Bill Summary Comparison of

Health and Human Services

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| Senate File 800-3 | House File UES0800-2 |
| *House-only article* | Article 8: Miscellaneous |

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|  |  | Article 8: Miscellaneous |
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|  | S.F. 1184  Second reading | Sec. 1. Drug. Amends § 151.01, subd. 5. Modifies the reference to biological products, in a definition of “drug,” and excludes blood and blood components. |
|  | S.F. 1184  Second reading | Sec. 2. Biological product. Amends § 151.01, by adding subd. 40. States that “biological product” has the meaning provided in United States Code, title 42, section 262 (federal law regulating biological products). This section defines biological product as including a virus, therapeutic serum, toxin, antitoxin, vaccine, allergenic product, protein, and other specified products. |
|  | S.F. 1184  Second reading | Sec. 3. Interchangeable biological product. Amends § 151.01, by adding subd. 41. Defines “interchangeable biological product” as a biological product that the U.S. Food and Drug Administration (FDA) has: (1) licensed, and determined to meet federal standards for interchangeability; or (2) determined to be therapeutically equivalent. |
|  | S.F. 1184  Second reading | Sec. 4. Substitution. Amends § 151.21. The amendment to subdivision 3 requires a pharmacist, when a biological product is prescribed, to dispense a less expensive interchangeable biological product after disclosing the substitution to the purchaser, unless the purchaser objects or the prescriber has required that the prescription be dispensed as written. Prohibits the pharmacist from substituting a biological product, unless the FDA has determined the substitute is interchangeable with the prescribed biological product.  The amendment to subdivision 4 clarifies that a pharmacist is to substitute the least expensive safely interchangeable drug, and removes reference to brand name or generic drug. (This has the effect of allowing interchangeable biological products to be substituted.) Also strikes obsolete language.  A new subdivision 10 requires a dispensing pharmacist or the pharmacist’s designee, within five business days of dispensing a biological product, to communicate to the prescriber the name and manufacturer of the biological product dispensed. Specifies requirements for this communication. Also provides that communication of this information is not required if: (1) there is no FDA approved interchangeable biological product for the product prescribed; or (2) the biological product is a refill and is the same product dispensed on the prior filling.  This section also makes changes in terminology and conforming changes throughout. These change include use of the term “prescription drug order,” and adding references to biological products. |
|  | **S.F. 1291, Article 3, Section 3**  Second Reading | Sec. 9. Controlling individual. Amends § 245A.02, subd. 5a. Clarifies the definition of “controlling individual” in the Human Services Licensing Act to mean the owner of a licensed program, each officer of the organization, each authorized agent, each compliance officer, and each managerial official with decision-making authority for operation of the program. Clarifies that an employee stock ownership plan trust or a participant or board member of an employee stock ownership plan is not a controlling individual, unless the participant or board member is otherwise a controlling individual as specified in this subdivision. |
|  | **S.F. 1292, Article 2, Section 2**  Second Reading | Sec. 10. Owner. Adds subd. 10b to § 245A.02. Defines “owner” in the Human Services Licensing Act to mean an individual or organization that has a direct or indirect ownership interest of 5 percent or more in a licensed program. Also defines related terms. |
|  | House only | Sec. 11. Legislative notice and approval required for certain federal waivers or approvals. Adds § 256.999. Before submitting an application for a section 1332 waiver, for a section 1115 waiver, or for a state Medicaid plan amendment, requires the commissioner or board seeking the waiver or amendment to provide notice and a copy of the application to the legislative committees with jurisdiction over health and human services policy and finance and commerce.  If a 1332 waiver, 1115 waiver, or state Medicaid plan amendment is approved during the legislative session, requires approval of the waiver or amendment by a law enacted after the waiver or approval is granted, in order for the waiver or amendment to be implemented.  If a 1332 waiver, 1115 waiver, or state Medicaid plan amendment is approved when the legislature is not in session, requires a positive recommendation from the Legislative Advisory Commission (LAC) in order for the waiver or amendment to be implemented. If the LAC makes no recommendation, a negative recommendation, or a recommendation for further review, prohibits implementation of the waiver or amendment. |
|  | House only | Sec. 12. Establishment of federally facilitated marketplace.  Subd. 1. Establishment. Paragraph (a) directs the commissioner of commerce to establish a federally facilitated marketplace for Minnesota to replace MNsure, for coverage beginning January 1, 2019. Directs the commissioner to incorporate elements of the Minnesota eligibility system, where appropriate and cost-effective; consult with stakeholders; and seek federal funds for planning and development costs.  Paragraph (b) provides that health plans that are offered through the federally facilitated marketplace, when implemented, and that use provider networks must at least satisfy state distance or travel times for geographic accessibility and state network adequacy requirements.  Subd. 2. Implementation plan; draft legislation. Directs the commissioner of commerce to consult with others and develop and present to the 2018 Legislature an implementation plan and draft legislation for conversion to a federally facilitated marketplace. Lists items that the implementation plan must address.  Subd. 3. Vendor contract. Requires the commissioner to contract with a vendor for technical assistance in developing the plan to convert to a federally facilitated marketplace. |
|  | House only | Sec. 13. MNsure; special enrollment period. Establishes a special enrollment period to allow an individual to purchase an individual health plan through MNsure, if the individual’s employer has a qualified small employer health reimbursement arrangement (QSEHRA). Specifies that the special enrollment period is from the effective date of the section until October 31, 2017. |
|  | House only | Sec. 14. Repealer. Repeals statutes in the MNsure chapter, effective January 1, 2019. |