..... moves to amend H.F. No. 728 as follows:

Page 3, line 9, after the first period insert "(a)"

Page 3, after line 20, insert:

"(b) "Pharmacy benefit manager" does not include the Department of Human Services."

Page 3, line 27, after the period insert ""Plan sponsor" does not include the Department of Human Services."

Page 3, delete lines 28 to 31 and insert:

"Subd. 17. **Specialty drug.** "Specialty drug" means a prescription drug that:

(1) cannot be routinely dispensed at a majority of retail pharmacies;

(2) is used to treat chronic and complex, or rare, medical conditions; and

(3) meets a majority of the following criteria:

(i) requires special handling or storage;

(ii) requires complex and extended patient education or counseling;

(iii) requires intensive monitoring;

(iv) requires clinical oversight; and

(v) requires product support services."

Page 7, after line 6, insert:

"(6) de-identified claims level information in electronic format that allows the plan sponsor to sort and analyze the following information for each claim:

(i) the drug and quantity for each prescription;

(ii) whether the claim required prior authorization;

(iii) patient cost-sharing paid on each prescription;

(iv) the amount paid to the pharmacy for each prescription, net of the aggregate amount of fees or other assessments imposed on the pharmacy, including point-of-sale and retroactive charges;

(v) any spread between the net amount paid to the pharmacy in item (iv) and the amount charged to the plan sponsor;

(vi) identity of the pharmacy for each prescription;

(vii) whether the pharmacy is, or is not, under common control or ownership with the pharmacy benefit manager;

(viii) whether the pharmacy is, or is not, a preferred pharmacy under the plan;

(ix) whether the pharmacy is, or is not, a mail order pharmacy; and

(x) whether enrollees are required by the plan to use the pharmacy."

Page 7, line 7, delete "(6)" and insert "(7)"

Page 7, line 9, delete "(7)" and insert "(8)"

Page 7, line 11, delete "(8)" and insert "(9)"

Page 7, line 21, after "client" insert ", and these costs net of all rebates and other fees and payments, direct or indirect, from all sources"

Page 7, delete lines 27 to 31 and insert:

"(3) the aggregate of all fees from all sources, direct or indirect, that the pharmacy benefit manager received for all of the pharmacy benefit manager's health carrier clients, and the amount of these fees for each health carrier client separately;

(4) the aggregate retained rebates and other fees, as listed in clause (3), that the pharmacy benefit manager received from all sources, direct or indirect, that were not passed through to the health carrier;"

Page 7, line 32, after "rebate" insert "and fees" and delete "and"

Page 8, line 1, after "rebate" insert "and fees"

Page 8, line 2, delete the period and insert "; and"

Page 8, after line 2, insert:

"(7) de-identified claims level information in electronic format that allows the commissioner to sort and analyze the following information for each claim;

(i) the drug and quantity for each prescription;

(ii) whether the claim required prior authorization;

(iii) patient cost-sharing paid on each prescription;

(iv) the amount paid to the pharmacy for each prescription, net of the aggregate amount of fees or other assessments imposed on the pharmacy, including point-of-sale and retroactive charges;

(v) any spread between the net amount paid to the pharmacy in item (iv) and the amount charged to the plan sponsor;

(vi) identity of the pharmacy for each prescription;

(vii) whether the pharmacy is, or is not, under common control or ownership with the pharmacy benefit manager;

(viii) whether the pharmacy is, or is not, a preferred pharmacy under the plan;

(ix) whether the pharmacy is, or is not, a mail order pharmacy; and

(x) whether enrollees are required by the plan to use the pharmacy."

Page 8, line 6, after "rebate" insert "and fee"

Page 8, lines 7, 8, and 10, after "rebates" insert "and fees"

Page 8, line 10, delete "drug" and insert "sources, direct or indirect, for all enrollees of a health carrier."

Page 8, delete line 11

Page 15, line 26, after "plan" insert ", if the pharmacist has a written protocol with the prescriber that outlines the class of drugs of the same generation and designed for the same indication that can be substituted and the required communication between the pharmacist and the prescriber"

Page 15, line 31, after "substitution" insert ", in accordance with the written protocol"

Page 15, after line 31, insert:

"Sec. 15. **SEVERABILITY.**

If any provision of this act is held invalid or unenforceable, the remainder of this act is not affected, and the provisions of this act are severable."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly