined in this section, and the preparation of drugs in which all bulk  
8.36 drug substances and components are nonprescription substances. Compounding does



9.1 not include mixing or reconstituting a drug according to the product's labeling or to the  
 9.2 manufacturer's directions. Compounding does not include the preparation of a drug for the  
 9.3 purpose of, or incident to, research, teaching, or chemical analysis, provided that the drug  
 9.4 is not prepared for dispensing or administration to patients. All compounding, regardless  
 9.5 of the type of product, must be done pursuant to a prescription drug order unless otherwise  
 9.6 permitted in this chapter or by the rules of the board.

9.7 Subd. 36. **Anticipatory compounding.** "Anticipatory compounding" means the  
 9.8 preparation by a pharmacy of a supply of a compounded drug product that is sufficient to  
 9.9 meet the short-term anticipated need of the pharmacy for the filling of prescription drug  
 9.10 orders. In the case of practitioners only, anticipatory compounding means the preparation  
 9.11 of a supply of a compounded drug product that is sufficient to meet the practitioner's  
 9.12 short-term anticipated need for dispensing or administering the drug to patients treated  
 9.13 by the practitioner. Anticipatory compounding is not the preparation of a compounded  
 9.14 drug product for wholesale distribution.

9.15 Subd. 37. **Extemporaneous compounding.** "Extemporaneous compounding"  
 9.16 means the compounding of a drug product pursuant to a prescription drug order for a specific  
 9.17 patient that is issued in advance of the compounding. Extemporaneous compounding is  
 9.18 not the preparation of a compounded drug product for wholesale distribution.

9.19 Subd. 38. **Compounded positron emission tomography drug.** "Compounded  
 9.20 positron emission tomography drug" means a drug that:

9.21 (1) exhibits spontaneous disintegration of unstable nuclei by the emission of  
 9.22 positrons and is used for the purpose of providing dual photon positron emission  
 9.23 tomographic diagnostic images;

9.24 (2) has been compounded by or on the order of a practitioner in accordance with the  
 9.25 relevant parts of Minnesota Rules, chapters 4731 and 6800, for a patient or for research,  
 9.26 teaching, or quality control; and

9.27 (3) includes any nonradioactive reagent, reagent kit, ingredient, nuclide generator,  
 9.28 accelerator, target material, electronic synthesizer, or other apparatus or computer program  
 9.29 to be used in the preparation of such a drug.

9.30 Sec. 2. Minnesota Statutes 2012, section 151.06, is amended to read:

9.31 **151.06 POWERS AND DUTIES.**

9.32 Subdivision 1. **Generally; rules.** (a) Powers and duties. The Board of Pharmacy  
 9.33 shall have the power and it shall be its duty:

9.34 (1) to regulate the practice of pharmacy;

9.35 (2) to regulate the manufacture, wholesale, and retail sale of drugs within this state;

10.1 (3) to regulate the identity, labeling, purity, and quality of all drugs and medicines  
10.2 dispensed in this state, using the United States Pharmacopeia and the National Formulary,  
10.3 or any revisions thereof, or standards adopted under the federal act as the standard;

10.4 (4) to enter and inspect by its authorized representative any and all places where  
10.5 drugs, medicines, medical gases, or veterinary drugs or devices are sold, vended, given  
10.6 away, compounded, dispensed, manufactured, wholesaled, or held; it may secure samples  
10.7 or specimens of any drugs, medicines, medical gases, or veterinary drugs or devices  
10.8 after paying or offering to pay for such sample; it shall be entitled to inspect and make  
10.9 copies of any and all records of shipment, purchase, manufacture, quality control, and  
10.10 sale of these items provided, however, that such inspection shall not extend to financial  
10.11 data, sales data, or pricing data;

10.12 (5) to examine and license as pharmacists all applicants whom it shall deem qualified  
10.13 to be such;

10.14 (6) to license wholesale drug distributors;

10.15 (7) to ~~deny, suspend, revoke, or refuse to renew~~ take disciplinary action against any  
10.16 registration or license required under this chapter, ~~to any applicant or registrant or licensee~~  
10.17 upon any of the ~~following~~ grounds: listed in section 151.071, and in accordance with  
10.18 the provisions of section 151.071;

10.19 ~~(i) fraud or deception in connection with the securing of such license or registration;~~

10.20 ~~(ii) in the case of a pharmacist, conviction in any court of a felony;~~

10.21 ~~(iii) in the case of a pharmacist, conviction in any court of an offense involving~~  
10.22 ~~moral turpitude;~~

10.23 ~~(iv) habitual indulgence in the use of narcotics, stimulants, or depressant drugs;~~  
10.24 ~~or habitual indulgence in intoxicating liquors in a manner which could cause conduct~~  
10.25 ~~endangering public health;~~

10.26 ~~(v) unprofessional conduct or conduct endangering public health;~~

10.27 ~~(vi) gross immorality;~~

10.28 ~~(vii) employing, assisting, or enabling in any manner an unlicensed person to~~  
10.29 ~~practice pharmacy;~~

10.30 ~~(viii) conviction of theft of drugs, or the unauthorized use, possession, or sale thereof;~~

10.31 ~~(ix) violation of any of the provisions of this chapter or any of the rules of the State~~  
10.32 ~~Board of Pharmacy;~~

10.33 ~~(x) in the case of a pharmacy license, operation of such pharmacy without a~~  
10.34 ~~pharmacist present and on duty;~~

10.35 ~~(xi) in the case of a pharmacist, physical or mental disability which could cause~~  
10.36 ~~incompetency in the practice of pharmacy;~~

11.1 ~~(xii) in the case of a pharmacist, the suspension or revocation of a license to practice~~  
 11.2 ~~pharmacy in another state; or~~

11.3 ~~(xiii) in the case of a pharmacist, aiding suicide or aiding attempted suicide in~~  
 11.4 ~~violation of section 609.215 as established by any of the following:~~

11.5 ~~(A) a copy of the record of criminal conviction or plea of guilty for a felony in~~  
 11.6 ~~violation of section 609.215, subdivision 1 or 2;~~

11.7 ~~(B) a copy of the record of a judgment of contempt of court for violating an~~  
 11.8 ~~injunction issued under section 609.215, subdivision 4;~~

11.9 ~~(C) a copy of the record of a judgment assessing damages under section 609.215,~~  
 11.10 ~~subdivision 5; or~~

11.11 ~~(D) a finding by the board that the person violated section 609.215, subdivision~~  
 11.12 ~~1 or 2. The board shall investigate any complaint of a violation of section 609.215,~~  
 11.13 ~~subdivision 1 or 2;~~

11.14 (8) to employ necessary assistants and adopt rules for the conduct of its business;

11.15 (9) to register as pharmacy technicians all applicants who the board determines are  
 11.16 qualified to carry out the duties of a pharmacy technician; and

11.17 (10) to perform such other duties and exercise such other powers as the provisions of  
 11.18 the act may require; and

11.19 (11) to enter and inspect any business to which it issues a license or registration.

11.20 ~~(b) Temporary suspension. In addition to any other remedy provided by law, the board~~  
 11.21 ~~may, without a hearing, temporarily suspend a license for not more than 60 days if the board~~  
 11.22 ~~finds that a pharmacist has violated a statute or rule that the board is empowered to enforce~~  
 11.23 ~~and continued practice by the pharmacist would create an imminent risk of harm to others.~~

11.24 ~~The suspension shall take effect upon written notice to the pharmacist, specifying the~~  
 11.25 ~~statute or rule violated. At the time it issues the suspension notice, the board shall schedule~~  
 11.26 ~~a disciplinary hearing to be held under the Administrative Procedure Act. The pharmacist~~  
 11.27 ~~shall be provided with at least 20 days' notice of any hearing held under this subdivision.~~

11.28 ~~(e)~~ (b) Rules. For the purposes aforesaid, it shall be the duty of the board to make  
 11.29 and publish uniform rules not inconsistent herewith for carrying out and enforcing  
 11.30 the provisions of this chapter. The board shall adopt rules regarding prospective drug  
 11.31 utilization review and patient counseling by pharmacists. A pharmacist in the exercise of  
 11.32 the pharmacist's professional judgment, upon the presentation of a new prescription by a  
 11.33 patient or the patient's caregiver or agent, shall perform the prospective drug utilization  
 11.34 review required by rules issued under this subdivision.

11.35 ~~(d)~~ (c) Substitution; rules. If the United States Food and Drug Administration  
 11.36 (FDA) determines that the substitution of drugs used for the treatment of epilepsy or

12.1 seizures poses a health risk to patients, the board shall adopt rules in accordance with  
12.2 accompanying FDA interchangeability standards regarding the use of substitution for  
12.3 these drugs. If the board adopts a rule regarding the substitution of drugs used for the  
12.4 treatment of epilepsy or seizures that conflicts with the substitution requirements of  
12.5 section 151.21, subdivision 3, the rule shall supersede the conflicting statute. If the rule  
12.6 proposed by the board would increase state costs for state public health care programs,  
12.7 the board shall report to the chairs and ranking minority members of the senate Health  
12.8 and Human Services Budget Division and the house of representatives Health Care and  
12.9 Human Services Finance Division the proposed rule and the increased cost associated  
12.10 with the proposed rule before the board may adopt the rule.

12.11 Subd. 1a. **Disciplinary action Cease and desist orders.** ~~It shall be grounds for~~  
12.12 ~~disciplinary action by the Board of Pharmacy against the registration of the pharmacy if~~  
12.13 ~~the Board of Pharmacy determines that any person with supervisory responsibilities at the~~  
12.14 ~~pharmacy sets policies that prevent a licensed pharmacist from providing drug utilization~~  
12.15 ~~review and patient counseling as required by rules adopted under subdivision 1. The~~  
12.16 ~~Board of Pharmacy shall follow the requirements of chapter 14 in any disciplinary actions~~  
12.17 ~~taken under this section. (a) Whenever it appears to the board that a person has engaged in~~  
12.18 ~~an act or practice constituting a violation of a law, rule, or other order related to the duties~~  
12.19 ~~and responsibilities entrusted to the board, the board may issue and cause to be served~~  
12.20 ~~upon the person an order requiring the person to cease and desist from violations.~~

12.21 (b) The cease and desist order must state the reasons for the issuance of the order  
12.22 and must give reasonable notice of the rights of the person to request a hearing before  
12.23 an administrative law judge. A hearing must be held not later than ten days after the  
12.24 request for the hearing is received by the board. After the completion of the hearing,  
12.25 the administrative law judge shall issue a report within ten days. Within 15 days after  
12.26 receiving the report of the administrative law judge, the board shall issue a further order  
12.27 vacating or making permanent the cease and desist order. The time periods provided in  
12.28 this provision may be waived by agreement of the executive director of the board and the  
12.29 person against whom the cease and desist order was issued. If the person to whom a cease  
12.30 and desist order is issued fails to appear at the hearing after being duly notified, the person  
12.31 is in default, and the proceeding may be determined against that person upon consideration  
12.32 of the cease and desist order, the allegations of which may be considered to be true. Unless  
12.33 otherwise provided, all hearings must be conducted according to chapter 14. The board  
12.34 may adopt rules of procedure concerning all proceedings conducted under this subdivision.

12.35 (c) If no hearing is requested within 30 days of service of the order, the cease and  
12.36 desist order will become permanent.

13.1 (d) A cease and desist order issued under this subdivision remains in effect until  
 13.2 it is modified or vacated by the board. The administrative proceeding provided by this  
 13.3 subdivision, and subsequent appellate judicial review of that administrative proceeding,  
 13.4 constitutes the exclusive remedy for determining whether the board properly issued the  
 13.5 cease and desist order and whether the cease and desist order should be vacated or made  
 13.6 permanent.

13.7 Subd. 1b. **Enforcement of violations of cease and desist orders.** (a) Whenever  
 13.8 the board under subdivision 1a seeks to enforce compliance with a cease and desist  
 13.9 order that has been made permanent, the allegations of the cease and desist order are  
 13.10 considered conclusively established for purposes of proceeding under subdivision 1a for  
 13.11 permanent or temporary relief to enforce the cease and desist order. Whenever the board  
 13.12 under subdivision 1a seeks to enforce compliance with a cease and desist order when a  
 13.13 hearing or hearing request on the cease and desist order is pending, or the time has not  
 13.14 yet expired to request a hearing on whether a cease and desist order should be vacated or  
 13.15 made permanent, the allegations in the cease and desist order are considered conclusively  
 13.16 established for the purposes of proceeding under subdivision 1a for temporary relief to  
 13.17 enforce the cease and desist order.

