

SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Lead Agency: **Commerce Dept**  
 Other Agencies:  
     Health Dept                      Human Services Dept  
     Minn Management and        Pharmacy Board  
     Budget

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings) Dollars in Thousands	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Human Services Dept</b>					
<b>General Fund</b>	-	631	1,429	1,523	1,613
<b>State Total</b>					
<b>General Fund</b>	-	631	1,429	1,523	1,613
<b>Total</b>	-	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>
<b>Biennial Total</b>			<b>2,060</b>		<b>3,136</b>

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Human Services Dept</b>					
General Fund	-	-	-	-	-
<b>Total</b>	-	-	-	-	-

**Lead LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila   **Date:** 3/14/2023 12:21:44 PM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		<b>Biennium</b>			<b>Biennium</b>	
<b>Dollars in Thousands</b>		<b>FY2023</b>	<b>FY2024</b>	<b>FY2025</b>	<b>FY2026</b>	<b>FY2027</b>
<b>Human Services Dept</b>						
General Fund	-	631	1,429	1,523	1,613	
<b>Total</b>	<b>-</b>	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>	
	<b>Biennial Total</b>		<b>2,060</b>		<b>3,136</b>	
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
Human Services Dept						
General Fund	-	631	1,429	1,523	1,613	
<b>Total</b>	<b>-</b>	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>	
	<b>Biennial Total</b>		<b>2,060</b>		<b>3,136</b>	
<b>2 - Revenues, Transfers In*</b>						
Human Services Dept						
General Fund	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Biennial Total</b>		<b>-</b>		<b>-</b>	<b>-</b>

SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Agency: **Commerce Dept**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila    **Date:** 3/14/2023 12:12:42 PM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

SF482-1E amends Minn. Stat. § 62W and prohibits pharmacy benefit managers (PBMs) and health carriers from requiring a clinician-administered drug to be covered under a plan’s pharmacy benefit. Additionally, the bill requires health carriers and PBMs to permit enrollee choice of an authorized provider or pharmacy to administer such drugs,

The bill specifies that PBMs and health carriers shall not require clinician-administered drugs to be dispensed by a pharmacy selected by the PBM or health carrier and must allow enrollees to obtain and not limit or exclude coverage for clinician-administered drugs from a pharmacy or authorized provider of their choosing. Health plans and PBMs shall not interfere with or offer financial or other incentives to influence the enrollee’s choice of a provider or pharmacy. Any cost-sharing requirements or coverage limitations imposed on services from an enrollee’s chosen provider must be no more restrictive than those imposed if the drug were obtained from a preferred/affiliated provider of the health carrier or PBM.

The bill additionally specifies that a PBM or health carrier shall not require 1) a clinician-administered drug to be dispensed in a manner that is inconsistent with the federal Drug Supply Chain Security Act, 2) a specialty pharmacy to dispense a clinician-administered drug directly to a patient for transport to a health care provider for administration, 3) the use of a home infusion pharmacy to dispense or administer clinician-administered drugs, or 4) the use of an infusion site external to the enrollee’s provider office or clinic.

The bill includes an effective date of January 1, 2024.

**Assumptions**

Commerce assumes no fiscal impact to the department as a result of SF482-1E becoming law. Commerce staff reviewing health plan forms and rate filings would be required to add the new statutory provisions of SF482-1E to existing checklists and review them for compliance. The work required by SF482-1E would not substantially add to or deviate from the existing overall role agency staff have in the review of health plan filings.

The requirements of SF482-1E do not constitute a new benefit mandate as understood under Section 1311(d)(3) of the ACA. New benefit mandates not included as essential health benefits (EHBs) specified under section 1302(b) and added by state law after December 31, 2012 require the State to defray health plan costs associated with providing coverage to enrollees. Section 1311(d)(3) specifies that the state is not required to defray costs of new benefit mandates when unrelated to specific care, treatment, or services.

The requirements of SF482-1E set parameters for coverage of clinician-administered drugs only; there are no new benefit requirements under the bill that are not currently covered under the state’s benchmark plan. Therefore, Commerce assumes that SF482-1E does not constitute a new benefit mandate requiring defrayal of costs.

