TWENTY-EIGHTH DAY

St. Paul, Minnesota, Wednesday, March 27, 2019

The Senate met at 12:00 noon and was called to order by the President.

CALL OF THE SENATE

Senator Gazelka imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by the Chaplain, Pastor Mike Smith.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

The roll was called, and the following Senators answered to their names:

Abeler	Draheim	Ingebrigtsen	Mathews	Senjem
Anderson, B.	Dziedzic	Isaacson	Miller	Simonson
Anderson, P.	Eaton	Jasinski	Nelson	Sparks
Bakk	Eichorn	Jensen	Newman	Tomassoni
Bigham	Eken	Johnson	Newton	Torres Ray
Carlson	Franzen	Kent	Osmek	Utke
Chamberlain	Frentz	Kiffmeyer	Pappas	Weber
Champion	Gazelka	Koran	Pratt	Westrom
Clausen	Goggin	Laine	Rarick	Wiger
Cohen	Hall	Lang	Relph	Wiklund
Cwodzinski	Hoffman	Limmer	Rest	
Dahms	Housley	Little	Rosen	
Dibble	Howe	Marty	Ruud	

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

REPORTS OF COMMITTEES

Senator Gazelka moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 2446: A bill for an act relating to human services; modifying policy provisions governing health care; amending Minnesota Statutes 2018, sections 62U.03; 62U.04, subdivision 11; 256.01, subdivision 29; 256B.04, subdivision 21; 256B.043, subdivision 1; 256B.056, subdivisions 1a, 4, 7, 7a, 10; 256B.0561, subdivision 2; 256B.057, subdivision 1; 256B.0575, subdivision 2; 256B.0625, subdivisions 1, 3c, 3d, 3e, 27, 53; 256B.0638, subdivision 3; 256B.0751; 256B.0753, subdivision 1, by adding a subdivision; 256B.75; 256L.03, subdivision 1; 256L.15, subdivision 1; repealing Minnesota Statutes 2018, sections 62U.15, subdivision 2; 256B.057, subdivision 8; 256B.0752; 256B.79, subdivision 7; 256L.04, subdivision 13.

Reports the same back with the recommendation that the bill be amended as follows:

Page 7, line 12, reinstate the stricken language and delete the new language

Page 7, line 13, after "shall" insert "regularly"

Page 14, delete section 15

Page 16, delete sections 16 and 17

Page 17, delete sections 19 and 20

Renumber the sections in sequence

Amend the title numbers accordingly

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 66: A bill for an act relating to health; establishing a prescription drug repository program; proposing coding for new law in Minnesota Statutes, chapter 151.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 27, delete "2019" and insert "2021"

Page 9, after line 22, insert:

"Sec. 2. **REPEALER.**

Minnesota Statutes 2018, section 151.55, is repealed."

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety Finance and Policy. Amendments adopted. Report adopted.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 1021: A bill for an act relating to health care; extending the expiration date of the newborn hearing screening advisory committee; amending Minnesota Statutes 2018, section 144.966, subdivision 2.

Reports the same back with the recommendation that the bill do pass. Report adopted.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 855: A bill for an act relating to early childhood; governing certain programs and funding for prenatal care services; appropriating money; amending Minnesota Statutes 2018, section 145.928, subdivisions 1, 7.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 7, strike ", by 2010," and strike "by"

Page 1, line 8, strike "50 percent"

Page 2, after line 22, insert:

"Sec. 3. **[256B.758] REIMBURSEMENT FOR DOULA SERVICES.**

(a) Effective for doula services provided on or after July 1, 2019, the payment rate for services provided by a certified doula shall be the base rate of $47 per prenatal or postpartum visit; and the base rate of $488 for attending and providing doula services at the birth.

(b) Prior authorization for prenatal or postpartum visits shall not be required for the first six visits per pregnancy, not including the birth.

Sec. 4. Minnesota Statutes 2018, section 626.5561, subdivision 1, is amended to read:

Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person mandated to report under section 626.556, subdivision 3, shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including, but not limited to, tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(b) A health care professional or a social service professional who is mandated to report under section 626.556, subdivision 3, is exempt from reporting under paragraph (a) ~~a woman's use or consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy~~ if the professional is providing the woman with prenatal care or other health care services.

