A bill for an act

relating to insurance; limiting excessive enrollee cost-sharing on biologic prescription drugs; proposing coding for new law in Minnesota Statutes, chapter 62Q.

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

Section 1. **[62Q.528] BIOLOGIC PRESCRIPTION DRUGS; LIMITATION ON ENROLLEE COST-SHARING.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Biologic product" means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein-based peptide-based product, or analogous product, or arsphenamine or derivative of arsphenamine, or any other trivalent organic arsenic compound, applicable to the prevention, treatment, or cure of a disease or condition of human beings.

(c) "Enrollee" has the meaning given in section 62Q.01, subdivision 2a.

(d) "FDA" means the federal Food and Drug Administration.

(e) "Health plan" has the meaning given in section 62Q.01, subdivision 3, but also includes the coverage described in section 62A.011, subdivision 3, clauses (7) and (10).

Subd. 2. **Enrollee cost-sharing limited.** (a) An enrollee prescribed an FDA-approved biologic product and whose gross income is at or below 400 percent of the federal poverty guidelines must not be charged a co-payment, coinsurance, deductible, or other special payment requirement at a rate that exceeds the co-payment, coinsurance, deductible, or other special payment requirement assessed the lowest-cost nonformulary

brand-name FDA-approved medication in the enrollee's health plan's prescription medication formulary.

(b) An enrollee prescribed an FDA-approved biologic product and whose gross income is above 400 percent of the federal poverty guidelines must not be charged a co-payment, coinsurance, deductible, or other special payment requirement at a rate that exceeds an amount double the co-payment, coinsurance, deductible, or other special payment requirement assessed the lowest-cost nonformulary brand-name FDA-approved medication in the enrollee's health plan's prescription medication formulary.

EFFECTIVE DATE. This section is effective August 1, 2010, and applies to coverage issued or renewed before, on, or after that date.