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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2606

03/08/2016 Authored by Murphy, E.; Youakim and Slocum

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 insurance; health; requiring coverage for 12 months of contraceptives;
1.3 amending Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision
1.4 13; proposing coding for new law in Minnesota Statutes, chapter 62Q.

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

1.6 Section 1. **[62Q.521] COVERAGE FOR CONTRACEPTIVES.**

1.7 Subdivision 1. **Scope of coverage.** All health plans that provide prescription
1.8 contraceptive coverage must comply with the requirements of this section.

1.9 Subd. 2. **Definitions.** For purposes of this section, "prescription contraceptive"
1.10 means any drug or device that requires a prescription and is approved by the United States
1.11 Food and Drug Administration to prevent pregnancy.

1.12 Subd. 3. **Required coverage.** Health plan coverage for a prescription contraceptive
1.13 must provide:

1.14 (1) a three-month supply for the first dispensing of a covered prescription
1.15 contraceptive; and

1.16 (2) a 12-month supply for any subsequent dispensing of the same prescription
1.17 contraceptive, regardless of whether the insured was covered by the health plan at the
1.18 time of the first dispensing.

1.19 Sec. 2. Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 13,
1.20 is amended to read:

1.21 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs
1.22 when specifically used to enhance fertility, if prescribed by a licensed practitioner and
1.23 dispensed by a licensed pharmacist, by a physician enrolled in the medical assistance

2.1 program as a dispensing physician, or by a physician, physician assistant, or a nurse
2.2 practitioner employed by or under contract with a community health board as defined in
2.3 section 145A.02, subdivision 5, for the purposes of communicable disease control.

2.4 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply,
2.5 unless authorized by the commissioner and except as provided in paragraph (g).

2.6 (c) For the purpose of this subdivision and subdivision 13d, an "active
2.7 pharmaceutical ingredient" is defined as a substance that is represented for use in a drug
2.8 and when used in the manufacturing, processing, or packaging of a drug becomes an
2.9 active ingredient of the drug product. An "excipient" is defined as an inert substance
2.10 used as a diluent or vehicle for a drug. The commissioner shall establish a list of active
2.11 pharmaceutical ingredients and excipients which are included in the medical assistance
2.12 formulary. Medical assistance covers selected active pharmaceutical ingredients and
2.13 excipients used in compounded prescriptions when the compounded combination is
2.14 specifically approved by the commissioner or when a commercially available product:

2.15 (1) is not a therapeutic option for the patient;

2.16 (2) does not exist in the same combination of active ingredients in the same strengths
2.17 as the compounded prescription; and

2.18 (3) cannot be used in place of the active pharmaceutical ingredient in the
2.19 compounded prescription.

2.20 (d) Medical assistance covers the following over-the-counter drugs when prescribed
2.21 by a licensed practitioner or by a licensed pharmacist who meets standards established by
2.22 the commissioner, in consultation with the board of pharmacy: antacids, acetaminophen,
2.23 family planning products, aspirin, insulin, products for the treatment of lice, vitamins for
2.24 adults with documented vitamin deficiencies, vitamins for children under the age of seven
2.25 and pregnant or nursing women, and any other over-the-counter drug identified by the
2.26 commissioner, in consultation with the formulary committee, as necessary, appropriate,
2.27 and cost-effective for the treatment of certain specified chronic diseases, conditions,
2.28 or disorders, and this determination shall not be subject to the requirements of chapter
2.29 14. A pharmacist may prescribe over-the-counter medications as provided under this
2.30 paragraph for purposes of receiving reimbursement under Medicaid. When prescribing
2.31 over-the-counter drugs under this paragraph, licensed pharmacists must consult with
2.32 the recipient to determine necessity, provide drug counseling, review drug therapy
2.33 for potential adverse interactions, and make referrals as needed to other health care
2.34 professionals. Over-the-counter medications must be dispensed in a quantity that is
2.35 the lowest of: (1) the number of dosage units contained in the manufacturer's original
2.36 package; (2) the number of dosage units required to complete the patient's course of

3.1 therapy; or (3) if applicable, the number of dosage units dispensed from a system using
3.2 retrospective billing, as provided under subdivision 13e, paragraph (b).

3.3 (e) Effective January 1, 2006, medical assistance shall not cover drugs that
3.4 are coverable under Medicare Part D as defined in the Medicare Prescription Drug,
3.5 Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-2(e),
3.6 for individuals eligible for drug coverage as defined in the Medicare Prescription
3.7 Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section
3.8 1860D-1(a)(3)(A). For these individuals, medical assistance may cover drugs from the
3.9 drug classes listed in United States Code, title 42, section 1396r-8(d)(2), subject to this
3.10 subdivision and subdivisions 13a to 13g, except that drugs listed in United States Code,
3.11 title 42, section 1396r-8(d)(2)(E), shall not be covered.

3.12 (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing
3.13 Program and dispensed by 340B covered entities and ambulatory pharmacies under
3.14 common ownership of the 340B covered entity. Medical assistance does not cover drugs
3.15 acquired through the federal 340B Drug Pricing Program and dispensed by 340B contract
3.16 pharmacies.

3.17 (g) Medical assistance coverage for a prescription contraceptive must provide:

3.18 (1) a three-month supply for the first dispensing of a covered prescription
3.19 contraceptive; and

3.20 (2) a 12-month supply for any subsequent dispensing of the same prescription
3.21 contraceptive, regardless of whether the insured was covered by medical assistance or the
3.22 health plan at the time of the first dispensing.

3.23 For purposes of this paragraph, "prescription contraceptive" means any drug or device that
3.24 requires a prescription and is approved by the United States Food and Drug Administration
3.25 to prevent pregnancy. For purposes of this paragraph, "health plan" has the meaning
3.26 provided in section 62Q.01, subdivision 3.

3.27 **Sec. 3. EFFECTIVE DATE.**

3.28 Sections 1 and 2 apply to health plan coverage offered, issued, or renewed on or
3.29 after January 1, 2017. Sections 1 and 2 apply to medical assistance and MinnesotaCare
3.30 coverage effective January 1, 2017.