(c) Any person may make a voluntary report if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the

pregnancy, including, but not limited to, tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(d) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the local welfare agency. Any report shall be of sufficient content to identify the pregnant woman, the nature and extent of the use, if known, and the name and address of the reporter. The local welfare agency shall accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the reporter's name or address as long as the report is otherwise sufficient.

(e) For purposes of this section, "prenatal care" means the comprehensive package of medical and psychological support provided throughout the pregnancy."

Renumber the sections in sequence

Amend the title accordingly

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety Finance and Policy. Amendments adopted. Report adopted.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 1098: A bill for an act relating to health; establishing the Prescription Drug Price Transparency Act; requiring a report; proposing coding for new law in Minnesota Statutes, chapter 151.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. **[62J.84] PRESCRIPTION DRUG PRICE TRANSPARENCY.**

Subdivision 1. **Short title.** Sections 62J.84 and 62J.85 may be cited as the "Prescription Drug Price Transparency Act."

Subd. 2. **Definitions.** (a) For purposes of this section and section 62J.85, the terms defined in this subdivision have the meanings given.

(b) "Aggregate amount of rebate" means all pharmacy rebates received by a health plan company for individual and small group health plans used to reduce health insurance premiums for individual and small group health plans.

(c) "Commissioner" means the commissioner of health.

(d) "Manufacturer" means a drug manufacturer licensed under section 151.252.

(e) "New prescription drug" means a prescription drug approved for marketing by the United States Food and Drug Administration for which no previous wholesale acquisition cost has been established for comparison.

(f) "Patient assistance program" means a program that a manufacturer offers to the public in which a consumer may reduce the consumer's out-of-pocket costs for prescription drugs by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by other means.

(g) "Prescription drug" or "drug" has the meaning provided in section 151.44, paragraph (d).

(h) "Price" means the wholesale acquisition cost as defined in United States Code, title 42, section 1395w-3a(c)(6)(B).

Subd. 3. **Prescription drug price increases reporting.** (a) Beginning July 1, 2020, a drug manufacturer must submit to the commissioner the information described in paragraph (b) for each prescription drug for which:

(1) the price was $100 or greater for a one-month supply or for a course of treatment lasting less than one month; and

(2) there was a net increase of ten percent or greater in the price over the previous 12-month period.

(b) For each of the drugs described in paragraph (a), the manufacturer shall submit to the commissioner no later than 60 days after the price increase goes into effect, in the form and manner prescribed by the commissioner, the following information:

(1) the name and price of the drug and the net increase, expressed as a percentage;

(2) the factors that contributed to the price increase;

(3) the name of any generic version of the prescription drug available on the market;

(4) the introductory price of the prescription drug when it was approved for marketing by the Food and Drug Administration and the net yearly increase, by calendar year, in the price of the prescription drug during the previous five years;

(5) the direct costs incurred by the manufacturer that are associated with the prescription drug, listed separately:

(i) to manufacture the prescription drug;

(ii) to market the prescription drug, including advertising costs;

(iii) to research and develop the prescription drug; and

(iv) to distribute the prescription drug;

(6) the total sales revenue for the prescription drug during the previous 12-month period;

(7) the manufacturer's net profit attributable to the prescription drug during the previous 12-month period;

(8) the total amount of financial assistance the manufacturer has provided through patient prescription assistance programs, if applicable;

(9) any agreement between a manufacturer and another entity contingent upon any delay in offering to market a generic version of the prescription drug;

(10) the patent expiration date of the prescription drug if it is under patent; and

(11) the ten highest prices paid for the prescription drug during the previous calendar year in any country other than the United States.

(c) The manufacturer may submit any documentation necessary to support the information reported under this subdivision.

Subd. 4. **New prescription drug price reporting.** (a) Beginning March 15, 2020, no later than 60 days after a manufacturer introduces a new prescription drug for sale in the United States that is a new brand name drug with a price that is greater than $500 for a 30-day supply or a new generic drug with a price that is greater than $200 for a 30-day supply, the manufacturer must submit to the commissioner, in the form and manner prescribed by the commissioner, the following information:

(1) the price of the prescription drug;

(2) whether the Food and Drug Administration granted the new prescription drug a breakthrough therapy designation or a priority review;

(3) the direct costs incurred by the manufacturer that are associated with the prescription drug, listed separately:

(i) to manufacture the prescription drug;

(ii) to market the prescription drug, including advertising costs; and

(iii) to research and develop the prescription drug, if the prescription drug was developed by the manufacturer;

(iv) other administrative costs; and

(4) the patent expiration date of the drug if it is under patent.

