

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1530

(SENATE AUTHORS: HOFFMAN, Metzen, Lourey, Sheran and Rosen)

DATE	D-PG	OFFICIAL STATUS
03/09/2015	611	Introduction and first reading Referred to Commerce
03/16/2015	910	Author added Rosen
03/19/2015		Comm report: To pass as amended and re-refer to Health, Human Services and Housing

A bill for an act

relating to insurance; requiring health plan companies to offer enrollees a choice in pharmacy providers; requiring coverage for health care services provided by licensed pharmacists; proposing coding for new law in Minnesota Statutes, chapter 62Q.

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

Section 1. **[62Q.83] FREEDOM OF CHOICE FOR PHARMACY SERVICES.**

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

This subdivision does not apply to an enrollee in the Minnesota restricted recipient program pursuant to Minnesota Rules, part 9505.2238.

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

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

2.1 choosing, unless the health plan company or pharmacy benefit manager imposes the
2.2 same cost-sharing requirements, fees, conditions, or limits upon an enrollee's selection of
2.3 any of the pharmacies within the health plan company's or pharmacy benefit manager's
2.4 provider network contracts in this state.

2.5 Subd. 4. **Definitions.** (a) For purposes of this section, the terms in this subdivision
2.6 have the meanings given.

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

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

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

2.12 A health plan company or pharmacy benefit manager as defined under section
2.13 151.71, subdivision 1, shall provide payment for any health care service that is a covered
2.14 benefit and is performed by a licensed pharmacist if: (1) the service performed is within
2.15 the scope of practice of a licensed pharmacist under chapter 151; and (2) the health plan
2.16 would cover the service if the service was performed by a physician licensed under chapter
2.17 147; an advanced practice registered nurse licensed under section 148.211, subdivision
2.18 1a; or a physician assistant licensed under chapter 147A.

2.19 Sec. 3. **EFFECTIVE DATE.**

2.20 Sections 1 and 2 are effective August 1, 2015, and apply to any health plan issued
2.21 or renewed on or after that date.