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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 4092

03/04/2020 Authored by Schomacker
The bill was read for the first time and referred to the Committee on Commerce

1.1 A bill for an act
1.2 relating to health care; establishing a patient insulin assistance program; requiring
1.3 health plan companies to provide notice to enrollees with dependent child coverage
1.4 when that coverage ends; appropriating money; amending Minnesota Statutes
1.5 2019 Supplement, sections 151.06, subdivision 6; 214.122; proposing coding for
1.6 new law in Minnesota Statutes, chapters 62Q; 62V.

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

1.8 Section 1. 62Q.678 DEPENDENT CHILD NOTICE.

1.9 Group health plans and health plan companies that offer group or individual health plans
1.10 with dependent coverage must provide written notice to an enrollee with dependent-child
1.11 coverage that the dependent child's coverage ends when the child reaches the age of 26.
1.12 Notice must be sent to the enrollee at the enrollee's last known address at least 90 days
1.13 before the dependent child reaches the age of 26. The notice must include the date on which
1.14 coverage ends and information on accessing the MNsure website.

1.15 Sec. 2. 62V.15 PATIENT INSULIN ASSISTANCE PROGRAM.

1.16 Subdivision 1. Establishment. A patient insulin assistance program shall be implemented
1.17 by July 1, 2020. The program shall provide access to affordable insulin to eligible individuals,
1.18 including access to emergency insulin and access to ongoing insulin supply options.

1.19 Subd. 2. Eligibility requirements. (a) To be eligible for the patient insulin assistance
1.20 program, an individual must:

1.21 (1) be a resident of Minnesota with a valid Minnesota identification card that indicates
1.22 Minnesota residency including a drivers license, identification card, or permit if the individual

2.1 is 18 years of age or older, or if the individual is under the age of 18, the individual's parent  
2.2 or legal guardian must meet this requirement;

2.3 (2) have a family income that is equal to or less than 400 percent of the federal poverty  
2.4 guidelines;

2.5 (3) not be enrolled in medical assistance or MinnesotaCare;

2.6 (4) not be eligible to receive health care through the Indian Health Services, TriCare, or  
2.7 prescription drug benefits through the Department of Veterans Affairs;

2.8 (5) not have access to prescription drug coverage through an individual or group health  
2.9 plan that limits the total amount of cost-sharing that an enrollee is required to pay for insulin,  
2.10 including co-payments, deductibles, or coinsurance to \$100 or less for a 30-day supply of  
2.11 insulin;

2.12 (6) not be receiving insulin through a manufacturer's patient assistance program; and

2.13 (7) not have received emergency insulin through this program within the 12 months  
2.14 preceding the date the application is submitted to MNsure.

2.15 (b) In addition to meeting the requirements in paragraph (a), an individual who is enrolled  
2.16 in Medicare may be eligible for emergency insulin if the individual and the individual's  
2.17 drug plan have incurred prescription drug costs during the calendar year of application in  
2.18 an amount that meets the coverage gap spending threshold established under Medicare, and  
2.19 does not have access to insulin for less than \$100 for a 30-day supply. An individual who  
2.20 is enrolled in Medicare is not eligible for the Minnesota assistance program under subdivision  
2.21 7. Nothing in this paragraph shall be construed to prohibit an individual from applying  
2.22 directly to an insulin manufacturer's patient assistance program.

2.23 Subd. 3. **Application.** (a) The Board of Directors of MNsure shall develop an application  
2.24 form to be used for the patient insulin assistance program and make the form accessible to  
2.25 individuals through MNsure's website. MNsure may also make the form available to  
2.26 pharmacies and health care providers who prescribe or dispense insulin, hospital emergency  
2.27 departments, urgent care clinics, and community health clinics.

2.28 (b) The application must include the applicant's income, residency status, including the  
2.29 type of identification card that indicates Minnesota residency, and insurance status  
2.30 information. The application must also require the applicant to indicate whether insulin is  
2.31 being requested on an emergency basis and whether the applicant is also applying for the  
2.32 Minnesota assistance program.

