

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2503

03/02/2023 Authored by Bahner and Kotyza-Witthuhn The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act
1.2 relating to insurance; requiring equal coverage of services provided by a pharmacist;
1.3 setting medical assistance and MinnesotaCare requirements for coverage and
1.4 payment of pharmacy services; amending Minnesota Statutes 2022, sections
1.5 62A.15, subdivision 4, by adding a subdivision; 256B.0625, by adding a
1.6 subdivision; 256L.03, by adding a subdivision; proposing coding for new law in
1.7 Minnesota Statutes, chapter 62D.

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

1.9 Section 1. Minnesota Statutes 2022, section 62A.15, is amended by adding a subdivision
1.10 to read:

1.11 Subd. 3d. Pharmacist. All benefits provided by a policy or contract referred to in
1.12 subdivision 1 relating to expenses incurred for medical treatment or services provided by
1.13 a licensed physician must include services provided by a licensed pharmacist, according to
1.14 the requirements of section 151.01, to the extent a licensed pharmacist's services are within
1.15 the pharmacist's scope of practice.

1.16 EFFECTIVE DATE. This section is effective January 1, 2025, and applies to policies
1.17 or contracts offered, issued, or renewed on or after that date.

1.18 Sec. 2. Minnesota Statutes 2022, section 62A.15, subdivision 4, is amended to read:

1.19 Subd. 4. Denial of benefits. (a) No carrier referred to in subdivision 1 may, in the
1.20 payment of claims to employees in this state, deny benefits payable for services covered by
1.21 the policy or contract if the services are lawfully performed by a licensed chiropractor, a
1.22 licensed optometrist, a registered nurse meeting the requirements of subdivision 3a, a licensed
1.23 physician assistant, or a licensed acupuncture practitioner, or a licensed pharmacist.

2.1 (b) When carriers referred to in subdivision 1 make claim determinations concerning
 2.2 the appropriateness, quality, or utilization of chiropractic health care for Minnesotans, any
 2.3 of these determinations that are made by health care professionals must be made by, or
 2.4 under the direction of, or subject to the review of licensed doctors of chiropractic.

2.5 (c) When a carrier referred to in subdivision 1 makes a denial of payment claim
 2.6 determination concerning the appropriateness, quality, or utilization of acupuncture services
 2.7 for individuals in this state performed by a licensed acupuncture practitioner, a denial of
 2.8 payment claim determination that is made by a health professional must be made by, under
 2.9 the direction of, or subject to the review of a licensed acupuncture practitioner.

2.10 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to policies
 2.11 or contracts offered, issued, or renewed on or after that date.

2.12 **Sec. 3. [62D.1071] COVERAGE OF LICENSED PHARMACIST SERVICES.**

2.13 Subdivision 1. **Pharmacist.** All benefits provided by a health maintenance contract
 2.14 relating to expenses incurred for medical treatment or services provided by a licensed
 2.15 physician must include services provided by a licensed pharmacist to the extent a licensed
 2.16 pharmacist's services are within the pharmacist's scope of practice.

2.17 Subd. 2. **Denial of benefits.** When paying claims for enrollees in Minnesota, a health
 2.18 maintenance organization must not deny payment for medical services covered by an
 2.19 enrollee's health maintenance contract if the services are lawfully performed by a licensed
 2.20 pharmacist.

2.21 Subd. 3. **Medication therapy management.** This section does not apply to or affect
 2.22 the coverage or reimbursement for medication therapy management services under section
 2.23 62Q.675 or 256B.0625, subdivisions 5 and 28a.

2.24 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
 2.25 plans offered, issued, or renewed on or after that date.

2.26 Sec. 4. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
 2.27 to read:

2.28 Subd. 13k. **Coverage and payment for pharmacy services.** (a) Medical assistance
 2.29 coverage for services provided by a licensed physician must include coverage for services
 2.30 provided by a licensed pharmacist to the extent a licensed pharmacist's services are within
 2.31 the scope of practice. This requirement applies to services provided (1) under fee-for-service

3.1 medical assistance, and (2) by a managed care plan under section 256B.69 or a county-based
3.2 purchasing plan under section 256B.692.

3.3 (b) The commissioner, and managed care and county-based purchasing plans when
3.4 providing services under sections 256B.69 and 256B.692, must reimburse a participating
3.5 pharmacist or pharmacy for a service that is also within a physician's scope of practice at
3.6 an amount no lower than the standard payment rate that would be applied when reimbursing
3.7 a physician for the service.

3.8 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
3.9 whichever is later. The commissioner of human services must notify the revisor of statutes
3.10 when federal approval is obtained.

3.11 Sec. 5. Minnesota Statutes 2022, section 256L.03, is amended by adding a subdivision to
3.12 read:

3.13 Subd. 7. **Coverage and payment for pharmacy services.** MinnesotaCare coverage and
3.14 payment for pharmacy services must comply with the requirements for medical assistance
3.15 specified under section 256B.0625, subdivision 13k.

3.16 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
3.17 whichever is later. The commissioner of human services must notify the revisor of statutes
3.18 when federal approval is obtained.

3.19 Sec. 6. **COMMISSIONER OF COMMERCE.**

3.20 The commissioner of commerce shall consult with health plan companies, pharmacies,
3.21 and pharmacy benefit managers to develop guidance to implement coverage for the pharmacy
3.22 services required by sections 1 to 3.