This analysis is consistent with the Department’s analysis in its fiscal note on HF 3280-2A in 2022 and in its 62J.26 evaluation of SF 3265 in 2023,

**Expenditure and/or Revenue Formula**

N/A

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

**Agency Contact:**

**Agency Fiscal Note Coordinator Signature:** Amy Trumper

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SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Agency: **Health Dept**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila    **Date:** 3/14/2023 12:11:55 PM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		<b>Biennium</b>			<b>Biennium</b>	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

This bill defines a “clinician-administered drug” and adds requirements related to these drugs. Pharmacy benefit managers (PBMs) and health carriers are prohibited from requiring that these drugs be covered as a pharmacy benefit. Pharmacy benefit managers (PBMs) and health carriers must also protect specified enrollee site-of-service choices related to these drugs. Coverage and benefit limitations, enrollee cost-sharing, and provider reimbursement must be as favorable as if the drug were obtained from an affiliated pharmacy or selected pharmacy. There are also requirements related to transportation of these drugs or location of administration. The bill takes effect on January 1, 2024.

**Assumptions**

MDH is responsible for reviewing state-regulated health maintenance organization (HMO) health plans for compliance with state and federal requirements before they are available to enrollees. Enforcement of this requirement falls within the routine reviews of HMO health plan coverage and would not generate a material increase in workload.

**Expenditure and/or Revenue Formula**

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

**Agency Contact:**

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SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Agency: **Human Services Dept**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	631	1,429	1,523	1,613	
<b>Total</b>	<b>-</b>	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>	
<b>Biennial Total</b>			<b>2,060</b>			<b>3,136</b>

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Steve McDaniel    **Date:** 3/14/2023 11:00:41 AM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		<b>Biennium</b>			<b>Biennium</b>	
<b>Dollars in Thousands</b>		<b>FY2023</b>	<b>FY2024</b>	<b>FY2025</b>	<b>FY2026</b>	<b>FY2027</b>
General Fund	-	631	1,429	1,523	1,613	
<b>Total</b>	<b>-</b>	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>	<b>1,613</b>
	<b>Biennial Total</b>		<b>2,060</b>			<b>3,136</b>
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
General Fund	-	631	1,429	1,523	1,613	
<b>Total</b>	<b>-</b>	<b>631</b>	<b>1,429</b>	<b>1,523</b>	<b>1,613</b>	<b>1,613</b>
	<b>Biennial Total</b>		<b>2,060</b>			<b>3,136</b>
<b>2 - Revenues, Transfers In*</b>						
General Fund	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Biennial Total</b>		<b>-</b>			<b>-</b>

**Bill Description**

Section 1 prohibits a pharmacy benefit manager (PBM) or health carrier to require that a clinician-administered drug or its administration be covered as a pharmacy benefit. PBMs and health carriers must also allow the enrollee to choose where and through whom they receive the drug, and must receive coverage for the drug without requirements pertaining to the provider or pharmacy through which the drug is accessed. Cost-sharing and other requirements are also specified, including limiting what an enrollee pays to only what would be required at a pharmacy chosen by the PBM.

**Assumptions**

This bill is assumed to be effective January 1, 2024.

This bill is assumed to impact the bulk purchasing that Managed Care Organizations (MCOs) can conduct through contracting agreements with specialty pharmacies. It is assumed that MCOs have contracted for maximum efficiency with regards to cost. DHS assumes that this change would impact the ability for MCOs to bulk purchase through specialty pharmacies, which will result in additional costs, and therefore increase the MCO's reimbursement for these drugs. It is assumed that this change would increase specialty pharmacy costs by 1% across all plans.

Based on department data, specialty pharmacy costs in FY2019 were about 40% of overall MCO pharmacy costs (about 43% for MA adults and MA families, and about 27% for enrollees in the MA Elderly and Disabled category).

This change would also impact MinnesotaCare, but the magnitude of the change is not likely to impact managed care rates, so DHS does not ascribe a cost to the MinnesotaCare program.

