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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 1807

03/03/2025 Authored by Gillman, Baker and Wolgamott 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 health; requiring coverage of nonopioid drugs for treatment or
1.3 management of pain; amending Minnesota Statutes 2024, section 256B.0625,
1.4 subdivision 13g.

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

1.6 Section 1. Minnesota Statutes 2024, section 256B.0625, subdivision 13g, is amended to
1.7 read:

1.8 Subd. 13g. Preferred drug list. (a) The commissioner shall adopt and implement a
1.9 preferred drug list by January 1, 2004. The commissioner may enter into a contract with a
1.10 vendor for the purpose of participating in a preferred drug list and supplemental rebate
1.11 program. The terms of the contract with the vendor must be publicly disclosed on the website
1.12 of the Department of Human Services. The commissioner shall ensure that any contract
1.13 meets all federal requirements and maximizes federal financial participation. The
1.14 commissioner shall publish the preferred drug list annually in the State Register and shall
1.15 maintain an accurate and up-to-date list on the agency website. The commissioner shall
1.16 implement and maintain an accurate archive of previous versions of the preferred drug list,
1.17 and make this archive available to the public on the website of the Department of Human
1.18 Services beginning January 1, 2024.

1.19 (b) The commissioner may add to, delete from, and otherwise modify the preferred drug
1.20 list, after consulting with the Formulary Committee and appropriate medical specialists,
1.21 providing public notice and the opportunity for public comment, and complying with the
1.22 requirements of paragraph (f).

2.1 (c) The commissioner shall adopt and administer the preferred drug list as part of the
2.2 administration of the supplemental drug rebate program. Reimbursement for prescription
2.3 drugs not on the preferred drug list may be subject to prior authorization.

2.4 (d) When administering the preferred drug list, the commissioner must not disadvantage
2.5 or discourage the coverage of a nonopioid drug approved by the United States Food and
2.6 Drug Administration for the treatment or management of pain as compared to the coverage
2.7 of any opioid or narcotic drug on the preferred drug list for the treatment or management
2.8 of pain. For purposes of this paragraph, impermissible disadvantaging or discouragement
2.9 includes but is not limited to:

2.10 (1) designating any nonopioid drug as nonpreferred if any opioid or narcotic drug is
2.11 designated as preferred on the preferred drug list; or

2.12 (2) establishing utilization management protocols for a nonopioid drug that are more
2.13 restrictive or extensive than the least restrictive or extensive utilization management controls
2.14 applicable to an opioid or narcotic drug. Utilization management protocols include but are
2.15 not limited to prior authorization and step therapy protocol requirements.

2.16 (e) Paragraph (d) does not prohibit an opioid or narcotic drug from being preferred over
2.17 other opioid or narcotic drugs or a nonopioid drug from being preferred over other nonopioid
2.18 drugs.

2.19 (f) Paragraph (d) applies to a nonopioid drug immediately upon its approval by the
2.20 United States Food and Drug Administration for the treatment or management of pain,
2.21 regardless of whether the drug has been reviewed by the commissioner or Formulary
2.22 Committee for inclusion on the drug formulary under subdivision 13d or the preferred drug
2.23 list under this subdivision.

2.24 ~~(d)~~ (g) For purposes of this subdivision, the following terms have the meanings given:

2.25 (1) "appropriate medical specialist" means a medical professional who prescribes the
2.26 relevant class of drug as part of their practice; and

2.27 (2) "preferred drug list" means a list of prescription drugs within designated therapeutic
2.28 classes selected by the commissioner, for which prior authorization based on the identity
2.29 of the drug or class is not required.

2.30 ~~(e)~~ (h) The commissioner shall seek any federal waivers or approvals necessary to
2.31 implement this subdivision.

2.32 ~~(f)~~ (i) Before the commissioner may delete a drug from the preferred drug list or modify
2.33 the inclusion of a drug on the preferred drug list, the commissioner shall consider any

3.1 implications that the deletion or modification may have on state public health policies or
3.2 initiatives and any impact that the deletion or modification may have on increasing health
3.3 disparities in the state. Prior to deleting a drug or modifying the inclusion of a drug, the
3.4 commissioner shall also conduct a public hearing. The commissioner shall provide adequate
3.5 notice to the public and the commissioner of health prior to the hearing that specifies the
3.6 drug that the commissioner is proposing to delete or modify, and shall disclose any public
3.7 medical or clinical analysis that the commissioner has relied on in proposing the deletion
3.8 or modification and evidence that the commissioner has evaluated the impact of the proposed
3.9 deletion or modification on public health and health disparities. Notwithstanding section
3.10 331A.05, a public notice of a Formulary Committee meeting must be published at least 30
3.11 days in advance of the meeting. The list of drugs to be discussed at the meeting must be
3.12 announced at least 30 days before the meeting and must include the name and class of drug,
3.13 the proposed action, and the proposed prior authorization requirements, if applicable.