

# Minnesota



## Minnesota - HF 3280

**Sponsor:** Representative Mike Freiberg (DFL)

**Actions:** 03/01/2022 Hearing Held  
02/10/2022 Introduced; Referred to House Commerce Finance and Policy Committee

**Summary:** Summary of 2/10/2022 Version

This measure establishes requirements for pharmacy benefit managers and health carriers related to clinician-administered drugs.

This measure is applicable to pharmacy benefits managers and health insurers.

Under this measure pharmacy, benefits manager, or health carrier shall not require that a clinician-administered drug or the administration of a clinician-administered drug be covered as a pharmacy benefit. A PBM or health carrier may:

1. permit an enrollee to obtain a clinician-administered drug from a health care provider authorized to administer the drug or a pharmacy.
2. may not interfere with the enrollee's right to obtain a clinician-administered drug from their provider or pharmacy of choice, and shall not offer financial or other incentives to influence the enrollee's choice of a provider or pharmacy.
3. may not require clinician-administered drugs to be dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier.
4. not limit or exclude coverage for a clinician-administered drug when it is not dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier if the drug would otherwise be covered.

A PBM may impose benefit limitations and cost-sharing limitations on any enrolled who obtain the clinician-administered drug from a provider authorized to administer the drug, or a pharmacy only if these limitations would also be imposed if the drug was obtained from an affiliated pharmacy or a pharmacy selected by the PBM. They may not reimburse a health care provider or pharmacy for clinician-administered drugs and their administration, at an amount that is lower than would be applied to an affiliated pharmacy or pharmacy selected by the pharmacy benefit manager or health carrier.

A PBM will not require or encourage the dispensing of clinician-administered drugs to an enrollee that is inconsistent with the federal Drug Supply Chain Security Act. They may not require a specialty pharmacy to dispense these medications for administration. They may offer the use of a home infusion pharmacy but will not require it.

This measure will take effect on August 1, after it is enacted.

**Bill Links** [2/10/2022 Version](#)

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## Minnesota - HF 3458

**Sponsor:** Representative Todd Lippert (DFL)

**Actions:** 02/15/2022 Introduced; referred to House Health Finance and Policy Committee

**Summary:** Summary of 2/15/2022 Version

This measure establishes the Health Care Commission to promote financial and geographic access to quality health care.

The commission will promote financial and geographic access to quality health care by developing a health care regulatory system. The commission will provide studies of health care services and financial resources; designate regional health care services; establish health care planning boards; increase collaboration among stakeholders; adopt rules ensuring public input; adopt a state health care plan; issue certificates of needs; review health care facility conditions; adopt rules relating to appeals of certificate of needs. The measure states that any person, in order to operate or alter a healthcare facility, must receive a certificate of need from the commission. Exemptions to the rule are available.

This measure creates prerequisite requirements before the sale or transfer of a healthcare facility.

This measure lays out membership requirements for the commission.

This measure is effective August 1 after enactment.

**Bill Links** [2/15/2022 Version](#)

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## Minnesota - HF 3854

**Sponsor:** Representative Athena Hollins (DFL)

**Actions:** 03/08/2022 Hearing held

02/28/2022 Introduced; referred to House Health Finance and Policy Committee

**Summary:** Summary for 2/28/2022 Version

This measure authorizes a pharmacist to prescribe and administer drugs to prevent the acquisition of human immunodeficiency virus (HIV).

This measure applies to pharmacists and health insurers.

This measure prohibits a health plan from limiting or excluding coverage for antiretroviral drugs by requiring prior authorization or requiring an enrollee to follow a step therapy protocol.

This measure requires insurance coverage for any antiretroviral drug approved by the FDA that is prescribed, dispensed, or administered by a pharmacist. Laboratory testing is included in this coverage. This measure requires the same coverage and reimbursement be provided to the pharmacist as would be provided to a physician, physician assistant, or APRN who has prescribed an antiretroviral drug. For coverage to apply, the pharmacist must be a member of the health plan's network.

This measure requires the Board of Pharmacy, by January 1, 2023, to develop a standardized protocol for the pharmacist to follow in prescribing antiretroviral drugs.

This measure requires a pharmacist to complete a training program in order to prescribe antiretroviral drugs.

This measure prohibits a pharmacist from delegating prescriptive authority to a different person for antiretroviral drugs.