13.18 (b) Notwithstanding this subdivision or subdivision 1a, the person against whom  
 13.19 the cease and desist order is issued and who has requested a hearing under subdivision 1a  
 13.20 may, within 15 days after service of the cease and desist order, bring an action in Ramsey  
 13.21 County District Court for issuance of an injunction to suspend enforcement of the cease  
 13.22 and desist order pending a final decision of the board under subdivision 1a to vacate or  
 13.23 make permanent the cease and desist order. The court shall determine whether to issue  
 13.24 such an injunction based on traditional principles of temporary relief.

13.25 Subd. 2. **Application.** In the case of a facility licensed or registered by the board,  
 13.26 the provisions of subdivision 1 shall apply to an individual owner or sole proprietor and  
 13.27 shall also apply to the following:

- 13.28 (1) In the case of a partnership, each partner thereof;  
 13.29 (2) In the case of an association, each member thereof;  
 13.30 (3) In the case of a corporation, each officer or director thereof and each shareholder  
 13.31 owning 30 percent or more of the voting stock of such corporation.

13.32 Subd. 3. ~~Application of Administrative Procedure Act.~~ The board shall comply  
 13.33 with the provisions of chapter 14, before it fails to issue, renew, suspends, or revokes any  
 13.34 license or registration issued under this chapter.

13.35 Subd. 4. **Reinstatement.** Any license or registration which has been suspended  
 13.36 or revoked may be reinstated by the board provided the holder thereof shall pay all costs

14.1 of the proceedings resulting in the suspension or revocation, and, in addition thereto,  
 14.2 pay a fee set by the board.

14.3 ~~Subd. 5. **Costs; penalties.** The board may impose a civil penalty not exceeding~~  
 14.4 ~~\$10,000 for each separate violation, the amount of the civil penalty to be fixed so as~~  
 14.5 ~~to deprive a licensee or registrant of any economic advantage gained by reason of~~  
 14.6 ~~the violation, to discourage similar violations by the licensee or registrant or any other~~  
 14.7 ~~licensee or registrant, or to reimburse the board for the cost of the investigation and~~  
 14.8 ~~proceeding, including, but not limited to, fees paid for services provided by the Office of~~  
 14.9 ~~Administrative Hearings, legal and investigative services provided by the Office of the~~  
 14.10 ~~Attorney General, court reporters, witnesses, reproduction of records, board members'~~  
 14.11 ~~per diem compensation, board staff time, and travel costs and expenses incurred by board~~  
 14.12 ~~staff and board members.~~

14.13 **Sec. 3. [151.071] DISCIPLINARY ACTION.**

14.14 Subdivision 1. **Forms of disciplinary action.** When the board finds that a licensee,  
 14.15 registrant, or applicant has engaged in conduct prohibited under subdivision 2, it may  
 14.16 do one or more of the following:

14.17 (1) deny the issuance of a license or registration;

14.18 (2) refuse to renew a license or registration;

14.19 (3) revoke the license or registration;

14.20 (4) suspend the license or registration;

14.21 (5) impose limitations, conditions, or both on the license or registration, including

14.22 but not limited to: the limitation of practice designated settings; the imposition of

14.23 retraining or rehabilitation requirements; the requirement of practice under supervision;

14.24 the requirement of participation in a diversion program such as that established pursuant to

14.25 section 214.31 or the conditioning of continued practice on demonstration of knowledge

14.26 or skills by appropriate examination or other review of skill and competence;

14.27 (6) impose a civil penalty not exceeding \$10,000 for each separate violation, the

14.28 amount of the civil penalty to be fixed so as to deprive a licensee or registrant of any

14.29 economic advantage gained by reason of the violation, to discourage similar violations

14.30 by the licensee or registrant or any other licensee or registrant, or to reimburse the board

14.31 for the cost of the investigation and proceeding, including but not limited to, fees paid

14.32 for services provided by the Office of Administrative Hearings, legal and investigative

14.33 services provided by the Office of the Attorney General, court reporters, witnesses,

14.34 reproduction of records, board members' per diem compensation, board staff time, and

14.35 travel costs and expenses incurred by board staff and board members; and

15.1 (7) reprimand the licensee or registrant.

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

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

15.7 (2) obtaining a license by fraud or by misleading the board in any way during  
15.8 the application process or obtaining a license by cheating, or attempting to subvert  
15.9 the licensing examination process. Conduct that subverts or attempts to subvert the  
15.10 licensing examination process includes, but is not limited to: (i) conduct that violates the  
15.11 security of the examination materials, such as removing examination materials from the  
15.12 examination room or having unauthorized possession of any portion of a future, current,  
15.13 or previously administered licensing examination; (ii) conduct that violates the standard of  
15.14 test administration, such as communicating with another examinee during administration  
15.15 of the examination, copying another examinee's answers, permitting another examinee  
15.16 to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an  
15.17 examinee or permitting an impersonator to take the examination on one's own behalf;

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

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

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

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

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

16.8 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against  
16.9 a license or registration issued by another of this state's health licensing agencies, failure  
16.10 to report to the board that charges regarding the person's license or registration have been  
16.11 brought by another of this state's health licensing agencies, or having been refused a  
16.12 license or registration by another of this state's health licensing agencies. The board may  
16.13 delay the issuance of a new license or registration if a disciplinary action is pending before  
16.14 another of this state's health licensing agencies until the action has been dismissed or  
16.15 otherwise resolved;

16.16 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation  
16.17 of any order of the board, of any of the provisions of this chapter or any rules of the  
16.18 board or violation of any federal, state, or local law or rule reasonably pertaining to the  
16.19 practice of pharmacy;

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

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

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

16.32 (11) for an individual licensed or registered by the board, adjudication as mentally ill  
16.33 or developmentally disabled, or as a chemically dependent person, a person dangerous  
16.34 to the public, a sexually dangerous person, or a person who has a sexual psychopathic  
16.35 personality, by a court of competent jurisdiction, within or without this state. Such



17.1 adjudication shall automatically suspend a license for the duration thereof unless the  
17.2 board orders otherwise;

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

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

17.10 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and  
17.11 safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or  
17.12 any other type of material or as a result of any mental or physical condition, including  
17.13 deterioration through the aging process or loss of motor skills. In the case of registered  
17.14 pharmacy technicians, pharmacist interns, or controlled substance researchers, the  
17.15 inability to carry out duties allowed under this chapter or the rules of the board with  
17.16 reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs,  
17.17 narcotics, chemicals, or any other type of material or as a result of any mental or physical  
17.18 condition, including deterioration through the aging process or loss of motor skills;

17.19 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical  
17.20 gas distributor, or controlled substance researcher, revealing a privileged communication  
17.21 from or relating to a patient except when otherwise required or permitted by law;

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

17.26 (17) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,  
17.27 kickback, or other form of remuneration, directly or indirectly, for the referral of patients  
17.28 or the dispensing of drugs or devices;

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

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

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

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

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

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

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

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

18.12 (iv) a finding by the board that the person violated section 609.215, subdivision  
18.13 1 or 2. The board shall investigate any complaint of a violation of section 609.215,  
18.14 subdivision 1 or 2;

18.15 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license.  
18.16 For a pharmacist intern, pharmacy technician, or controlled substance researcher,  
18.17 performing duties permitted to such individuals by this chapter or the rules of the board  
18.18 under a lapsed or nonrenewed registration. For a facility required to be licensed under this  
18.19 chapter, operation of the facility under a lapsed or nonrenewed license or registration; and

18.20 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination  
18.21 or discharge from the health professional services program for reasons other than the  
18.22 satisfactory completion of the program.

18.23 Subd. 3. **Automatic suspension.** (a) A license or registration issued under this  
18.24 chapter to a pharmacist, pharmacist intern, pharmacy technician, or controlled substance  
18.25 researcher is automatically suspended if: (1) a guardian of a licensee or registrant is  
18.26 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons  
18.27 other than the minority of the licensee or registrant; or (2) the licensee or registrant is  
18.28 committed by order of a court pursuant to chapter 253B. The license or registration  
18.29 remains suspended until the licensee is restored to capacity by a court and, upon petition  
18.30 by the licensee or registrant, the suspension is terminated by the board after a hearing.

18.31 (b) For a pharmacist, pharmacy intern, or pharmacy technician, upon notice to the  
18.32 board of a judgment of, or a plea of guilty to, a felony reasonably related to the practice  
18.33 of pharmacy, the license or registration of the regulated person may be automatically  
18.34 suspended by the board. The license or registration will remain suspended until, upon  
18.35 petition by the regulated individual and after a hearing, the suspension is terminated by  
18.36 the board. The board may indefinitely suspend or revoke the license or registration of the

19.1 regulated individual if, after a hearing before the board, the board finds that the felonious  
19.2 conduct would cause a serious risk of harm to the public.

19.3 (c) For a facility that is licensed or registered by the board, upon notice to the  
19.4 board that an owner of the facility is subject to a judgment of, or a plea of guilty to,  
19.5 a felony reasonably related to the operation of the facility, the license or registration of  
19.6 the facility may be automatically suspended by the board. The license or registration will  
19.7 remain suspended until, upon petition by the facility and after a hearing, the suspension  
19.8 is terminated by the board. The board may indefinitely suspend or revoke the license or  
19.9 registration of the facility if, after a hearing before the board, the board finds that the  
19.10 felonious conduct would cause a serious risk of harm to the public.

19.11 (d) For licenses and registrations that have been suspended or revoked pursuant  
19.12 to paragraphs (a) and (b), the regulated individual may have a license or registration  
19.13 reinstated, either with or without restrictions, by demonstrating clear and convincing  
19.14 evidence of rehabilitation, as provided in section 364.03. If the regulated individual has  
19.15 the conviction subsequently overturned by court decision, the board shall conduct a  
19.16 hearing to review the suspension within 30 days after the receipt of the court decision.  
19.17 The regulated individual is not required to prove rehabilitation if the subsequent court  
19.18 decision overturns previous court findings of public risk.

19.19 (e) For licenses and registrations that have been suspended or revoked pursuant to  
19.20 paragraph (c), the regulated facility may have a license or registration reinstated, either with  
19.21 or without restrictions, conditions, or limitations, by demonstrating clear and convincing  
19.22 evidence of rehabilitation of the convicted owner, as provided in section 364.03. If the  
19.23 convicted owner has the conviction subsequently overturned by court decision, the board  
19.24 shall conduct a hearing to review the suspension within 30 days after receipt of the court  
19.25 decision. The regulated facility is not required to prove rehabilitation of the convicted  
19.26 owner if the subsequent court decision overturns previous court findings of public risk.

19.27 (f) The board may, upon majority vote of a quorum of its appointed members,  
19.28 suspend the license or registration of a regulated individual without a hearing if the  
19.29 regulated individual fails to maintain a current name and address with the board, as  
19.30 described in paragraphs (h) and (i), while the regulated individual is: (1) under board  
19.31 investigation, and a notice of conference has been issued by the board; (2) party to a  
19.32 contested case with the board; (3) party to an agreement for corrective action with the  
19.33 board; or (4) under a board order for disciplinary action. The suspension shall remain  
19.34 in effect until lifted by the board to the board's receipt of a petition from the regulated  
19.35 individual, along with the current name and address of the regulated individual.

20.1 (g) The board may, upon majority vote of a quorum of its appointed members,  
20.2 suspend the license or registration of a regulated facility without a hearing if the regulated  
20.3 facility fails to maintain a current name and address of the owner of the facility with the  
20.4 board, as described in paragraphs (h) and (i), while the regulated facility is: (1) under  
20.5 board investigation, and a notice of conference has been issued by the board; (2) party  
20.6 to a contested case with the board; (3) party to an agreement for corrective action with  
20.7 the board; or (4) under a board order for disciplinary action. The suspension shall remain  
20.8 in effect until lifted by the board pursuant to the board's receipt of a petition from the  
20.9 regulated facility, along with the current name and address of the owner of the facility.

