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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1304

03/02/2015 Authored by Bernardy, Davids and Ward

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

1.1 A bill for an act
1.2 relating to human services; allowing medical assistance coverage for drugs and
1.3 pharmaceutical ingredients used for weight loss; amending Minnesota Statutes
1.4 2014, section 256B.0625, subdivision 13d.

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

1.6 Section 1. Minnesota Statutes 2014, section 256B.0625, subdivision 13d, is amended
1.7 to read:

1.8 Subd. 13d. **Drug formulary.** (a) The commissioner shall establish a drug
1.9 formulary. Its establishment and publication shall not be subject to the requirements of the
1.10 Administrative Procedure Act, but the Formulary Committee shall review and comment
1.11 on the formulary contents.

1.12 (b) The formulary shall not include:

1.13 (1) drugs, active pharmaceutical ingredients, or products for which there is no
1.14 federal funding;

1.15 (2) over-the-counter drugs, except as provided in subdivision 13;

1.16 ~~(3) drugs or active pharmaceutical ingredients used for weight loss, except that~~
1.17 ~~medically necessary lipase inhibitors may be covered for a recipient with type II diabetes;~~

1.18 ~~(4)~~ (3) drugs or active pharmaceutical ingredients when used for the treatment of
1.19 impotence or erectile dysfunction;

1.20 ~~(5)~~ (4) drugs or active pharmaceutical ingredients for which medical value has
1.21 not been established;

1.22 ~~(6)~~ (5) drugs from manufacturers who have not signed a rebate agreement with the
1.23 Department of Health and Human Services pursuant to section 1927 of title XIX of the
1.24 Social Security Act; and

2.1 ~~(7)~~ (6) medical cannabis as defined in section 152.22, subdivision 6.

2.2 (c) If a single-source drug used by at least two percent of the fee-for-service
2.3 medical assistance recipients is removed from the formulary due to the failure of the
2.4 manufacturer to sign a rebate agreement with the Department of Health and Human
2.5 Services, the commissioner shall notify prescribing practitioners within 30 days of
2.6 receiving notification from the Centers for Medicare and Medicaid Services (CMS) that a
2.7 rebate agreement was not signed.