moves to amend H.F. No. 289 as follows:

Page 1, line 20, after "insulin" insert ", all oral diabetes medications, and all non-insulin
injectable medications,"

Page 1, line 21, delete "and biguanides"

Page 2, line 4, after the second "the" insert "All-Items" and delete "Medical Care
Component"

Page 2, delete line 6 and insert "(2) the average annual percentage increase in the
All-Items Consumer Price Index"

Page 2, line 13, after the comma insert "excluding research and development costs and"
and after "total" insert "non-research and development"

Page 2, line 16, after "program" insert ", including the number of patients who received
financial assistance, the total amounts of prescription drugs listed under subdivision 2,
paragraph (a) provided to these patients, and the average length of time patients received
financial assistance from a patient prescription assistance program"

Page 2, line 19, after "programs" insert ". Costs reported under this clause shall include:
information on the numbers of patients who redeemed coupons or received financial
assistance from a co-payment assistance program, the numbers of prescriptions filled using
a coupon, the number of prescriptions filled using a co-payment assistance program, the
amounts of prescription drugs listed under subdivision 2, paragraph (a) provided to patients
who redeemed coupons, and the amounts of prescription drugs listed under subdivision 2,
paragraph (a) provided to patients who received financial assistance from a co-payment
assistance program"

Page 2, line 20, after "rebates" insert "and all other fees"

Page 3, line 1, delete "benefits" and insert "benefit" and delete "(a)"
Page 3, line 2, delete "benefits" and insert "benefit"

Page 3, delete lines 4 to 6 and insert:

"(1) the total amount of rebates and all other fees that the pharmacy benefit manager received from manufacturers during the preceding calendar year for all of the pharmacy benefit manager's health plan company clients and for each health plan company client, for prescription drugs included in the list compiled by the commissioner under subdivision 2, paragraph (a). The total amount of rebates must include any utilization discounts the pharmacy benefit manager received from a manufacturer;"

Page 3, line 7, after "rebates" insert "and all other fees"

Page 3, line 8, delete "benefits" and insert "benefit" and delete "and"

Page 3, line 9, after "rebates" insert "and all other fees" and delete "negotiated" and insert "received"

Page 3, line 17, delete "benefits" and insert "benefit" and delete the period and insert a semicolon

Page 3, delete lines 18 to 22 and insert:

"(4) the percentage of rebates that were retained by the pharmacy benefit manager, and the percentage of all other fees that were retained by the pharmacy benefit manager, for prescription drugs included in the list compiled by the commissioner under subdivision 2, paragraph (a); and

(5) the highest, lowest, and mean total retained rebate and fees percentages for prescription drugs included in the list compiled by the commissioner under subdivision 2, paragraph (a) for all of the pharmacy benefit manager's health plan company clients and for each health plan company client."

Page 3, before line 23, insert:

"Subd. 5. Health plan company's duties. Each health plan company as part of the rate approval process under section 62A.02 shall submit to the commissioner of commerce the following information regarding the prescription drugs included on the list compiled by the commissioner under subdivision 2, paragraph (a):

(1) the percentage of the premium attributable to these prescription drugs for the prior plan year;

(2) the percentage of premium attributable to costs for these prescription drugs for the plan year for which the rate approval is submitted;
(3) the year-over-year change, as a percentage, in total spending for these prescription drugs;

(4) the year-over-year change in per-member, per-month plan costs for these prescription drugs compared to other components of the health care premium;

(5) the year-over-year change in average plan enrollee annual cost-sharing for these prescription drugs;

(6) information on its use of a pharmacy benefit manager, if any, and which components of the prescription drug benefit is managed by the pharmacy benefit manager;

(7) total rebates and discounts for the prescription drugs received from the pharmacy benefit manager;

(8) a description of how pharmacy benefit manager discounts impact plan decisions regarding patient cost-sharing amounts; and

(9) total amount of administrative fees paid to pharmacy benefit managers for the previous plan year for these prescription drugs.

Subd. 6. Pharmacy duties. By May 1 of each year beginning May 1, 2020, each pharmacy licensed under chapter 151 shall submit to the commissioner a report that includes the following information regarding the prescription drugs included on the list compiled by the commissioner under subdivision 2, paragraph (a):

(1) total payment received from pharmacy benefit managers for these prescription drugs during the previous calendar year;

(2) total payments received from health plans for these prescription drugs during the previous calendar year;

(3) total payments made to wholesalers, distributors, or manufacturers, to purchase drugs during the previous calendar year; and

(4) total fees paid to pharmacy benefit managers for these prescription drugs during the previous calendar year."

Page 3, line 26, after "prices," insert "the extent to which rebates and other fees paid to pharmacy benefit managers contribute to price increases for the prescription drugs that appear on the most current lists pursuant to subdivision 2."

Amend the title accordingly