3.1 (c) An individual may submit a completed and signed application online through the  
3.2 MNsure website. By signing the application, an individual attests that the information  
3.3 contained in the application is correct, and consents to MNsure submitting the individual's  
3.4 information to insulin manufacturers as required under paragraph (d), and to MNsure  
3.5 processing the individual's application to determine eligibility for the Minnesota assistance  
3.6 program.

3.7 (d) Upon receipt of an application, MNsure shall submit an applicant's name and contact  
3.8 information to each insulin manufacturer for the purpose of informing each manufacturer  
3.9 that the individual may be eligible for the manufacturer's patient assistance program or  
3.10 coupon program.

3.11 (e) Any individual who submits a signed application containing any information that  
3.12 the individual knows is false or willfully misleading may be subject to section 256.98.

3.13 Subd. 4. MNsure duties; access to emergency insulin and contract. (a) Upon receipt  
3.14 of a completed and signed application, MNsure must provide an applicant requesting insulin  
3.15 on an emergency basis with: (1) an identification number, indicating that a completed  
3.16 application has been received; and (2) any information necessary for a pharmacy to dispense  
3.17 insulin on an emergency basis. This information must be provided in a format that can be  
3.18 downloaded by the applicant or conveyed in an electronic form.

3.19 (b) After completing paragraph (a), MNsure must review each application within five  
3.20 business days of receipt of the application. If an individual attests on the application that  
3.21 the individual is enrolled in Medicare, MNsure must provide the individual with contact  
3.22 information for the Senior LinkAge Line and for each insulin manufacturer's patient  
3.23 assistance program. If the individual does not attest to being enrolled in Medicare, MNsure  
3.24 must connect the individual with a navigator to assist the individual in determining whether  
3.25 the individual is eligible to receive insulin on an ongoing basis, in accordance with  
3.26 subdivision 6.

3.27 (c) The MNsure Board of Directors may contract with a third-party administrator to  
3.28 implement this subdivision, and shall contract with a claims adjudicator to process claims  
3.29 and reimburse pharmacies for insulin provided on an emergency basis under subdivision  
3.30 5. Payment to the pharmacy must be an amount that at least covers the pharmacy's acquisition  
3.31 cost for the insulin dispensed. Any payment to the pharmacy is in addition to the co-payment  
3.32 required to be paid by the individual under subdivision 5, paragraph (d).

4.1 Subd. 5. Pharmacy duties; access to emergency insulin. (a) An individual seeking  
4.2 insulin on an emergency basis must present the identification number, a valid prescription,  
4.3 and other information specified in subdivision 4 to the pharmacy.

4.4 (b) Before the insulin is dispensed to the individual, the individual must provide  
4.5 identification indicating Minnesota residency to the pharmacist in the form of a valid  
4.6 Minnesota identification card, driver's license, or permit. If the individual needing the  
4.7 emergency insulin is under the age of 18, the individual accessing the program on behalf  
4.8 of the minor must be the minor's parent or legal guardian and must provide the pharmacist  
4.9 with proof of residency as required under this paragraph.

4.10 (c) Upon receipt of the information required under paragraph (a), and following  
4.11 compliance with paragraph (b), the pharmacy shall dispense the prescribed insulin in an  
4.12 amount that is equivalent to a 30-day supply. The pharmacy shall submit the claim in  
4.13 accordance with the claims processing requirements specified by the claims adjudicator  
4.14 under contract with the MNsure Board of Directors.

4.15 (d) An eligible individual is responsible for paying an insulin co-payment to the pharmacy  
4.16 in an amount of \$75 for the 30-day supply of the insulin dispensed by the pharmacy under  
4.17 this program.

4.18 Subd. 6. Navigator duties. (a) Upon receiving the name of an applicant from MNsure,  
4.19 a navigator shall contact the individual to determine if the individual is eligible for affordable  
4.20 insulin on an ongoing basis, as provided in this subdivision.

4.21 (b) The navigator shall first determine if the individual is eligible for medical assistance  
4.22 or MinnesotaCare. If the navigator determines that the individual is eligible, the navigator  
4.23 shall assist the individual in applying for the appropriate program.

