

Subject DHS Formulary Committee

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Overview

The Formulary Committee assists the commissioner of human services in managing the medical assistance (MA) and MinnesotaCare drug benefit. Duties of the committee include reviewing and recommending drugs for prior authorization and for placement on the preferred drug list. This bill modifies the membership of the committee, modifies public notice requirements related to changes to the preferred drug list, extends the sunset of the formulary committee until June 30, 2027, and makes related changes.

Summary

| Section | Description |
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| 1 | Formulary committee. |
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Amends § 256B.0625, subd. 13c. Makes the following changes to the membership of the formulary committee:

- increases the number of physicians from four to at least five;
- requires one physician to be an actively practicing psychiatrist, one a specialist in the diagnosis and treatment of rare diseases, one a specialist in pediatrics, and one who actively treats persons with disabilities;
- requires one pharmacist to practice outside the metropolitan counties, one to practice in the metropolitan counties, and one to be a practicing hospital pharmacist;
- increases the number of consumer representatives from one to at least four, and requires these individuals to have a personal or professional connection to MA; and
- adds one representative designated by the Minnesota Rare Disease Advisory Council.

Makes the following changes to committee operation:

- specifies that committee members may be reappointed once;

| Section | Description |
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- requires committee members to vote on a chair from among their membership, and requires the chair to preside over all meetings;
- requires the committee to meet at least six times per year (current law requires meetings at least twice per year);
- specifies that the committee is subject to the Open Meeting Law; and
- extends the sunset of the committee to June 30, 2027 (under current law, the committee expires June 30, 2023).

2 Preferred drug list.

Amends § 256B.0625, subd. 13g. The amendment to paragraph (a) requires that the terms of the contract between the commissioner and the vendor for the preferred drug list and supplemental rebate program must be publicly disclosed. Requires the commissioner to implement and maintain an archive of previous versions of the preferred drug list, and make the archive available to the public beginning January 1, 2024.

The amendment to paragraph (b) requires the commissioner, when modifying the preferred drug list, to consult with appropriate patient advocacy groups and the Minnesota Rare Disease Advisory Council, and requires compliance with public notice requirements.

The amendment to paragraph (d) provides definitions of “appropriate medical specialist” and “patient advocacy group.”

The amendment to paragraph (e) requires the commissioner to maintain a list of patient advocacy groups.

The amendment to paragraph (f) modifies public notice requirements for public hearings related to changes to the preferred drug list, by:

- requiring disclosure of medical and clinical analyses related to the proposed change (current law requires “public” analyses to be specified); and
- requiring at least 45 days’ notice of a Formulary Committee meeting, and requires the list of drugs to be discussed at the meeting, and specifies information on the drugs, to be announced at least 30 days before the meeting.



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