

1.1 moves to amend H.F. No. 58, the second engrossment, as follows:

1.2 Page 11, after line 14, insert:

1.3 "Section 1. Minnesota Statutes 2020, section 43A.24, is amended by adding a subdivision
1.4 to read:

1.5 Subd. 4. Contract with pharmacy benefit manager. The commissioner, in providing
1.6 prescription drug benefits to persons eligible for health coverage under this section, shall
1.7 not enter into a new contract, or renew an existing contract, with a pharmacy benefit manager,
1.8 if that contract would limit or preclude the commissioner and the pharmacy benefit manager
1.9 from implementing section 62Q.83, or would allow the pharmacy benefit manager to retain
1.10 a share of prescription drug rebates that would otherwise be paid to the commissioner, if
1.11 section 62Q.83 was implemented.

1.12 EFFECTIVE DATE. This section is effective the day following final enactment."

1.13 Page 16, after line 8, insert:

1.14 **"ARTICLE 3**
1.15 **REPORTING**

1.16 Section 1. **REPORTING ON SEGIP DRUG CLAIMS.**

1.17 The commissioner of management and budget shall report to the chairs and ranking
1.18 minority members of the legislative committees with jurisdiction over health and human
1.19 services finance and policy and state government finance, by February 15, 2022, the following
1.20 information related to pharmaceutical claims submitted for State Employee Group Insurance
1.21 Plan members and adjudicated between July 1, 2021, and December 31, 2021:

2.1 (1) the total number of pharmaceutical benefit claims that were rejected solely because
2.2 a request for a prior authorization for a prescription drug had not been submitted on a timely
2.3 basis, and the total dollar amount of those rejected claims;

2.4 (2) the total number of instances where a plan member was prevented from renewing a
2.5 prescription because that drug had been removed from the health plan's formulary, along
2.6 with:

2.7 (i) the number of instances where the member replaced that prescription with a drug that
2.8 cost the member the same or less than the original drug, and the related decrease in such
2.9 payments; and

2.10 (ii) the number of instances where the member replaced that prescription with a drug
2.11 that cost the member more than the original drug, and the related increase in such payments;
2.12 and

2.13 (3) the total number of instances where a plan member was required to pay an increased
2.14 amount to renew a prescription because that drug had been moved to a more expensive tier
2.15 in the health plan's formulary, along with the total dollar amount of the related increases in
2.16 such payments."

2.17 Renumber the sections in sequence and correct the internal references

2.18 Amend the title accordingly