4.24 (c) If the navigator determines that the individual is not eligible for medical assistance  
4.25 or MinnesotaCare, the navigator shall provide the individual with information on, and as  
4.26 applicable, assist the individual in determining eligibility and applying for the following  
4.27 sources of ongoing insulin coverage:

4.28 (1) qualified health plans offered through MNsure, subject to open and special enrollment  
4.29 periods;

4.30 (2) providers who are authorized to participate in the 340b program under section 340b  
4.31 of the federal Public Health Services Act, United States Code, title 42, section 256b;

4.32 (3) community health centers;

4.33 (4) insulin manufacturer patient assistance programs; and

5.1 (5) the Minnesota assistance program established under this section.

5.2 (d) If the navigator determines that the individual is in need of an additional 30-day  
5.3 supply of emergency insulin, and the individual is cooperating in enrolling in either medical  
5.4 assistance or MinnesotaCare or is in the process of accessing the Minnesota assistance  
5.5 program or another source of ongoing insulin coverage, the navigator shall inform MNsure  
5.6 and MNsure shall provide the individual with a new identification number to provide to the  
5.7 pharmacy, indicating the individual is eligible for an additional 30-day supply of insulin.  
5.8 Following the procedures specified in subdivision 5, the pharmacy shall dispense an  
5.9 additional 30-day supply of insulin to the individual.

5.10 **Subd. 7. MNsure board; Minnesota assistance program.** (a) Upon completing the  
5.11 review required under subdivision 4, paragraph (b), MNsure shall continue to process an  
5.12 individual's application to determine if the individual is eligible for the Minnesota assistance  
5.13 program, unless the individual is determined to be eligible for medical assistance or  
5.14 MinnesotaCare.

5.15 (b) If MNsure determines that the individual is eligible for the Minnesota assistance  
5.16 program, MNsure shall provide the individual with an eligibility statement indicating that  
5.17 the individual may participate in the Minnesota assistance program. The eligibility statement  
5.18 must identify the individual with a unique patient identification number to be submitted by  
5.19 the health care practitioner when the practitioner submits the order to the manufacturer as  
5.20 required under subdivision 8. The eligibility statement must also include information  
5.21 instructing the individual to take the statement to their health care practitioner and must  
5.22 include each manufacturer's contact information, as provided by the manufacturer, in  
5.23 accordance with subdivision 9.

5.24 (c) An individual's eligibility statement is valid until the last day of the next open  
5.25 enrollment period offered through MNsure after the date the individual receives an eligibility  
5.26 statement from MNsure. An individual may only access the Minnesota assistance program  
5.27 one time.

5.28 **Subd. 8. Health care practitioner responsibilities; Minnesota assistance program.** (a)  
5.29 All health care practitioners must participate in the Minnesota assistance program. For  
5.30 purposes of this section, "health care practitioner" means a primary care physician or  
5.31 endocrinologist who is licensed under chapter 147 and is practicing within the state of  
5.32 Minnesota.

5.33 (b) Upon receipt of a patient's eligibility statement, the health care practitioner must  
5.34 submit the patient's eligibility statement, unique identification number, and the name of the

6.1 insulin product and the daily dosage amount prescribed by the practitioner to the product's  
6.2 manufacturer.

6.3 (c) The health care practitioner must include with the order to the manufacturer the  
6.4 following information:

6.5 (1) the health care practitioner's name and shipping address;

6.6 (2) state license number, expiration date, and national provider identifier (NPI) number;

6.7 (3) office telephone number, fax number, e-mail address, and an office contact name;

6.8 and

6.9 (4) any specific days or times when deliveries are not accepted by the practitioner.

6.10 (d) Except as authorized under paragraph (e), the health care practitioner must provide  
6.11 the insulin to the patient at no charge to the patient, including no charge to the patient for  
6.12 picking up the insulin at the practitioner's office. The health care practitioner must not  
6.13 provide insulin received from the manufacturer to any patient other than the patient associated  
6.14 with the specific order. The health care practitioner must not seek reimbursement for the  
6.15 insulin received from the manufacturer from any third-party payer.

6.16 (e) The health care practitioner may charge a patient a co-payment for administration  
6.17 services not to exceed \$25 for each 90-day supply if the insulin is sent to the health care  
6.18 practitioner.

6.19 (f) The health care practitioner may submit to a manufacturer a reorder for a patient if  
6.20 the patient's eligibility statement has not expired.

