..... moves to amend H.F. No. 17 as follows:

Page 3, line 23, delete "is occurring, or is about to occur,"

Page 4, line 3, after "all" insert "Minnesota"

Page 6, delete lines 13 to 25 and insert:

"Subd. 2. **Membership.** (a) The Prescription Drug Affordability Board consists of nine members appointed as follows:

(1) seven voting members appointed by the governor;

(2) one nonvoting member appointed by the majority leader of the senate; and

(3) one nonvoting member appointed by the speaker of the house.

(b) All members appointed must have knowledge and demonstrated expertise in pharmaceutical economics and finance or health care economics and finance. A member must not be an employee of, a board member of, or a consultant to a manufacturer or trade association for manufacturers or a pharmacy benefit manager or trade association for pharmacy benefit managers.

(c) Initial appointments must be made by January 1, 2024."

Page 7, line 20, delete "two" and insert "three"

Page 7, line 22, delete "one week" and insert "two weeks"

Page 10, line 4, delete everything after "shall" and insert "identify selected prescription drug products, based on the following criteria:"

Page 10, line 5, delete "more than ten percent" and insert "$3,000"

Page 10, line 6, delete "or by more than $10,000"

Page 10, line 8, delete "that have been introduced at" and insert "with" and delete "$30,000" and insert "$60,000"

Page 10, line 10, delete "been introduced at" and delete "15" and insert "20"

Page 10, line 23, delete "shall" and insert "may"

Page 11, delete lines 16 to 30 and insert:

"(2) manufacturer monetary price concessions, discounts, or rebates, and drug-specific patient assistance;

(3) the price of therapeutic alternatives;

(4) the cost to group purchasers based on patient access consistent with the FDA-labeled indications and standard medical practice;

(5) measures of patient access, including cost-sharing and other metrics;

(6) the extent to which the attorney general or a court has determined that a price increase for a generic or off-patent prescription drug product was excessive under sections 62J.842 and 62J.844;"

Page 12, delete lines 1 to 2

Renumber the clauses in sequence

Page 12, delete subdivision 3

Renumber the subdivisions in sequence

Page 13, delete lines 8 to 9 and insert:

"(1) extraordinary supply costs, if applicable;"

Renumber the clauses in sequence

Page 13, line 14, delete "public and private" and insert "state-regulated entity" and after the second comma insert "billing,"

Page 13, after line 16, insert:

"Subd. 2. **Implementation and administration of the upper payment limit.** (a) An upper payment limit may take effect no sooner than 120 days following the date of its public release by the board.

(b) When setting an upper payment limit for a drug subject to the Medicare maximum fair price under 42 United States Code, section 1191(c), the board shall set the upper payment limit at the Medicare maximum fair price.

(c) Pharmacy dispensing fees shall not be counted toward or subject to any upper payment limit. State licensed independent pharmacies may not be reimbursed by health carriers and pharmacy benefit managers at amounts that are less than the upper payment limit.

(d) Health plan companies and pharmacy benefit managers shall report annually to the board, in the form and manner specified by the board, on how cost savings resulting from the establishment of an upper payment limit have been used by the health plan company or pharmacy benefit manager to benefit enrollees, including but not limited to reducing enrollee cost-sharing."

Renumber the subdivisions in sequence