20.10 (h) An individual licensed or registered by the board shall maintain a current name  
20.11 and home address with the board and shall notify the board in writing within 30 days of  
20.12 any change in name or home address. An individual regulated by the board shall also  
20.13 maintain a current business address with the board as required by section 214.073. For  
20.14 an individual, if a name change only is requested, the regulated individual must request  
20.15 a revised license or registration. The board may require the individual to substantiate  
20.16 the name change by submitting official documentation from a court of law or agency  
20.17 authorized under law to receive and officially record a name change. In the case of an  
20.18 individual, if an address change only is requested, no request for a revised license or  
20.19 registration is required. If the current license or registration of an individual has been lost,  
20.20 stolen, or destroyed, the individual shall provide a written explanation to the board.

20.21 (i) A facility licensed or registered by the board shall maintain a current name and  
20.22 address with the board. A facility shall notify the board in writing within 30 days of any  
20.23 change in name. A facility licensed or registered by the board but located outside of the  
20.24 state must notify the board within 30 days of an address change. A facility licensed or  
20.25 registered by the board and located within the state must notify the board at least 60  
20.26 days in advance of a change of address that will result from the move of the facility to a  
20.27 different location and must pass an inspection at the new location as required by the board.  
20.28 If the current license or registration of a facility has been lost, stolen, or destroyed, the  
20.29 facility shall provide a written explanation to the board.

20.30 Subd. 4. **Effective dates.** A suspension, revocation, condition, limitation,  
20.31 qualification, or restriction of a license or registration shall be in effect pending  
20.32 determination of an appeal. A revocation of a license pursuant to subdivision 1a is not  
20.33 appealable and shall remain in effect indefinitely.

20.34 Subd. 5. **Conditions on reissued license.** In its discretion, the board may restore  
20.35 and reissue a license or registration issued under this chapter, but as a condition thereof  
20.36 may impose any disciplinary or corrective measure that it might originally have imposed.

21.1 Subd. 6. **Temporary suspension of license for pharmacists.** In addition to any  
21.2 other remedy provided by law, the board may, without a hearing, temporarily suspend the  
21.3 license of a pharmacist if the board finds that the pharmacist has violated a statute or rule  
21.4 that the board is empowered to enforce and continued practice by the pharmacist would  
21.5 create a serious risk of harm to the public. The suspension shall take effect upon written  
21.6 notice to the pharmacist, specifying the statute or rule violated. The suspension shall  
21.7 remain in effect until the board issues a final order in the matter after a hearing. At the  
21.8 time it issues the suspension notice, the board shall schedule a disciplinary hearing to be  
21.9 held pursuant to the Administrative Procedure Act. The pharmacist shall be provided with  
21.10 at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall  
21.11 be scheduled to begin no later than 30 days after the issuance of the suspension order.

21.12 Subd. 7. **Temporary suspension of license for pharmacist interns, pharmacy**  
21.13 **technicians, and controlled substance researchers.** In addition to any other remedy  
21.14 provided by law, the board may, without a hearing, temporarily suspend the registration of  
21.15 a pharmacist intern, pharmacy technician, or controlled substance researcher if the board  
21.16 finds that the registrant has violated a statute or rule that the board is empowered to enforce  
21.17 and continued registration of the registrant would create a serious risk of harm to the  
21.18 public. The suspension shall take effect upon written notice to the registrant, specifying  
21.19 the statute or rule violated. The suspension shall remain in effect until the board issues a  
21.20 final order in the matter after a hearing. At the time it issues the suspension notice, the  
21.21 board shall schedule a disciplinary hearing to be held pursuant to the Administrative  
21.22 Procedure Act. The licensee or registrant shall be provided with at least 20 days' notice of  
21.23 any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no  
21.24 later than 30 days after the issuance of the suspension order.

21.25 Subd. 8. **Temporary suspension of license for pharmacies, drug wholesalers,**  
21.26 **drug manufacturers, medical gas manufacturers, and medical gas distributors.**  
21.27 In addition to any other remedy provided by law, the board may, without a hearing,  
21.28 temporarily suspend the license or registration of a pharmacy, drug wholesaler, drug  
21.29 manufacturer, medical gas manufacturer, or medical gas distributor if the board finds  
21.30 that the licensee or registrant has violated a statute or rule that the board is empowered  
21.31 to enforce and continued operation of the licensed facility would create a serious risk of  
21.32 harm to the public. The suspension shall take effect upon written notice to the licensee or  
21.33 registrant, specifying the statute or rule violated. The suspension shall remain in effect  
21.34 until the board issues a final order in the matter after a hearing. At the time it issues the  
21.35 suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to  
21.36 the Administrative Procedure Act. The licensee or registrant shall be provided with at

22.1 least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be  
22.2 scheduled to begin no later than 30 days after the issuance of the suspension order.

22.3 Subd. 9. **Evidence.** In disciplinary actions alleging a violation of subdivision 2,  
22.4 clause (4), (5), (6), or (7), a copy of the judgment or proceeding under the seal of the court  
22.5 administrator or of the administrative agency that entered the same shall be admissible  
22.6 into evidence without further authentication and shall constitute prima facie evidence  
22.7 of the contents thereof.

22.8 Subd. 10. **Mental examination; access to medical data.** (a) If the board has  
22.9 probable cause to believe that an individual licensed or registered by the board falls under  
22.10 subdivision 2, clause (14), it may direct the individual to submit to a mental or physical  
22.11 examination. For the purpose of this subdivision, every licensed or registered individual is  
22.12 deemed to have consented to submit to a mental or physical examination when directed in  
22.13 writing by the board and further to have waived all objections to the admissibility of the  
22.14 examining practitioner's testimony or examination reports on the grounds that the same  
22.15 constitute a privileged communication. Failure of a licensed or registered individual to  
22.16 submit to an examination when directed constitutes an admission of the allegations against  
22.17 the individual, unless the failure was due to circumstances beyond the individual's control,  
22.18 in which case a default and final order may be entered without the taking of testimony or  
22.19 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable  
22.20 intervals be given an opportunity to demonstrate that they can resume the competent  
22.21 practice of the profession of pharmacy with reasonable skill and safety to the public.  
22.22 Pharmacist interns, pharmacy technicians, or controlled substance researchers affected  
22.23 under this paragraph shall at reasonable intervals be given an opportunity to demonstrate  
22.24 that they can competently resume the duties that can be performed, under this chapter or  
22.25 the rules of the board, by similarly registered persons with reasonable skill and safety to  
22.26 the public. In any proceeding under this paragraph, neither the record of proceedings nor  
22.27 the orders entered by the board shall be used against a licensed or registered individual  
22.28 in any other proceeding.

22.29 (b) In addition to ordering a physical or mental examination, the board may,  
22.30 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or  
22.31 other health data, obtain medical data and health records relating to an individual licensed  
22.32 or registered by the board, or to an applicant for licensure or registration, without the  
22.33 individual's consent, if the board has probable cause to believe that the individual falls  
22.34 under subdivision 2, clause (14). The medical data may be requested from a provider,  
22.35 as defined in section 144.291, subdivision 2, paragraph (h), an insurance company, or a  
22.36 government agency, including the Department of Human Services. A provider, insurance

23.1 company, or government agency shall comply with any written request of the board under  
23.2 this subdivision and is not liable in any action for damages for releasing the data requested  
23.3 by the board if the data are released pursuant to a written request under this subdivision,  
23.4 unless the information is false and the provider giving the information knew, or had reason  
23.5 to believe, the information was false. Information obtained under this subdivision is  
23.6 classified as private under sections 13.01 to 13.87.

23.7 Subd. 11. **Tax clearance certificate.** (a) In addition to the provisions of subdivision  
23.8 1, the board may not issue or renew a license or registration if the commissioner of  
23.9 revenue notifies the board and the licensee or applicant for a license that the licensee or  
23.10 applicant owes the state delinquent taxes in the amount of \$500 or more. The board may  
23.11 issue or renew the license or registration only if (1) the commissioner of revenue issues a  
23.12 tax clearance certificate, and (2) the commissioner of revenue or the licensee, registrant, or  
23.13 applicant forwards a copy of the clearance to the board. The commissioner of revenue  
23.14 may issue a clearance certificate only if the licensee, registrant, or applicant does not owe  
23.15 the state any uncontested delinquent taxes.

23.16 (b) For purposes of this subdivision, the following terms have the meanings given.

23.17 (1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties  
23.18 and interest due on those taxes.

23.19 (2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court  
23.20 action that contests the amount or validity of the liability has been filed or served, (ii) the  
23.21 appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant  
23.22 has entered into a payment agreement to pay the liability and is current with the payments.

23.23 (c) In lieu of the notice and hearing requirements of subdivision 1, when a licensee,  
23.24 registrant, or applicant is required to obtain a clearance certificate under this subdivision,  
23.25 a contested case hearing must be held if the licensee or applicant requests a hearing in  
23.26 writing to the commissioner of revenue within 30 days of the date of the notice provided  
23.27 in paragraph (a). The hearing must be held within 45 days of the date the commissioner of  
23.28 revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law  
23.29 to the contrary, the licensee or applicant must be served with 20 days' notice in writing  
23.30 specifying the time and place of the hearing and the allegations against the licensee or  
23.31 applicant. The notice may be served personally or by mail.

23.32 (d) A licensee or applicant must provide the licensee's or applicant's Social Security  
23.33 number and Minnesota business identification number on all license applications. Upon  
23.34 request of the commissioner of revenue, the board must provide to the commissioner of  
23.35 revenue a list of all licensees and applicants that includes the licensee's or applicant's  
23.36 name, address, Social Security number, and business identification number. The

24.1 commissioner of revenue may request a list of the licensees and applicants no more than  
 24.2 once each calendar year.

24.3 Subd. 12. **Limitation.** No board proceeding against a regulated person or facility  
 24.4 shall be instituted unless commenced within seven years from the date of the commission  
 24.5 of some portion of the offense or misconduct complained of except for alleged violations  
 24.6 of subdivision 2, clause (21).

24.7 Sec. 4. **[151.072] REPORTING OBLIGATIONS.**

24.8 Subdivision 1. **Permission to report.** A person who has knowledge of any conduct  
 24.9 constituting grounds for discipline under the provisions of this chapter or the rules of the  
 24.10 board may report the violation to the board.

24.11 Subd. 2. **Pharmacies.** A pharmacy located in this state must report to the board any  
 24.12 discipline that is related to an incident involving conduct that would constitute grounds  
 24.13 for discipline under the provisions of this chapter or the rules of the board, that is taken  
 24.14 by the pharmacy or any of its administrators against a pharmacist, pharmacist intern, or  
 24.15 pharmacy technician, including the termination of employment of the individual or the  
 24.16 revocation, suspension, restriction, limitation, or conditioning of an individual's ability  
 24.17 to practice or work at or on behalf of the pharmacy. The pharmacy shall also report the  
 24.18 resignation of any pharmacist, pharmacist intern, or technician prior to the conclusion of  
 24.19 any disciplinary proceeding, or prior to the commencement of formal charges but after the  
 24.20 individual had knowledge that formal charges were contemplated or in preparation. Each  
 24.21 report made under this subdivision must state the nature of the action taken and state in  
 24.22 detail the reasons for the action. Failure to report violations as required by this subdivision  
 24.23 is a basis for discipline pursuant to section 151.071, subdivision 2, clause (8).

24.24 Subd. 3. **Licensees and registrants of the board.** A licensee or registrant of  
 24.25 the board shall report to the board personal knowledge of any conduct that the person  
 24.26 reasonably believes constitutes grounds for disciplinary action under this chapter or  
 24.27 the rules of the board by any pharmacist, pharmacist intern, pharmacy technician, or  
 24.28 controlled substance researcher, including any conduct indicating that the person may be  
 24.29 professionally incompetent, or may have engaged in unprofessional conduct or may be  
 24.30 medically or physically unable to engage safely in the practice of pharmacy or to carry  
 24.31 out the duties permitted to the person by this chapter or the rules of the board. Failure  
 24.32 to report violations as required by this subdivision is a basis for discipline pursuant to  
 24.33 section 151.071, subdivision 2, clause (20).

