

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 1116

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DATE
02/16/2017

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Introduction and first reading
Referred to Commerce and Consumer Protection Finance and Policy

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to health care; requiring health plan companies to offer enrollees a choice
1.3 in pharmacy providers; requiring coverage for health care services provided by
1.4 licensed pharmacists; proposing coding for new law in Minnesota Statutes, chapter
1.5 62Q.

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

1.7 Section 1. 62Q.576 ACCESS TO PHARMACY SERVICES.

1.8 Subdivision 1. Enrollee choice. No health plan company or pharmacy benefit manager
1.9 that covers, administers, or manages pharmaceutical services, including prescription drug
1.10 coverage, shall limit or restrict an enrollee's ability to select a pharmacy or pharmacist of
1.11 the enrollee's choice if the pharmacy or pharmacist is licensed under chapter 151, and the
1.12 pharmacy or pharmacist has agreed to the terms of the health plan company's or pharmacy
1.13 benefit manager's provider contract.

1.14 Subd. 2. Provider network. No health plan company or pharmacy benefit manager shall
1.15 deny a pharmacy or pharmacist the right to participate in any of its pharmacy network
1.16 contracts in this state or as a contracting provider in this state if the pharmacy or pharmacist
1.17 has a valid license under chapter 151, and the pharmacy or pharmacist agrees to accept the
1.18 terms and conditions offered by the health plan company or pharmacy benefit manager, and
1.19 agrees to provide pharmacy services that meet state and federal laws and regulations.

1.20 Subd. 3. Cost-sharing or other conditions. No health plan company or pharmacy benefit
1.21 manager shall impose a co-payment, fee, or other cost-sharing requirement for selecting a
1.22 pharmacy or pharmacist of the enrollee's choosing or impose other conditions that limit or
1.23 restrict an enrollee's ability to utilize a pharmacy of the enrollee's choosing, unless the health
1.24 plan company or pharmacy benefit manager imposes the same cost-sharing requirements,

2.1 fees, conditions, or limits upon an enrollee's selection of any of the pharmacies within the
2.2 health plan company's or pharmacy benefit manager's provider network contracts in this
2.3 state.

2.4 Subd. 4. **Retail community pharmacies.** No health plan company or pharmacy benefit
2.5 manager shall:

2.6 (1) require an enrollee to exclusively obtain any prescription from a mail order pharmacy;

2.7 (2) impose upon an enrollee utilizing the retail community pharmacy a co-payment, fee,
2.8 or other condition not imposed upon enrollees electing to use a mail order pharmacy;

2.9 (3) subject any prescription dispensed by a retail community pharmacy to an enrollee
2.10 to a minimum or maximum quantity limit, length of script, restriction on refills, or other
2.11 requirement for obtaining refills that are not imposed upon a mail order prescription dispensed
2.12 by a mail order pharmacy;

2.13 (4) require an enrollee to pay for any of the prescription dispensed by a retail community
2.14 pharmacy and seek reimbursement if the enrollee is not required to pay for and seek
2.15 reimbursement in the same manner for a prescription dispensed by a mail order pharmacy;

2.16 (5) subject an enrollee to any administrative requirement to use a retail community
2.17 pharmacy that is not imposed upon the use of a mail order pharmacy; or

2.18 (6) impose any other term, condition, or requirement pertaining to the use of the services
2.19 of a retail community pharmacy that materially and unreasonably interferes with or impairs
2.20 the right of an enrollee to obtain prescriptions from a retail community pharmacy of the
2.21 enrollee's choice.

2.22 Subd. 5. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
2.23 the meanings given.

2.24 (b) "Pharmacy" has the meaning given in section 151.01, subdivision 2, and includes
2.25 mail order pharmacies and specialty pharmacies.

2.26 (c) "Pharmacy benefit manager" has the meaning given in section 151.71, subdivision
2.27 1.

2.28 Subd. 6. **Exclusion.** This section does not apply to enrollees enrolled in a public health
2.29 care program under chapter 256B or 256L.

3.1 Sec. 2. **[62Q.84] SERVICES PERFORMED BY A PHARMACIST.**

3.2 A health plan company or pharmacy benefit manager as defined in section 151.71,
3.3 subdivision 1, shall provide payment for any health care service that is a covered benefit
3.4 and is performed by a licensed pharmacist if: (1) the service performed is within the scope
3.5 of practice of a licensed pharmacist under chapter 151; and (2) the health plan would cover
3.6 the service if the service was performed by a physician licensed under chapter 147; an
3.7 advanced practice registered nurse licensed under section 148.211, subdivision 1a; or a
3.8 physician assistant licensed under chapter 147A.

3.9 Sec. 3. **EFFECTIVE DATE.**

3.10 Sections 1 and 2 are effective January 1, 2018, and apply to any health plan issued or
3.11 renewed on or after that date.