6.21 **Subd. 9. Manufacturer responsibilities; Minnesota assistance program.** (a) Each  
6.22 insulin manufacturer licensed under section 151.252 must participate in the Minnesota  
6.23 assistance program as a condition of doing business in this state. Each insulin manufacturer  
6.24 must provide MNsure with contact information for the health care practitioner to use when  
6.25 submitting an order to the manufacturer that includes an e-mail address, fax number,  
6.26 telephone number, and address. Each insulin manufacturer must also provide MNsure with  
6.27 contact information for MNsure to send the manufacturer applicant information in accordance  
6.28 with subdivision 3, paragraph (d).

6.29 (b) Upon receipt of an order from a health care practitioner and the information described  
6.30 in subdivision 8, the manufacturer must send to the health care practitioner a 90-day supply  
6.31 of insulin as ordered, unless a lesser amount is requested in the order, at no charge to the  
6.32 patient or health care practitioner.

7.1 (c) Upon receipt of a reorder from a health care practitioner, the manufacturer must send  
7.2 to the health care practitioner an additional 90-day supply of the product, unless a lesser  
7.3 amount is requested, at no charge to the patient or health care practitioner if the individual's  
7.4 eligibility statement has not expired.

7.5 (d) Notwithstanding paragraph (b) or (c), a manufacturer may send the insulin as ordered  
7.6 directly to the patient if the manufacturer provides a mail order service option.

7.7 Subd. 10. **Data sharing.** The commissioner of human services and the Board of Directors  
7.8 of MNsure may enter into an information sharing agreement for purposes of determining  
7.9 eligibility for the patient insulin assistance program, provided the agreement includes  
7.10 adequate protections with respect to the confidentiality and integrity of the information to  
7.11 be shared, and complies with all applicable state and federal laws, regulations, and rules,  
7.12 including the requirements in section 62V.06.

7.13 Subd. 11. **Report.** (a) By February 15 of each year, beginning February 15, 2021, each  
7.14 insulin manufacturer must report to the Board of Pharmacy the following:

7.15 (1) the number of Minnesota residents enrolled in the manufacturer's patient assistance  
7.16 program in the preceding calendar year;

7.17 (2) the number of individuals receiving insulin from the manufacturer through the  
7.18 Minnesota assistance program in the preceding calendar year; and

7.19 (3) the value of the insulin provided by the manufacturer under clauses (1) and (2).

7.20 For purposes of this paragraph, "value" means the wholesale acquisition cost of the insulin  
7.21 provided.

7.22 (b) By March 15 of each year, beginning March 15, 2021, the Board of Pharmacy shall  
7.23 submit the information reported in paragraph (a) to the chairs and ranking minority members  
7.24 of the legislative committees with jurisdiction over health and human services policy and  
7.25 finance.

7.26 (c) By March 15 of each year, beginning March 15, 2021, the Board of Directors of  
7.27 MNsure shall submit a report to the chairs and ranking minority members of the legislative  
7.28 committees with jurisdiction over health and human services policy and finance on the  
7.29 insulin patient assistance program for the previous calendar year, including:

7.30 (1) the number of individuals who applied to the program;

7.31 (2) the number of individuals who accessed emergency insulin through the program;

7.32 and

8.1 (3) the number of individuals who participated in the Minnesota assistance program.

8.2 Subd. 12. **Sunset.** This section expires December 31, 2023, except final reports required  
 8.3 to be submitted under subdivision 11 must be submitted as required by February 15, 2024,  
 8.4 and March 15, 2024.

8.5 Sec. 3. Minnesota Statutes 2019 Supplement, section 151.06, subdivision 6, is amended  
 8.6 to read:

8.7 Subd. 6. **Information provision; sources of lower cost prescription drugs.** (a) The  
 8.8 board shall publish a page on its website that provides regularly updated information  
 8.9 concerning:

8.10 (1) patient assistance programs offered by drug manufacturers, including information  
 8.11 on how to access the programs;

8.12 (2) the insulin patient assistance program established in section 62V.15, including a link  
 8.13 to the program's application form and information on how to access the program;

8.14 (3) the prescription drug assistance program established by the Minnesota Board of  
 8.15 Aging under section 256.975, subdivision 9;

