

1.1 ..... moves to amend H.F. No. 2140 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[144.7011] PRESCRIPTION DRUG PRICE REPORTING.**

1.4 **Subdivision 1. Definitions.** (a) For purposes of this section, the following definitions  
1.5 apply.

1.6 (b) "Available discount" means any reduction in the usual and customary price  
1.7 offered for a 30-day supply of a prescription drug to individuals in Minnesota regardless  
1.8 of their health insurance coverage.

1.9 (c) "Retail pharmacy" means any pharmacy licensed under section 151.19 that has a  
1.10 physical presence in Minnesota.

1.11 (d) "Retail price" means the price maintained by pharmacies as usual and customary  
1.12 prices offered for a 30-day supply to individuals in Minnesota regardless of their health  
1.13 insurance coverage.

1.14 **Subd. 2. Prescription drug price information reporting.** By July 1, 2017, the  
1.15 commissioner of health shall establish an online, interactive Web site that allows retail  
1.16 pharmacies, on a voluntary basis, to list retail prices and available discounts for one or more  
1.17 of the 150 most commonly dispensed prescription drugs in Minnesota. The Web site must  
1.18 report the retail prices for prescription drugs by participating pharmacy and any time period  
1.19 restriction on an available discount. The Web site must allow consumers to search for  
1.20 prescription drug retail prices by drug name and class, available discount level, and by city,  
1.21 county, and zip code. The commissioner shall consult annually with the commissioner of  
1.22 human services to determine the list of 150 most commonly filled prescription drugs, based  
1.23 on prescription drug utilization in the medical assistance and MinnesotaCare programs.

1.24 **Subd. 3. Pharmacy duties.** Beginning on June 1, 2017, and on a monthly basis  
1.25 thereafter, all participating retail pharmacies shall submit retail prices and available  
1.26 discounts to the commissioner using a form developed by the commissioner. A

2.1 retail pharmacy may opt out of the reporting system at any time, but shall notify the  
2.2 commissioner at least 60 days prior to opting out.

2.3 Subd. 4. **External vendors.** In carrying out the duties of this section, the  
2.4 commissioner may contract with an outside vendor for collection of data from pharmacies,  
2.5 and may also contract with an outside vendor for development and hosting of the  
2.6 interactive application, if this contract complies with the requirements of section 16E.016,  
2.7 paragraph (c).

2.8 Subd. 5. **Grounds for disciplinary action.** If the commissioner determines  
2.9 that a pharmacy has reported false or inaccurate information under this section, the  
2.10 commissioner may report this action to the Minnesota Board of Pharmacy as a potential  
2.11 grounds for disciplinary action under section 151.071, subdivision 2, clause (9).

2.12 Sec. 2. **REPORTING ON HEALTH CARE COSTS AND VOLUME.**

2.13 \$...... in fiscal year 2017 is appropriated from the general fund to the commissioner  
2.14 of health, to expand public reporting on average cost and volume information for  
2.15 procedures, tests, and services from clinics, medical groups, and hospitals, for those  
2.16 procedures, tests, and services which the commissioner determines most impact the  
2.17 quality of care and patient outcomes under Minnesota Statutes, section 62U.02. The  
2.18 commissioner may contract with an external vendor in conducting this work. This  
2.19 appropriation is added to the base budget of the Department of Health."

2.20 Amend the title accordingly