24.34 Subd. 4. **Courts.** The court administrator of a district court or any other court of  
 24.35 competent jurisdiction shall report to the board any judgment or other determination of



25.1 the court that: adjudges or includes a finding that a licensee or registrant of the board is  
 25.2 mentally ill, mentally incompetent, guilty of a felony, or guilty of a violation of federal  
 25.3 or state narcotics laws or controlled substances act, guilty of an abuse or fraud under  
 25.4 Medicare or Medicaid; appoints a guardian of the licensee or registrant pursuant to sections  
 25.5 524.5-101 to 524.5-502; or commits a licensee or registrant pursuant to chapter 253B.

25.6 Subd. 5. **Self-reporting.** A licensee or registrant of the board shall report to the  
 25.7 board any personal action that would require that a report be filed with the board pursuant  
 25.8 to subdivision 2 or 4.

25.9 Subd. 6. **Deadlines; forms.** Reports required by subdivisions 2 to 5 must be  
 25.10 submitted not later than 30 days after the occurrence of the reportable event or transaction.  
 25.11 The board may provide forms for the submission of reports required by this section, may  
 25.12 require that reports be submitted on the forms provided, and may adopt rules necessary  
 25.13 to assure prompt and accurate reporting.

25.14 Subd. 7. **Subpoenas.** The board may issue subpoenas for the production of any  
 25.15 reports required by subdivisions 2 to 5 or any related documents.

25.16 **Sec. 5. [151.073] IMMUNITY.**

25.17 Subdivision 1. **Reporting.** Any person, health care facility, business, or organization  
 25.18 is immune from civil liability or criminal prosecution for submitting in good faith a report  
 25.19 to the board under section 151.072 or for otherwise reporting in good faith to the board  
 25.20 violations or alleged violations of this chapter or the rules of the board. All such reports  
 25.21 are investigative data as defined in chapter 13.

25.22 Subd. 2. **Investigation.** (a) Members of the board and persons employed by the board  
 25.23 or engaged on behalf of the board in the investigation of violations and in the preparation  
 25.24 and management of charges or violations of this chapter of the rules of the board, or persons  
 25.25 participating in the investigation or testifying regarding charges of violations, are immune  
 25.26 from civil liability and criminal prosecution for any actions, transactions, or publications  
 25.27 in the execution of, or relating to, their duties under this chapter or the rules of the board.

25.28 (b) Members of the board and persons employed by the board or engaged in  
 25.29 maintaining records and making reports regarding adverse health care events are immune  
 25.30 from civil liability and criminal prosecution for any actions, transactions, or publications  
 25.31 in the execution of, or relating to, their duties under section 151.301.

25.32 **Sec. 6. [151.074] LICENSEE OR REGISTRANT COOPERATION.**

25.33 An individual who is licensed or registered by the board, who is the subject of an  
 25.34 investigation by or on behalf of the board, shall cooperate fully with the investigation.

26.1 An owner or employee of a facility that is licensed or registered by the board, when the  
 26.2 facility is the subject of an investigation by or on behalf of the board, shall cooperate  
 26.3 fully with the investigation. Cooperation includes responding fully and promptly to any  
 26.4 question raised by, or on behalf of, the board relating to the subject of the investigation and  
 26.5 providing copies of patient pharmacy records and other relevant records, as reasonably  
 26.6 requested by the board, to assist the board in its investigation. The board shall maintain  
 26.7 any records obtained pursuant to this section as investigative data pursuant to chapter 13.

26.8 **Sec. 7. [151.075] DISCIPLINARY RECORD ON JUDICIAL REVIEW.**

26.9 Upon judicial review of any board disciplinary action taken under this chapter, the  
 26.10 reviewing court shall seal the administrative record, except for the board's final decision,  
 26.11 and shall not make the administrative record available to the public.

26.12 Sec. 8. Minnesota Statutes 2012, section 151.211, is amended to read:

26.13 **151.211 RECORDS OF PRESCRIPTIONS.**

26.14 Subdivision 1. **Retention of prescription drug orders.** All ~~prescriptions dispensed~~  
 26.15 prescription drug orders shall be kept on file at the location ~~in~~ from which ~~such~~ dispensing  
 26.16 occurred of the ordered drug occurs for a period of at least two years. Prescription drug  
 26.17 orders that are electronically prescribed must be kept on file in the format in which  
 26.18 they were originally received. Written or printed prescription drug orders and verbal  
 26.19 prescription drug orders reduced to writing, must be kept on file as received or transcribed,  
 26.20 except that such orders may be kept in an electronic format as allowed by the board.  
 26.21 Electronic systems used to process and store prescription drug orders must be compliant  
 26.22 with the requirements of this chapter and the rules of the board. Prescription drug orders  
 26.23 that are stored in an electronic format, as permitted by this subdivision, may be kept on  
 26.24 file at a remote location provided that they are readily and securely accessible from the  
 26.25 location at which dispensing of the ordered drug occurred.

26.26 Subd. 2. **Refill requirements.** ~~No~~ A prescription ~~shall~~ drug order may be refilled  
 26.27 except only with the written, electronic, or verbal consent of the prescriber and in  
 26.28 accordance with the requirements of this chapter, the rules of the board, and where  
 26.29 applicable, section 152.11. The date of such refill must be recorded and initialed upon  
 26.30 the original prescription drug order, or within the electronically maintained record of the  
 26.31 original prescription drug order, by the pharmacist, pharmacist intern, or practitioner  
 26.32 who refills the prescription.

26.33 **Sec. 9. [151.251] COMPOUNDING.**

27.1 Subdivision 1. **Exemption from manufacturing licensure requirement.** Section  
27.2 151.252 shall not apply to:

27.3 (1) a practitioner engaged in extemporaneous compounding, anticipatory  
27.4 compounding, or compounding not done pursuant to a prescription drug order when  
27.5 permitted by this chapter or the rules of the board; and

27.6 (2) a pharmacy in which a pharmacist is engaged in extemporaneous compounding,  
27.7 anticipatory compounding, or compounding not done pursuant to a prescription drug order  
27.8 when permitted by this chapter or the rules of the board.

27.9 Subd. 2. **Compounded drug.** A drug product may be compounded under this  
27.10 section if a pharmacist or practitioner:

27.11 (a) compounds the drug product using bulk drug substances, as defined in the federal  
27.12 regulations published in Code of Federal Regulations, title 21, section 207.3(a)(4):

27.13 (1) that:

27.14 (i) comply with the standards of an applicable United States Pharmacopoeia  
27.15 or National Formulary monograph, if a monograph exists, and the United States  
27.16 Pharmacopoeia chapter on pharmacy compounding;

27.17 (ii) if such a monograph does not exist, are drug substances that are components of  
27.18 drugs approved for use in this country by the United States Food and Drug Administration;

27.19 or

27.20 (iii) if such a monograph does not exist and the drug substance is not a component of  
27.21 a drug approved for use in this country by the United States Food and Drug Administration,  
27.22 that appear on a list developed by the United States Food and Drug Administration through  
27.23 regulations issued by the secretary of the federal Department of Health and Human  
27.24 Services pursuant to section 503a of the Food, Drug and Cosmetic Act under paragraph (d);

27.25 (2) that are manufactured by an establishment that is registered under section 360  
27.26 of the federal Food, Drug and Cosmetic Act, including a foreign establishment that is  
27.27 registered under section 360(i) of that act; and

27.28 (3) that are accompanied by valid certificates of analysis for each bulk drug substance;

27.29 (b) compounds the drug product using ingredients, other than bulk drug substances,  
27.30 that comply with the standards of an applicable United States Pharmacopoeia or National  
27.31 Formulary monograph, if a monograph exists, and the United States Pharmacopoeia  
27.32 chapters on pharmacy compounding;

27.33 (c) does not compound a drug product that appears on a list published by the secretary  
27.34 of the federal Department of Health and Human Services in the Federal Register of drug  
27.35 products that have been withdrawn or removed from the market because such drug products  
27.36 or components of such drug products have been found to be unsafe or not effective;

28.1 (d) does not compound any drug products that are essentially copies of a  
28.2 commercially available drug product; and

28.3 (e) does not compound any drug product that has been identified pursuant to  
28.4 United States Code, title 21, section 353a, as a drug product that presents demonstrable  
28.5 difficulties for compounding that reasonably demonstrate an adverse effect on the safety  
28.6 or effectiveness of that drug product.

28.7 The term "essentially a copy of a commercially available drug product" does not  
28.8 include a drug product in which there is a change, made for an identified individual  
28.9 patient, that produces for that patient a significant difference, as determined by the  
28.10 prescribing practitioner, between the compounded drug and the comparable commercially  
28.11 available drug product.

28.12 Subd. 3. **Exceptions.** This section shall not apply to:

28.13 (1) compounded positron emission tomography drugs as defined in section 151.01,  
28.14 subdivision 38; or

28.15 (2) radiopharmaceuticals.

28.16 Sec. 10. Minnesota Statutes 2013 Supplement, section 151.252, is amended by adding  
28.17 a subdivision to read:

28.18 Subd. 1a. **Outsourcing facility.** (a) No person shall act as an outsourcing facility  
28.19 without first obtaining a license from the board and paying any applicable manufacturer  
28.20 licensing fee specified in section 151.065.

28.21 (b) Application for an outsourcing facility license under this section shall be made  
28.22 in a manner specified by the board and may differ from the application required of other  
28.23 drug manufacturers.

28.24 (c) No license shall be issued or renewed for an outsourcing facility unless the  
28.25 applicant agrees to operate in a manner prescribed for outsourcing facilities by federal and  
28.26 state law and according to Minnesota Rules.

28.27 (d) No license shall be issued or renewed for an outsourcing facility unless the  
28.28 applicant supplies the board with proof of such registration by the United States Food and  
28.29 Drug Administration as required by United States Code, title 21, section 353b.

28.30 (e) No license shall be issued or renewed for an outsourcing facility that is required  
28.31 to be licensed or registered by the state in which it is physically located unless the  
28.32 applicant supplies the board with proof of such licensure or registration. The board may  
28.33 establish, by rule, standards for the licensure of an outsourcing facility that is not required  
28.34 to be licensed or registered by the state in which it is physically located.

29.1 (f) The board shall require a separate license for each outsourcing facility located  
 29.2 within the state and for each outsourcing facility located outside of the state at which drugs  
 29.3 that are shipped into the state are prepared.

29.4 (g) The board shall not issue an initial or renewed license for an outsourcing facility  
 29.5 unless the facility passes an inspection conducted by an authorized representative of the  
 29.6 board. In the case of an outsourcing facility located outside of the state, the board may  
 29.7 require the applicant to pay the cost of the inspection, in addition to the license fee in  
 29.8 section 151.065, unless the applicant furnishes the board with a report, issued by the  
 29.9 appropriate regulatory agency of the state in which the facility is located or by the United  
 29.10 States Food and Drug Administration, of an inspection that has occurred within the 24  
 29.11 months immediately preceding receipt of the license application by the board. The board  
 29.12 may deny licensure unless the applicant submits documentation satisfactory to the board  
 29.13 that any deficiencies noted in an inspection report have been corrected.

29.14 Sec. 11. Minnesota Statutes 2012, section 151.26, is amended to read:

29.15 **151.26 EXCEPTIONS.**

29.16 Subdivision 1. **Generally.** Nothing in this chapter shall subject a person duly  
 29.17 licensed in this state to practice medicine, dentistry, or veterinary medicine, to inspection  
 29.18 by the State Board of Pharmacy, nor prevent the person from administering drugs,  
 29.19 medicines, chemicals, or poisons in the person's practice, nor prevent a duly licensed  
 29.20 practitioner from furnishing to a patient properly packaged and labeled drugs, medicines,  
 29.21 chemicals, or poisons as may be considered appropriate in the treatment of such patient;  
 29.22 unless the person is engaged in the dispensing, sale, or distribution of drugs and the board  
 29.23 provides reasonable notice of an inspection.

29.24 Except for the provisions of section 151.37, nothing in this chapter applies to or  
 29.25 interferes with the dispensing, in its original package and at no charge to the patient, of a  
 29.26 legend drug, other than a controlled substance, that was packaged by a manufacturer and  
 29.27 provided to the dispenser for distribution as a professional sample.

29.28 Nothing in this chapter shall prevent the sale of drugs, medicines, chemicals, or  
 29.29 poisons at wholesale to licensed physicians, dentists and veterinarians for use in their  
 29.30 practice, nor to hospitals for use therein.