**Expenditure and/or Revenue Formula**

		<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
Months of fiscal effects:					
Managed care		5	12	12	12
<b>February 2023 Forecast</b>		<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Medical Assistance</b>					
<b>Managed care: proportion for pharmacy benefits</b>					

MA Elderly and Disabled		\$164,270,864	\$143,513,777	\$171,181,139	\$190,878,735
MA Adults without Kids		\$479,398,191	\$443,076,386	\$462,627,376	\$486,329,673
MA Families with Children		\$518,329,982	\$499,146,496	\$521,998,477	\$548,158,888
<b>Medical Assistance</b>		<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Elderly and Disabled</b>					
Managed care pharmacy costs		\$164,270,864	\$143,513,777	\$171,181,139	\$190,878,735
Percent specialty pharmacy		26.70%	26.70%	26.70%	26.70%
Projected managed care specialty pharmacy		\$43,862,067	\$38,319,704	\$45,707,184	\$50,966,652
Percent increase in specialty pharmacy costs		1.00%	1.00%	1.00%	1.00%
Projected change in specialty pharmacy costs		\$438,621	\$383,197	\$457,072	\$509,667
Phase-in		41.67%	100.00%	100.00%	100.00%
Total cost (Elderly and Disabled)		\$182,759	\$383,197	\$457,072	\$509,667
Federal share %		51.49%	51.49%	51.49%	51.49%
Federal share		\$94,102	\$197,308	\$235,346	\$262,427
<b>State Share</b>		\$88,656	\$185,889	\$221,726	\$247,239
<b>Adults Without Children</b>					
Managed care pharmacy costs		\$479,398,191	\$443,076,386	\$462,627,376	\$486,329,673
Percent specialty pharmacy		43.42%	43.42%	43.42%	43.42%
Projected managed care specialty pharmacy		\$208,173,044	\$192,400,726	\$200,890,515	\$211,182,959
Percent increase in specialty pharmacy costs		1.00%	1.00%	1.00%	1.00%
Projected change in specialty pharmacy costs		\$2,081,730	\$1,924,007	\$2,008,905	\$2,111,830
Phase-in		41.67%	100.00%	100.00%	100.00%
Total cost (Adults)		\$867,388	\$1,924,007	\$2,008,905	\$2,111,830
Federal share %		90.00%	90.00%	90.00%	90.00%
Federal share		\$780,649	\$1,731,607	\$1,808,015	\$1,900,647
<b>State Share</b>		\$86,739	\$192,401	\$200,891	\$211,183
<b>Families With Children</b>					
Managed care pharmacy costs		\$518,329,982	\$499,146,496	\$521,998,477	\$548,158,888
Percent specialty pharmacy		43.42%	43.42%	43.42%	43.42%
Projected managed care specialty pharmacy		\$225,078,718	\$216,748,514	\$226,671,719	\$238,031,571
Percent increase in specialty pharmacy costs		1.00%	1.00%	1.00%	1.00%
Projected change in specialty pharmacy costs		\$2,250,787	\$2,167,485	\$2,266,717	\$2,380,316
Phase-in		41.67%	100.00%	100.00%	100.00%
Total cost (Families)		\$937,828	\$2,167,485	\$2,266,717	\$2,380,316
Federal share %		51.49%	51.49%	51.49%	51.49%
Federal share		\$482,888	\$1,116,038	\$1,167,133	\$1,225,625
<b>State Share</b>		\$454,940	\$1,051,447	\$1,099,585	\$1,154,691
<b>Fiscal Summary - State Share</b>		<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
Elderly and Disabled		\$88,656	\$185,889	\$221,726	\$247,239

Adults without Children		\$86,739	\$192,401	\$200,891	\$211,183
Families with Children		\$454,940	\$1,051,447	\$1,099,585	\$1,154,691
<b>Total MA General Fund</b>		<b>\$630,335</b>	<b>\$1,429,737</b>	<b>\$1,522,201</b>	<b>\$1,613,113</b>

Fiscal Tracking Summary (\$000's)						
Fund	BACT	Description	FY2024	FY2025	FY2026	FY2027
GF	33ED	MA Grants	89	186	222	247
GF	33AD	MA Grants	87	192	201	211
GF	33FC	MA Grants	455	1,051	1,100	1,155
		<b>Total Net Fiscal Impact</b>	631	1,429	1,523	1,613
		<b>Full Time Equivalents</b>				

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

DHS February 2023 Forecast

**Agency Contact:**

**Agency Fiscal Note Coordinator Signature:** Chris Zempel

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SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Agency: **Minn Management and Budget**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Susan Nelson    **Date:** 3/14/2023 12:19:38 PM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

