Bill Summary Comparison of

Health and Human Services

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| House File 2414-2 | Senate File UEH2414-1 |
| Article 9: OneCare | House Only |

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| Section | Article 9: OneCare |  | House Only |
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|  | Definitions.  Amends § 62J.497, subd. 1. Excludes state and federal programs under chapters 256B (MA), 256L (MinnesotaCare), and 256T (OneCare Buy-in) from the definition of “group purchaser” used in the electronic prescription drug program. | House only |  |
|  | Advanced payment of state-based health insurance premium credit.  Adds § 62V.12. This section requires the MNsure board to determine whether an individual is eligible to receive an advance payment of the health insurance premium tax credit, to notify an eligible individual’s health carrier to reduce the individual’s premium amount accordingly, and to make advance payments to the health carrier.  Subd. 1. Determination of eligibility for advanced payment of state-based health insurance premium tax credit. Requires the MNsure board to determine an individual’s eligibility for an advance payment of the health insurance premium tax credit created in section 4. If eligible, the board must inform the individual’s health carrier to deduct a pro rata share of the credit from each month’s premium charged to the individual.  To be eligible, an individual must purchase a health plan through MNsure, not be enrolled in medical assistance or MinnesotaCare, and be eligible for the tax credit in section 4. Individuals must also file a state tax return to verify the applicable credit amount; if an individual does not file a tax return for a prior tax year in which advance payments were made, they may not receive further advance payments.  Subd. 2. Payments to health carriers. Requires the board to make the payments referenced in subdivision 1.  Subd. 3. Health carrier responsibilities. Requires a health carrier to reduce the premium amount by an amount equal to the pro rata share of the tax credit, itemize this amount on a covered individual’s billing statement, and reconcile these amounts with MNsure.  Subd. 4. Appeals. Allows an individual to appeal eligibility determinations under rules currently established by MNsure.  Subd. 5. Data practices. Applies current data classifications to health insurance premium tax credit applications made under this section.  Subd. 6. Data sharing. Allows MNsure to share data as allowed under current law.  Subd. 7. Appropriations. Appropriates money from the health care access fund to the MNsure board to make the advance payments.  Effective date: Advance payments applied to premiums in plan years 2021 and beyond. | House only |  |
|  | Definitions.  Adds § 62V.13. Defines the following terms: board, eligible individual, gross premium, health carrier, MNsure, net premium, premium subsidy, and qualified health plan.  “Eligible individual” is defined as a Minnesota resident who is not eligible to receive an advance premium tax credit or a premium tax credit for a given month of coverage, is not enrolled in MA or MinnesotaCare, and has purchased a qualified plan through MNsure.  “Premium subsidy” is defined as a rebate payment to discount the cost of insurance that is equal to 20 percent of the monthly gross premium paid for qualified health plan coverage that covers the individual, the individual’s spouse, and dependents, and is excluded from any calculation when determining eligibility for a DHS program. | House only |  |
|  | Payment to health carriers on behalf of eligible individuals.  Adds § 62V.131.  Subd. 1. Program established. Requires the board to establish and administer the premium subsidy program to help eligible individuals pay for qualified health plan coverage through MNsure, in plan year 2020 and each subsequent plan year for which an appropriation is approved.  Subd. 2. Administration. Requires MNsure to determine if an applicant is an eligible individual. For eligible individuals, requires MNsure to calculate the individual’s premium subsidy, notify the relevant health carrier of the subsidy amount, and direct the health carrier to deduct the premium subsidy amount from the individual’s gross premium, as a discount to the individual’s qualified health plan premium.  Subd. 3. Payments to health carriers. (a) Requires the board to make payments to health carriers equal to the amount of premium subsidy discounts provided, for those months for which eligible individuals paid the net premium amount to the health carrier. Requires payments to health carriers to be based on the premium subsidy provided to an eligible individual, regardless of the cost of coverage purchased.  (b) Requires health carriers seeking reimbursement to submit an invoice and supporting information to the board.  (c) States that the board shall consider health carriers as vendors (for purposes of agency prompt payment requirements), with each invoice representing the completed delivery of a service.  Subd. 4. Data practices. States the data classifications for MNsure data apply to data on individuals applying for or receiving a premium subsidy (this has the effect of classifying the data as private data on individuals).  Subd. 5. Data sharing. Allows the board to share or disseminate the data in subdivision 4 as provided under MNsure law on data sharing. | House only |  |