8.16 ~~(3)~~ (4) the websites through which individuals can access information concerning  
 8.17 eligibility for and enrollment in Medicare, medical assistance, MinnesotaCare, and other  
 8.18 government-funded programs that help pay for the cost of health care;

8.19 ~~(4)~~ (5) availability of providers that are authorized to participate under section 340b of  
 8.20 the federal Public Health Services Act, United States Code, title 42, section 256b;

8.21 ~~(5)~~ (6) having a discussion with the pharmacist or the consumer's health care provider  
 8.22 about alternatives to a prescribed drug, including a lower cost or generic drug if the drug  
 8.23 prescribed is too costly for the consumer; and

8.24 ~~(6)~~ (7) any other resource that the board deems useful to individuals who are attempting  
 8.25 to purchase prescription drugs at lower costs.

8.26 (b) The board must prepare educational materials, including brochures and posters, based  
 8.27 on the information it provides on its website under paragraph (a). The materials must be in  
 8.28 a form that can be downloaded from the board's website and used for patient education by  
 8.29 pharmacists and by health care practitioners who are licensed to prescribe. The board is not  
 8.30 required to provide printed copies of these materials.



9.1 (c) The board shall require pharmacists and pharmacies to make available to patients  
 9.2 information on sources of lower cost prescription drugs, including information on the  
 9.3 availability of the website established under paragraph (a).

9.4 Sec. 4. Minnesota Statutes 2019 Supplement, section 214.122, is amended to read:

9.5 **214.122 INFORMATION PROVISION; PHARMACEUTICAL ASSISTANCE**  
 9.6 **PROGRAMS.**

9.7 (a) The Board of Medical Practice and the Board of Nursing shall at least annually inform  
 9.8 licensees who are authorized to prescribe prescription drugs of the availability of the Board  
 9.9 of Pharmacy's website that contains information on resources and programs to assist patients  
 9.10 with the cost of prescription drugs. The boards shall provide licensees with the website  
 9.11 address established by the Board of Pharmacy under section 151.06, subdivision 6, and the  
 9.12 materials described under section 151.06, subdivision 6, paragraph (b). The boards shall  
 9.13 also ensure that licensees are provided with information on the insulin patient assistance  
 9.14 program established in section 62V.15, and a link to the program's application form and  
 9.15 information on how patients can apply for the program.

9.16 (b) Licensees must make available to patients information on sources of lower cost  
 9.17 prescription drugs, including information on the availability of the website established by  
 9.18 the Board of Pharmacy under section 151.06, subdivision 6.

9.19 Sec. 5. **PUBLIC AWARENESS CAMPAIGN.**

9.20 The Board of Directors of MNsure shall conduct a public awareness campaign to create  
 9.21 awareness of the insulin assistance program established under section 62V.15. The campaign  
 9.22 must focus on educating eligible individuals in need of assistance in purchasing insulin of  
 9.23 the existence of the program and on how to apply. The campaign must also focus on  
 9.24 educating health care providers who treat patients with diabetes on the existence of the  
 9.25 program.

9.26 Sec. 6. **APPROPRIATIONS.**

9.27 (a) \$250,000 is appropriated in fiscal year 2020 from the health care access fund to the  
 9.28 Board of Directors of MNsure for a public awareness campaign for the insulin patient  
 9.29 assistance program established under Minnesota Statutes, section 62V.15. This is a onetime  
 9.30 appropriation and is available until December 31, 2023.

9.31 (b) \$250,000 is appropriated in fiscal year 2020 from the health care access fund to the  
 9.32 Board of Directors of MNsure to train navigators to provide services as required under

10.1 Minnesota Statutes, section 62V.15. This is a onetime appropriation and is available until  
10.2 December 31, 2023.

10.3 (c) \$..... is appropriated in fiscal year 2020 and \$..... is appropriated in fiscal year 2021  
10.4 from the health care access fund to the Board of Directors of MNsure for the implementation  
10.5 of the insulin patient assistance program established under Minnesota Statutes, section  
10.6 62V.15. The base for this appropriation is \$..... in fiscal year 2022, \$..... in fiscal year  
10.7 2023, \$..... in fiscal year 2024, and \$0 in fiscal year 2025.