

1.1 ..... moves to amend H.F. No. 963 as follows:

1.2 Page 6, delete section 3 and insert:

1.3 "Sec. 3. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 13, is  
1.4 amended to read:

1.5 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when  
1.6 specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed  
1.7 by a licensed pharmacist, by a physician enrolled in the medical assistance program as a  
1.8 dispensing physician, or by a physician, physician assistant, or a nurse practitioner employed  
1.9 by or under contract with a community health board as defined in section 145A.02,  
1.10 subdivision 5, for the purposes of communicable disease control.

1.11 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply,  
1.12 unless authorized by the commissioner or as provided in paragraph (g).

1.13 (c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical  
1.14 ingredient" is defined as a substance that is represented for use in a drug and when used in  
1.15 the manufacturing, processing, or packaging of a drug becomes an active ingredient of the  
1.16 drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle  
1.17 for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and  
1.18 excipients which are included in the medical assistance formulary. Medical assistance covers  
1.19 selected active pharmaceutical ingredients and excipients used in compounded prescriptions  
1.20 when the compounded combination is specifically approved by the commissioner or when  
1.21 a commercially available product:

1.22 (1) is not a therapeutic option for the patient;

1.23 (2) does not exist in the same combination of active ingredients in the same strengths  
1.24 as the compounded prescription; and

2.1 (3) cannot be used in place of the active pharmaceutical ingredient in the compounded  
2.2 prescription.

2.3 (d) Medical assistance covers the following over-the-counter drugs when prescribed by  
2.4 a licensed practitioner or by a licensed pharmacist who meets standards established by the  
2.5 commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family  
2.6 planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults  
2.7 with documented vitamin deficiencies, vitamins for children under the age of seven and  
2.8 pregnant or nursing women, and any other over-the-counter drug identified by the  
2.9 commissioner, in consultation with the Formulary Committee, as necessary, appropriate,  
2.10 and cost-effective for the treatment of certain specified chronic diseases, conditions, or  
2.11 disorders, and this determination shall not be subject to the requirements of chapter 14. A  
2.12 pharmacist may prescribe over-the-counter medications as provided under this paragraph  
2.13 for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter  
2.14 drugs under this paragraph, licensed pharmacists must consult with the recipient to determine  
2.15 necessity, provide drug counseling, review drug therapy for potential adverse interactions,  
2.16 and make referrals as needed to other health care professionals.

2.17 (e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable  
2.18 under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and  
2.19 Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible  
2.20 for drug coverage as defined in the Medicare Prescription Drug, Improvement, and  
2.21 Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these  
2.22 individuals, medical assistance may cover drugs from the drug classes listed in United States  
2.23 Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to  
2.24 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall  
2.25 not be covered.

2.26 (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing  
2.27 Program and dispensed by 340B covered entities and ambulatory pharmacies under common  
2.28 ownership of the 340B covered entity. Medical assistance does not cover drugs acquired  
2.29 through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

2.30 (g) Medical assistance coverage for a prescription contraceptive must provide a 12-month  
2.31 supply for any prescription contraceptive, regardless of whether the enrollee was covered  
2.32 by medical assistance or the health plan at the time of the first dispensing. The prescribing  
2.33 health care provider must determine the appropriate number of months to prescribe the  
2.34 prescription contraceptives for, up to 12 months.

3.1 For purposes of this paragraph, "prescription contraceptive" means any drug or device that  
3.2 requires a prescription and is approved by the Food and Drug Administration to prevent  
3.3 pregnancy. Prescription contraceptive does not include an emergency contraceptive drug  
3.4 approved to prevent pregnancy when administered after sexual contact. For purposes of this  
3.5 paragraph, "health plan" has the meaning provided in section 62Q.01, subdivision 3.

3.6 **EFFECTIVE DATE.** This section applies to medical assistance and MinnesotaCare  
3.7 coverage effective January 1, 2021."

3.8 Amend the title accordingly