|  | Appeals.  Adds § 62V.132. Provides that individuals may appeal initial determinations and redeterminations of eligibility for, and the level of, premium subsidies. Requires the appeals to follow the procedures specified in Minnesota Rules. | House only |  |
|  | Applicability of gross premium.  Adds § 62V.133. States that the premium base for calculating applicable taxes on insurance premiums under chapter 297I (two percent of premiums for indemnity insurers and one percent for HMOs, community integrated service networks, and nonprofit health service plan corporations) shall be the gross premium. | House only |  |
|  | Administration of dental services.  Adds § 256B.0371. (a) Directs the commissioner of human services, effective January 1, 2022, to contract with a dental administrator, to administer dental services to all recipients of MA and MinnesotaCare.  (b) Requires the administrator to provide administrative services, including but not limited to:   1. provider recruitment, contracting, and assistance; 2. recipient outreach and assistance; 3. utilization management and medical necessity review for dental services; 4. dental claims processing; 5. coordination with other services; 6. management of fraud and abuse; 7. monitoring access to dental services; 8. performance measurement; 9. quality improvement and evaluation requirements; and   management of third-party liability.  (c) Sets payments to contracted dental providers at the rates established under § 256B.76 (the MA reimbursement rate).  Provides a January 1, 2022, effective date. | House only |  |
|  | Reimbursement under other state health care programs.  Amends § 256B.0644. Requires a vendor of medical care under MA that dispenses outpatient prescription drugs to participate as a provider or contractor in MinnesotaCare, as a condition of participating as an MA provider. Provides a January 1, 2022, effective date. | House only |  |
|  | Prescription drugs.  Amends § 256B.69, subd. 6d. Requires the commissioner to exclude coverage for prescription drugs from managed care contracts. Strikes a reference to managed care plans administering a prescription drug benefit under MA. Provides a January 1, 2022, effective date. | House only |  |
|  | Statewide procurement.  Amends § 256B.69, subd. 35. For CY 2021, allows the commissioner to extend a managed care or county-based purchasing plan**’**s contract for a sixth year, for the provision of services in the seven-county metropolitan area to MA and MinnesotaCare enrollees who are families and children. Requires MA and MinnesotaCare procurement for this group of individuals in the seven-county metropolitan area for CY 2022. | House only |  |
|  | Dental reimbursement.  Amends § 256B.76, subd. 2. Sunsets, effective January 1, 2022, a 9.65 percent rate increase for dental services provided outside of the seven-county metropolitan area and a 23.8 percent increase for dental services provided to children.  Effective January 1, 2022, increases MA dental payment rates by 54 percent. States that this increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, or Indian health centers. (This provision has the effect of setting MinnesotaCare dental payment rates at this level, since MinnesotaCare pays providers at the MA rate unless otherwise specified.) | House only |  |
|  | Critical access dental providers.  Amends § 256B.76, subd. 4. Sunsets, effective January 1, 2022, the 37.5 percent MA rate increase paid to critical access dental providers. | House only |  |
|  | Outpatient prescription drugs.  Amends § 256L.03, by adding subd. 7. States that outpatient prescription drugs for all MinnesotaCare enrollees are covered according to § 256L.30. Provides a January 1, 2022, effective date. | House only |  |
|  | Must not have access to employer-subsidized minimum essential coverage.  Amends § 256L.07, subd. 2. Allows an individual who has access to subsidized health coverage through a spouse’s or parent’s employer, that meets the requirements of minimum essential coverage under federal regulations, to be eligible for MinnesotaCare, if the amount the employee pays for employee and dependent coverage exceeds the required premium contribution. | House only |  |
|  | Federal waiver.  Amends § 256L.07, by adding subd. 2b. Requires the commissioner of human services, in consultation with the Board of Directors of MNsure, to apply for a federal waiver to allow a person eligible for MinnesotaCare under § 256L.07, subd. 2, paragraph (b) (exemption from no access to subsidized coverage requirement due to the “family glitch”), to enroll in MinnesotaCare and to qualify for advanced premium tax credits and cost-sharing reductions, and qualify to purchase coverage under the OneCare Buy-In. Provides an immediate effective date. | House only |  |
|  | Critical access dental providers.  Amends § 256L.11, subd. 7. Sunsets, effective January 1, 2022, the 20 percent MinnesotaCare rate increase paid to critical access dental providers. | House only |  |
