

List 1: Initial Low-Barrier Rule Items

The following list of rules will be discussed at the board meeting for first priority of rulemaking.

Factors Considered: DEA regulations, USP chapters, Tech Task Force Recommendations, Board member and staff feedback and experience, faculty feedback, v:

Rule Number	Rule Title	Explanation of Change and/or Drafted Verbiage for Consideration
700	Pharmacy, Space, and Security	Remove date specific items referencing licensure prior to 2011 as outdated. 6800.0700, subp. 1 (D): is surrounded by a continuous partition or wall extending from the floor to the permanent ceiling, containing maintains doors capable of being securely locked doors to prevent entry, and utilizes adequate surveillance or alarms to detect and prevent unauthorized entry; when the pharmacy is closed; 6800.0700, subp. 1 (E):... A pharmacy licensed before January 1, 2011, must meet the standards within two years of that date, unless the pharmacy has an existing counseling area that has been deemed by the board to provide a reasonable assurance of privacy. ...update to require workflows and physical attributes for assurance of privacy for completing transactions, counseling, clinical activities like vaccination, point of care testing, appropriate to the pharmacy activities and categories.
1050	Required Reference Books and Equipment	Simplify and require references and equipment applicable to practice. Remove requirement for hard copy references and list of specific references. Include statement of need for references applicable to practice setting
1500	Continuing Education	Clarity on prorating CE for newly registered/licensed or reinstated individuals; eliminate CE prior to reinstatement for technicians. Lessen barriers to return to Minnesota's workforce
1600	Continuing Education Advisory Task Force	Repeal CE taskforce as obsolete
3100	Compounding and Dispensing	Address certification to eliminate or significantly reduce variances. DRAFT VERBIAGE to Minnesota Rule 6800.3100, subp 3(E): <u>If more than one pharmacist is involved in certifying the accuracy and appropriateness of the prescription, a record shall be maintained identifying the time and date of the task, each pharmacist, practitioner, or pharmacist-intern involved, and the task for which each individual is assuming responsibility for. Pharmacies utilizing central service from another licensed pharmacy according to part 6800.4075, must include the location of the involved pharmacist, practitioner, or pharmacist-intern. The dispensing record shall indicate place the pharmacist's, practitioner's, or pharmacist-intern's unique identifier on the prescription drug order or other permanently maintained record. Those pharmacists using automated medication management dispensing systems must develop written policies and procedures which provide that all certification steps are performed and documented before the medication is dispensed to the patient. These policies and procedures must be made available for inspection by the board upon request, and must include documentation to indicate adequate and ongoing training for all staff.</u>
3110	Patient Medication Profiles	Update for contemporary method rather than family profile. DRAFT VERBIAGE to 6800.3110, Subpart 1: System required. A patient profile record system must be maintained in all pharmacies for persons for whom filled prescription drug orders are dispensed. The patient profile record system must be designed for the immediate retrieval of information necessary for the dispensing pharmacist to identify previously dispensed medication at the time a prescription drug order is presented for dispensing. One profile record may be maintained for all members of a family living at the same address and possessing the same family name.
3120	Transfer of Prescriptions Between Pharmacies	Conform changes for C2 transfers according to federal law.
3300	Compounding Standards	Clear inclusion of USP 800 and USP reference update, when compounding with hazardous drug preparations. Eliminates 2013 effective date.
3400	Labeling of Outpatient Intravenous Admixture Drugs	DRAFT VERBIAGE in 6800.3400, subp 2. Insert a new letter "I" with " <u>expiration date or beyond use date, as applicable</u> " as minimum labeling requirements for dispensation (excludes inpatient disp and radiopharmaceuticals). Update an outdated USP chapter reference (661) in 6800.3400, subp 3.

