

SENATE  
STATE OF MINNESOTA  
NINETY-FOURTH SESSION

S.F. No. 1739

(SENATE AUTHORS: MANN and Boldon)		
DATE	D-PG	OFFICIAL STATUS
02/20/2025	461	Introduction and first reading
		Referred to Health and Human Services
02/24/2025	494	Author added Boldon

1.1

A bill for an act

1.2

relating to health; establishing a prior authorization commission; directing the

1.3

commissioner of health to approve a medication for prohibition from prior

1.4

authorization; requiring a report; amending Minnesota Statutes 2024, section

1.5

62M.07, subdivision 2, by adding subdivisions.

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

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Section 1. Minnesota Statutes 2024, section 62M.07, subdivision 2, is amended to read:

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Subd. 2. **Prior authorization of certain services prohibited.** No utilization review

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organization, health plan company, or claims administrator may conduct or require prior

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authorization of:

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(1) emergency confinement or an emergency service. The enrollee or the enrollee's

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authorized representative may be required to notify the health plan company, claims

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administrator, or utilization review organization as soon as reasonably possible after the

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beginning of the emergency confinement or emergency service;

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(2) outpatient mental health treatment or outpatient substance use disorder treatment,

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except for treatment which is a medication. Prior authorizations required for medications

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used for outpatient mental health treatment or outpatient substance use disorder treatment

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must be processed according to section 62M.05, subdivision 3b, for initial determinations,

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and according to section 62M.06, subdivision 2, for appeals;

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(3) antineoplastic cancer treatment that is consistent with guidelines of the National

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Comprehensive Cancer Network, except for treatment which is a medication. Prior

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authorizations required for medications used for antineoplastic cancer treatment must be

processed according to section 62M.05, subdivision 3b, for initial determinations, and according to section 62M.06, subdivision 2, for appeals;

(4) services that currently have a rating of A or B from the United States Preventive Services Task Force, immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or preventive services and screenings provided to women as described in Code of Federal Regulations, title 45, section 147.130;

(5) pediatric hospice services provided by a hospice provider licensed under sections 144A.75 to 144A.755; ~~and~~

(6) treatment delivered through a neonatal abstinence program operated by pediatric pain or palliative care subspecialists; and

(7) any medication approved by the commissioner of health for inclusion in this subdivision, pursuant to subdivision 6, paragraph (a).

Clauses (2) to (6) are effective January 1, 2026, and apply to health benefit plans offered, sold, issued, or renewed on or after that date.

Sec. 2. Minnesota Statutes 2024, section 62M.07, is amended by adding a subdivision to read:

**Subd. 6. Prior authorization commission.** (a) The Department of Health must establish a prior authorization commission to:

(1) review the 25 medications with the highest prior authorization denial rates in the state; and

(2) recommend medications for inclusion in the prior authorization prohibition in subdivision 2, based on the criteria described in paragraph (c).

(b) The commission shall consist of nine members, appointed as follows:

(1) two representatives of the Department of Health appointed by the commissioner of health;

(2) two representatives of the Department of Commerce appointed by the commissioner of commerce;

(3) two representatives of the Minnesota Prescription Drug Affordability Board appointed by the governor;

(4) one physician appointed by the Minnesota Medical Association;

- 3.1 (5) one representative of health plans offering prescription drug benefits appointed by  
3.2 .....; and
- 3.3 (6) one representative of pharmacy benefit managers appointed by .....
- 3.4 (c) The commission's recommendations under paragraph (a) must be based on the  
3.5 following criteria:
- 3.6 (1) the medication's cost;  
3.7 (2) the medication's utilization in the general population;  
3.8 (3) the extent to which health plans cover the medication;  
3.9 (4) the medication's effectiveness;  
3.10 (5) the extent to which prohibition of prior authorization may increase premiums for  
3.11 covered individuals;
- 3.12 (6) the medical necessity of the medication for populations of individuals with conditions  
3.13 treated by the medication; and
- 3.14 (7) any other factor the commission determines to be significant in its recommendations  
3.15 under paragraph (a).
- 3.16 (d) By August 1, 2026, and each August 1 thereafter, the commissioner shall submit a  
3.17 report to the chairs and ranking minority members of the legislative committees with  
3.18 jurisdiction over health and commerce policy and finance describing:
- 3.19 (1) the commission's analysis of the criteria in paragraph (c); and  
3.20 (2) the medications the commission recommends for approval by the commissioner of  
3.21 health under subdivision 7.
- 3.22 (e) Notwithstanding any law to the contrary, government entities are permitted to share  
3.23 or disseminate data as follows:
- 3.24 (1) the commissioner of human services may share data on public program drug benefits  
3.25 and utilization with the commission; and
- 3.26 (2) the commissioner of commerce may share data on private market drug benefits and  
3.27 utilization with the commission.
- 3.28 Data shared under this paragraph may be collected, stored, or used only to make the  
3.29 recommendations required under this subdivision, and must not be further shared or  
3.30 disseminated except as otherwise provided by law.

4.1 Sec. 3. Minnesota Statutes 2024, section 62M.07, is amended by adding a subdivision to  
4.2 read:

4.3 Subd. 7. **Commissioner of health approval.** Pursuant to subdivision 2, clause (7), by  
4.4 August 1, 2027, and each August 1 thereafter, the commissioner of health must approve  
4.5 one medication for inclusion in the prior authorization prohibition in subdivision 2. The  
4.6 medication selected must have been recommended by the prior authorization commission  
4.7 in the commission's most recently submitted report to the legislature under subdivision 6,  
4.8 paragraph (d).