|  | Outpatient prescription drugs.  Adds § 256L.30.  Subd. 1. Establishment of program. Requires the commissioner to administer and oversee the outpatient prescription drug program for MinnesotaCare. Prohibits the commissioner from including the outpatient pharmacy benefit in a contract with a public or private entity.  Subd. 2. Covered outpatient prescription drugs. (a) Requires the commissioner, in consultation with the drug formulary committee, to establish an outpatient prescription drug formulary for MinnesotaCare that satisfies the federal essential health benefit requirements. Allows the commissioner to modify the formulary after consulting with the formulary committee and providing for public notice and comment. Exempts the establishment of the formulary from rulemaking. Directs the commissioner to make the formulary available to the public on the agency website.  (b) Requires the formulary to contain at least one drug in every U.S. Pharmacopeia category and class or the same number of drugs in each category and class as the essential health benefit benchmark plan, whichever is greater.  (c) Allows the commissioner to negotiate drug rebates or discounts directly with a drug manufacturer to place a drug on the formulary. Also allows negotiation of rebates or discounts through a contract with a vendor. Requires the commissioner, beginning January 15, 2022, and each January 15 thereafter, to report to the legislature on the rebates and discounts negotiated, their aggregate dollar value, and how the savings were applied.  (d) Allows the commissioner to use prior authorization, and allows the formulary committee to recommend drugs for prior authorization. Allows the commissioner to request that the committee review a drug for prior authorization.  (e) Specifies procedures to be followed by the commissioner before requiring prior authorization for a drug.  (f) Allows the commissioner to automatically require prior authorization for up to 180 days for any drug approved by the Food and Drug Administration after July 1, 2019. Specifies related criteria.  (g) Allows the commissioner to require prior authorization before nonformulary drugs are eligible for payment.  (h) Requires prior authorization requests to be processed according to federal regulations on essential health benefits and prescription drugs.  Subd. 3. Pharmacy provider participation. (a) Requires pharmacies participating in MA to participate as a provider in the MinnesotaCare outpatient prescription drug program.  (b) Prohibits a pharmacy from refusing services to an enrollee, unless specified conditions apply.  Subd. 4. Covered outpatient prescription drug reimbursement rate. (a) Specifies the basis for determining the amount of payment for prescription drugs.  (b) Specifies the basis for determining the amount of payment for a pharmacy that acquires drugs through the 340B Drug Pricing Program.  (c) Defines the usual and customary price for purposes of the subdivision.  Provides a January 1, 2022, effective date.  Subd. 5. Prescription drug benefit consumer protections. Requires the prescription drug benefit to include the protections in Code of Federal Regulations, title 45, section 156.122, including a standard formulary exception request, expedited exception request, external exception request, and application of coverage appeal laws. | House only |  |
|  | Definitions.  Adds § 256T.01. Defines the following terms: commissioner, department, essential health benefits, individual market, and MNsure website. Provides an immediate effective date. | House only |  |
|  | OneCare Buy-in.  Adds § 256T.02.  Subd. 1. Establishment. (a) Requires the commissioner of human services to establish a program to offer products developed for the OneCare Buy-In through the MNsure website.  (b) Directs the commissioner, in collaboration with the commissioner of commerce and MNsure board, to:   1. establish a cost allocation methodology to reimburse MNsure operations in lieu of the premium withhold; 2. implement mechanisms for financial sustainability and mitigate adverse financial impacts; and 3. coordinate eligibility, coverage, and provider networks to ensure, to the extent possible, continuity of care between MA, MinnesotaCare, and the OneCare Buy-in.   (c) States that the buy-in shall be considered a public health care program for purposes of chapter 62V, and the MinnesotaCare program for purposes of state health care program participation requirements.  (d) States that DHS is deemed to be certified as an HMO, and in compliance with state laws that apply to HMOs. Gives the commissioner the authority to accept and expend federal funds.  (e) Requires OneCare Buy-In health plans, unless otherwise specified, to meet all requirements of chapters 62A (accident and health insurance), 62D (health maintenance organizations), 62K (market rules), 62M (utilization review), 62Q (health plan companies), and 62V (MNsure), determined to be applicable by the regulating authority. Provides that OneCare Buy-In premiums are subject to the 1 percent tax on gross premiums.  Subd. 2. Premium administration and payment. (a) Requires the commissioner to annually establish a per-enrollee monthly premium rate, and to publish the rate by August 1 of each year.  (b) Requires premium administration under the buy-in to be consistent with federal requirements under the Affordable Care Act. Requires premium rates to be established in accordance with section 62A.65, subd. 3 (premium rate restrictions).  