

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2607

(SENATE AUTHORS: KUPEC)

DATE	D-PG	OFFICIAL STATUS
03/17/2025	858	Introduction and first reading Referred to Health and Human Services

1.1A bill for an act

1.2relating to human services; modifying applicability of prior authorization clinical

1.3criteria changes and utilization review provisions; amending Minnesota Statutes

1.42024, sections 62M.17, subdivision 2; 256B.0625, subdivision 25c.

1.5BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6Section 1. Minnesota Statutes 2024, section 62M.17, subdivision 2, is amended to read:

1.7Subd. 2. **Effect of change in prior authorization clinical criteria.** (a) If, during a plan

1.8year, or a calendar year for fee-for-service providers under chapters 256B and 256L, a

1.9utilization review organization changes coverage terms for a health care service or the

1.10clinical criteria used to conduct prior authorizations for a health care service, the change in

1.11coverage terms or change in clinical criteria shall not apply until the next plan year, or the

1.12next calendar year for fee-for-service providers under chapters 256B and 256L, for any

1.13enrollee who received prior authorization for a health care service using the coverage terms

1.14or clinical criteria in effect before the effective date of the change.

1.15(b) Paragraph (a) does not apply if a utilization review organization changes coverage

1.16terms for a drug or device that has been deemed unsafe by the United States Food and Drug

1.17Administration (FDA); that has been withdrawn by either the FDA or the product

1.18manufacturer; or when an independent source of research, clinical guidelines, or

1.19evidence-based standards has issued drug- or device-specific warnings or recommended

1.20changes in drug or device usage.

1.21(c) Paragraph (a) does not apply if a utilization review organization changes coverage

1.22terms for a service or the clinical criteria used to conduct prior authorizations for a service

1.23when an independent source of research, clinical guidelines, or evidence-based standards

has recommended changes in usage of the service for reasons related to patient harm. This paragraph expires December 31, 2025, for health benefit plans offered, sold, issued, or renewed on or after that date.

(d) Effective January 1, 2026, and applicable to health benefit plans offered, sold, issued, or renewed on or after that date, paragraph (a) does not apply if a utilization review organization changes coverage terms for a service or the clinical criteria used to conduct prior authorizations for a service when an independent source of research, clinical guidelines, or evidence-based standards has recommended changes in usage of the service for reasons related to previously unknown and imminent patient harm.

(e) Paragraph (a) does not apply if a utilization review organization removes a brand name drug from its formulary or places a brand name drug in a benefit category that increases the enrollee's cost, provided the utilization review organization (1) adds to its formulary a generic or multisource brand name drug rated as therapeutically equivalent according to the FDA Orange Book, or a biologic drug rated as interchangeable according to the FDA Purple Book, at a lower cost to the enrollee, and (2) provides at least a 60-day notice to prescribers, pharmacists, and affected enrollees.

Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 25c, is amended to read:

Subd. 25c. **Applicability of utilization review provisions.** Effective January 1, 2026, the following provisions of chapter 62M apply to the commissioner when delivering services under chapters 256B and 256L: 62M.02, subdivisions 1 to 5, 7 to 12, 13, 14 to 18, and 21; 62M.04; 62M.05, subdivisions 1 to 4; 62M.06, subdivisions 1 to 3; 62M.07; 62M.072; 62M.09; 62M.10; 62M.12; and 62M.17, subdivision 2; ~~and 62M.18.~~