(b) The manufacturer may submit documentation necessary to support the information reported under this subdivision.

Subd. 5. **Newly acquired prescription drug price reporting.** (a) Beginning July 1, 2020, for every newly acquired prescription drug for which the price increases by more than $100 from the price before the acquisition and the price after the acquisition, the acquiring manufacturer must submit to the commissioner at least 60 days after the acquiring manufacturer begins to sell the newly

acquired prescription drug, in the form and manner prescribed by the commissioner, the following information:

(1) the price of the prescription drug at the time of acquisition and in the calendar year prior to acquisition;

(2) the name of the company from which the prescription drug was acquired, the date acquired, and the purchase price;

(3) the year the prescription drug was introduced to market and the price of the prescription drug at the time of introduction;

(4) the price of the prescription drug for the previous five years;

(5) any agreement between a manufacturer and another entity contingent upon any delay in offering to market a generic version of the manufacturer's drug; and

(6) the patent expiration date of the drug if it is under patent.

(b) The manufacturer may submit any documentation necessary to support the information reported under this subdivision.

Subd. 6. **Public posting of prescription drug price information.** (a) Except as provided in paragraph (c), the commissioner shall post on the department's website, or may contract with a private entity or consortium that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the following information:

(1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the manufacturers of those prescription drugs; and

(2) information reported to the commissioner under subdivisions 3, 4, and 5.

(b) The information must be published in an easy to read format and in a manner that identifies the information that is disclosed on a per-drug basis and must not be aggregated in a manner that prevents the identification of the prescription drug.

(c) The commissioner shall not post to the department's website any information described in this section if:

(1) the information is not public data under section 13.02, subdivision 8a, or is trade secret information under section 13.37, subdivision 1, paragraph (b); or

(2) the commissioner determines that public interest does not require the disclosure of the information because the information is unrelated to the price of a prescription drug.

(d) If the commissioner withholds any information from public disclosure pursuant to this subdivision, the commissioner shall post to the department's website a report describing the nature of the information and the commissioner's basis for withholding the information from disclosure.

Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or consortium that satisfies the standards of section 62U.04, subdivision 6, and the commissioner of commerce, as appropriate; in issuing the form and format of the information reported under this section; in posting information pursuant to subdivision 6; and in taking any other action for the purpose of implementing this section.

(b) The commissioner may consult with representatives of manufacturers to establish a standard format for reporting information under this section to minimize administrative burdens to the state and manufacturers.

Subd. 8. **Enforcement and penalties.** (a) A manufacturer may be subject to a civil penalty, as provided in paragraph (b), for:

(1) failing to submit timely reports or notices as required by this section;

(2) failing to provide information required under this section; or

(3) providing inaccurate or incomplete information under this section.

(b) The commissioner shall adopt a schedule of civil penalties, not to exceed $10,000 per day of violation, based on the severity of each violation.

(c) The commissioner shall impose civil penalties under this section as provided in section 144.99, subdivision 4.

(d) The commissioner may remit or mitigate civil penalties under this section upon terms and conditions the commissioner considers proper and consistent with public health and safety.

(e) Civil penalties collected under this section shall be deposited in the health care access fund.

Subd. 9. **Legislative report.** (a) No later than January 15 of each year, beginning January 15, 2021, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over commerce and health and human services policy and finance on the implementation of this section, including, but not limited to, the effectiveness in addressing the following goals:

(1) promoting transparency in pharmaceutical pricing for the state and other payers;

(2) enhancing the understanding on pharmaceutical spending trends; and

(3) assisting the state and other payers in the management of pharmaceutical costs.

(b) The report must include a summary of the information submitted to the commissioner under subdivisions 3, 4, and 5.

Subd. 10. **Nonseverability.** If any particular section, subdivision, or provision of this section or section 62J.85, or the application thereof to any person or circumstance, is enjoined in full or in part by a court or is held invalid, the remainder of this section and section 62J.85 and the application of any subdivision or provision of this section and section 62J.85 to other persons or circumstances shall also be invalid and not in effect.