Subd. 3. Rates to providers. Requires provider payment rates to be targeted to the current MinnesotaCare rates, plus the aggregate difference between those rates and Medicare rates. Provides that the aggregate must not consider services that receive a Medicare encounter payment.  Subd. 4. Reserve and other financial requirements. (a) Establishes a OneCare Buy-In reserve account and requires enrollee premiums to be deposited into the account. Specifies related requirements.  (b) Beginning January 1, 2023, requires enrollee premiums to be set at a level to fund all ongoing claims, management, and information technology costs, and the operational and administrative functions of the OneCare Buy-In program.  (c) Prohibits the commissioner from expending state dollars beyond what is specifically appropriated, or transferring funds from other accounts, in order to fund the reserve account or claims costs, or to support ongoing administration and operation of the program and its information technology systems.  Subd. 5. Covered benefits. Requires each health plan established under this chapter to include the essential health benefits under the ACA, dental benefits as provided under MA for adults, and coverage of eyeglasses as provided in Minnesota rules. Allows a health plan to include other services covered under MinnesotaCare.  Subd. 6. Third-party administrator. (a) Allows the commissioner to enter into a contract with a third-party administrator to perform the operational management of the buy-in. Specifies duties of the administrator.  (b) Requires the solicitation of vendors to serve as administrator to meet the requirements of section 16C.06 (procurement requirements).  Subd. 7. Eligibility. (a) In order to be eligible for the buy-in, requires persons to be:   1. a resident of Minnesota; and   not eligible for a government-sponsored program as defined under the ACA. Provides that persons entitled to Medicare Part A or enrolled in Medicare Part B are considered eligible for a government-sponsored program. Prohibits persons entitled to premium-free Medicare Part A from refusing to apply for or enroll in Medicare in order to establish eligibility for the buy-in.  (b) Allows persons eligible for a qualified health plan (with or without premium tax credits or cost-sharing reductions) to be eligible to purchase and enroll in the buy-in.  Subd. 8. Enrollment. (a) Allows a person to apply for the buy-in during the annual open and special enrollment periods for MNsure.  (b) Requires annual reenrollment for the buy-in.  Subd. 9. Premium tax credits, cost-sharing reductions, and subsidies. Provides that a person eligible under this chapter, with income not exceeding 400 percent of FPG, may qualify for advance premium tax credits and cost-sharing reductions to purchase a health plan under this chapter.  Subd. 10. Covered benefits and payment rate modifications. Allows the commissioner, after public notice and comment, to modify covered benefits and payment rates.  Subd. 11. Provider tax. Provides that section 295.582, subdivision 1 (provider pass-through of MinnesotaCare provider tax obligations) applies to health plans offered under the buy-in.  Subd. 12. Hospital financial reimbursement fund. Requires the commissioner to establish and administer a hospital financial reimbursement fund to provide grants or supplemental payments to hospitals to mitigate the financial effects of uncompensated care caused by high deductible health plans.  Subd. **13. Request for federal authority.** Requires the commissioner to seek all necessary federal waivers to establish the OneCare buy-in.  Provides that subdivisions 1 to 12 are effective January 1, 2023, and that subdivision 13 is effective the day following final enactment. | House only |  |
|  | OneCare Buy-in products.  Adds § 256T.03.  Subd. 1. Platinum product. Requires the commissioner to establish a buy-in coverage option at the platinum level, to be made available in all rating areas in the state.  Subd. 2. Silver and gold products. (a) If a rating area lacks an affordable or comprehensive health care coverage option according to standards developed by the commissioner of health, directs the commissioner of human services to offer the following year silver and gold products in the rating area for a five-year period. Allows the commissioner of health to use encounter and pricing data to monitor triggers in the individual market. Also allows that commissioner, effective January 1, 2020, to require additional data elements to be submitted to conduct the necessary analysis.  (b) Requires the commissioner of human services to establish the following coverage options: one silver level plan at 70 percent of the actuarial value of the buy-in option and one gold level plan at 80 percent of the actuarial value.  Subd. 3. Qualified health plan rules. (a) Provides that the coverage options developed under this section are subject to the process under section 62K.06 (metal level mandatory offering). Also deems the coverage options as meeting the requirements of chapters 62A, 62K, and 62V that apply to qualified health plans.  (b) Provides that benefits under this section are secondary. Requires the commissioner to use cost-avoidance techniques to coordinate with other health coverage and identify persons with other coverage.  (c) States that DHS is not an insurance company for purposes of this chapter.  Subd. 4. Actuarial value. Requires actuarial value to be calculated in accordance with federal regulations (45 CFR 156.135).  Provides a January 1, 2023, effective date. | House only |  |