29.31 Nothing in this chapter shall prevent the sale of drugs, chemicals, or poisons either  
 29.32 at wholesale or retail for use for commercial purposes, or in the arts, nor interfere with the  
 29.33 sale of insecticides, as defined in Minnesota Statutes 1974, section 24.069, and nothing in  
 29.34 this chapter shall prevent the sale of common household preparations and other drugs,  
 29.35 chemicals, and poisons sold exclusively for use for nonmedicinal purposes; provided

30.1 that this exception does not apply to any compound, substance, or derivative that is not  
 30.2 approved for human consumption by the United States Food and Drug Administration  
 30.3 or specifically permitted for human consumption under Minnesota law that, when  
 30.4 introduced into the body, induces an effect similar to that of a Schedule I or Schedule II  
 30.5 controlled substance listed in section 152.02, subdivisions 2 and 3, or Minnesota Rules,  
 30.6 parts 6800.4210 and 6800.4220, regardless of whether the substance is marketed for the  
 30.7 purpose of human consumption.

30.8       Nothing in this chapter shall apply to or interfere with the vending or retailing of  
 30.9 any nonprescription medicine or drug not otherwise prohibited by statute ~~which~~ that is  
 30.10 prepackaged, fully prepared by the manufacturer or producer for use by the consumer, and  
 30.11 labeled in accordance with the requirements of the state or federal Food and Drug Act; nor  
 30.12 to the manufacture, wholesaling, vending, or retailing of flavoring extracts, toilet articles,  
 30.13 cosmetics, perfumes, spices, and other commonly used household articles of a chemical  
 30.14 nature, for use for nonmedicinal purposes-; provided that this exception does not apply  
 30.15 to any compound, substance, or derivative that is not approved for human consumption  
 30.16 by the United States Food and Drug Administration or specifically permitted for human  
 30.17 consumption under Minnesota law that, when introduced into the body, induces an effect  
 30.18 similar to that of a Schedule I or Schedule II controlled substance listed in section 152.02,  
 30.19 subdivisions 2 and 3, or Minnesota Rules, parts 6800.4210 and 6800.4220, regardless of  
 30.20 whether the substance is marketed for the purpose of human consumption. Nothing in  
 30.21 this chapter shall prevent the sale of drugs or medicines by licensed pharmacists at a  
 30.22 discount to persons over 65 years of age.

30.23       Sec. 12. Minnesota Statutes 2012, section 151.34, is amended to read:

30.24       **151.34 PROHIBITED ACTS.**

30.25       It shall be unlawful to:

30.26       (1) manufacture, sell or deliver, hold or offer for sale any drug that is adulterated  
 30.27 or misbranded;

30.28       (2) adulterate or misbrand any drug;

30.29       (3) receive in commerce any drug that is adulterated or misbranded, and to deliver or  
 30.30 proffer delivery thereof for pay or otherwise;

30.31       (4) refuse to permit entry or inspection, or to permit the taking of a sample, or to  
 30.32 permit access to or copying of any record as authorized by this chapter;

30.33       (5) remove or dispose of a detained or embargoed article in violation of this chapter;

31.1 (6) alter, mutilate, destroy, obliterate, or remove the whole or any part of the labeling  
 31.2 of, or to do any other act with respect to a drug, if such act is done while such drug is held  
 31.3 for sale and results in such drug being adulterated or misbranded;

31.4 (7) use for a person's own advantage or to reveal other than to the board or its  
 31.5 authorized representative or to the courts when required in any judicial proceeding under  
 31.6 this chapter any information acquired under authority of this chapter concerning any  
 31.7 method or process ~~which~~ that is a trade secret and entitled to protection;

31.8 (8) use on the labeling of any drug any representation or suggestion that an  
 31.9 application with respect to such drug is effective under the federal act or that such drug  
 31.10 complies with such provisions;

31.11 (9) in the case of a manufacturer, packer, or distributor offering legend drugs for sale  
 31.12 within this state, fail to maintain for transmittal or to transmit, to any practitioner licensed  
 31.13 by applicable law to administer such drug who makes written request for information as to  
 31.14 such drug, true and correct copies of all printed matter ~~which~~ that is required to be included  
 31.15 in any package in which that drug is distributed or sold, or such other printed matter as is  
 31.16 approved under the federal act. Nothing in this paragraph shall be construed to exempt  
 31.17 any person from any labeling requirement imposed by or under provisions of this chapter;

31.18 (10) conduct a pharmacy without a pharmacist in charge;

31.19 (11) dispense a legend drug without first obtaining a valid prescription for that drug;

31.20 (12) conduct a pharmacy without proper registration with the board;

31.21 (13) practice pharmacy without being licensed to do so by the board; ~~or~~

31.22 (14) sell at retail federally restricted medical gases without proper registration with  
 31.23 the board except as provided in this chapter; or

31.24 (15) sell any compound, substance, or derivative that is not approved for human  
 31.25 consumption by the United States Food and Drug Administration or specifically permitted  
 31.26 for human consumption under Minnesota law that, when introduced into the body, induces  
 31.27 an effect similar to that of a Schedule I or Schedule II controlled substance listed in  
 31.28 section 152.02, subdivisions 2 and 3, or Minnesota Rules, parts 6800.4210 and 6800.4220,  
 31.29 regardless of whether the substance is marketed for the purpose of human consumption.

31.30 Sec. 13. Minnesota Statutes 2012, section 151.35, is amended to read:

31.31 **151.35 DRUGS, ADULTERATION.**

31.32 A drug shall be deemed to be adulterated:

31.33 (1) if it consists in whole or in part of any filthy, putrid or decomposed substance; or  
 31.34 if it has been produced, prepared, packed, or held under unsanitary conditions whereby it  
 31.35 may have been rendered injurious to health, or whereby it may have been contaminated

32.1 with filth; or if the methods used in, or the facilities or controls used for, its manufacture,  
 32.2 processing, packing, or holding do not conform to or are not operated or administered  
 32.3 in conformity with current good manufacturing practice as required under the federal  
 32.4 act to assure that such drug is safe and has the identity, strength, quality, and purity  
 32.5 characteristics, which it purports or is represented to possess; or the facility in which it  
 32.6 was produced was not registered by the United States Food and Drug Administration or  
 32.7 licensed by the board; or, its container is composed, in whole or in part, of any poisonous  
 32.8 or deleterious substance which may render the contents injurious to health; or it bears  
 32.9 or contains, for purposes of coloring only, a color additive which is unsafe within the  
 32.10 meaning of the federal act, or it is a color additive, the intended use of which in or on drugs  
 32.11 is for the purposes of coloring only, and is unsafe within the meaning of the federal act;

32.12 (2) if it purports to be or is represented as a drug the name of which is recognized in  
 32.13 the United States Pharmacopoeia or the National Formulary, and its strength differs from,  
 32.14 or its quality or purity falls below, the standard set forth therein. Such determination as  
 32.15 to strength, quality, or purity shall be made in accordance with the tests or methods of  
 32.16 assay set forth in such compendium, or in the absence of or inadequacy of such tests or  
 32.17 methods of assay, those prescribed under authority of the federal act. No drug defined  
 32.18 in the United States Pharmacopoeia or the National Formulary shall be deemed to be  
 32.19 adulterated under this paragraph because it differs from the standard of strength, quality,  
 32.20 or purity therefor set forth in such compendium, if its difference in strength, quality, or  
 32.21 purity from such standard is plainly stated on its label;

32.22 (3) if it is not subject to the provisions of paragraph (2) of this section and its  
 32.23 strength differs from, or its purity or quality differs from that which it purports or is  
 32.24 represented to possess;

32.25 (4) if any substance has been mixed or packed therewith so as to reduce its quality or  
 32.26 strength, or substituted wholly or in part therefor.

32.27 Sec. 14. Minnesota Statutes 2012, section 151.361, subdivision 2, is amended to read:

32.28 Subd. 2. **After January 1, 1983.** (a) No legend drug in solid oral dosage form  
 32.29 may be manufactured, packaged or distributed for sale in this state after January 1, 1983  
 32.30 unless it is clearly marked or imprinted with a symbol, number, company name, words,  
 32.31 letters, national drug code or other mark uniquely identifiable to that drug product. An  
 32.32 identifying mark or imprint made as required by federal law or by the federal Food and  
 32.33 Drug Administration shall be deemed to be in compliance with this section.

32.34 (b) The Board of Pharmacy may grant exemptions from the requirements of this  
 32.35 section on its own initiative or upon application of a manufacturer, packager, or distributor



33.1 indicating size or other characteristics ~~which~~ that render the product impractical for the  
 33.2 imprinting required by this section.

33.3 ~~(e) The provisions of clauses (a) and (b) shall not apply to any of the following:~~

33.4 ~~(1) Drugs purchased by a pharmacy, pharmacist, or licensed wholesaler prior to~~  
 33.5 ~~January 1, 1983, and held in stock for resale.~~

33.6 ~~(2) Drugs which are manufactured by or upon the order of a practitioner licensed by~~  
 33.7 ~~law to prescribe or administer drugs and which are to be used solely by the patient for~~  
 33.8 ~~whom prescribed.~~

33.9 Sec. 15. Minnesota Statutes 2012, section 151.37, as amended by Laws 2013, chapter  
 33.10 43, section 30, Laws 2013, chapter 55, section 2, and Laws 2013, chapter 108, article  
 33.11 10, section 5, is amended to read:

33.12 **151.37 LEGEND DRUGS, WHO MAY PRESCRIBE, POSSESS.**

33.13 Subdivision 1. **Prohibition.** Except as otherwise provided in this chapter, it shall be  
 33.14 unlawful for any person to have in possession, or to sell, give away, barter, exchange, or  
 33.15 distribute a legend drug.

33.16 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of  
 33.17 professional practice only, may prescribe, administer, and dispense a legend drug, and  
 33.18 may cause the same to be administered by a nurse, a physician assistant, or medical  
 33.19 student or resident under the practitioner's direction and supervision, and may cause a  
 33.20 person who is an appropriately certified, registered, or licensed health care professional  
 33.21 to prescribe, dispense, and administer the same within the expressed legal scope of the  
 33.22 person's practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a  
 33.23 legend drug, without reference to a specific patient, by directing a licensed dietitian or  
 33.24 licensed nutritionist, pursuant to section 148.634; a nurse, pursuant to section 148.235,  
 33.25 subdivisions 8 and 9; physician assistant; medical student or resident; or pharmacist  
 33.26 according to section 151.01, subdivision 27, to adhere to a particular practice guideline or  
 33.27 protocol when treating patients whose condition falls within such guideline or protocol,  
 33.28 and when such guideline or protocol specifies the circumstances under which the legend  
 33.29 drug is to be prescribed and administered. An individual who verbally, electronically, or  
 33.30 otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall  
 33.31 not be deemed to have prescribed the legend drug. This paragraph applies to a physician  
 33.32 assistant only if the physician assistant meets the requirements of section 147A.18.

33.33 (b) The commissioner of health, if a licensed practitioner, or a person designated  
 33.34 by the commissioner who is a licensed practitioner, may prescribe a legend drug to an  
 33.35 individual or by protocol for mass dispensing purposes where the commissioner finds that

34.1 the conditions triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist.  
34.2 The commissioner, if a licensed practitioner, or a designated licensed practitioner, may  
34.3 prescribe, dispense, or administer a legend drug or other substance listed in subdivision 10  
34.4 to control tuberculosis and other communicable diseases. The commissioner may modify  
34.5 state drug labeling requirements, and medical screening criteria and documentation, where  
34.6 time is critical and limited labeling and screening are most likely to ensure legend drugs  
34.7 reach the maximum number of persons in a timely fashion so as to reduce morbidity  
34.8 and mortality.

34.9 (c) A licensed practitioner that dispenses for profit a legend drug that is to be  
34.10 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must  
34.11 file with the practitioner's licensing board a statement indicating that the practitioner  
34.12 dispenses legend drugs for profit, the general circumstances under which the practitioner  
34.13 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to  
34.14 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed  
34.15 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)  
34.16 any amount received by the practitioner in excess of the acquisition cost of a legend drug  
34.17 for legend drugs that are purchased in prepackaged form, or (2) any amount received  
34.18 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of  
34.19 making the drug available if the legend drug requires compounding, packaging, or other  
34.20 treatment. The statement filed under this paragraph is public data under section 13.03.  
34.21 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered  
34.22 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,  
34.23 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.  
34.24 To dispense for profit does not include dispensing by a community health clinic when the  
34.25 profit from dispensing is used to meet operating expenses.