Sec. 2. **[62J.85] USE OF COMPENSATION TO LOWER PREMIUMS.**

(a) All compensation remitted by or on behalf of a drug manufacturer that is received by a pharmacy benefit manager for actual or estimated drug utilization by enrollees of the pharmacy benefit manager's health plan company client must be remitted to and retained by the health plan company and used by the health plan company to reduce premiums.

(b) By March 1 of each year, beginning March 1, 2022, each health plan company shall file with the commissioner in a manner and form prescribed by the commissioner:

(1) the aggregate amount of rebates that the health plan company received directly from drug manufacturers or was remitted to the health plan company from pharmacy benefit managers; and

(2) how the health plan company has complied with paragraph (a) for the previous plan year.

(c) For purposes of this section, "compensation" means direct or indirect financial benefit, including rebates, discounts, credits, fees, or grants.

Sec. 3. Minnesota Statutes 2018, section 62K.07, is amended to read:

62K.07 INFORMATION DISCLOSURES.

Subdivision 1. **In general.** (a) A health carrier offering individual or small group health plans must submit the following information in a format determined by the commissioner of commerce:

(1) claims payment policies and practices;

(2) periodic financial disclosures;

(3) data on enrollment;

(4) data on disenrollment;

(5) data on the number of claims that are denied;

(6) data on rating practices;

(7) information on cost-sharing and payments with respect to out-of-network coverage; and

(8) other information required by the secretary of the United States Department of Health and Human Services under the Affordable Care Act.

(b) A health carrier offering an individual or small group health plan must comply with all information disclosure requirements of all applicable state and federal law, including the Affordable Care Act.

(c) Except for qualified health plans sold on MNsure, information reported under paragraph (a), clauses (3) and (4), is nonpublic data as defined under section 13.02, subdivision 9. Information reported under paragraph (a), clauses (1) through (8), must be reported by MNsure for qualified health plans sold through MNsure.

Subd. 2. **Prescription drug costs.** (a) Each health carrier that offers a prescription drug benefit in its individual health plans or small group health plans shall include in the applicable rate filing required under section 62A.02 the following information about covered prescription drugs:

(1) the 25 most frequently prescribed drugs in the previous plan year;

(2) the 25 most costly prescription drugs as a portion of the individual health plan's or small group health plan's total annual expenditures in the previous plan year;

(3) the 25 prescription drugs that have caused the greatest increase in total individual health plan or small group health plan spending in the previous plan year; and

(4) the projected impact of the cost of prescription drugs on premium rates.

(b) The commissioner of commerce, in consultation with the commissioner of health, shall release a summary of the information reported in paragraph (a) at the same time as the information required under section 62A.02, subdivision 2, paragraph (c).

Subd. 3. **Enforcement.** ~~(d)~~ The commissioner of commerce shall enforce this section.

EFFECTIVE DATE. This section is effective for individual health plans and small group health plans offered, issued, sold, or renewed on or after January 1, 2021.

Sec. 4. **[62Q.528] DRUG COVERAGE IN EMERGENCY SITUATIONS.**

A health plan that provides prescription drug coverage must provide coverage for a prescription drug dispensed by a pharmacist under section 151.211, subdivision 3, under the terms of coverage that would apply had the prescription drug been dispensed according to a prescription.

Sec. 5. Minnesota Statutes 2018, section 151.01, subdivision 23, is amended to read:

Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, or licensed advanced practice registered nurse. For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraphs (b), (e), and (f); and 151.461, "practitioner" also means a physician assistant authorized to prescribe, dispense, and administer under chapter 147A. For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense and administer under chapter 150A.

Sec. 6. Minnesota Statutes 2018, section 151.06, is amended by adding a subdivision to read:

Subd. 6. **Information provision; sources of lower cost prescription drugs.** (a) The board shall publish a page on its website that provides regularly updated information concerning:

(1) patient assistance programs offered by drug manufacturers, including information on how to access the programs;

(2) the prescription drug assistance program established by the Minnesota Board of Aging under section 256.975, subdivision 9;

(3) the websites through which individuals can access information concerning eligibility for and enrollment in Medicare, medical assistance, MinnesotaCare, and other government-funded programs that help pay for the cost of health care;

(4) availability of providers that are authorized to participate under section 340b of the federal Public Health Services Act, United States Code, title 42, section 256b;

(5) having a discussion with the pharmacist or the consumer's health care provider about alternatives to a prescribed drug, including a lower cost or generic drug if the drug prescribed is too costly for the consumer; and

(6) any other resource that the board deems useful to individuals who are attempting to purchase prescription drugs at lower costs.

