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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **544**

01/19/2023 Authored by Freiberg; Olson, L.; Bahner; Kotyza-Witthuhn and Curran  
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy  
02/27/2023 By motion, recalled and re-referred to the Committee on Health Finance and Policy  
03/08/2023 Adoption of Report: Amended and re-referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act  
1.2 relating to health; establishing requirements for pharmacy benefit managers and  
1.3 health carriers related to clinician-administered drugs; proposing coding for new  
1.4 law in Minnesota Statutes, chapter 62W.

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

1.6 Section 1. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

1.7 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions  
1.8 apply.

1.9 (b) "Affiliated pharmacy" means a pharmacy in which a pharmacy benefit manager or  
1.10 health carrier has an ownership interest either directly or indirectly, or through an affiliate  
1.11 or subsidiary.

1.12 (c) "Clinician-administered drug" means an outpatient prescription drug other than a  
1.13 vaccine that:

1.14 (1) cannot reasonably be self-administered by the patient to whom the drug is prescribed  
1.15 or by an individual assisting the patient with self-administration; and

1.16 (2) is typically administered:

1.17 (i) by a health care provider authorized to administer the drug, including when acting  
1.18 under a physician's delegation and supervision; and

1.19 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

2.1 Subd. 2. Prohibition on requiring coverage as a pharmacy benefit. A pharmacy  
2.2 benefit manager or health carrier shall not require that a clinician-administered drug or the  
2.3 administration of a clinician-administered drug be covered as a pharmacy benefit.

2.4 Subd. 3. Enrollee choice. A pharmacy benefit manager or health carrier:

2.5 (1) shall permit an enrollee to obtain a clinician-administered drug from a health care  
2.6 provider authorized to administer the drug, or a pharmacy;

2.7 (2) shall not interfere with the enrollee's right to obtain a clinician-administered drug  
2.8 from their provider or pharmacy of choice, and shall not offer financial or other incentives  
2.9 to influence the enrollee's choice of a provider or pharmacy;

2.10 (3) shall not require clinician-administered drugs to be dispensed by a pharmacy selected  
2.11 by the pharmacy benefit manager or health carrier; and

2.12 (4) shall not limit or exclude coverage for a clinician-administered drug when it is not  
2.13 dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier, if the  
2.14 drug would otherwise be covered.

2.15 Subd. 4. Cost-sharing and reimbursement. A pharmacy benefit manager or health  
2.16 carrier:

2.17 (1) may impose coverage or benefit limitations on an enrollee who obtains a  
2.18 clinician-administered drug from a health care provider authorized to administer the drug,  
2.19 or a pharmacy, only if these limitations would also be imposed were the drug to be obtained  
2.20 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or  
2.21 health carrier;

2.22 (2) may impose cost-sharing requirements on an enrollee who obtains a  
2.23 clinician-administered drug from a health care provider authorized to administer the drug,  
2.24 or a pharmacy, only if these requirements would also be imposed were the drug to be obtained  
2.25 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or  
2.26 health carrier; and

2.27 (3) shall not reimburse a health care provider or pharmacy for clinician-administered  
2.28 drugs and their administration, at an amount that is lower than would be applied to an  
2.29 affiliated pharmacy or pharmacy selected by the pharmacy benefit manager or health carrier.

2.30 Subd. 5. Other requirements. A pharmacy benefit manager or health carrier:

2.31 (1) shall not require or encourage the dispensing of a clinician-administered drug to an  
2.32 enrollee in a manner that is inconsistent with the supply chain security controls and chain

3.1 of distribution set by the federal Drug Supply Chain Security Act, United States Code, title  
3.2 21, section 360eee, et seq.;

3.3 (2) shall not require a specialty pharmacy to dispense a clinician-administered medication  
3.4 directly to a patient with the intention that the patient will transport the medication to a  
3.5 health care provider for administration; and

3.6 (3) may offer, but shall not require:

3.7 (i) the use of a home infusion pharmacy to dispense or administer clinician-administered  
3.8 drugs to enrollees; and

3.9 (ii) the use of an infusion site external to the enrollee's provider office or clinic.

3.10 **EFFECTIVE DATE.** This section is effective January 1, 2024.