

1.1 Senator moves to amend S.F. No. 2744 as follows:

1.2 Page 36, after line 7, insert:

1.3 "(f) Notwithstanding section 62A.65, subdivision 2, a health plan company may
1.4 discontinue offering a health plan under this subdivision if, three years after the date the
1.5 plan is initially offered, the plan has fewer than 75 enrollees enrolled in the plan. A health
1.6 plan company discontinuing a plan under this paragraph must only discontinue the health
1.7 plan that has fewer than 75 enrollees and:

1.8 (1) provide notice of the plan's discontinuation in writing, in a form prescribed by the
1.9 commissioner, to each individual enrolled in the plan at least 90 calendar days before the
1.10 date the coverage is discontinued;

1.11 (2) offer on a guaranteed issue basis to each individual enrolled the option to purchase
1.12 an individual health plan currently being offered by the health plan company for individuals
1.13 in that geographic rating area. An enrollee who does not select an option must be
1.14 automatically enrolled in the individual health plan closest in actuarial value to the enrollee's
1.15 current plan; and

1.16 (3) act uniformly without regard to any health status-related factor of enrolled individuals
1.17 or dependents of enrolled individuals who may become eligible for coverage."

1.18 Page 36, delete section 34 and insert:

1.19 "Sec. 34. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

1.20 Subdivision 1. **Definition.** (a) For purposes of this section, the following definition
1.21 applies.

1.22 (b) "Clinician-administered drug" means an outpatient prescription drug other than a
1.23 vaccine that:

1.24 (1) cannot reasonably be self-administered by the enrollee to whom the drug is prescribed
1.25 or by an individual assisting the enrollee with self-administration; and

1.26 (2) is typically administered:

1.27 (i) by a health care provider authorized to administer the drug, including when acting
1.28 under a physician's delegation and supervision; and

1.29 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

2.1 Subd. 2. Safety and care requirements for clinician-administered drugs. (a) A
2.2 specialty pharmacy that ships a clinician-administered drug to a health care provider or
2.3 pharmacy must:

2.4 (1) comply with all federal laws regulating the shipment of drugs, including but not
2.5 limited to the U.S. Pharmacopeia General Chapter 800;

2.6 (2) in response to questions from a health care provider or pharmacy, provide access to
2.7 a pharmacist or nurse employed by the specialty pharmacy 24 hours a day, 7 days a week;

2.8 (3) allow an enrollee and health care provider to request a refill of a clinician-administered
2.9 drug on behalf of an enrollee, in accordance with the pharmacy benefit manager or health
2.10 carrier's utilization review procedures; and

2.11 (4) adhere to the track and trace requirements, as defined by the federal Drug Supply
2.12 Chain Security Act, United States Code, title 21, section 360eee, et seq., for a
2.13 clinician-administered drug that needs to be compounded or manipulated.

2.14 (b) For any clinician-administered drug dispensed by a specialty pharmacy selected by
2.15 the pharmacy benefit manager or health carrier, the requesting health care provider or their
2.16 designee must provide the requested date, approximate time and place of delivery of a
2.17 clinician-administered drug at least five business days before the date of delivery. The
2.18 specialty pharmacy must require a signature upon receipt of the shipment when shipped to
2.19 a health care provider.

2.20 (c) A pharmacy benefit manager or health carrier who requires dispensing of a
2.21 clinician-administered drug through a specialty pharmacy shall establish and disclose a
2.22 process which allows the health care provider or pharmacy to appeal and have exceptions
2.23 to the use of a specialty pharmacy when:

2.24 (1) a drug is not delivered as specified in paragraph (b); or

2.25 (2) an attending health care provider reasonably believes an enrollee may experience
2.26 immediate and irreparable harm without the immediate, onetime use of clinician-administered
2.27 drug that a health care provider or pharmacy has in stock.

2.28 (d) A pharmacy benefit manager or health carrier shall not require a specialty pharmacy
2.29 to dispense a clinician-administered drug directly to an enrollee with the intention that the
2.30 enrollee will transport the clinician-administered drug to a health care provider for
2.31 administration.

2.32 (e) A pharmacy benefit manager, health carrier, health care provider, or pharmacist shall
2.33 not require and may not deny the use of a home infusion or infusion site external to the

3.1 enrollee's provider office or clinic to dispense or administer a clinician-administered drug
3.2 when requested by an enrollee and such services are covered by the health plan and are
3.3 available and clinically appropriate as determined by the health care provider and delivered
3.4 in accordance with state law.

3.5 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to health
3.6 plans offered, issued, or renewed on or after that date."

3.7 Amend the title accordingly