3850	Pharmacy Technicians	DRAFT VERBIAGE: 6800.3850 Subp. 1g. Minimum age. Prior to January 1, 2012, the board shall not register as a pharmacy technician any individual who is less than 16 years of age. Effective January 1, 2012, The board shall not register as a pharmacy technician any individual who is less than 186 years of age. An individual who is less than 18 years of age and who was registered by the board as a pharmacy technician prior to January 1, 2012, may renew registration provided that all other requirements for renewal are met. DRAFT VERBIAGE: 6800.3850 Subp. 1h(A). Initial registration. Effective January 1, 2013, The board shall not issue an initial pharmacy technician registration to any individual who does not present the board with evidence of high school graduation or possession of a commissioner of education-selected high school equivalency certification <u>a current government issued photo identification</u>. An individual who is not a high school graduate or who does not possess a commissioner of education-selected high school equivalency certification who was registered by the board prior to January 1, 2013, may renew the individual's registration provided that all other requirements for renewal are met and provided the individual maintains a pharmacy technician registration on an uninterrupted basis. Any individual whose registration lapses for a period of more than one year must meet the registration requirements in effect at the time the individual applies for reinstatement of registration.
3850	Pharmacy Technicians	DRAFT VERBIAGE: 6800.3850, subp. 1h(B): Renewal of registration. Effective January 1, 2014, The board shall not renew the registration of a pharmacy technician who was initially registered after January 1, 2013, or who was initially registered prior to that date but did not maintain continuous registration; unless the individual provides the board with evidence of completion of one of the following: (1) a pharmacy technician training program offered by a board-approved, accredited vocational/technical institution or college; (2) a pharmacy technician training program accredited by a board-approved, national organization that accredits pharmacy technician training programs; (3) a pharmacy technician training program provided by a branch of the United States armed forces or Public Health Service; or (4) an employer-based pharmacy technician training program that includes a minimum total of 240 hours on a one-year period to include both theoretical and practical instruction. An employer utilizing such a program must develop and regularly update a technician training manual that must be available for board inspection upon request. The employer must also supply a technician who completes the training program with written evidence of completion. The employer-based pharmacy technician training program must include written guidelines, policies, and procedures that define the specific tasks the technician will be expected to perform. A pharmacy technician who has not completed this training, but is otherwise eligible for renewal of his or her registration, may apply for renewal provided that: less than six months has elapsed between the date of initial registration as a pharmacy technician and the date of the pharmacy technician's first renewal of registration; or the pharmacy technician shows satisfactory evidence of being enrolled in a pharmacy technician training program offered by a board-approved, accredited vocational/technical institution or college, when the program is longer than six months in length. <u>(5) A Minnesota Board approved examination.</u>
3850	Pharmacy Technicians	DRAFT VERBIAGE: 6800.3850, Subp. 6. Ratios. The basic ratio of pharmacy technicians to pharmacists on duty in a pharmacy is two <u>one</u> technicians to one pharmacist. Specific functions are excepted from the basic ratio as follows: A. intravenous admixture preparation (parts 6800.7510 to 6800.7530); 3:1; B. setting up or preparing patient specific prescriptions in unit dose or modified unit dose packaging (part 6800.3750); 3:1; C. prepackaging (part 6800.3200); 3:1; and D. compounding (part 6800.3300); 3:1.
3950	Electronic Data Processing; Computer Usage	Eliminate the production of a hard copy daily summary of controlled substance transactions in 6800.3950, subp. 2D. The rule otherwise requires the electronic data processing equipment to maintain transactions.
4050	Drug Identification	drug id repeal pertains to finished manuf dose forms; is duplicative of federal requirements which came after 1983: shall be clearly marked or imprinted with a symbol, number, name, word, letter, national drug code number, or other mark identifying the drug and the manufacturer or distributor of the drug....Imprints. Each manufacturer and distributor shall publish and provide to the board printed material which will identify each imprint or mark currently used by the manufacturer or distributor.
4210-4250	Schedule I-V Controlled Substances	Board discussion regarding repealing schedules of controlled substances from Rules as obsolete rules. Policy discussion needed regarding issuing a scheduling order in accordance with Minn. Stats. §152.02, sub. 12

5300	Registration and Reporting	Repeal obsolete rule, 6800.5300, subp. 5. DRAFT VERBIAGE: Subp. 5. Manual. Interns completing 400 hours or more of their internship requirement in Minnesota must complete an internship manual, provided by the board, before the board will recognize the completed hours as acceptable for use in meeting the board's internship requirement.
5350	Preceptors	Align preceptor registration expiration with license renewal. Proposal: Preceptor registrations expire every other even year, tied directly to the pharmacist's license expiration date. Ensures preceptor status is always linked to an active license and reduces administrative mismatches between license status and preceptor eligibility. Revise preceptor continuing education rule. DRAFT VERBIAGE: 6800.5350, subp. 3. D. for renewal <u>or reinstatement</u> of a registration only, that they have participated in an instructional program specifically for preceptors <u>or completed topical continuing education provided by or approved by the board</u> , within the previous 24 months.
5600	Advisory Committee	Repeal obsolete rule, 6800.5600. DRAFT VERBIAGE: 6800.5600-ADVISORY COMMITTEE. The board shall appoint an advisory committee on internship to advise the board on the administration of parts 6800.5100 to 6800.5600. The committee shall include practicing pharmacists, pharmacist-educators, pharmacist-interns, and representatives of the board.
7510	Patient Care	Reference hazardous drugs and USP chapters appropriately
8005	Cytotoxic Agents	Reference hazardous drugs and cite USP chapters appropriately
8300	Minimum Standards	Cite USP chapters, 823 and 825
9700	Service and Filing of Papers	Update Board's mailing address