Senate File 482-1E prohibits pharmacy benefit managers (PBMs) and health carriers from requiring that clinician-administered drugs be covered as a pharmacy benefit. The bill defines a clinician-administered drug as a prescription drug that cannot be self-administered, is not a vaccine, and is typically administered by a health care provider in a physician’s office, hospital outpatient infusion center, or other clinical setting. The bill allows members to obtain clinician-administered drugs directly from their chosen health care provider or pharmacy. Health carriers and PBMs are prohibited from offering financial or other incentives to influence the member’s choice of provider or pharmacy. Member cost sharing and coverage limitations must be the same for clinician-administered drugs obtained from a provider as they would have been if obtained at a pharmacy chosen by the PBM/health carrier.

**Assumptions**

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP) which provides health, dental, life, and other benefits to eligible State employees and their dependents, and quasi-state agencies defined in Minnesota Statute. Health benefits are provided through the self-funded Minnesota Advantage Health Plan (Advantage). SEGIP contracts with three health plan administrators to provide medical benefits and a Pharmacy Benefit Manager (PBM) to provide its prescription drug benefit.

SF482-1E bill prohibits the Advantage Health Plan and SEGIP’s contracted health plan administrators and PBM from requiring that clinician-administered drugs be covered under the pharmacy benefit. It also requires that the enrollees be able to choose to have historically clinician-administered drugs administered in a pharmacy setting without discrimination. Currently, clinician-administered drugs are covered under the Advantage medical benefit.

MMB assumes minimal impact to SEGIP from this bill, as clinician-administered drugs are currently covered under the Advantage medical benefit. MMB assumes that this bill would not substantially affect the Advantage tiered network design that places clinics into one of four cost levels based on their total cost of care. However, the Advantage plan benefit design may need to change slightly to comply with the cost-sharing requirement in subdivision 3, paragraph (2). Currently under the Advantage Plan, a member may get a drug of this type administered in an office setting, meaning they would be responsible for an office visit copayment pursuant to the plan design. If the same drug were administered in an outpatient setting, however, the plan design indicates a member coinsurance responsibility (rather than copayment). If the same drug were administered as part of hospital surgery, a copayment would apply.

To comply with the bill’s requirements, that type of cost-sharing would likely need to be standardized across the plan for clinician-administered drugs, which could result in a modest cost to SEGIP depending on how it was structured and approved in labor contracts, but at this point in time it is not possible to quantify that cost.

**Expenditure and/or Revenue Formula**

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

Program Information and claims data from SEGIP, administered by MMB.

**Agency Contact:** Galen Benshoof 651-207-8224

**Agency Fiscal Note Coordinator Signature:** Ronika Rampadarat

**Phone:** 612-659-6873

**Date:** 3/14/2023 11:29:50 AM

**Email:** ronika.rampadarat@state.mn.us

SF482 - 1E - Clinician-Administered Drugs

Chief Author: **Matt Klein**  
 Committee: **Commerce And Consumer Protection**  
 Date Completed: **3/14/2023 12:21:44 PM**  
 Agency: **Pharmacy Board**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila    **Date:** 3/14/2023 12:15:56 PM  
**Phone:** 651-296-6053    **Email:** shannon.zila@lbo.mn.gov

**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

This bill relating to health; establishing requirements for pharmacy benefit managers and health carriers related to clinician-administered drugs; proposing coding for new law in Minnesota Statutes, chapter 62W 1.3 1.4

**Assumptions**

Chapter 62W.15 (Clinician-Administered Drugs) does not fall under the jurisdiction of the Board of Pharmacy and the Pharmacy Practice Act. Enforcement of this new legislation would fall under the jurisdiction of the Department of Commerce. If a complaint related to Chapter 62W were filed with the Board of Pharmacy, it would be forwarded to the Dept. of Commerce, and the complainant would be notified of the non-jurisdictional complaint. Therefore, there would be little to no financial impact to the Board.

**Expenditure and/or Revenue Formula**

N/A

**Long-Term Fiscal Considerations**

N/A

**Local Fiscal Impact**

N/A

**References/Sources**

**Agency Contact:** Jill Phillips (651-201-2834)

**Agency Fiscal Note Coordinator Signature:** Jill Phillips

**Phone:** 651-201-2834

**Date:** 3/14/2023 12:07:29 PM

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