

1.1 A bill for an act

1.2 relating to health care; establishing a Minnesota insulin assistance program;

1.3 amending Minnesota Statutes 2018, sections 151.06, subdivision 6, as added;

1.4 214.122, as added; proposing coding for new law in Minnesota Statutes, chapters

1.5 62Q; 256.

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

1.7 Section 1. **62Q.678] DEPENDENT CHILD NOTICE.**

1.8 Group health plans and health plan companies that offer group or individual health plans

1.9 with dependent coverage must provide written notice to an enrollee with dependent-child

1.10 coverage that the dependent child's coverage ends when the child reaches the age of 26.

1.11 Notice must be sent to the enrollee at the enrollee's last known address at least 90 days

1.12 before the dependent child reaches the age of 26. The notice must include the date on which

1.13 coverage ends and information on accessing the MNsure website.

1.14 Sec. 2. Minnesota Statutes 2018, section 151.06, subdivision 6, is amended to read:

1.15 Subd. 6. **Information provision; sources of lower cost prescription drugs.** (a) The

1.16 board shall publish a page on its website that provides regularly updated information

1.17 concerning:

1.18 (1) patient assistance programs offered by drug manufacturers, including information

1.19 on how to access the programs;

1.20 (2) the Minnesota insulin patient assistance program established in section 256.937,

1.21 including information on how to access the program;

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

2.3 ~~(3)~~ (4) the websites through which individuals can access information concerning  
2.4 eligibility for and enrollment in Medicare, medical assistance, MinnesotaCare, and other  
2.5 government-funded programs that help pay for the cost of health care;

2.6 ~~(4)~~ (5) availability of providers that are authorized to participate under section 340b of  
2.7 the federal Public Health Services Act, United States Code, title 42, section 256b;

2.8 ~~(5)~~ (6) having a discussion with the pharmacist or the consumer's health care provider  
2.9 about alternatives to a prescribed drug, including a lower cost or generic drug if the drug  
2.10 prescribed is too costly for the consumer; and

2.11 ~~(6)~~ (7) any other resource that the board deems useful to individuals who are attempting  
2.12 to purchase prescription drugs at lower costs.

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

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

2.21 Sec. 3. Minnesota Statutes 2018, section 214.122, is amended to read:

2.22 **214.122 INFORMATION PROVISION; PHARMACEUTICAL ASSISTANCE**  
2.23 **PROGRAMS.**

2.24 (a) The Board of Medical Practice and the Board of Nursing shall at least annually inform  
2.25 licensees who are authorized to prescribe prescription drugs of the availability of the Board  
2.26 of Pharmacy's website that contains information on resources and programs to assist patients  
2.27 with the cost of prescription drugs. The boards shall provide licensees with the website  
2.28 address established by the Board of Pharmacy under section 151.06, subdivision 6, and the  
2.29 materials described under section 151.06, subdivision 6, paragraph (b). The boards shall  
2.30 also ensure that licensees who prescribe insulin are provided with information on the  
2.31 Minnesota insulin patient assistance program established under section 256.937, including  
2.32 health care practitioner's responsibilities under the program and how patients can apply for  
2.33 the program.

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

3.4 Sec. 4. [256.937] MINNESOTA INSULIN PATIENT ASSISTANCE PROGRAM.

3.5 Subdivision 1. Eligibility. (a) To be eligible for the Minnesota insulin patient assistance  
3.6 program, an individual must:

3.7 (1) meet the eligibility standards under Code of Federal Regulations, title 45, section  
3.8 155.305(a)(1);

3.9 (2) be a resident of Minnesota;

3.10 (3) not be eligible for Medicare, medical assistance, or MinnesotaCare; and

3.11 (4) have a family income that is equal to or less than 400 percent of the federal poverty  
3.12 guidelines.

3.13 (b) For purposes of this section, "program" means the Minnesota insulin patient assistance  
3.14 program established under this section.

3.15 Subd. 2. Application. (a) By January 1, 2020, the commissioner of human services, in  
3.16 consultation with the board of directors of MNsure and the Minnesota eligibility system  
3.17 executive steering committee established under section 62V.055, shall develop an application  
3.18 form and process to determine if an individual is eligible for the program and to notify the  
3.19 individual upon eligibility determination. The commissioner shall make the application  
3.20 form available to pharmacies and to health care practitioners who are authorized to prescribe,  
3.21 administer, and dispense insulin. The application form must also be incorporated into the  
3.22 Minnesota eligibility system defined in section 62V.055, subdivision 1, and must be  
3.23 accessible through the MNsure website. An applicant must submit a signed application form  
3.24 to MNsure through the MNsure website or by mail or in person. The commissioner or  
3.25 MNsure may require the applicant to submit additional information to verify eligibility.

