

S.F. No. 3125 and H.F. No. 3026, which had been referred to the Chief Clerk for comparison, were examined and found to be not identical.

The following document shows the differences between S.F. No. 3125, the first engrossment, and H.F. No. 3026, the first engrossment.

April 17, 2020

Patrick D. Murphy
Chief Clerk, House of Representatives

Explanation of Comparison Reports

When a Senate File is received from the Senate, it is given its first reading and must be referred to the appropriate standing committee or division under Rule 1.11. But if the House File companion of that Senate File has already been reported out of Committee and given its second reading and is on the General Register, the Senate File must be referred to the Chief Clerk for comparison pursuant to Rule 1.15. The Chief Clerk reports whether the bills were found to be identical or not identical. Once the bills have been compared and the differences have been reported, the Senate File is given its second reading and is substituted for the House File. The House File is then considered withdrawn. Pursuant to rule 3.33, if the bills are not identical and the chief author of the bill wishes to use the House language, the chief author must give notice of their intent to substitute the House language when the bill is placed on the Calendar for the Day or the Fiscal Calendar. If the chief author of the bill wishes to keep the Senate language, no action is required.

1.1 A bill for an act

1.2 relating to human services; exempting treatment from approved clinical trials from

1.3 coverage; amending Minnesota Statutes 2018, section 256B.0625, subdivision 64.

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

1.5 Section 1. Minnesota Statutes 2018, section 256B.0625, subdivision 64, is amended to

1.6 read:

1.7 Subd. 64. **Investigational drugs, biological products, ~~and devices, and clinical~~**

1.8 **trials.** ~~(a)~~ Medical assistance and the early periodic screening, diagnosis, and treatment

1.9 (EPSDT) program do not cover the costs of any services that are incidental to, associated

1.10 with, or resulting from the use of investigational drugs, biological products, or devices as

1.11 defined in section 151.375 or any other treatment that is part of an approved clinical trial

1.12 as defined in section 62Q.526. Participation of an enrollee in an approved clinical trial does

1.13 not preclude coverage of medically necessary services covered under this chapter that are

1.14 not related to the approved clinical trial.

1.15 ~~(b) Notwithstanding paragraph (a), stiripentol may be covered by the EPSDT program~~

1.16 ~~if all the following conditions are met:~~

1.17 ~~(1) the use of stiripentol is determined to be medically necessary;~~

1.18 ~~(2) the enrollee has a documented diagnosis of Dravet syndrome, regardless of whether~~

1.19 ~~an SCN1A genetic mutation is found, or the enrollee is a child with malignant migrating~~

1.20 ~~partial epilepsy in infancy due to an SCN2A genetic mutation;~~

1.21 ~~(3) all other available covered prescription medications that are medically necessary for~~

1.22 ~~the enrollee have been tried without successful outcomes; and~~

2.1 ~~(4) the United States Food and Drug Administration has approved the treating physician's~~

2.2 ~~individual patient investigational new drug application (IND) for the use of stiripentol for~~

2.3 ~~treatment.~~

2.4 ~~This paragraph does not apply to MinnesotaCare coverage under chapter 256L.~~

1.1 A bill for an act

1.2 relating to medical assistance; providing coverage for routine patient costs that

1.3 are incurred in the course of a clinical trial if the medical assistance program would

1.4 provide coverage for the same routine patient costs not incurred in a clinical trial;

1.5 amending Minnesota Statutes 2018, section 256B.0625, subdivision 64.

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

1.7 Section 1. Minnesota Statutes 2018, section 256B.0625, subdivision 64, is amended to

1.8 read:

1.9 Subd. 64. **Investigational drugs, biological products, and devices.** ~~(a)~~ Medical

1.10 assistance and the early periodic screening, diagnosis, and treatment (EPSDT) program do

1.11 not cover the costs of any services that are incidental to, associated with, or resulting from

1.12 the use of investigational drugs, biological products, or devices as defined in section 151.375

1.13 or any other treatment that is part of an approved clinical trial as defined in section 62Q.526.

1.14 Participation of an enrollee in an approved clinical trial does not preclude coverage of

1.15 medically necessary services covered under this chapter that are not related to the approved

1.16 clinical trial.

1.17 ~~(b) Notwithstanding paragraph (a), stiripentol may be covered by the EPSDT program~~

1.18 ~~if all the following conditions are met:~~

1.19 ~~(1) the use of stiripentol is determined to be medically necessary;~~

1.20 ~~(2) the enrollee has a documented diagnosis of Dravet syndrome, regardless of whether~~

1.21 ~~an SCN1A genetic mutation is found, or the enrollee is a child with malignant migrating~~

1.22 ~~partial epilepsy in infancy due to an SCN2A genetic mutation;~~

2.1 ~~(3) all other available covered prescription medications that are medically necessary for~~

2.2 ~~the enrollee have been tried without successful outcomes; and~~

2.3 ~~(4) the United States Food and Drug Administration has approved the treating physician's~~

2.4 ~~individual patient investigational new drug application (IND) for the use of stiripentol for~~

2.5 ~~treatment.~~

2.6 ~~This paragraph does not apply to MinnesotaCare coverage under chapter 256L.~~