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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

**EIGHTY-FIFTH  
SESSION**

**HOUSE FILE No. 1849**

March 8, 2007

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

1.1 A bill for an act  
1.2 relating to health; specifying criteria for valid prescriptions or drug orders;  
1.3 amending Minnesota Statutes 2006, section 151.37, subdivision 2.

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

1.5 Section 1. Minnesota Statutes 2006, section 151.37, subdivision 2, is amended to read:

1.6 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of  
1.7 professional practice only, may prescribe, administer, and dispense a legend drug, and may  
1.8 cause the same to be administered by a nurse, a physician assistant, or medical student or  
1.9 resident under the practitioner's direction and supervision, and may cause a person who  
1.10 is an appropriately certified, registered, or licensed health care professional to prescribe,  
1.11 dispense, and administer the same within the expressed legal scope of the person's practice  
1.12 as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug,  
1.13 without reference to a specific patient, by directing a nurse, pursuant to section 148.235,  
1.14 subdivisions 8 and 9, physician assistant, or medical student or resident to adhere to  
1.15 a particular practice guideline or protocol when treating patients whose condition falls  
1.16 within such guideline or protocol, and when such guideline or protocol specifies the  
1.17 circumstances under which the legend drug is to be prescribed and administered. An  
1.18 individual who verbally, electronically, or otherwise transmits a written, oral, or electronic  
1.19 order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug.  
1.20 This paragraph applies to a physician assistant only if the physician assistant meets the  
1.21 requirements of section 147A.18.

1.22 (b) A licensed practitioner that dispenses for profit a legend drug that is to be  
1.23 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must  
1.24 file with the practitioner's licensing board a statement indicating that the practitioner

2.1 dispenses legend drugs for profit, the general circumstances under which the practitioner  
2.2 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to  
2.3 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed  
2.4 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)  
2.5 any amount received by the practitioner in excess of the acquisition cost of a legend drug  
2.6 for legend drugs that are purchased in prepackaged form, or (2) any amount received  
2.7 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of  
2.8 making the drug available if the legend drug requires compounding, packaging, or other  
2.9 treatment. The statement filed under this paragraph is public data under section 13.03.  
2.10 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered  
2.11 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,  
2.12 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.  
2.13 To dispense for profit does not include dispensing by a community health clinic when the  
2.14 profit from dispensing is used to meet operating expenses.

2.15 (c) A prescription or drug order for a legend drug is not valid unless it is issued for a  
2.16 legitimate medical purpose arising from a prescriber-patient relationship that includes a  
2.17 documented patient evaluation adequate to establish diagnoses and identify underlying  
2.18 conditions and contraindications to the treatment. Treatment, including issuing a  
2.19 prescription or drug order, based solely on an online questionnaire or consultation outside  
2.20 of an ongoing clinical relationship does not constitute a legitimate medical purpose.