

Steve's Law and Prescribing Naloxone

Prior to Steve's Law— MN. Statue 151.37, Subd 7. Section B gives doctors the ability to prescribe a legend drug to a family member of a patient if the patient has agreed to allow the family member to participate in their care in such a manner. See the copied statue below. I have included the whole statue and have highlighted in yellow the section you will want to refer to on page 5.

Steve's Law— Section 3, 604A.04 allows doctors to prescribe and distribute naloxone in non-voluntary situations. In other words the patient does not have to give permission for another person to receive a prescription of naloxone, or naloxone itself, or any other antidote to opioid overdose on their behalf. I have included Steve's Law and have highlighted in yellow the section you will want to refer to on page 9 and the top of 10.

Please let me know if you have any other questions. You can always speak with your legal team to ensure that your clinic is following the law. With gratitude- Lexi Reed Holtum 952-943-3937, Lexi@SteveRummlerHopeNetwork.org.

2013 Minnesota Statutes

This section has been affected by law enacted during the 2014 legislative session. [More info...](#)

Resources

151.37 LEGEND DRUGS, WHO MAY PRESCRIBE, POSSESS. Subdivision 1. **Prohibition.**

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

Subd. 2. **Prescribing and filing.**

(a) A licensed practitioner in the course of professional practice only, may prescribe, administer, and dispense a legend drug, and may cause the same to be administered by a nurse, a physician assistant, or medical student or resident under the practitioner's direction and supervision, and may cause a person who is an appropriately certified, registered, or licensed health care professional to prescribe, dispense, and administer the same within the expressed legal scope of the person's practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference to a specific patient, by directing a licensed dietitian or licensed nutritionist, pursuant to section [148.634](#); a nurse, pursuant to section [148.235](#), subdivisions 8 and 9; physician assistant; medical student or resident; or pharmacist according to section 151.01, subdivision 27, to adhere to a particular practice guideline or protocol when treating patients whose condition falls within such guideline or protocol, and when such guideline or protocol specifies the circumstances under which the legend drug is to be prescribed and administered. An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall not be deemed to have

prescribed the legend drug. This paragraph applies to a physician assistant only if the physician assistant meets the requirements of section 147A.18.

(b) The commissioner of health, if a licensed practitioner, or a person designated by the commissioner who is a licensed practitioner, may prescribe a legend drug to an individual or by protocol for mass dispensing purposes where the commissioner finds that the conditions triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist. The commissioner, if a licensed practitioner, or a designated licensed practitioner, may prescribe, dispense, or administer a legend drug or other substance listed in subdivision 10 to control tuberculosis and other communicable diseases. The commissioner may modify state drug labeling requirements, and medical screening criteria and documentation, where time is critical and limited labeling and screening are most likely to ensure legend drugs reach the maximum number of persons in a timely fashion so as to reduce morbidity and mortality.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subd. 2a. Delegation.

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

Subd. 3. Veterinarians.

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

Subd. 4. Research.

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

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

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

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

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

(c) An entity that is under contract to a federal agency for the purpose of distributing drugs for bona fide research studies is exempt from the drug wholesaler licensing requirements of this chapter. Any other entity is exempt from the drug wholesaler licensing requirements of this chapter if the board finds that the entity is licensed or registered according to the laws of the state in which it is physically located and it is distributing drugs for use by, or administration to, patients enrolled in a bona fide research study that is being conducted pursuant to either an investigational new drug application approved by the United States Food and Drug Administration or that has been approved by an institutional review board.

Subd. 5. Exclusion for course of practice.

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

Subd. 6.Exclusion for course of employment.

(a) Nothing in this chapter shall prohibit the possession of a legend drug by an employee, agent, or sales representative of a registered drug manufacturer, or an employee or agent of a registered drug wholesaler, or registered pharmacy, while acting in the course of employment.

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

(1) a law enforcement officer;

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

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

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

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

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

Subd. 7.Exclusion for prescriptions.

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

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

(c) Nothing in this chapter shall prohibit a person for whom a prescription drug has been dispensed in accordance with a valid prescription issued by a practitioner from transferring the legend drug to a county that collects, stores, transports, or disposes of a

legend drug pursuant to a program in compliance with applicable federal law or to a person authorized by the county to conduct one or more of these activities.

Subd. 8. Misrepresentation.

It is unlawful for a person to procure, attempt to procure, possess, or control a legend drug by any of the following means:

(1) deceit, misrepresentation, or subterfuge;

(2) using a false name; or

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

Subd. 9. Exclusion for course of laboratory employment.

Nothing in this chapter shall prohibit the possession of a legend drug by an employee or agent of a registered analytical laboratory while acting in the course of laboratory employment.

Subd. 10. Purchase of drugs and other agents by commissioner of health.

The commissioner of health, in preparation for and in carrying out the duties of sections 144.05, 144.4197, and 144.4198, may purchase, store, and distribute antituberculosis drugs, biologics, vaccines, antitoxins, serums, immunizing agents, antibiotics, antivirals, antidotes, other pharmaceutical agents, and medical supplies to treat and prevent communicable disease.