(b) The board must prepare educational materials, including brochures and posters, based on the information it provides on its website under paragraph (a). The materials must be in a form that can be downloaded from the board's website and used for patient education by pharmacists and by health care practitioners who are licensed to prescribe. The board is not required to provide printed copies of these materials.

(c) The board shall require pharmacists and pharmacies to make available to patients information on sources of lower cost prescription drugs, including information on the availability of the website established under paragraph (a).

Sec. 7. Minnesota Statutes 2018, section 151.211, subdivision 2, is amended to read:

Subd. 2. **Refill requirements.** Except as provided in subdivision 3, a prescription drug order may be refilled only with the written, electronic, or verbal consent of the prescriber and in accordance with the requirements of this chapter, the rules of the board, and where applicable, section 152.11. The date of such refill must be recorded and initialed upon the original prescription drug order, or within the electronically maintained record of the original prescription drug order, by the pharmacist, pharmacist intern, or practitioner who refills the prescription.

Sec. 8. Minnesota Statutes 2018, section 151.211, is amended by adding a subdivision to read:

Subd. 3. **Emergency prescription refills.** (a) A pharmacist may, using sound professional judgment and in accordance with accepted standards of practice, dispense a legend drug without a current prescription drug order from a licensed practitioner if all of the following conditions are met:

(1) the patient has been compliant with taking the medication and has consistently had the drug filled or refilled as demonstrated by records maintained by the pharmacy;

(2) the pharmacy from which the legend drug is dispensed has record of a prescription drug order for the drug in the name of the patient who is requesting it, but the prescription drug order does not provide for a refill, or the time during which the refills were valid has elapsed;

(3) the pharmacist has tried but is unable to contact the practitioner who issued the prescription drug order, or another practitioner responsible for the patient's care, to obtain authorization to refill the prescription;

(4) the drug is essential to sustain the life of the patient or to continue therapy for a chronic condition;

(5) failure to dispense the drug to the patient would result in harm to the health of the patient; and

(6) the drug is not a controlled substance listed in section 152.02, subdivisions 3 to 6, except for a controlled substance that has been specifically prescribed to treat a seizure disorder, in which case the pharmacist may dispense up to a 72-hour supply.

(b) If the conditions in paragraph (a) are met, the amount of the drug dispensed by the pharmacist to the patient must not exceed a 30-day supply, or the quantity originally prescribed, whichever is less, except as provided for controlled substances in paragraph (a), clause (6). If the standard unit of dispensing for the drug exceeds a 30-day supply, the amount of the drug dispensed or sold must not exceed the standard unit of dispensing.

(c) A pharmacist shall not dispense or sell the same drug to the same patient, as provided in this section, more than one time in any 12-month period.

(d) A pharmacist must notify the practitioner who issued the prescription drug order not later than 72 hours after the drug is sold or dispensed. The pharmacist must request and receive authorization before any additional refills may be dispensed. If the practitioner declines to provide authorization for additional refills, the pharmacist must inform the patient of that fact.

(e) The record of a drug sold or dispensed under this section shall be maintained in the same manner required for prescription drug orders under this section.

Sec. 9. **[214.122] INFORMATION PROVISION; PHARMACEUTICAL ASSISTANCE PROGRAMS.**

(a) The Board of Medical Practice and the Board of Nursing shall at least annually inform licensees who are authorized to prescribe prescription drugs of the availability of the Board of Pharmacy's website that contains information on resources and programs to assist patients with the cost of prescription drugs. The boards shall provide licensees with the website address established by the Board of Pharmacy under section 151.06, subdivision 6, and the materials described under section 151.06, subdivision 6, paragraph (b).

(b) Licensees must make available to patients information on sources of lower cost prescription drugs, including information on the availability of the website established by the Board of Pharmacy under section 151.06, subdivision 6."

Amend the title as follows:

Page 1, line 2, after "Act" insert "; requiring rebates to be remitted to health plan companies to reduce premiums; requiring health plan companies to report on the cost of the most expensive

prescription drugs and their relation to premium rates; authorizing pharmacists to dispense certain prescription drugs in emergency situations; requiring the Board of Pharmacy to provide information on its website regarding possible resources for consumers to access lower cost prescription drugs"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety Finance and Policy. Amendments adopted. Report adopted.

