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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4142

03/09/2026 Authored by Nadeau, Gander and Rehrauer
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; prohibiting medical assistance coverage of prescription
1.3 drugs solely for weight loss; amending Minnesota Statutes 2025 Supplement,
1.4 section 256B.0625, subdivision 13d.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2025 Supplement, section 256B.0625, subdivision 13d, is
1.7 amended to read:

1.8 Subd. 13d. Drug formulary. (a) The commissioner shall establish a drug formulary. Its
1.9 establishment and publication shall not be subject to the requirements of the Administrative
1.10 Procedure Act, but the Formulary Committee shall review and comment on the formulary
1.11 contents.

1.12 (b) The formulary shall not include:

1.13 (1) drugs, active pharmaceutical ingredients, or products for which there is no federal
1.14 funding;

1.15 (2) over-the-counter drugs, except as provided in subdivision 13;

1.16 (3) drugs or active pharmaceutical ingredients when used for the treatment of impotence
1.17 or erectile dysfunction;

1.18 (4) drugs or active pharmaceutical ingredients for which medical value has not been
1.19 established;

1.20 (5) drugs from manufacturers who have not signed a rebate agreement with the
1.21 Department of Health and Human Services pursuant to section 1927 of title XIX of the
1.22 Social Security Act; and

2.1 (6) drugs or active pharmaceutical ingredients when used only for weight loss; and

2.2 ~~(6)~~ (7) medical cannabis flower as defined in section 342.01, subdivision 54, or medical
2.3 cannabinoid products as defined in section 342.01, subdivision 52.

2.4 (c) If a single-source drug used by at least two percent of the fee-for-service medical
2.5 assistance recipients is removed from the formulary due to the failure of the manufacturer
2.6 to sign a rebate agreement with the Department of Health and Human Services, the
2.7 commissioner shall notify prescribing practitioners within 30 days of receiving notification
2.8 from the Centers for Medicare and Medicaid Services (CMS) that a rebate agreement was
2.9 not signed.

2.10 (d) Within ten calendar days of any commissioner determination to change the drug
2.11 formulary, the commissioner must provide written notice to all enrollees, prescribers, and
2.12 pharmacists affected by the change. The notice must include a description of the change,
2.13 the reason for the change, and the date the change will become effective.

2.14 (e) By January 15, 2026, and annually thereafter, the commissioner of human services
2.15 must provide a report with data and information related to the effects on enrollees of drug
2.16 formulary changes made in the prior calendar year to the chairs and ranking minority
2.17 members of the legislative committees with jurisdiction over health and human services
2.18 policy and finance. The report must include but is not limited to data and information on:

2.19 (1) the number of times the formulary was changed;

2.20 (2) the reasons for the formulary changes and how frequently the formulary was changed
2.21 for each reason;

2.22 (3) the drugs that were removed from the formulary;

2.23 (4) for each drug that was removed from the formulary, the number of enrollees who
2.24 were prescribed that drug when it was removed;

2.25 (5) for each drug that was removed from the formulary, whether a therapeutically
2.26 equivalent drug was added;

2.27 (6) the drugs that were added to the formulary;

2.28 (7) the fiscal impacts to the Department of Human Services resulting from the changes
2.29 to the formulary; and

2.30 (8) enrollee populations or medical conditions disproportionately affected by the
2.31 formulary changes.

- 3.1 **EFFECTIVE DATE.** This section is effective January 1, 2027, or upon federal approval,
- 3.2 whichever is later.