

1.1 moves to amend H.F. No. 58, the delete everything amendment (H0058DE1),
1.2 as follows:

1.3 Page 11, delete section 1 and insert:

1.4 "Section 1. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 1, is
1.5 amended to read:

1.6 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
1.7 the meanings given.

1.8 (b) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision
1.9 30. Dispensing does not include the direct administering of a controlled substance to a
1.10 patient by a licensed health care professional.

1.11 (c) "Dispenser" means a person authorized by law to dispense a controlled substance,
1.12 pursuant to a valid prescription.

1.13 (d) "Electronic media" has the meaning given under Code of Federal Regulations, title
1.14 45, part 160.103.

1.15 (e) "E-prescribing" means the transmission using electronic media of prescription or
1.16 prescription-related information between a prescriber, dispenser, pharmacy benefit manager,
1.17 or group purchaser, either directly or through an intermediary, including an e-prescribing
1.18 network. E-prescribing includes, but is not limited to, two-way transmissions between the
1.19 point of care and the dispenser and two-way transmissions related to eligibility, formulary,
1.20 and medication history information.

1.21 (f) "Electronic prescription drug program" means a program that provides for
1.22 e-prescribing.

1.23 (g) "Group purchaser" has the meaning given in section 62J.03, subdivision 6.

2.1 (h) "HL7 messages" means a standard approved by the standards development
2.2 organization known as Health Level Seven.

2.3 (i) "National Provider Identifier" or "NPI" means the identifier described under Code
2.4 of Federal Regulations, title 45, part 162.406.

2.5 (j) "NCPDP" means the National Council for Prescription Drug Programs, Inc.

2.6 (k) "NCPDP Formulary and Benefits Standard" means the most recent version of the
2.7 National Council for Prescription Drug Programs Formulary and Benefits Standard or the
2.8 most recent standard adopted by the Centers for Medicare and Medicaid Services for
2.9 e-prescribing under Medicare Part D as required by section 1860D-4(e)(4)(D) of the Social
2.10 Security Act and regulations adopted under it. The standards shall be implemented according
2.11 to the Centers for Medicare and Medicaid Services schedule for compliance.

2.12 (l) "NCPDP Real-Time Prescription Benefit Standard" means the most recent National
2.13 Council for Prescription Drug Programs Real-Time Prescription Benefit Standard adopted
2.14 by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare Part
2.15 D as required by section 1860D-4(e)(2) of the Social Security Act, and regulations adopted
2.16 under it.

2.17 ~~(m)~~ (m) "NCPDP SCRIPT Standard" means the most recent version of the National
2.18 Council for Prescription Drug Programs SCRIPT Standard, or the most recent standard
2.19 adopted by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare
2.20 Part D as required by section 1860D-4(e)(4)(D) of the Social Security Act, and regulations
2.21 adopted under it. The standards shall be implemented according to the Centers for Medicare
2.22 and Medicaid Services schedule for compliance.

2.23 ~~(n)~~ (n) "Pharmacy" has the meaning given in section 151.01, subdivision 2.

2.24 (o) "Pharmacy benefit manager" has the meaning given in section 62W.02, subdivision
2.25 15.

2.26 ~~(p)~~ (p) "Prescriber" means a licensed health care practitioner, other than a veterinarian,
2.27 as defined in section 151.01, subdivision 23.

2.28 ~~(q)~~ (q) "Prescription-related information" means information regarding eligibility for
2.29 drug benefits, medication history, or related health or drug information.

2.30 ~~(r)~~ (r) "Provider" or "health care provider" has the meaning given in section 62J.03,
2.31 subdivision 8.

3.1 (s) "Real-time prescription benefit tool" means a tool that is capable of being integrated
3.2 into a prescriber's e-prescribing system and that provides a prescriber with up-to-date and
3.3 patient-specific formulary and benefit information at the time the prescriber submits a
3.4 prescription."

3.5 Page 13, delete section 2 and insert:

3.6 "Sec. 2. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 3, is amended
3.7 to read:

3.8 **Subd. 3. Standards for electronic prescribing.** (a) Prescribers and dispensers must use
3.9 the NCPDP SCRIPT Standard for the communication of a prescription or prescription-related
3.10 information.

3.11 (b) Providers, group purchasers, prescribers, and dispensers must use the NCPDP SCRIPT
3.12 Standard for communicating and transmitting medication history information.

3.13 (c) Providers, group purchasers, prescribers, and dispensers must use the NCPDP
3.14 Formulary and Benefits Standard for communicating and transmitting formulary and benefit
3.15 information.

3.16 (d) Providers, group purchasers, prescribers, and dispensers must use the national provider
3.17 identifier to identify a health care provider in e-prescribing or prescription-related transactions
3.18 when a health care provider's identifier is required.

3.19 (e) Providers, group purchasers, prescribers, and dispensers must communicate eligibility
3.20 information and conduct health care eligibility benefit inquiry and response transactions
3.21 according to the requirements of section 62J.536.

3.22 (f) Group purchasers and pharmacy benefit managers must use a real-time prescription
3.23 benefit tool that complies with the NCPDP Real-Time Prescription Benefit Standard and
3.24 that, at a minimum, notifies a prescriber:

3.25 (1) if a prescribed drug is covered by the patient's group purchaser or pharmacy benefit
3.26 manager;

3.27 (2) if a prescribed drug is included on the formulary or preferred drug list of the patient's
3.28 group purchaser or pharmacy benefit manager;

3.29 (3) of any patient cost-sharing for the prescribed drug;

3.30 (4) if prior authorization is required for the prescribed drug; and

- 4.1 (5) of a list of any available alternative drugs that are in the same class as the drug
- 4.2 originally prescribed and for which prior authorization is not required.
- 4.3 **EFFECTIVE DATE.** This section is effective January 1, 2023."
- 4.4 Amend the title accordingly