"Practitioner" is defined as a pharmacist authorized to prescribe self-administered hormonal contraceptives, nicotine replacement medications, or opiate antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs to prevent the acquisition of human immunodeficiency virus (HIV) under section 151.37, subdivision 17.

This measure adds the following to the definition for "Practice of Pharmacy:"

(1) Prescribing, dispensing, and administering drugs for preventing the acquisition of human immunodeficiency virus (HIV) if the pharmacist meets the requirements under section 151.37, subdivision 17;

(2) Ordering, conducting, and interpreting laboratory tests necessary for therapies that use drugs for preventing the acquisition of human immunodeficiency virus (HIV), if the pharmacist meets the requirements under section 151.37, subdivision 17.

This measure takes effect 90 days after being enacted.

**Bill Links** [2/28/2022 Version](#)

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## Minnesota - HF 855

**Sponsor:** Representative Athena Hollins (DFL)

**Actions:** 05/17/2021 Carried over to 2022 Session  
02/08/2021 Introduced; Referred to Health Finance and Policy

**Summary:** Summary for 2/8/21 Version

This measure mandates health insurance and Medicaid coverage of preexposure and postexposure prophylaxis without prior authorization or step therapy and establishes pharmacist requirements for the dispensing of that medication.

This measure is applicable to health insurers, pharmacy benefit managers, pharmacists, and Minnesota's Medicaid program.

This measure prohibits insurers from requiring step therapy or prior authorization for medically necessary drugs for the prevention of AIDS/HIV, including preexposure and postexposure

prophylaxis. Insurers do not have to cover all therapeutic equivalents without prior authorization or step therapy as long as one therapeutic equivalent is covered without prior authorization or step therapy.

Insurers do not have to cover the prophylaxis if dispensed by an out-of-network pharmacy unless the insurer covers out-of-network pharmacies. Insurers are only required to cover one 60-day supply within a two-year period unless the drug is dispensed according to a prescription. Insurers may not allow pharmacy benefit managers from prohibiting pharmacies from dispensing the drugs as a condition of network participation.

This measure expands the "practice of pharmacy" to include the administration of HIV preexposure and postexposure prophylaxis. Pharmacists may dispense without a prescription but must first attend a training program. Pharmacists must determine if the patient is HIV negative, has any symptoms of an HIV infection, and is taking contraindicated medication. Pharmacists must also provide counseling on the use of the drugs and, with consent, inform the patient's primary care provider.

This measure expands Medicaid coverage to include preexposure and postexposure prophylaxis as dispensed in accordance with this measure.

This measure, if enacted, will take effect on August 1, 2021.

**Bill Links** [2/8/21 Version](#)

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## Minnesota - SF 2916

**Sponsor:** Senator Erin Murphy

**Actions:** 02/07/2022 Introduced, Senate Health and Human Services Finance and Policy Committee

**Summary:** Summary for 2/7/2022 Version

This measure establishes a Health Care Commission.

This measure requires the state to establish a health care commission, and develop and maintain a state health care plan to regulate the state's health care system to ensure consumers have access to adequate, convenient, and reliable health care services at reasonable rates, while also meeting the financial and economic needs of health care companies and providers.

This measure specifies that the commissioner of health must approve a state health care strategy by October 1 of each year.

This measure directs the commissioner of health must annually examine and recommend changes to the state health plan, set priorities and timelines for plan chapter review and modification, and publicize any revisions deemed necessary.

This measure allows the Commission to set standards, fees, and requirements for issuing certificates of need. This measure sets the standards for medical facilities that will need to apply for certificates of need.

The measure specifies that the plan becomes effective 45 days following the publication of the state health plan or a revision of the plan.

If enacted, this measure takes effect immediately.

**Bill Links** [2/7/2022 Version](#)

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## Minnesota - SF 3154

**Sponsor:** Senator D Scott Dibble (DFL)

**Actions:** 02/14/2022 Introduced; Referred to Health and Human Services Finance and Policy; Hearing Scheduled

**Summary:** Summary for 2/14/2022 Version

This measure prohibits a health insurance plan from using step therapy or prior authorization protocols on antiretroviral drugs used for the prevention of HIV/AIDS.

This measure applies to health insurers.