34.26 (d) A prescription or drug order for the following drugs is not valid, unless it can  
34.27 be established that the prescription or drug order was based on a documented patient  
34.28 evaluation, including an examination, adequate to establish a diagnosis and identify  
34.29 underlying conditions and contraindications to treatment:

- 34.30 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;  
34.31 (2) drugs defined by the Board of Pharmacy as controlled substances under section  
34.32 152.02, subdivisions 7, 8, and 12;  
34.33 (3) muscle relaxants;  
34.34 (4) centrally acting analgesics with opioid activity;  
34.35 (5) drugs containing butalbital; or  
34.36 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

35.1 (e) For the purposes of paragraph (d), the requirement for an examination shall be  
35.2 met if an in-person examination has been completed in any of the following circumstances:

35.3 (1) the prescribing practitioner examines the patient at the time the prescription  
35.4 or drug order is issued;

35.5 (2) the prescribing practitioner has performed a prior examination of the patient;

35.6 (3) another prescribing practitioner practicing within the same group or clinic as the  
35.7 prescribing practitioner has examined the patient;

35.8 (4) a consulting practitioner to whom the prescribing practitioner has referred the  
35.9 patient has examined the patient; or

35.10 (5) the referring practitioner has performed an examination in the case of a  
35.11 consultant practitioner issuing a prescription or drug order when providing services by  
35.12 means of telemedicine.

35.13 (f) Nothing in paragraph (d) or (e) prohibits a licensed practitioner from prescribing  
35.14 a drug through the use of a guideline or protocol pursuant to paragraph (a).

35.15 (g) Nothing in this chapter prohibits a licensed practitioner from issuing a  
35.16 prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy  
35.17 in the Management of Sexually Transmitted Diseases guidance document issued by the  
35.18 United States Centers for Disease Control.

35.19 (h) Nothing in paragraph (d) or (e) limits prescription, administration, or dispensing  
35.20 of legend drugs through a public health clinic or other distribution mechanism approved  
35.21 by the commissioner of health or a board of health in order to prevent, mitigate, or treat  
35.22 a pandemic illness, infectious disease outbreak, or intentional or accidental release of a  
35.23 biological, chemical, or radiological agent.

35.24 (i) No pharmacist employed by, under contract to, or working for a pharmacy  
35.25 licensed under section 151.19, subdivision 1, may dispense a legend drug based on a  
35.26 prescription that the pharmacist knows, or would reasonably be expected to know, is not  
35.27 valid under paragraph (d).

35.28 (j) No pharmacist employed by, under contract to, or working for a pharmacy  
35.29 licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident  
35.30 of this state based on a prescription that the pharmacist knows, or would reasonably be  
35.31 expected to know, is not valid under paragraph (d).

35.32 (k) Nothing in this chapter prohibits the commissioner of health, if a licensed  
35.33 practitioner, or, if not a licensed practitioner, a designee of the commissioner who is  
35.34 a licensed practitioner, from prescribing legend drugs for field-delivered therapy in the  
35.35 treatment of a communicable disease according to the Centers For Disease Control and  
35.36 Prevention Partner Services Guidelines.

36.1 Subd. 2a. **Delegation.** A supervising physician may delegate to a physician assistant  
36.2 who is registered with the Board of Medical Practice and certified by the National  
36.3 Commission on Certification of Physician Assistants and who is under the supervising  
36.4 physician's supervision, the authority to prescribe, dispense, and administer legend drugs  
36.5 and medical devices, subject to the requirements in chapter 147A and other requirements  
36.6 established by the Board of Medical Practice in rules.

36.7 Subd. 3. **Veterinarians.** A licensed doctor of veterinary medicine, in the course of  
36.8 professional practice only and not for use by a human being, may personally prescribe,  
36.9 administer, and dispense a legend drug, and may cause the same to be administered or  
36.10 dispensed by an assistant under the doctor's direction and supervision.

36.11 Subd. 4. **Research.** (a) Any qualified person may use legend drugs in the course  
36.12 of a bona fide research project, but cannot administer or dispense such drugs to human  
36.13 beings unless such drugs are prescribed, dispensed, and administered by a person lawfully  
36.14 authorized to do so.

36.15 (b) Drugs may be dispensed or distributed by a pharmacy licensed by the board for  
36.16 use by, or administration to, patients enrolled in a bona fide research study that is being  
36.17 conducted pursuant to either an investigational new drug application approved by the  
36.18 United States Food and Drug Administration or that has been approved by an institutional  
36.19 review board. For the purposes of this subdivision only:

36.20 (1) a prescription drug order is not required for a pharmacy to dispense a research  
36.21 drug, unless the study protocol requires the pharmacy to receive such an order;

36.22 (2) notwithstanding the prescription labeling requirements found in this chapter or  
36.23 the rules promulgated by the board, a research drug may be labeled as required by the  
36.24 study protocol; ~~and~~

36.25 (3) dispensing and distribution of research drugs by pharmacies shall not be  
36.26 considered ~~compounding~~, manufacturing, or wholesaling under this chapter; and

36.27 (4) a pharmacy may compound drugs for research studies as provided in  
36.28 this subdivision but must follow applicable standards established by United States  
36.29 Pharmacopeia, chapter 795 or 797, for nonsterile and sterile compounding, respectively.

36.30 (c) An entity that is under contract to a federal agency for the purpose of distributing  
36.31 drugs for bona fide research studies is exempt from the drug wholesaler licensing  
36.32 requirements of this chapter. Any other entity is exempt from the drug wholesaler  
36.33 licensing requirements of this chapter if the board finds that the entity is licensed or  
36.34 registered according to the laws of the state in which it is physically located and it is  
36.35 distributing drugs for use by, or administration to, patients enrolled in a bona fide research  
36.36 study that is being conducted pursuant to either an investigational new drug application

37.1 approved by the United States Food and Drug Administration or that has been approved  
37.2 by an institutional review board.

37.3 Subd. 5. **Exclusion for course of practice.** Nothing in this chapter shall prohibit  
37.4 the sale to, or the possession of, a legend drug by licensed drug wholesalers, licensed  
37.5 manufacturers, registered pharmacies, local detoxification centers, licensed hospitals,  
37.6 bona fide hospitals wherein animals are treated, or licensed pharmacists and licensed  
37.7 practitioners while acting within the course of their practice only.

37.8 Subd. 6. **Exclusion for course of employment.** (a) Nothing in this chapter shall  
37.9 prohibit the possession of a legend drug by an employee, agent, or sales representative of  
37.10 a registered drug manufacturer, or an employee or agent of a registered drug wholesaler,  
37.11 or registered pharmacy, while acting in the course of employment.

37.12 (b) Nothing in this chapter shall prohibit the following entities from possessing a  
37.13 legend drug for the purpose of disposing of the legend drug as pharmaceutical waste:

37.14 (1) a law enforcement officer;

37.15 (2) a hazardous waste transporter licensed by the Department of Transportation;

37.16 (3) a facility permitted by the Pollution Control Agency to treat, store, or dispose of  
37.17 hazardous waste, including household hazardous waste;

37.18 (4) a facility licensed by the Pollution Control Agency or a metropolitan county as a  
37.19 very small quantity generator collection program or a minimal generator;

37.20 (5) a county that collects, stores, transports, or disposes of a legend drug pursuant to  
37.21 a program in compliance with applicable federal law or a person authorized by the county  
37.22 to conduct one or more of these activities; or

37.23 (6) a sanitary district organized under chapter 115, or a special law.

37.24 Subd. 7. **Exclusion for prescriptions.** (a) Nothing in this chapter shall prohibit the  
37.25 possession of a legend drug by a person for that person's use when it has been dispensed to  
37.26 the person in accordance with a valid prescription issued by a practitioner.

37.27 (b) Nothing in this chapter shall prohibit a person, for whom a legend drug has  
37.28 been dispensed in accordance with a written or oral prescription by a practitioner, from  
37.29 designating a family member, caregiver, or other individual to handle the legend drug for  
37.30 the purpose of assisting the person in obtaining or administering the drug or sending  
37.31 the drug for destruction.

37.32 (c) Nothing in this chapter shall prohibit a person for whom a prescription drug has  
37.33 been dispensed in accordance with a valid prescription issued by a practitioner from  
37.34 transferring the legend drug to a county that collects, stores, transports, or disposes of a  
37.35 legend drug pursuant to a program in compliance with applicable federal law or to a  
37.36 person authorized by the county to conduct one or more of these activities.

38.1 Subd. 8. **Misrepresentation.** It is unlawful for a person to procure, attempt to  
38.2 procure, possess, or control a legend drug by any of the following means:

38.3 (1) deceit, misrepresentation, or subterfuge;

38.4 (2) using a false name; or

38.5 (3) falsely assuming the title of, or falsely representing a person to be a manufacturer,  
38.6 wholesaler, pharmacist, practitioner, or other authorized person for the purpose of  
38.7 obtaining a legend drug.

38.8 Subd. 9. **Exclusion for course of laboratory employment.** Nothing in this chapter  
38.9 shall prohibit the possession of a legend drug by an employee or agent of a registered  
38.10 analytical laboratory while acting in the course of laboratory employment.

38.11 Subd. 10. **Purchase of drugs and other agents by commissioner of health.** The  
38.12 commissioner of health, in preparation for and in carrying out the duties of sections  
38.13 144.05, 144.4197, and 144.4198, may purchase, store, and distribute antituberculosis  
38.14 drugs, biologics, vaccines, antitoxins, serums, immunizing agents, antibiotics, antivirals,  
38.15 antidotes, other pharmaceutical agents, and medical supplies to treat and prevent  
38.16 communicable disease.

38.17 Subd. 10a. Emergency use authorizations. Nothing in this chapter shall prohibit  
38.18 the purchase, possession, or use of a legend drug by an entity acting according to an  
38.19 emergency use authorization issued by the United States Food and Drug Administration  
38.20 pursuant to United States Code, title 21, section 360.bbb-3. The entity must be specifically  
38.21 tasked in a public health response plan to perform critical functions necessary to support  
38.22 the response to a public health incident or event.

38.23 Subd. 11. ~~Complaint reporting~~ **Exclusion for health care educational programs.**  
38.24 ~~The Board of Pharmacy shall report on a quarterly basis to the Board of Optometry any~~  
38.25 ~~complaints received regarding the prescription or administration of legend drugs under~~  
38.26 ~~section 148.576.~~ Nothing in this section shall prohibit an accredited public or private  
38.27 postsecondary school from possessing a legend drug that is not a controlled substance  
38.28 listed in section 152.02, provided that:

38.29 (a) the school is approved by the United States secretary of education in accordance  
38.30 with requirements of the Higher Education Act of 1965, as amended;

38.31 (b) the school provides a course of instruction that prepares individuals for  
38.32 employment in a health care occupation or profession;

38.33 (c) the school may only possess those drugs necessary for the instruction of such  
38.34 individuals; and

38.35 (d) the drugs may only be used in the course of providing such instruction and are  
38.36 labeled by the purchaser to indicate that they are not to be administered to patients.

39.1 Those areas of the school in which legend drugs are stored are subject to section  
 39.2 151.06, subdivision 1, paragraph (a), clause (4).