Subd. 11. Complaint reporting.

The Board of Pharmacy shall report on a quarterly basis to the Board of Optometry any complaints received regarding the prescription or administration of legend drugs under section 148.576.

History:

1969 c 933 s 18; 1973 c 639 s 9; 1974 c 369 s 1; 1976 c 222 s 93,94; 1976 c 338 s 6; 1986 c 444; 1988 c 440 s 2; 1988 c 550 s 19; 1990 c 489 s 1; 1990 c 524 s 2; 1991 c 30 s 11; 1991 c 106 s 6; 1993 c 121 s 11; 1994 c 389 s 4,5; 1995 c 69 s 2; 1995 c 205 art 2 s 6; 1996 c 305 art 1 s 43; 2002 c 362 s 4; 2003 c 62 s 7; 2007 c 103 s 3; 2007 c 147 art 12 s 7; 2008 c 321 s 4,5; 2009 c 41 s 8,9; 2009 c 161 s 1; 2010 c 223 s 1,2; 2013 c 43 s 30; 2013 c 55 s 2; 2013 c 108 art 10 s 5

Steve's Law

A bill for an act

1.2relating to health; providing for drug overdose prevention and medical assistance;

1.3limiting liability; amending Minnesota Statutes 2012, sections 144E.101,

1.4subdivision 6; 151.37, by adding a subdivision; proposing coding for new law

1.5in Minnesota Statutes, chapter 604A.

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

1.7 Section 1. Minnesota Statutes 2012, section 144E.101, subdivision 6, is amended to

1.8read:

1.9 Subd. 6. **Basic life support.** (a) Except as provided in paragraphs (e) and (f), a

1.10basic life-support ambulance shall be staffed by at least two EMTs, one of whom must

1.11accompany the patient and provide a level of care so as to ensure that:

1.12 (1) life-threatening situations and potentially serious injuries are recognized;

1.13 (2) patients are protected from additional hazards;

1.14 (3) basic treatment to reduce the seriousness of emergency situations is administered;

1.15and

1.16 (4) patients are transported to an appropriate medical facility for treatment.

1.17 (b) A basic life-support service shall provide basic airway management.

1.18 (c) A basic life-support service shall provide automatic defibrillation.

1.19 (d) A basic life-support service licensee's medical director may authorize ambulance

1.20service personnel to perform intravenous infusion and use equipment that is within the

1.21licensure level of the ambulance service, including administration of an opiate antagonist.

1.22Ambulance service personnel must be properly trained. Documentation of authorization

1.23for use, guidelines for use, continuing education, and skill verification must be maintained

1.24in the licensee's files.

2.1 (e) Upon application from an ambulance service that includes evidence demonstrating

2.2hardship, the board may grant a variance from the staff requirements in paragraph (a) and

2.3may authorize a basic life-support ambulance to be staffed by one EMT and one registered

2.4emergency medical responder driver for all emergency ambulance calls and

interfacility

2.5transfers. The variance shall apply to basic life-support ambulances operated by the
2.6ambulance service until the ambulance service renews its license. When a variance
expires,

2.7an ambulance service may apply for a new variance under this paragraph. For
purposes of

2.8this paragraph, "ambulance service" means either an ambulance service whose
primary

2.9service area is mainly located outside the metropolitan counties listed in
section 473.121,

2.10subdivision 4 , and outside the cities of Duluth, Mankato, Moorhead, Rochester, and
St.

2.11Cloud; or an ambulance service based in a community with a population of less
than 1,000.

2.12 (f) After an initial emergency ambulance call, each subsequent emergency
ambulance

2.13response, until the initial ambulance is again available, and interfacility transfers,
may

2.14be staffed by one registered emergency medical responder driver and an EMT. The
2.15EMT must accompany the patient and provide the level of care required in

paragraph

2.16(a). This paragraph applies only to an ambulance service whose primary service
area is

2.17mainly located outside the metropolitan counties listed in section 473.121,
subdivision

2.184 , and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud,
or an

2.19ambulance based in a community with a population of less than 1,000 persons.

2.20 Sec. 2. Minnesota Statutes 2012, section 151.37, is amended by adding a
subdivision

2.21to read:

2.22 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A
licensed

2.23physician, a licensed advanced practice registered nurse authorized to prescribe
drugs

2.24pursuant to section 148.235, or a licensed physician's assistant authorized to
prescribe

2.25drugs pursuant to section 147A.18, may authorize the following individuals to
administer

2.26opiate antagonists, as defined in section 604A.04, subdivision 1:

2.27(1) an emergency medical responder registered pursuant to section 144E.27;

2.28(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and

2.29(d); and

2.30(3) staff of community-based health disease prevention or social service programs.
2.31(b) For the purposes of this subdivision, opiate antagonists may be administered by
2.32one of these individuals only if:
2.33(1) the licensed physician, licensed physician's assistant, or licensed advanced
2.34practice registered nurse has issued a standing order to, or entered into a protocol with,
2.35the individual; and
3.1(2) the individual has training in the recognition of signs of opiate overdose and the
3.2use of opiate antagonists as part of the emergency response to opiate overdose.
3.3(c) Nothing in this section prohibits the possession and administration of naloxone
3.4pursuant to section 604A.04.

