

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 67

(SENATE AUTHORS: JENSEN, Kiffmeyer, Klein, Anderson, P. and Draheim)

DATE	D-PG	OFFICIAL STATUS
01/10/2019	56	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health; prohibiting penalties to pharmacists for sharing certain

1.3 information with individuals; establishing requirements for synchronization of

1.4 prescription drug refills; amending Minnesota Statutes 2018, sections 151.214, by

1.5 adding a subdivision; 151.71, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2018, section 151.214, is amended by adding a subdivision

1.8 to read:

1.9 Subd. 3. Reimbursement criteria. (a) A contract for pharmacy services entered into

1.10 between a pharmacist or a pharmacy and a health plan company or a pharmacy benefits

1.11 manager shall not contain any provision prohibiting a pharmacist from, or penalizing a

1.12 pharmacist for, disclosing to an individual purchasing prescription medication information

1.13 regarding:

1.14 (1) the cost of the prescription medication to the individual;

1.15 (2) the payment criteria used by the health plan company or pharmacy benefits manager;

1.16 or

1.17 (3) the availability of any therapeutically equivalent alternative medications, or alternative

1.18 methods of purchasing the prescription medication, including but not limited to paying a

1.19 cash price that is less expensive to the individual than the cost of the prescription medication

1.20 that is recommended by the health plan company or pharmacy benefits manager.

1.21 (b) Prohibiting or penalizing, as referred to in paragraph (a), includes but is not limited

1.22 to reduced payments to the pharmacist, the use of increased utilization review, or other

1.23 financial disincentives designed to ensure the use of the recommended drug.

2.1 Sec. 2. Minnesota Statutes 2018, section 151.71, is amended by adding a subdivision to
2.2 read:

2.3 Subd. 3. **Synchronization of refills.** (a) For purposes of this subdivision,
2.4 "synchronization" means the coordination of prescription drug refills for a patient taking
2.5 two or more medications for one or more chronic conditions, to allow the patient's
2.6 medications to be refilled on the same schedule for a given period of time.

2.7 (b) A contract between a pharmacy benefit manager and a pharmacy must allow for
2.8 synchronization of prescription drug refills for a patient on at least one occasion per year,
2.9 if the following criteria are met:

2.10 (1) the prescription drugs are covered under the patient's health plan or have been
2.11 approved by a formulary exceptions process;

2.12 (2) the prescription drugs are maintenance medications as defined by the health plan
2.13 and have one or more refills available at the time of synchronization;

2.14 (3) the prescription drugs are not Schedule II, III, or IV controlled substances;

2.15 (4) the patient meets all utilization management criteria relevant to the prescription drug
2.16 at the time of synchronization;

2.17 (5) the prescription drugs are of a formulation that can be safely split into short-fill
2.18 periods to achieve synchronization; and

2.19 (6) the prescription drugs do not have special handling or sourcing needs that require a
2.20 single, designated pharmacy to fill or refill the prescription.

2.21 (c) When necessary to permit synchronization, the pharmacy benefit manager shall apply
2.22 a prorated, daily patient cost-sharing rate to any prescription drug dispensed by a pharmacy
2.23 under this subdivision. The dispensing fee shall not be prorated, and all dispensing fees
2.24 shall be based on the number of prescriptions filled or refilled.