|  | Outpatient prescription drugs.  Adds § 256T.04.  Subd. 1. Establishment of program. Requires the commissioner to administer and oversee the outpatient prescription drug program for the OneCare Buy-in program. Prohibits the commissioner from including the outpatient pharmacy benefit in a contract with a public or private entity.  Subd. 2. Covered outpatient prescription drugs. States that outpatient prescription drugs are covered as provided in chapter 256L (MinnesotaCare).  Subd. 3. Pharmacy provider participation. States that pharmacy participation is governed by section 256L.30, subdivision 3.  Subd. 4. Reimbursement rate. Requires the commissioner to establish outpatient prescription drug reimbursement rates according to chapter 256L (MinnesotaCare).  Subd. 5. Prescription drug benefit consumer protections. States that prescription drug benefit consumer protections shall be in accordance with section 256L.30, subdivision 5.  Provides a January 1, 2023, effective date. | House only |  |
|  | Board of Directors of MNsure.  Amends § 270B.12, by adding subd. 15. Authorizes the commissioner of revenue to disclose tax return information to MNsure to determine eligibility for the premium tax credit.  Effective date: Tax year 2021. | House only |  |
|  | Health insurance premiums.  Amends § 290.0131, by adding subd. 15. Requires an addition to taxable income for any deduction taken by a taxpayer for health insurance premiums used to calculate the health insurance premium credit. This ensures that an individual cannot receive the benefit of both the deduction and the credit.  Effective date: Tax year 2021. | House only |  |
|  | Health insurance premium credit.  Amends § 290.0693.This section creates a health insurance premium credit for certain individuals who are not eligible to receive the federal advance payment tax credit because their income exceeds 400 percent of the federal poverty line, but who nonetheless purchase a qualified health plan through MNsure. The amount of the credit is based on the amount of the federal credit determined under the IRC. Individuals may elect to receive the credit in the form of advance payments that reduce their premium amount.  Subd. 1. Credit allowed. Allows Minnesota residents who do not qualify for the federal premium assistance credit due to income limits to receive a refundable health insurance premium tax credit. The credit is calculated in the manner that the federal credit is calculated, with some modifications:  a “coverage month” includes a month in which the individual could have obtained minimum essential coverage but did not receive coverage;  the applicable percentage used to calculate the credit is the highest percentage allowed under the Internal Revenue Code; and  the amount of monthly premiums used to calculate the credit must be reduced by the amount of any premium subsidy made by MNsure for the individual.  The federal credit is determined based on the premium assistance amount allowed. This amount equals the lesser of:  a taxpayer’s monthly premium for a qualified health plan (including premiums for spouses and dependents); or  the excess of the second lowest cost silver plan (SLCSP) available to the taxpayer over the taxpayer’s applicable percentage multiplied by their household income.  The applicable percentage introduces some income sensitivity to the federal credit; as a taxpayer’s income increases, the amount of the premium assistance amount decreases. As income decreases, the assistance amount increases, due to the reduced applicable percentage.  Subd. 2. Advance payment of credit. Allows an individual to claim the credit on their tax return or receive it as an advance credit. For advance payment elections, the tax credit is reduced by the advance payments; if the advance payments exceed the credit, the amount of tax due by the taxpayer is increased by that amount.  This subdivision also requires the MNsure board and the commissioner of revenue to reconcile the amount of advance payments made in relation to the amount of the tax credit allowed by this section, and requires the commissioner to provide information to the board regarding individuals who did not file the return required in section 62V.12.  Subd. 3. **Reporting requirements**. Requires an individual to notify MNsure and the commissioner of revenue regarding changes in an individual’s eligibility.  Subd. 4. Appropriation. (a) Appropriates money to the commissioner of revenue from the health care access fund to pay the refunds required in subdivision 2.  (b) Appropriates money each fiscal year from the health care access fund to the commissioner of revenue to administer this section.  Effective date: Tax year 2021. | House only |  |