39.3 Sec. 16. Minnesota Statutes 2012, section 151.44, is amended to read:

39.4 **151.44 DEFINITIONS.**

39.5 As used in sections 151.43 to 151.51, the following terms have the meanings given  
 39.6 in paragraphs (a) to (h):

39.7 (a) "Wholesale drug distribution" means distribution of prescription or  
 39.8 nonprescription drugs to persons other than a consumer or patient or reverse distribution  
 39.9 of such drugs, but does not include:

39.10 (1) a sale between a division, subsidiary, parent, affiliated, or related company under  
 39.11 the common ownership and control of a corporate entity;

39.12 (2) the purchase or other acquisition, by a hospital or other health care entity that is a  
 39.13 member of a group purchasing organization, of a drug for its own use from the organization  
 39.14 or from other hospitals or health care entities that are members of such organizations;

39.15 (3) the sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a  
 39.16 drug by a charitable organization described in section 501(c)(3) of the Internal Revenue  
 39.17 Code of 1986, as amended through December 31, 1988, to a nonprofit affiliate of the  
 39.18 organization to the extent otherwise permitted by law;

39.19 (4) the sale, purchase, or trade of a drug or offer to sell, purchase, or trade a drug  
 39.20 among hospitals or other health care entities that are under common control;

39.21 (5) the sale, purchase, or trade of a drug or offer to sell, purchase, or trade a drug  
 39.22 for emergency medical reasons;

39.23 (6) the sale, purchase, or trade of a drug, an offer to sell, purchase, or trade a drug, or  
 39.24 the dispensing of a drug pursuant to a prescription;

39.25 (7) the transfer of prescription or nonprescription drugs by a retail pharmacy to  
 39.26 another retail pharmacy to alleviate a temporary shortage;

39.27 (8) the distribution of prescription or nonprescription drug samples by manufacturers  
 39.28 representatives; or

39.29 (9) the sale, purchase, or trade of blood and blood components.

39.30 (b) "Wholesale drug distributor" means anyone engaged in wholesale drug  
 39.31 distribution including, but not limited to, manufacturers; ~~repackers~~ repackagers; own-label  
 39.32 distributors; jobbers; brokers; warehouses, including manufacturers' and distributors'  
 39.33 warehouses, chain drug warehouses, and wholesale drug warehouses; independent  
 39.34 wholesale drug traders; and pharmacies that conduct wholesale drug distribution. A

40.1 wholesale drug distributor does not include a common carrier or individual hired primarily  
40.2 to transport prescription or nonprescription drugs.

40.3 (c) "~~Manufacturer~~" ~~means anyone who is engaged in the manufacturing, preparing,~~  
40.4 ~~propagating, compounding, processing, packaging, repackaging, or labeling of a~~  
40.5 ~~prescription drug~~ has the meaning provided in section 151.01, subdivision 14b.

40.6 (d) "Prescription drug" means a drug required by federal or state law or regulation  
40.7 to be dispensed only by a prescription, including finished dosage forms and active  
40.8 ingredients subject to United States Code, title 21, sections 811 and 812.

40.9 (e) "Blood" means whole blood collected from a single donor and processed either  
40.10 for transfusion or further manufacturing.

40.11 (f) "Blood components" means that part of blood separated by physical or  
40.12 mechanical means.

40.13 (g) "Reverse distribution" means the receipt of prescription or nonprescription drugs  
40.14 received from or shipped to Minnesota locations for the purpose of returning the drugs  
40.15 to their producers or distributors.

40.16 (h) "Reverse distributor" means a person engaged in the reverse distribution of drugs.

40.17 Sec. 17. Minnesota Statutes 2012, section 151.58, subdivision 2, is amended to read:

40.18 Subd. 2. **Definitions.** For purposes of this section only, the terms defined in this  
40.19 subdivision have the meanings given.

40.20 (a) "Automated drug distribution system" or "system" means a mechanical system  
40.21 approved by the board that performs operations or activities, other than compounding or  
40.22 administration, related to the storage, packaging, or dispensing of drugs, and collects,  
40.23 controls, and maintains all required transaction information and records.

40.24 (b) "Health care facility" means a nursing home licensed under section 144A.02;  
40.25 a housing with services establishment registered under section 144D.01, subdivision 4,  
40.26 in which a home provider licensed under chapter 144A is providing centralized storage  
40.27 of medications; or a ~~community behavioral health hospital~~ or Minnesota sex offender  
40.28 program facility operated by the Department of Human Services.

40.29 (c) "Managing pharmacy" means a pharmacy licensed by the board that controls and  
40.30 is responsible for the operation of an automated drug distribution system.

40.31 Sec. 18. Minnesota Statutes 2012, section 151.58, subdivision 3, is amended to read:

40.32 Subd. 3. **Authorization.** A pharmacy may use an automated drug distribution  
40.33 system to fill prescription drug orders for patients of a health care facility provided that the  
40.34 policies and procedures required by this section have been approved by the board. The



41.1 automated drug distribution system may be located in a health care facility that is not at  
41.2 the same location as the managing pharmacy. When located within a health care facility,  
41.3 the system is considered to be an extension of the managing pharmacy.

41.4 Sec. 19. Minnesota Statutes 2012, section 151.58, subdivision 5, is amended to read:

41.5 Subd. 5. **Operation of automated drug distribution systems.** (a) The managing  
41.6 pharmacy and the pharmacist in charge are responsible for the operation of an automated  
41.7 drug distribution system.

41.8 (b) Access to an automated drug distribution system must be limited to pharmacy  
41.9 and nonpharmacy personnel authorized to procure drugs from the system, except that field  
41.10 service technicians may access a system located in a health care facility for the purposes of  
41.11 servicing and maintaining it while being monitored either by the managing pharmacy, or a  
41.12 licensed nurse within the health care facility. In the case of an automated drug distribution  
41.13 system that is not physically located within a licensed pharmacy, access for the purpose  
41.14 of procuring drugs shall be limited to licensed nurses. Each person authorized to access  
41.15 the system must be assigned an individual specific access code. Alternatively, access to  
41.16 the system may be controlled through the use of biometric identification procedures. A  
41.17 policy specifying time access parameters, including time-outs, logoffs, and lockouts,  
41.18 must be in place.

41.19 (c) For the purposes of this section only, the requirements of section 151.215 are met  
41.20 if the following clauses are met:

41.21 (1) a pharmacist employed by and working at the managing pharmacy, or at a  
41.22 pharmacy that is acting as a central services pharmacy for the managing pharmacy,  
41.23 pursuant to Minnesota Rules, part 6800.4075, must review, interpret, and approve all  
41.24 prescription drug orders before any drug is distributed from the system to be administered  
41.25 to a patient. A pharmacy technician may perform data entry of prescription drug orders  
41.26 provided that a pharmacist certifies the accuracy of the data entry before the drug can  
41.27 be released from the automated drug distribution system. A pharmacist employed by  
41.28 and working at the managing pharmacy must certify the accuracy of the filling of any  
41.29 cassettes, canisters, or other containers that contain drugs that will be loaded into the  
41.30 automated drug distribution system; and

41.31 (2) when the automated drug dispensing system is located and used within the  
41.32 managing pharmacy, a pharmacist must personally supervise and take responsibility for all  
41.33 packaging and labeling associated with the use of an automated drug distribution system.

41.34 (d) Access to drugs when a pharmacist has not reviewed and approved the  
41.35 prescription drug order is permitted only when a formal and written decision to allow such

42.1 access is issued by the pharmacy and the therapeutics committee or its equivalent. The  
 42.2 committee must specify the patient care circumstances in which such access is allowed,  
 42.3 the drugs that can be accessed, and the staff that are allowed to access the drugs.

42.4 (e) In the case of an automated drug distribution system that does not utilize bar  
 42.5 coding in the loading process, the loading of a system located in a health care facility may  
 42.6 be performed by a pharmacy technician, so long as the activity is continuously supervised,  
 42.7 through a two-way audiovisual system by a pharmacist on duty within the managing  
 42.8 pharmacy. In the case of an automated drug distribution system that utilizes bar coding  
 42.9 in the loading process, the loading of a system located in a health care facility may be  
 42.10 performed by a pharmacy technician or a licensed nurse, provided that the managing  
 42.11 pharmacy retains an electronic record of loading activities.

42.12 (f) The automated drug distribution system must be under the supervision of a  
 42.13 pharmacist. The pharmacist is not required to be physically present at the site of the  
 42.14 automated drug distribution system if the system is continuously monitored electronically  
 42.15 by the managing pharmacy. A pharmacist on duty within a pharmacy licensed by the  
 42.16 board must be continuously available to address any problems detected by the monitoring  
 42.17 or to answer questions from the staff of the health care facility. The licensed pharmacy  
 42.18 may be the managing pharmacy or a pharmacy which is acting as a central services  
 42.19 pharmacy, pursuant to Minnesota Rules, part 6800.4075, for the managing pharmacy.

42.20 Sec. 20. Minnesota Statutes 2013 Supplement, section 152.02, subdivision 2, is  
 42.21 amended to read:

42.22 Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this  
 42.23 subdivision.

42.24 (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of  
 42.25 the following substances, including their analogs, isomers, esters, ethers, salts, and salts  
 42.26 of isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters,  
 42.27 ethers, and salts is possible:

42.28 (1) acetylmethadol;

42.29 (2) allylprodine;

42.30 (3) alphacetylmethadol (except levo-alphacetylmethadol, also known as  
 42.31 levomethadyl acetate);

42.32 (4) alphameprodine;

42.33 (5) alphamethadol;

42.34 (6) alpha-methylfentanyl benzethidine;

42.35 (7) betacetylmethadol;

- 43.1 (8) betameprodine;
- 43.2 (9) betamethadol;
- 43.3 (10) betaprodine;
- 43.4 (11) clonitazene;
- 43.5 (12) dextromoramide;
- 43.6 (13) diampromide;
- 43.7 (14) diethylambutene;
- 43.8 (15) difenoxin;
- 43.9 (16) dimenoxadol;
- 43.10 (17) dimepheptanol;
- 43.11 (18) dimethylambutene;
- 43.12 (19) dioxaphetyl butyrate;
- 43.13 (20) dipipanone;
- 43.14 (21) ethylmethylthiambutene;
- 43.15 (22) etonitazene;
- 43.16 (23) etoxeridine;
- 43.17 (24) furethidine;
- 43.18 (25) hydroxypethidine;
- 43.19 (26) ketobemidone;
- 43.20 (27) levomoramide;
- 43.21 (28) levophenacilmorphan;
- 43.22 (29) 3-methylfentanyl;
- 43.23 (30) acetyl-alpha-methylfentanyl;
- 43.24 (31) alpha-methylthiofentanyl;
- 43.25 (32) benzylfentanyl beta-hydroxyfentanyl;
- 43.26 (33) beta-hydroxy-3-methylfentanyl;
- 43.27 (34) 3-methylthiofentanyl;
- 43.28 (35) thenylfentanyl;
- 43.29 (36) thiofentanyl;
- 43.30 (37) para-fluorofentanyl;
- 43.31 (38) morpheridine;
- 43.32 (39) 1-methyl-4-phenyl-4-propionoxypiperidine;
- 43.33 (40) noracymethadol;
- 43.34 (41) norlevorphanol;
- 43.35 (42) normethadone;
- 43.36 (43) norpipanone;

- 44.1 (44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);
- 44.2 (45) phenadoxone;
- 44.3 (46) phenampromide;
- 44.4 (47) phenomorphan;
- 44.5 (48) phenoperidine;
- 44.6 (49) piritramide;
- 44.7 (50) proheptazine;
- 44.8 (51) properidine;
- 44.9 (52) propiram;
- 44.10 (53) racemoramide;
- 44.11 (54) tilidine;
- 44.12 (55) trimeperidine;
- 44.13 (56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl).
- 44.14 (c) Opium derivatives. Any of the following substances, their analogs, salts, isomers,
- 44.15 and salts of isomers, unless specifically excepted or unless listed in another schedule,
- 44.16 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:
- 44.17 (1) acetorphine;
- 44.18 (2) acetyldihydrocodeine;
- 44.19 (3) benzylmorphine;
- 44.20 (4) codeine methylbromide;
- 44.21 (5) codeine-n-oxide;
- 44.22 (6) cyprenorphine;
- 44.23 (7) desomorphine;
- 44.24 (8) dihydromorphine;
- 44.25 (9) drotebanol;
- 44.26 (10) etorphine;
- 44.27 (11) heroin;
- 44.28 (12) hydromorphanol;
- 44.29 (13) methyl-desorphine;
- 44.30 (14) methyldihydromorphine;
- 44.31 (15) morphine methylbromide;
- 44.32 (16) morphine methylsulfonate;
- 44.33 (17) morphine-n-oxide;
- 44.34 (18) myrophine;
- 44.35 (19) nicocodeine;
- 44.36 (20) nicomorphine;

