Overview

This bill establishes a loan forgiveness program for pharmacists practicing in rural and underserved urban areas, a financial assistance program for sole community pharmacies, and a pilot program for pharmacist drug therapy management. The loan forgiveness and sole community pharmacy programs are to be administered by a statewide pharmacist association. The bill also makes blank appropriations from the Health Care Access Fund to fund these programs.

Section

1  Loan forgiveness for rural and underserved urban area pharmacists. Adds § 144.1498. Establishes a loan forgiveness program for pharmacists who work in rural and underserved urban areas.

   Subd. 1. Definitions. Defines terms: designated rural or underserved urban area, eligible applicant, and qualified loan.

   Subd. 2. Creation of account. Establishes a rural or underserved urban area pharmacist education account in the Health Care Access Fund. Directs the commissioner of health to use money from the account to establish a loan forgiveness program for up to 25 pharmacists who practice in designated rural or underserved urban areas. Directs the commissioner to contract with a statewide pharmacy association to administer the program.

   Subd. 3. Selection criteria; starting dates. Directs the
commissioner to determine selection criteria for applicants and the participants' starting dates for service.

Subd. 4. Loan forgiveness. Requires a pharmacist accepted into the program to sign a contract to serve at least five years in a rural or underserved urban area. For each year the participant serves, directs the commissioner to pay an amount equal to one year of qualified loans to the program administrator. Allows participants who move from one designated area to another to remain eligible for loan repayment under this program.

Subd. 5. Procedure for loan repayment. When signing up for the program, directs program participants to designate the qualifying loan or loans to be repaid, up to $10,000 per year for up to 5 years. Directs the program administrator to then verify the debt amount, the participant's repayments, and the participant's length and term of service, and then reimburse the participant on a monthly basis. If the amount reimbursed is less than $10,000 during a one-year period, directs the program administrator to pay an additional amount in the 12th month toward a designated loan, to bring the amount to $10,000. Prohibits the total amount reimbursed from exceeding the total amount of the principal and accrued interest on the loans.

Subd. 6. Tax responsibility. Requires the participant to report on federal income tax returns any amount paid by the state on designated loans, if federal law requires.

Subd. 7. Penalty for nonfulfillment. Requires the program administrator to recover all money paid to the participant if the participant does not remain in the program for 5 years. If a participant fails to complete at least 3 years, requires the participant to also pay a penalty, and specifies penalty amounts. Gives the program administrator authority to collect on all loan defaults.

Subd. 8. Suspension or waiver of obligation. Specifies that payment and service obligations cancel if a participant dies. Allows the commissioner to waive or suspend payment or service obligations in cases of permanent disability, long-term temporary disability, or other circumstances on a case-by-case basis.

Rural and underserved urban area pharmacy financial assistance. Adds § 144.1499. Establishes a program in which the commissioner of health can award financial assistance grants to pharmacies in rural or underserved urban areas that are designated as sole community pharmacies.

Subd. 1. Account established. Establishes a rural or
underserved urban area pharmacy financial assistance account in the Health Care Access Fund. Directs the commissioner of health to award financial assistance grants to pharmacies in rural or underserved urban areas that are designated as sole community pharmacies.

**Subd. 2. Program administration.** Directs the commissioner to contract with a statewide pharmacist association to administer the program, and directs the commissioner to establish criteria for determining sole community pharmacies.

**Subd. 3. Evidence of local support.** Directs the program administrator to consider local support for the pharmacy when selecting pharmacies to receive grants.

**Subd. 4. Grant awards.** Directs the program administrator to determine the amount of each award to be given to each eligible pharmacy, based on the pharmacy's total operating losses as a percentage of total operating revenue for two of the past three fiscal years.

3 **Pilot program for pharmacist drug therapy management.** Directs the commissioner of human services to award grants to create a pilot program to involve pharmacists in coordinating drug therapy management services, by reimbursing licensed pharmacists for coordinating drug therapy management services for at-risk patient populations.

Specifies that drug therapy management does not include a pharmacist initiating a drug order and does not allow a pharmacist to make unauthorized decisions about modifying drug therapies. Requires participating pharmacists to comply with existing laws governing the substitution of other prescriptions for the ones ordered.

Makes the program begin February 1, 2000 and end January 31, 2001. Requires the commissioner to issue a request for information from the public by August 1, 1999, and report to the legislature by February 1, 2000.
Also requires the commissioner to issue a request for proposals by October 1, 1999 for implementation,

and give a final report to the legislature by March 15, 2001.

Directs the commissioner of health to contract with the University of Minnesota college of pharmacy to evaluate the program and issue a final report on the results to the legislature by March 15, 2001.

4 Appropriations. Makes blank appropriations from the Health Care Access Fund to the commissioner of health to administer the sole community pharmacy grant program and the loan forgiveness program for pharmacists in rural and underserved urban areas. Makes a blank appropriation from the Health Care Access Fund to the commissioner of human services to administer the pilot program for drug therapy management.