|  | Nexus in Minnesota.  Amends § 295.51, subd. 1a. Modifies the nexus rules providing for state jurisdiction to impose the provider tax. The modifications provide two sets of requirements: one for physical presence nexus and one for economic presence nexus.  Current law provides that a wholesale drug distributor has nexus if they have sufficient contacts with or a presence in Minnesota to satisfy the requirements of federal constitutional law.  The proposed changes apply to:   1. wholesale drug distributors; 2. persons who receive legend drugs from a person other than a drug distributor, for resale or use in Minnesota; and 3. persons who sell or repair hearing aids and prescription eyewear.   For all three taxpayers described above, the new requirements define nexus in a variety of scenarios where an entity has a physical presence in the state, by, for instance, employing in-state affiliates to conduct business activities, including those affiliates who use a home office, or by employing a representative in the state to act on its behalf, even if the representative is not permanently located in Minnesota.  In addition, this section provides that taxpayers with economic presence in the state have nexus if they meet certain thresholds for conducting business activities.  For wholesale drug distributors and legend drug sellers that are not distributors, a taxpayer has nexus if they sell legend drugs in the state from outside the state and meet a threshold for sale, delivery, or distribution (100); gross revenues ($100,000); or price paid ($100,000).  For persons who sell or repair hearing aids or prescription eyeglasses, a taxpayer has nexus if they sell, distribute, or deliver goods into this state and meets one of the same thresholds required for drug distributors.  Taxpayers that have economic presence nexus would be required to file a provider tax return, unless they notify the commissioner of revenue that they no longer meet the threshold nexus requirements.  Effective date: Day following final enactment. | House only |  |
|  | Interest on overpayments.  Amends § 295.57, subd. 3. Modifies the manner in which the commissioner of revenue must pay interest on overpayments of the provider tax, by requiring that these payments are made as currently required for corporate and individual income taxes.  Effective date: Overpayments made in 2021. | House only |  |
|  | Tax expense transfer.  Amends § 295.582, subd. 1. Requires purchasers of health care services under the OneCare Buy-In (chapter 256T) to pay amounts transferred by providers due to the MinnesotaCare provider tax. | House only |  |
|  | Health maintenance organizations, nonprofit health service plan corporations, OneCare Buy-In plans, and community integrated service networks.  Provides that OneCare Buy-In plan premiums are subject to the 1 percent tax on gross premiums. Requires these revenues to be deposited in the hospital financial reimbursement fund established under section 256T.02, subdivision 12. States that the section is effective for premiums received on or after January 1, 2023. | House only |  |
|  | Direction to commissioner; state-based risk adjustment analysis.  Requires the commissioner of commerce, in consultation with the commissioner of health, to study the design and implementation of a state-based risk adjustment program. Requires the commissioner to report findings and recommendations to the legislature by February 15, 2021. | House only |  |
|  | Study of cost of providing dental services.  Requires the commissioner of human services to conduct a survey of the cost to dental providers of delivering dental services to MA and MinnesotaCare enrollees under both fee-for-service and managed care. Specifies criteria for the vendor and the survey. Requires enrolled dental vendors to respond to the survey and allows the commissioner to sanction vendors who do not respond. Requires the initial survey to be completed no later than January 1, 2021, and requires the survey to be repeated every three years. Directs the commissioner to provide a summary of the results of each survey and recommendations for any changes in dental rates to the legislature. | House only |  |
|  | Outpatient pharmacy benefit for enrollees of health plan companies.  Requires the commissioner of human services to develop a plan for an outpatient pharmacy benefit for enrollees of health plan companies. Specifies requirements for the plan. Requires the commissioner to present the plan to the legislature by December 15, 2019. | House only |  |
|  | Benefit and cost analysis of a unified health care financing system.  Requires the commissioner of health to contract with the University of Minnesota School of Public Health to conduct an analysis of the current health care financing environment and evaluate whether a unified health care financing system would provide better access to care, reduce or slow the rate of increase in health care spending, and provide other benefits, relative to the current health care financing environment. Specifies the framework of a unified health care financing system and criteria for the analysis. Requires the commissioner to report to the legislature by January 15, 2021. | House only |  |
|  | Rate changes and dental access.  Requires the commissioner of human services, in consultation with stakeholders and the Health Services Policy Committee, to analyze the impact of the dental payment rate changes in this article on access to dental services for MA and MinnesotaCare program participants. Specifies requirements for the analysis. Requires a preliminary report to the legislature by December 1, 2019, and a final report and any recommendations by December 1, 2020. | House only |  |
|  | Repealer.  Repeals § 256L.11, subd. 6a (MinnesotaCare 54 percent payment rate increase for dental providers). Provides a January 1, 2022, effective date. | House only |  |