

1.1 moves to amend H.F. No. 3609 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2025 Supplement, section 62J.461, subdivision 3, is
1.4 amended to read:

1.5 Subd. 3. **Reporting by covered entities to the commissioner.** (a) Each 340B covered
1.6 entity shall report to the commissioner by April 1 of each year the following information
1.7 for transactions conducted by the 340B covered entity or on its behalf, and related to its
1.8 participation in the federal 340B program for the previous calendar year:

1.9 (1) the aggregated acquisition cost for prescription drugs obtained under the 340B
1.10 program;

1.11 (2) the aggregated payment amount received for drugs obtained under the 340B program
1.12 and dispensed or administered to patients:

1.13 (i) that are net of the contracted price for insurance claims payments; and

1.14 (ii) that reflect the portion of payment received from grants, cash, or other payment types
1.15 that relate to the dispensing or administering of drugs obtained under the 340B program;

1.16 (3) the number of pricing units dispensed or administered for prescription drugs described
1.17 in clause (2); ~~and~~

1.18 (4) information about how the entity used its estimated net revenues generated through
1.19 the 340B program, including but not limited to information about how any revenues were
1.20 used to assist the entity's patients; and

1.21 ~~(4)~~ (5) the aggregated payments made:

1.22 (i) to contract pharmacies to dispense drugs obtained under the 340B program;

2.1 (ii) to any other entity that is not the covered entity and is not a contract pharmacy for
2.2 managing any aspect of the covered entity's 340B program; and

2.3 (iii) for other internal, direct expenses related to administering the 340B program with
2.4 a detailed description of the direct costs included.

2.5 The information under clauses (2) and (3) must be reported by payer type, including but
2.6 not limited to commercial insurance, medical assistance, MinnesotaCare, and Medicare, in
2.7 the form and manner prescribed by the commissioner.

2.8 (b) For covered entities that are hospitals, the information required under paragraph (a),
2.9 clauses (1) to (3), must also be reported at the national drug code level for the 50 most
2.10 frequently dispensed or administered drugs by the facility under the 340B program.

2.11 (c) Data submitted to the commissioner under paragraphs (a) and (b) are classified as
2.12 nonpublic data, as defined in section 13.02, subdivision 9.

2.13 Sec. 2. Minnesota Statutes 2025 Supplement, section 62J.461, subdivision 5, is amended
2.14 to read:

2.15 Subd. 5. **Reports to the legislature.** (a) By November 15, 2024, and by November 15
2.16 of each year thereafter, the commissioner shall submit to the chairs and ranking minority
2.17 members of the legislative committees with jurisdiction over health care finance and policy,
2.18 a report that aggregates the data submitted under subdivision 3, paragraphs (a) and (b), and
2.19 includes the information required under paragraph (b) of this subdivision. For all 340B
2.20 entities whose net 340B revenue constitutes a significant share, as determined by the
2.21 commissioner, of all net 340B revenue across all 340B covered entities in Minnesota, the
2.22 following information must also be included in the report:

2.23 (1) the information submitted under subdivision 2; and

2.24 (2) for each 340B entity identified in subdivision 2, that entity's 340B net revenue as
2.25 calculated using the data submitted under subdivision 3, paragraph (a), with net revenue
2.26 being subdivision 3, paragraph (a), clause (2), less the sum of subdivision 3, paragraph (a),
2.27 clauses (1) and (4).

2.28 For all other entities, the data in the report must be aggregated to the entity type or groupings
2.29 of entity types in a manner that prevents the identification of an individual entity and any
2.30 entity's specific data value reported for an individual data element.

2.31 (b) The report must include:

3.1 (1) an analysis of how 340B covered entities use net revenues generated through the
3.2 340B program, including studying the extent to which and the avenues by which the net
3.3 revenues reach patient populations;

3.4 (2) a comparison of how the 340B program is administered by covered entities in
3.5 Minnesota and in other states, with the goal of understanding how state-level actions affect
3.6 how 340B covered entities administer the program;

3.7 (3) an examination of whether participation in the 340B program influences a health
3.8 care provider's prescribing patterns, drug utilization, and overall health care spending;

3.9 (4) an examination of how the 340B program affects manufacturer drug pricing; and

3.10 (5) recommendations for state-level actions that can improve the 340B program's goal
3.11 of supporting safety net health care providers.

3.12 Sec. 3. **REPEALER.**

3.13 Minnesota Statutes 2024, section 62J.96, subdivision 3, is repealed."

3.14 Amend the title accordingly