- 45.1 (21) normorphine;
- 45.2 (22) pholcodine;
- 45.3 (23) thebacon.
- 45.4 (d) Hallucinogens. Any material, compound, mixture or preparation which contains
- 45.5 any quantity of the following substances, their analogs, salts, isomers (whether optical,
- 45.6 positional, or geometric), and salts of isomers, unless specifically excepted or unless listed
- 45.7 in another schedule, whenever the existence of the analogs, salts, isomers, and salts of
- 45.8 isomers is possible:
- 45.9 (1) methylenedioxy amphetamine;
- 45.10 (2) methylenedioxymethamphetamine;
- 45.11 (3) methylenedioxy-N-ethylamphetamine (MDEA);
- 45.12 (4) n-hydroxy-methylenedioxyamphetamine;
- 45.13 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);
- 45.14 (6) 2,5-dimethoxyamphetamine (2,5-DMA);
- 45.15 (7) 4-methoxyamphetamine;
- 45.16 (8) 5-methoxy-3, 4-methylenedioxy amphetamine;
- 45.17 (9) alpha-ethyltryptamine;
- 45.18 (10) bufotenine;
- 45.19 (11) diethyltryptamine;
- 45.20 (12) dimethyltryptamine;
- 45.21 (13) 3,4,5-trimethoxy amphetamine;
- 45.22 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);
- 45.23 (15) ibogaine;
- 45.24 (16) lysergic acid diethylamide (LSD);
- 45.25 (17) mescaline;
- 45.26 (18) parahexyl;
- 45.27 (19) N-ethyl-3-piperidyl benzilate;
- 45.28 (20) N-methyl-3-piperidyl benzilate;
- 45.29 (21) psilocybin;
- 45.30 (22) psilocyn;
- 45.31 (23) tenocyclidine (TPCP or TCP);
- 45.32 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);
- 45.33 (25) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);
- 45.34 (26) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);
- 45.35 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);
- 45.36 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);

- 46.1 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);
- 46.2 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);
- 46.3 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);
- 46.4 (32) 4-methyl-2,5-dimethoxyphenethylamine (2-CD);
- 46.5 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);
- 46.6 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);
- 46.7 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);
- 46.8 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);
- 46.9 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);
- 46.10 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine
- 46.11 (2-CB-FLY);
- 46.12 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);
- 46.13 (40) alpha-methyltryptamine (AMT);
- 46.14 (41) N,N-diisopropyltryptamine (DiPT);
- 46.15 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);
- 46.16 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);
- 46.17 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);
- 46.18 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);
- 46.19 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);
- 46.20 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);
- 46.21 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);
- 46.22 (49) 5-methoxy- $\alpha$ -methyltryptamine (5-MeO-AMT);
- 46.23 (50) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);
- 46.24 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);
- 46.25 (52) 5-methoxy-N-methyl-N-propyltryptamine (5-MeO-MiPT);
- 46.26 (53) 5-methoxy- $\alpha$ -ethyltryptamine (5-MeO-AET);
- 46.27 (54) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);
- 46.28 (55) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);
- 46.29 (56) 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT);
- 46.30 (57) methoxetamine (MXE);
- 46.31 (58) 5-iodo-2-aminoindane (5-IAI);
- 46.32 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);
- 46.33 (60) 2-(4-iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine
- 46.34 (25I-NBOMe).
- 46.35 (e) Peyote. All parts of the plant presently classified botanically as *Lophophora*
- 46.36 *williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part

47.1 of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation  
47.2 of the plant, its seeds or extracts. The listing of peyote as a controlled substance in  
47.3 Schedule I does not apply to the nondrug use of peyote in bona fide religious ceremonies  
47.4 of the American Indian Church, and members of the American Indian Church are exempt  
47.5 from registration. Any person who manufactures peyote for or distributes peyote to the  
47.6 American Indian Church, however, is required to obtain federal registration annually and  
47.7 to comply with all other requirements of law.

47.8 (f) Central nervous system depressants. Unless specifically excepted or unless listed  
47.9 in another schedule, any material compound, mixture, or preparation which contains any  
47.10 quantity of the following substances, their analogs, salts, isomers, and salts of isomers  
47.11 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

- 47.12 (1) mecloqualone;
- 47.13 (2) methaqualone;
- 47.14 (3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;
- 47.15 (4) flunitrazepam.

47.16 (g) Stimulants. Unless specifically excepted or unless listed in another schedule, any  
47.17 material compound, mixture, or preparation which contains any quantity of the following  
47.18 substances, their analogs, salts, isomers, and salts of isomers whenever the existence of  
47.19 the analogs, salts, isomers, and salts of isomers is possible:

- 47.20 (1) aminorex;
- 47.21 (2) cathinone;
- 47.22 (3) fenethylamine;
- 47.23 (4) methcathinone;
- 47.24 (5) methylaminorex;
- 47.25 (6) N,N-dimethylamphetamine;
- 47.26 (7) N-benzylpiperazine (BZP);
- 47.27 (8) methylmethcathinone (mephedrone);
- 47.28 (9) 3,4-methylenedioxy-N-methylcathinone (methylone);
- 47.29 (10) methoxymethcathinone (methedrone);
- 47.30 (11) methylenedioxypropylamphetamine (MDPV);
- 47.31 (12) fluoromethcathinone;
- 47.32 (13) methylethcathinone (MEC);
- 47.33 (14) 1-benzofuran-6-ylpropan-2-amine (6-APB);
- 47.34 (15) dimethylmethcathinone (DMMC);
- 47.35 (16) fluoroamphetamine;
- 47.36 (17) fluoromethamphetamine;

- 48.1 (18)  $\alpha$ -methylaminobutyrophenone (MABP or buphedrone);
- 48.2 (19)  $\beta$ -keto-N-methylbenzodioxolylpropylamine (bk-MBDB or butylone);
- 48.3 (20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);
- 48.4 (21) naphthylpyrovalerone (naphyrone); and
- 48.5 (22) (RS)-1-phenyl-2-(1-pyrrolidinyl)-1-pentanone (alpha-PVP or
- 48.6 alpha-pyrrolidinovalerophenone;
- 48.7 (23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP oe
- 48.8 MPHP); and
- 48.9 ~~(22)~~ (24) any other substance, except bupropion or compounds listed under a
- 48.10 different schedule, that is structurally derived from 2-aminopropan-1-one by substitution
- 48.11 at the 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not
- 48.12 the compound is further modified in any of the following ways:
- 48.13 (i) by substitution in the ring system to any extent with alkyl, alkylendioxy, alkoxy,
- 48.14 haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring
- 48.15 system by one or more other univalent substituents;
- 48.16 (ii) by substitution at the 3-position with an acyclic alkyl substituent;
- 48.17 (iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or
- 48.18 methoxybenzyl groups; or
- 48.19 (iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.
- 48.20 (h) Marijuana, tetrahydrocannabinols, and synthetic cannabinoids. Unless
- 48.21 specifically excepted or unless listed in another schedule, any natural or synthetic material,
- 48.22 compound, mixture, or preparation that contains any quantity of the following substances,
- 48.23 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers,
- 48.24 whenever the existence of the isomers, esters, ethers, or salts is possible:
- 48.25 (1) marijuana;
- 48.26 (2) tetrahydrocannabinols naturally contained in a plant of the genus Cannabis,
- 48.27 synthetic equivalents of the substances contained in the cannabis plant or in the
- 48.28 resinous extractives of the plant, or synthetic substances with similar chemical structure
- 48.29 and pharmacological activity to those substances contained in the plant or resinous
- 48.30 extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans
- 48.31 tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol;
- 48.32 (3) synthetic cannabinoids, including the following substances:
- 48.33 (i) Naphthoylindoles, which are any compounds containing a 3-(1-naphthoyl)indole
- 48.34 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
- 48.35 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidiny)methyl or
- 48.36 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any



49.1 extent and whether or not substituted in the naphthyl ring to any extent. Examples of  
49.2 naphthoylindoles include, but are not limited to:

- 49.3 (A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);
- 49.4 (B) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);
- 49.5 (C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);
- 49.6 (D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);
- 49.7 (E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);
- 49.8 (F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);
- 49.9 (G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);
- 49.10 (H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);
- 49.11 (I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);
- 49.12 (J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).

49.13 (ii) Naphthylmethyloindoles, which are any compounds containing a  
49.14 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom  
49.15 of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
49.16 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further  
49.17 substituted in the indole ring to any extent and whether or not substituted in the naphthyl  
49.18 ring to any extent. Examples of naphthylmethyloindoles include, but are not limited to:

- 49.19 (A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);
- 49.20 (B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methane (JWH-184).

49.21 (iii) Naphthoylpyrroles, which are any compounds containing a  
49.22 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the  
49.23 pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
49.24 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not  
49.25 further substituted in the pyrrole ring to any extent, whether or not substituted in the  
49.26 naphthyl ring to any extent. Examples of naphthoylpyrroles include, but are not limited to,  
49.27 (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).

49.28 (iv) Naphthylmethylindenes, which are any compounds containing a  
49.29 naphthylideneindene structure with substitution at the 3-position of the indene  
49.30 ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
49.31 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further  
49.32 substituted in the indene ring to any extent, whether or not substituted in the naphthyl  
49.33 ring to any extent. Examples of naphthylmethylindenes include, but are not limited to,  
49.34 E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).

49.35 (v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole  
49.36 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,

50.1 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or  
50.2 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to  
50.3 any extent, whether or not substituted in the phenyl ring to any extent. Examples of  
50.4 phenylacetylindoles include, but are not limited to:

50.5 (A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);

50.6 (B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);

50.7 (C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);

50.8 (D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).

50.9 (vi) Cyclohexylphenols, which are compounds containing a  
50.10 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position  
50.11 of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,  
50.12 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not  
50.13 substituted in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include,  
50.14 but are not limited to:

50.15 (A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);

50.16 (B) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol

50.17 (Cannabicyclohexanol or CP 47,497 C8 homologue);

50.18 (C) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]  
50.19 -phenol (CP 55,940).

50.20 (vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole  
50.21 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,  
50.22 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or  
50.23 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to  
50.24 any extent and whether or not substituted in the phenyl ring to any extent. Examples of  
50.25 benzoylindoles include, but are not limited to:

50.26 (A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);

50.27 (B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);

50.28 (C) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone  
50.29 (WIN 48,098 or Pravadoline).

50.30 (viii) Others specifically named:

50.31 (A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)  
50.32 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);

50.33 (B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)  
50.34 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);

50.35 (C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]  
50.36 -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);

- 51.1 (D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);
- 51.2 (E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone
- 51.3 (XLR-11);
- 51.4 (F) 1-pentyl-N-tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl-1H-indazole-3-carboxamide
- 51.5 (AKB-48(APINACA));
- 51.6 (G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide
- 51.7 (5-Fluoro-AKB-48);
- 51.8 (H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);
- 51.9 (I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro
- 51.10 PB-22);
- 51.11 (J) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-pentyl-1H-indazole-
- 51.12 3-carboxamide (AB-PINACA);
- 51.13 (K) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-
- 51.14 1H-indazole-3-carboxamide (AB-FUBINACA).
- 51.15 (i) A controlled substance analog, to the extent that it is implicitly or explicitly
- 51.16 intended for human consumption.

51.17 Sec. 21. Minnesota Statutes 2012, section 152.02, subdivision 8b, is amended to read:

51.18 Subd. 8b. **Board of Pharmacy; expedited scheduling of additional substances.**

51.19 ~~(a)~~ The state Board of Pharmacy may, by rule, add a substance to Schedule I provided that

51.20 it finds that the substance has a high potential for abuse, has no currently accepted medical

51.21 use in the United States, has a lack of accepted safety for use under medical supervision,

51.22 has known adverse health effects, and is currently available for use within the state. For

51.23 the purposes of this subdivision only, the board may use the expedited rulemaking process

51.24 under section 14.389. ~~The scheduling of a substance under this subdivision expires the~~

51.25 ~~day after the adjournment of the legislative session immediately following the substance's~~

51.26 ~~scheduling unless the legislature by law ratifies the action.~~

51.27 ~~(b) If the board schedules a substance under this subdivision, the board shall notify~~

51.28 ~~in a timely manner the chairs and ranking minority members of the senate and house of~~

51.29 ~~representatives committees having jurisdiction over criminal justice and health policy~~

51.30 ~~and finance of the action and the reasons for it. The notice must include a copy of the~~

51.31 ~~administrative law judge's decision on the matter.~~

51.32 ~~(c) This subdivision expires August 1, 2014.~~