



Minnesota Pharmacy Legislative Summary 2021

Commissioner of human services directed to establish a prescription drug purchasing program, and program authority and eligibility requirements specified.

HF 8

Background

This bill is aimed at encouraging the Department of Human Services (DHS) to create a prescription drug program that is 100% Fee for Service by taking the drug spend for Medicaid patients and moving it from the PBMs/MCOs to the state. This will save millions for the state and improve access to prescriptions for our patients. One example is West Virginia where the drug carve out saved the state \$57 million dollars in the first year. The bill will also allow the Commissioner for the Department of Health to develop a preferred drug list and engage in price negotiations with prescription drugs to obtain price discounts and rebates for prescription drugs. It is important to know that we are advocating to not have 340B taken away from health systems and pharmacies and MPhA is working with the author on language to address this.

Impact to Pharmacy in Minnesota

Patients and providers are often limited by formularies and not what is best for the patient. This will also help our State have authority in negotiating prices of state prescription plans thus saving valuable funds.

Permanent Remote Medication Therapy Management Services - Minnesota Telehealth Act SF 1160 and HF 1412

Background

The Minnesota Telehealth Act aims to update terminology from telemedicine to telehealth and expand the definition to be more comprehensive, this includes pharmacy. The proposed change also expands services for telehealth to include audio-only communication in addition to two-way audio and visual communication. It would also remove the requirement that Medication Therapy Management be delivered in a brick and mortar location allowing for video or telephonic visits for patients with Medicaid. These services as well as other telehealth provider services are covered and reimbursement is mandated. The proposed amendments are extensions of services provided by the peacetime emergency mandate during the COVID-19 Pandemic.

Impact to Pharmacy in Minnesota

Providing Medication Therapy Management (MTM) services virtually allowed many more patients to receive care in 2020, despite a global pandemic. There are often physical or scheduling limitations to patients accessing care and by expanding telehealth services, more Minnesotans were able to connect with pharmacists and receive the care they required.

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Patient Fair Competition Proposal SF 917 and HF 2135

Background

This bill aims to improve transparency in pharmacy relating to Pharmacy Benefit Manager (PBM) operations. This bill would promote patient safety by prohibiting PBMs from engaging in misleading or untrue advertisement, promotion, solicitation, representation, proposal, or offers. It will also protect MN pharmacies from excess fees, national and regional variabilities in medication reimbursement, and unnecessary fees. Ultimately, this act would require PBMs to clearly communicate charges and reimbursements and will not allow them to regulate pharmacy certification in our state.

Impact to Pharmacy in Minnesota

PBM transparency is vital to allow patients to have the correct information regarding their medication costs and where they can get their medication. Additionally, this bill will ensure that pharmacies are charged appropriately for medications and are not receiving fees after the point of sale. By having transparent information from the PBMs, pharmacies will remain open and have less fear of having to close their doors due to unexpected fees and/or poor reimbursement.

Expanding Medication Administration Authority (Not Yet Introduced to House or Senate)

Background

Many patients throughout Minnesota are experiencing issues accessing medication and related administration services, in some cases because more medications are injectable products. Many injectable medications require patients to pick up the medication from the pharmacy then drive to a clinic where the medication can be administered. In some cases, they may have clinic access but incur an additional clinic visit cost. These situations span both rural and urban areas and a number of disease states. Examples include long-acting antipsychotics for patients with mental health conditions, Prolia for osteoporosis, Makena for women at risk of delivering preterm infants, and other medications used in oncology, osteoporosis, psoriasis, rheumatoid arthritis, multiple sclerosis, hormone deficiency, and fertility among others. The Minnesota Pharmacy Alliance plans to introduce language that would modify the existing bill by removing the language “pharmacists can administer medications for mental health and substance use disorder” and changing it to “pharmacists can administer any medication prescribed by a prescriber.”

Impact to Pharmacy in Minnesota

Allowing pharmacists to administer injectable medications in the community setting would prevent patients from numerous challenges such as scheduling conflicts with prescribers, difficulty with medication adherence, issues with medication access, and a lack of knowledge of the medication or administration.

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Cost of Dispensing Survey and Reimbursement to Pharmacies (Not Yet Introduced to House or Senate)

Background

In 2019 the legislature passed legislation stating that a cost of dispensing fee would be established through a survey of all pharmacies in Minnesota. This fee was set at \$10.48 in 2019 based on an Indiana cost of dispensing survey. In 2020, pharmacies were surveyed on cost of dispensing. This survey looks at all costs associated with a pharmacy, including but not limited to: cost of labor, overhead, rent, etc. In 2021 the survey was reviewed by the Department of Human Services and they suggested that the dispensing fee be reduced to \$9.91 based on this survey. The Minnesota Pharmacy Alliance is advocating for the dispensing fee to either stay at \$10.48 or increase slightly based on the survey results.

Impact to Pharmacy in Minnesota

A reduction in the dispensing fee would reduce the reimbursement that pharmacies are receiving for Medicaid patients. This would potentially lead to pharmacy closures which would impact patients throughout Minnesota, especially in rural Minnesota.

Pharmacists Impact in COVID-19 Pandemic HF 1348

Background

The American Pharmacists Association (APhA) promotes pharmacists as essential health care providers who serve a critical role by providing care for patients in their communities. All health care providers, including pharmacists, continue to be needed during this crisis. Opportunities for pharmacists are available via in-person or virtual formats to assist local communities or neighboring states. Pharmacists can provide a range of services, including dispensing, special packaging, testing, public education, public health, and health care outreach. APhA encourages the pharmacist workforce to participate in such opportunities during this public health crisis.

A proposal has been introduced (HF 1438) to provide COVID-19 vaccination administration reimbursement rate equivalent to the Medicare rate which was proposed by the federal government and CMS in December of 2020. Most states, including those bordering Minnesota, have already adopted this rate. The current Minnesota rate that is specified by law is \$12.48. The Medicare rate is \$16.94 for the first dose in a vaccine series (Moderna and Pfizer) and \$28.39 for the second dose in a series or for a one dose vaccine (Johnson and Johnson).

Impact to Pharmacy in Minnesota

Pharmacists have been vaccinating long term care and skilled nursing residents since December. Recently pharmacists have started vaccinating their communities and at mass vaccination events. The Minnesota Department of Health is working with the Minnesota Pharmacists Association and the Community Pharmacy Enhanced Services Network to allocate vaccine in an equitable way to pharmacies who then administer the vaccine. The program is called the Small Chain Independent Pharmacy Project.

The reimbursement rate for Medicaid patients who are vaccinated with COVID-19 vaccine is important. All providers are pursuing this administration rate and pharmacists need to be included in this.