3.5 **Sec. 3. [604A.04] GOOD SAMARITAN OVERDOSE PREVENTION.**

3.6 **Subdivision 1. Definitions: opiate antagonist.** For purposes of this section, "opiate

3.7antagonist" means naloxone hydrochloride or any similarly acting drug approved by the

3.8federal Food and Drug Administration for the treatment of a drug overdose.

3.9 **Subd. 2. Authority to possess and administer opiate antagonists; release from**

3.10liability. (a) A person who is not a health care professional may possess or administer

3.11an opiate antagonist that is prescribed, dispensed, or distributed by a licensed health

3.12care professional pursuant to subdivision 3.

3.13(b) A person who is not a health care professional who acts in good faith in

3.14administering an opiate antagonist to another person whom the person believes in good

3.15faith to be suffering a drug overdose is immune from criminal prosecution for the act and

3.16is not liable for any civil damages for acts or omissions resulting from the act.

3.17 **Subd. 3. Health care professionals: release from liability.** A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting

3.19in good faith, may directly or by standing order prescribe, dispense, distribute, or

3.20administer an opiate antagonist to a person without being subject to civil liability or

3.21criminal prosecution for the act. This immunity applies even when the opiate antagonist

3.22is eventually administered in either or both of the following instances: (1) by someone

3.23other than the person to whom it is prescribed; or (2) to someone other than the person

3.24to whom it is prescribed.

3.25 EFFECTIVE DATE. This section is effective the day following final enactment,
3.26 and applies to actions arising from incidents occurring on or after that date.

3.27 Sec. 4. **[604A.05] GOOD SAMARITAN OVERDOSE MEDICAL ASSISTANCE.**

3.28 Subdivision 1. **Person seeking medical assistance: immunity from prosecution.**

3.29 A person acting in good faith who seeks medical assistance for another person who is

3.30 experiencing a drug-related overdose may not be charged or prosecuted for the possession,

3.31 sharing, or use of a controlled substance under sections 152.023, subdivision 2, clauses (4)

3.32 and (6), 152.024, or 152.025, or possession of drug paraphernalia. A person qualifies for

3.33 the immunities provided in this subdivision only if:

4.1 (1) the evidence for the charge or prosecution was obtained as a result of the person's

4.2 seeking medical assistance for another person; and

4.3 (2) the person seeks medical assistance for another person who is in need of medical

4.4 assistance for an immediate health or safety concern, provided that the person who seeks

4.5 the medical assistance is the first person to seek the assistance, provides a name and

4.6 contact information, remains on the scene until assistance arrives or is provided, and

4.7 cooperates with the authorities.

4.8 Good faith does not include seeking medical assistance during the course of the

4.9 execution of an arrest warrant or search warrant or a lawful search.

4.10 Subd. 2. **Person experiencing an overdose: immunity from prosecution.** A

4.11 person who experiences a drug-related overdose and is in need of medical assistance may

4.12 not be charged or prosecuted for possession of a controlled substance under sections

4.13 152.023, subdivision 2, clauses (4) and (6), 152.024, or 152.025, or possession of drug

4.14 paraphernalia. A person qualifies for the immunities provided in this subdivision only

4.15 if the evidence for the charge or prosecution was obtained as a result of the drug-related

4.16 overdose and the need for medical assistance.

4.17 Subd. 3. **Persons on probation or release.** A person's pretrial release, probation,

4.18 furlough, supervised release, or parole shall not be revoked based on an incident

for which

4.19the person would be immune from prosecution under subdivision 1 or 2.

4.20 Subd. 4. **Effect on other criminal prosecutions.** (a) The act of providing first aid or

4.21other medical assistance to someone who is experiencing a drug-related overdose may be

4.22used as a mitigating factor in a criminal prosecution for which immunity is not provided.

4.23(b) Nothing in this section shall:

4.24(1) be construed to bar the admissibility of any evidence obtained in connection with

4.25the investigation and prosecution of other crimes or violations committed by a person who

4.26otherwise qualifies for limited immunity under this section;

4.27(2) preclude prosecution of a person on the basis of evidence obtained from an

4.28independent source;

4.29(3) be construed to limit, modify, or remove any immunity from liability currently

4.30available to public entities, public employees by law, or prosecutors; or

4.31(4) prevent probation officers from conducting drug testing of persons on pretrial

4.32release, probation, furlough, supervised release, or parole.

4.33 Subd. 5. **Drug-related overdose defined.** As used in this section, "drug-related

4.34overdose" means an acute condition, including mania, hysteria, extreme physical illness,

4.35or coma, resulting from the consumption or use of a controlled substance, or another

5.1substance with which a controlled substance was combined, and that a layperson would

5.2reasonably believe to be a drug overdose that requires immediate medical assistance.

5.3**EFFECTIVE DATE.** This section is effective July 1, 2014, and applies to actions

5.4arising from incidents occurring on or after that date.

5.5 Sec. 5. **CITATION.**

5.6Sections 3 and 4 may be known and cited as "Steve's Law."