This measure requires health insurance plans to provide coverage for any antiretroviral drug used for preventing HIV/AIDS when prescribed, dispensed, or administered by a pharmacist. Plans also must cover any laboratory testing necessary for therapy that uses antiretroviral drugs. The pharmacist-prescribed drugs must be covered and reimbursed at the same rates as if a physician, physician assistant, or nurse sent the prescription. Health plans are not required to cover out-of-network pharmacies and pharmacists.

This measure authorizes a pharmacist to prescribe, dispense, and administer antiretroviral drugs and laboratory tests used to diagnose and treat HIV/AIDS.

This measure requires the Board of Pharmacy to create protocols for pharmacist practice regarding HIV/AIDS medications.

This measure does not state an effective date.

**Bill Links** [2/14/2022 Version](#)

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## Minnesota - SF 3265

**Sponsor:** Senator Mark Koran (R)

**Actions:** 03/07/2022 Hearing Held  
02/17/2022 Introduction; Referred to Health and Human Services Finance and Policy Committee

**Summary:** Summary for 2/17/2022 Version

This measure relates to requirements for pharmacy benefit managers and health carriers for clinician-administered drugs

This measure applies to pharmacy benefits managers and other health carriers. This measure prohibits pharmacy benefits managers or health carriers from requiring clinician-administered drugs or the administration of clinician-administered drugs to be covered as a pharmacy benefit. The measure requires pharmacy benefits managers to permit enrollees to obtain a clinician-administered drug from a health care provider authorized to administer the drug. The measure also prohibits pharmacy benefits managers from interfering with an enrollee's right to obtain a clinician-administered drug from their provider or pharmacy of choice or offering financial or other incentives to influence the enrollee's choice of a provider or pharmacy, require clinician-administered drugs to be dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier, and limit or exclude coverage for a clinician-administered drug when it is not dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier if the drug would otherwise be covered.

The measure allows pharmacy benefits managers or health carriers to impose coverage benefit limitations and impose cost-sharing requirements for certain clinician-administered drugs and prohibits reimbursement to a health care provider or pharmacy for certain clinician-administered drugs.

The measure defines "clinician-administered drug" to mean an outpatient prescription drug other than a vaccine that: cannot reasonably be self-administered by the patient to whom the drug is prescribed or by an individual assisting the patient with self-administration; and is typically administered: by a health care provider authorized to administer the drug, including when acting under a physician's delegation and supervision; and in a physician's office, hospital outpatient infusion center, or other clinical setting.

**Bill Links** [2/17/2022 Version](#)

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## Minnesota - SF 340

**Sponsor:** Senator D Scott Dibble (DFL)

**Actions:** 05/17/2021 Carried over to 2022 Session  
01/25/2021 Introduced; Referred to Health and Human Services Finance and Policy

**Summary:** Summary for 1/25/21 Version

This measure mandates health insurance and Medicaid coverage of preexposure and postexposure prophylaxis without prior authorization or step therapy and establishes pharmacist requirements for the dispensing of that medication.

This measure is applicable to health insurers, pharmacy benefit managers, pharmacists, and Minnesota's Medicaid program.

This measure prohibits insurers from requiring step therapy or prior authorization for medically necessary drugs for the prevention of AIDS/HIV, including preexposure and postexposure prophylaxis. Insurers do not have to cover all therapeutic equivalents without prior authorization or step therapy as long as one therapeutic equivalent is covered without prior authorization or step therapy.

Insurers do not have to cover the prophylaxis if dispensed by an out-of-network pharmacy unless the insurer covers out-of-network pharmacies. Insurers are only required to cover one 60-day supply within a two-year period unless the drug is dispensed according to a prescription. Insurers may not allow pharmacy benefit managers from prohibiting pharmacies from dispensing the drugs as a condition of network participation.

This measure expands the "practice of pharmacy" to include the administration of HIV preexposure and postexposure prophylaxis. Pharmacists may dispense without a prescription but must first attend a training program. Pharmacists must determine if the patient is HIV negative, has any symptoms of an HIV infection, and is taking contraindicated medication. Pharmacists must also provide counseling on the use of the drugs and, with consent, inform the patient's primary care provider.

This measure expands Medicaid coverage to include preexposure and postexposure prophylaxis as dispensed in accordance with this measure.

This measure, if enacted, will take effect on August 1, 2021.

**Bill Links** [1/25/21 Version](#)