

**Subject** Step Therapy and State Public Health Care Programs

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## Overview

Under current law, health plan companies must allow enrollees and prescribing providers to request an override of a step therapy requirement for a prescription drug. The MA and MinnesotaCare programs are exempted from this requirement. This bill eliminates this exemption for MA and MinnesotaCare, and requires these programs to make a step therapy override process available to MA and MinnesotaCare enrollees and participating providers.

## Summary

Section	Description
1	<p><b>Definitions.</b> Amends § 62Q.184, subd. 1.</p> <p>The amendment to paragraph (b) includes a preferred drug list developed by MA in the definition of “clinical practice guideline.”</p> <p>The amendment to paragraph (d) includes in the definition of health plan company managed care organizations, county-based purchasing plans, and integrated health partnerships participating in MA and Minnesota. These entities under current law are specifically excluded from the definition of health plan company (and therefore not required to comply with step therapy override requirements).</p>
2	<p><b>Step therapy override process; transparency.</b> Amends § 62Q.184, subd. 3.</p> <p>Allows enrollees or providers to appeal the denial of a step therapy override by a health plan company (including MA and MinnesotaCare) using the administrative review process established for human services programs.</p>
3	<p><b>Prior authorization.</b> Amends § 256B.0625, subd. 13f.</p> <p>Requires MA prior authorization procedures to comply with step therapy override requirements under section 62Q.184.</p>



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