Senator Dahms from the Committee on Commerce and Consumer Protection Finance and Policy, to which was re-referred

S.F. No. 1038: A bill for an act relating to insurance; requiring coverage for certain breast cancer screening procedures; amending Minnesota Statutes 2018, section 62A.30, by adding a subdivision.

Reports the same back with the recommendation that the bill do pass. Report adopted.

Senator Dahms from the Committee on Commerce and Consumer Protection Finance and Policy, to which was referred

S.F. No. 1229: A bill for an act relating to insurance; requiring parity between mental health benefits and other medical benefits; defining mental health and substance use disorder; requiring health plan transparency; requiring accountability from the commissioners of health and commerce; amending Minnesota Statutes 2018, sections 62Q.01, by adding subdivisions; 62Q.47.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2018, section 62Q.01, is amended by adding a subdivision to read:

Subd. 6b. **Nonquantitative treatment limitations or NQTLs.** "Nonquantitative treatment limitations" or "NQTLs" means processes, strategies, or evidentiary standards, or other factors that are not expressed numerically, but otherwise limit the scope or duration of benefits for treatment. NQTLs include but are not limited to:

(1) medical management standards limiting or excluding benefits based on (i) medical necessity or medical appropriateness, or (ii) whether the treatment is experimental or investigative;

(2) formulary design for prescription drugs;

(3) health plans with multiple network tiers;

(4) criteria and parameters for provider inclusion in provider networks, including credentialing standards and reimbursement rates;

(5) health plan methods for determining usual, customary, and reasonable charges;

(6) fail-first or step therapy protocols;

(7) exclusions based on failure to complete a course of treatment;

(8) restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the health plan;

(9) in- and out-of-network geographic limitations;

(10) standards for providing access to out-of-network providers;

(11) limitations on inpatient services for situations where the enrollee is a threat to self or others;

(12) exclusions for court-ordered and involuntary holds;

(13) experimental treatment limitations;

(14) service coding;

(15) exclusions for services provided by clinical social workers; and

(16) provider reimbursement rates, including rates of reimbursement for mental health and substance use disorder services in primary care.

Sec. 2. Minnesota Statutes 2018, section 62Q.47, is amended to read:

62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY SERVICES.

(a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism, mental health, or chemical dependency services, must comply with the requirements of this section.

(b) Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for outpatient medical services.

(c) Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.

(d) A health plan must not impose an NQTL with respect to mental health and substance use disorders in any classification of benefits unless, under the terms of the plan as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to mental health and substance use disorders in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the NQTL with respect to medical and surgical benefits in the same classification.

~~(d)~~ (e) All health plans must meet the requirements of the federal Mental Health Parity Act of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal guidance or regulations issued under, those acts.

(f) The commissioner may require information from health plans to confirm that mental health parity is being implemented. Information required may include comparisons between mental health and substance use disorder treatment against other health care conditions for other issues, prior authorizations, drug formularies, claim denials, rehabilitation services, and other information the commissioner deems appropriate.

(g) Regardless of the care provider's professional license, if the care is consistent with the provider's scope of practice and the health plan's credentialing and contracting provisions, mental health therapy visits and medication maintenance visits are considered primary care visits for the purposes of applying any patient cost-sharing requirements imposed by the health plan. Beginning June 1, 2021, and each year thereafter, the commissioner of commerce, in consultation with the commissioner of health, must issue an updated report to the legislature. The report must:

(1) describe how the commissioners review health plan compliance with United States Code, title 42, section 18031(j), and any federal regulations or guidance relating to compliance and oversight;

(2) describe how the commissioners review compliance with this section and section 62Q.53;

(3) identify enforcement actions taken during the preceding 12-month period regarding compliance with parity for mental health and substance use disorders benefits under state and federal law and summarize the results of such market conduct examinations. The summary must include:

(i) the number of formal enforcement actions taken;

(ii) the benefit classifications examined in each enforcement action;

(iii) the subject matter of each enforcement action, including quantitative and nonquantitative treatment limitations; and

(iv) a description of how individually identifiable information will be excluded from the reports, consistent with state and federal privacy protections;

(4) detail any corrective actions the commissioners have taken to ensure health plan compliance with this section and section 62Q.53, and United States Code, title 42, section 18031(j);

(5) detail the approach taken by the commissioners relating to informing the public about alcoholism, mental health, or chemical dependency parity protections under state and federal law; and

(6) be written in nontechnical, readily understandable language and must be made available to the public by, among other means as the commissioners find appropriate, posting the report on department websites."