3.26 (b) Within five business days of receipt of a completed application that includes any  
3.27 requested information, MNsure must determine whether an individual is eligible for the  
3.28 program. If the individual is eligible for medical assistance or MinnesotaCare, MNsure must  
3.29 notify the individual that they may qualify for one of these programs and provide the  
3.30 individual with information as to how to enroll in medical assistance or MinnesotaCare.

3.31 (c) If the individual is determined eligible for the program, MNsure must inform the  
3.32 individual and provide the individual with an eligibility statement. The eligibility statement

4.1 must identify the individual with a unique patient identification number to be submitted by  
4.2 the health care practitioner when the practitioner submits the order to the manufacturer as  
4.3 required under subdivision 3. The eligibility statement must also include information  
4.4 instructing the individual to take the statement to their health care practitioner and must  
4.5 include each manufacturer's contact information.

4.6 (d) The eligibility statement is valid for 12 months from the date of issuance. An  
4.7 individual's eligibility must be redetermined on an annual basis.

4.8 Subd. 3. **Health care practitioner's responsibilities.** (a) Any health care practitioner  
4.9 authorized to prescribe, administer, and dispense insulin under section 151.37, who is  
4.10 licensed and is practicing in this state, must participate in the program as a condition of  
4.11 licensure to practice in this state.

4.12 (b) Upon receipt of a patient's statement of eligibility, the health care practitioner must  
4.13 submit the patient's eligibility statement, unique identification number, and the name of the  
4.14 insulin product and the daily dosage amount prescribed by the practitioner to the product's  
4.15 manufacturer in accordance with this section.

4.16 (c) The health care practitioner must include with the order to the manufacturer the  
4.17 following information:

4.18 (1) the health care practitioner's name and shipping address;

4.19 (2) state license number, expiration date, and national provider identifier (NPI) number;

4.20 (3) office phone number, fax number, e-mail address, and an office contact name; and

4.21 (4) any specific days or times when deliveries are not accepted by the practitioner.

4.22 (d) Upon receipt of the product from the manufacturer, the health care practitioner shall  
4.23 administer or provide the insulin to the patient at no charge to the patient. The health care  
4.24 practitioner must not administer or provide the product received from the manufacturer to  
4.25 any patient other than the patient associated with the order. The health care practitioner  
4.26 must not seek reimbursement for the product received from the manufacturer from any  
4.27 third-party payer.

4.28 (e) The health care practitioner may submit to a manufacturer a reorder for a patient if  
4.29 the patient's eligibility statement has not expired. Reorders must not extend past the 12-month  
4.30 eligibility period.

4.31 Subd. 4. **Manufacturer's responsibilities.** (a) Each manufacturer licensed under section  
4.32 151.252 that is engaged in the manufacturing of insulin must participate in the program as

5.1 a condition of doing business in this state. Each manufacturer participating in the program  
5.2 must provide the commissioner with a fax number and an address for the health care  
5.3 practitioner to use for submitting an order to the manufacturer.

5.4 (b) Upon receipt of an order from a health care practitioner and the information described  
5.5 in subdivision 3, the manufacturer must send the health care practitioner a 120-day supply  
5.6 of the product ordered, unless a lesser amount is requested in the order.

5.7 (c) Upon receipt of each reorder from a health care practitioner, the manufacturer must  
5.8 send an additional 120-day supply of the product, unless a lesser amount is requested in the  
5.9 reorder.

5.10 Subd. 5. **Audit.** The legislative auditor may audit the program in accordance with section  
5.11 3.971.

5.12 Subd. 6. **Report.** By January 15 of each year, beginning January 15, 2021, the  
5.13 commissioner of human services, in coordination with the Board of Directors of MNsure,  
5.14 shall submit a report to the chairs and ranking minority members of the legislative committees  
5.15 with jurisdiction over health and human services policy and finance on the program for the  
5.16 previous calendar year. The report must provide a summary of the status of the program  
5.17 and must include the number of individuals who participated in the program.

5.18 Subd. 7. **Sunset.** This section expires December 31, 2023.

5.19 Sec. 5. **PUBLIC AWARENESS CAMPAIGN.**

5.20 The board of directors of MNsure shall conduct a public awareness campaign to create  
5.21 awareness of the Minnesota insulin patient assistance program established under section  
5.22 256.937. The campaign must focus on educating eligible individuals in need of assistance  
5.23 in purchasing insulin of the existence of the program and on how to apply.

5.24 Sec. 6. **APPROPRIATION.**

5.25 \$250,000 is appropriated for fiscal year 2020 from the general fund to the board of  
5.26 directors of MNsure for a public awareness campaign for the Minnesota insulin patient  
5.27 assistance program established under Minnesota Statutes, section 256.937. This is a onetime  
5.28 appropriation.