

## S.F. No. 1129 – Modifying membership of the Formulary Committee and procedure for preferred drug list

**Author:** Senator John A. Hoffman

**Prepared by:** Aly Hoffman Litchy, Senate Counsel (651/296-4394)

**Date:** February 27, 2023

---

**Section 1 (256B.0625, subd. 13c)** modifies the membership of the Formulary Committee by increasing the number of physicians from four to five and requires one physician to be a psychiatrist, one to specialize in rare diseases, one to specialize in pediatrics, and one to be actively treating persons with disabilities. Creates new requirements for the licensed pharmacists on the committee by requiring one to be practicing outside the metropolitan counties, one to be practicing within the metropolitan counties, and one to be a practicing hospital pharmacist. Increases the number of consumer representatives from one to four and requires all to have a personal or professional connection to medical assistance. Adds a representative designated by the Minnesota Rare Disease Advisory Council. Makes changes to the committee’s operation by specifying that a committee member may be reappointed once, requires the committee to vote on a chair, and requires the chair to preside over all meetings. Further requires the committee to meet at least six times per year, states the committee is subject to the Open Meeting Law, and extends the sunset of the committee to June 30, 2027.

**Section 2 (256B.0625, subd. 13g)** makes changes to the preferred drug list.

**Paragraph (a)** requires the terms of a contract between the commissioner and a vendor for the purpose of participating in the preferred drug list and supplemental rate to be publicly disclosed. Also requires the commissioner to implement and maintain an accurate archive of previous versions of the preferred drug list, and to make that archive available to the public beginning January 1, 2024.

**Paragraph (b)** requires the commissioner to consult with the Formulary Committee, appropriate medical specialists, appropriate patient advocacy groups, and the Minnesota Rare Disease Advisory Council before modifying the preferred drug list. Also requires the commissioner to comply with public notice requirements.

**Paragraph (d)** defines “appropriate medical specialist” and “patient advocacy group.”

**Paragraph (e)** requires the commissioner to maintain a public list of patient advocacy groups.

**Paragraph (f)** modifies public notice requirements for changes related to the preferred drug list by requiring the disclosure of any medical or clinical analyses related to a proposed change. Also requires public notice of a Formulary Committee meeting to be posted 45 days beforehand and the list of the drugs to be discussed at such meeting to be announced at least 30 days prior, along with information on the drugs to be discussed.