Delete the title and insert:

"A bill for an act relating to insurance; requiring parity between mental health benefits and other medical benefits; requiring accountability from the commissioners of health and commerce; amending Minnesota Statutes 2018, sections 62Q.01, by adding a subdivision; 62Q.47."

And when so amended the bill do pass and be re-referred to the Committee on Health and Human Services Finance and Policy. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 2446, 1021, and 1038 were read the second time.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senator Abeler introduced--

S.F. No. 2704: A bill for an act relating to health; providing an exemption from provider conflict of interest restrictions for infusion drugs; amending Minnesota Statutes 2018, section 62J.23, subdivision 2.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Hawj, Clausen, Abeler, Hoffman, and Relph introduced--

S.F. No. 2705: A bill for an act relating to health; appropriating money for grants to nonprofit organizations to assist communities and individuals in healthy living initiatives; requiring a report.

Referred to the Committee on Human Services Reform Finance and Policy.

Senators Lang, Jensen, and Clausen introduced--

S.F. No. 2706: A bill for an act relating to higher education; establishing Hunger Free Campus Act, Hunger Free Campus designation requirements; requiring campus food shelves at all Minnesota State community and technical colleges; appropriating money for Hunger Free Campus grants; proposing coding for new law in Minnesota Statutes, chapter 136F.

Referred to the Committee on Higher Education Finance and Policy.

Senators Bakk and Tomassoni introduced--

S.F. No. 2707: A bill for an act relating to capital investment; appropriating money for the Mesabi Trailhead and roadway improvements in Ely; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Westrom, Draheim, Lang, Johnson, and Ingebrigtsen introduced--

S.F. No. 2708: A bill for an act relating to health insurance; authorizing electric cooperative health plans; proposing coding for new law in Minnesota Statutes, chapter 62H.

Referred to the Committee on Commerce and Consumer Protection Finance and Policy.

Senators Miller, Pratt, and Hawj introduced--

S.F. No. 2709: A bill for an act relating to economic development; appropriating money for a grant to the Hmong Chamber of Commerce; requiring a report.

Referred to the Committee on Jobs and Economic Growth Finance and Policy.

Senator Hoffman introduced--

S.F. No. 2710: A bill for an act relating to education; modifying board requirements for the Minnesota State Academies; amending Minnesota Statutes 2018, section 125A.62, subdivision 1.

Referred to the Committee on E-12 Finance and Policy.

Senator Hayden introduced--

S.F. No. 2711: A bill for an act relating to energy; modifying the definition of biomass as an eligible energy technology; increasing the proportion of energy that electricity-generating utilities must supply from renewable sources and setting target dates by which those goals must be achieved; amending Minnesota Statutes 2018, section 216B.1691, subdivisions 1, 2a, 2b, 9, by adding a subdivision.

Referred to the Committee on Energy and Utilities Finance and Policy.

Senator Carlson introduced--

S.F. No. 2712: A bill for an act relating to state government; creating the Office of Enterprise Sustainability; proposing coding for new law in Minnesota Statutes, chapter 16B.

Referred to the Committee on State Government Finance and Policy and Elections.

Senator Latz introduced--

S.F. No. 2713: A bill for an act relating to retirement; Teachers Retirement Association; coverage election for Minnesota State employee not offered a coverage election.

Referred to the Committee on State Government Finance and Policy and Elections.

Senator Wiger introduced--

S.F. No. 2714: A bill for an act relating to education finance; increasing local optional revenue; linking future increases in local optional revenue to the growth in the general education basic formula

allowance; amending Minnesota Statutes 2018, sections 124E.20, subdivision 1; 126C.10, subdivisions 2e, 24; 126C.17, subdivisions 1, 2, 5, 6, 7, 7a.

Referred to the Committee on E-12 Finance and Policy.

Senator Mathews introduced--

S.F. No. 2715: A bill for an act relating to human services; modifying personal care assistance program; amending Minnesota Statutes 2018, section 256B.0659, subdivisions 1, 6.

Referred to the Committee on Human Services Reform Finance and Policy.

