

## S.F. No. 2459 – Equal coverage requirement of services provided by a pharmacist

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### Overview

**S.F. 2459** requires that coverage provided by certain group policy and subscriber contracts, as well as by a health maintenance contract, medical assistance, and MinnesotaCare, and relating to expenses incurred for medical treatment or services provided by a licensed physician must also include services provided by a licensed pharmacist. The bill further prohibits carriers that issue certain group policy and subscriber contracts, as well as health maintenance organizations, from denying benefits payable for services covered by the applicable policy or contract if the services are lawfully performed by a licensed pharmacist. **S.F. 2459** also requires the commissioner of commerce to consult with health plan companies, pharmacies, and pharmacy benefit managers to develop guidance to implement coverage for pharmacy services.

### Summary

**Section 1. Pharmacist.** Adds subdivision 3d to Minn. Stat. § 62A.15, a statute in Minnesota’s chapter on Accident and Health Insurance and relating to “coverage of certain licensed health professional services.” The new subdivision requires that all benefits provided by a group policy or subscriber contract, which policy or contract provides payment for care in Minnesota and is issued by either an accident and health insurance company regulated by Chapter 62A or a nonprofit health service plan corporation regulated under Chapter 62C, and relating to expenses incurred for medical treatment or services provided by a licensed physician must include services provided by a licensed pharmacist.

**Effective Date.** This section is effective January 1, 2025, and applies to policies or contracts offered, issued, or renewed on or after that date.

**Section 2. Denial of benefits.** Amends Minn. Stat. § 62A.15, subdivision 4, paragraph (a) to prohibit a carrier that issues a group policy or subscriber contract, which policy or contract provides payment for care in Minnesota and is issued by either an accident and health insurance company regulated by Chapter 62A or a nonprofit health service plan corporation regulated under Chapter 62C, from, in the

payment of claims to Minnesota employees, denying benefits payable for services covered by the policy or contract if the services are lawfully performed by a licensed pharmacist.

**Effective Date.** This section is effective January 1, 2025, and applies to policies or contracts offered, issued, or renewed on or after that date.

**Section 3. [Minn. Stat. § 62D.1071] Coverage of Licensed Pharmacist Services.**

**Subdivision 1. Pharmacist.** Requires that all benefits provided by a health maintenance contract relating to expenses incurred for medical treatment or services provided by a licensed physician include services provided by a licensed pharmacist.

**Subdivision 2. Denial of benefits.** Prohibits a health maintenance organization from, when paying claims for Minnesota enrollees, denying payment for medical services covered by an enrollee’s health maintenance contract if the services are lawfully performed by a licensed pharmacist.

**Subd. 3. Medication therapy management.** Provides that this section does not apply to or affect the coverage or reimbursement for medication therapy management services under sections 62Q.626 or 256B.0625.

**Effective Date.** This section is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date.

**Section 4. Coverage and payment for pharmacy services.** Adds subdivision 13k to Minn. Stat. § 256B.0625, a statute in Minnesota’s chapter on Medical Assistance for Needy Persons and relating to “covered services.” The new subdivision requires that medical assistance coverage for services provided by a licensed physician must include coverage for services provided by a licensed pharmacist, including services provided under fee-for-service medical assistance, by a managed care plan, or by a county-based purchasing plan. Requires the commissioner, managed care plans, and county-based purchasing plans to reimburse a participating pharmacist or pharmacy for a service that is also within a physician’s scope of practice at an amount no lower than the standard payment rate that would be applied when reimbursing a physician for the service.

**Effective Date.** This section is effective January 1, 2025, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**Section 5. Coverage and payment for pharmacy services.** Adds subdivision 7 to Minn. Stat. § 256L.03, a statute in Minnesota’s chapter on MinnesotaCare and relating to “covered health services.” The new subdivision requires that MinnesotaCare coverage and payment for pharmacy services comply with the requirements for medical assistance specified under the new section 256B.0625, subdivision 13k.

**Effective Date.** This section is effective January 1, 2025, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**Section 6. Commissioner of Commerce.** Requires the commissioner of commerce to consult with health plan companies, pharmacies, and pharmacy benefit managers to develop guidance to implement coverage for the pharmacy services required by sections 1 to 3 of this bill.