Senators Carlson, Kent, Rest, and Laine introduced--

S.F. No. 2716: A bill for an act relating to elections; clarifying prohibitions on soliciting at or near a polling place; amending Minnesota Statutes 2018, section 211B.11, subdivision 1.

Referred to the Committee on State Government Finance and Policy and Elections.

Senators Wiger and Clausen introduced--

S.F. No. 2717: A bill for an act relating to education finance; increasing career and technical revenue; appropriating money; amending Minnesota Statutes 2018, section 124D.4531.

Referred to the Committee on E-12 Finance and Policy.

Senator Tomassoni introduced--

S.F. No. 2718: A bill for an act relating to state government; changing project amount threshold for state agencies required to request a primary designer for a project; amending Minnesota Statutes 2018, section 16B.33, subdivisions 3, 3a, by adding a subdivision.

Referred to the Committee on State Government Finance and Policy and Elections.

Senators Ruud, Lang, Tomassoni, Bakk, and Ingebrigtsen introduced--

S.F. No. 2719: A bill for an act relating to natural resources; appropriating money for Mississippi Northwoods Trail.

Referred to the Committee on Environment and Natural Resources Finance.

Senator Anderson, P. introduced--

S.F. No. 2720: A bill for an act relating to taxation; income and corporate franchise tax; modifying the research credit; amending Minnesota Statutes 2018, section 290.068, subdivisions 1, 2, by adding a subdivision.

Referred to the Committee on Taxes.

Senator Champion introduced--

S.F. No. 2721: A bill for an act relating to environment; requiring analysis of cumulative pollution when issuing permits in certain areas; amending Minnesota Statutes 2018, section 116.07, subdivision 4a.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senator Pratt introduced--

S.F. No. 2722: A bill for an act relating to education; modifying prior appropriations pertaining to the permanent school fund for school trust lands; amending Laws 2016, chapter 189, article 3, section 6, as amended; Laws 2017, chapter 93, article 1, section 9.

Referred to the Committee on E-12 Finance and Policy.

Senators Franzen, Abeler, and Marty introduced--

S.F. No. 2723: A bill for an act relating to health coverage; requiring coverage for lymphedema compression treatment items; proposing coding for new law in Minnesota Statutes, chapter 62A.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Dziedzic, Rest, and Senjem introduced--

S.F. No. 2724: A bill for an act relating to state lands; allowing county boards to spend net proceeds from sale of tax-forfeited land for certain purposes; amending Minnesota Statutes 2018, section 282.08.

Referred to the Committee on Taxes.

Senators Draheim; Lang; Howe; Anderson, P.; and Housley introduced--

S.F. No. 2725: A bill for an act relating to capital investment; appropriating money for the library construction grant program; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

MOTIONS AND RESOLUTIONS

Senator Nelson moved that the name of Senator Sparks be added as a co-author to S.F. No. 743. The motion prevailed.

Senator Utke moved that the name of Senator Eken be added as a co-author to S.F. No. 1104. The motion prevailed.

Senator Housley moved that the name of Senator Bigham be added as a co-author to S.F. No. 2151. The motion prevailed.

Senator Kiffmeyer moved that the name of Senator Koran be added as a co-author to S.F. No. 2227. The motion prevailed.

Senator Eken moved that his name be stricken as a co-author to S.F. No. 2230. The motion prevailed.

Senator Dahms moved that the name of Senator Lang be added as a co-author to S.F. No. 2428. The motion prevailed.

Senator Jensen moved that the name of Senator Koran be added as a co-author to S.F. No. 2489. The motion prevailed.

Senator Carlson moved that the name of Senator Dziedzic be added as a co-author to S.F. No. 2610. The motion prevailed.

Senator Dibble moved that the name of Senator Rarick be added as a co-author to S.F. No. 2697. The motion prevailed.

Senator Wiger moved that the name of Senator Dahms be added as a co-author to S.F. No. 2717. The motion prevailed.

Senator Anderson, B. moved that S.F. No. 2644 be withdrawn from the Committee on Judiciary and Public Safety Finance and Policy and re-referred to the Committee on Finance. The motion prevailed.

MEMBERS EXCUSED

Senators Benson, Hawj, Hayden, Klein, and Latz were excused from the Session of today.

ADJOURNMENT

Senator Gazelka moved that the Senate do now adjourn until 11:00 a.m., Thursday, March 28, 2019. The motion prevailed.

Cal R. Ludeman, Secretary of the Senate