MDH Commerce Policy Minibus

SF 4419 (Wiklund)

Exempts workers' comp insurance from ACA requirements

This proposal amends Minn. Stat. § 62J.536, subdivision 2a, to make permanent a narrowly tailored statutory exception from certain state regulatory requirements for a specific category of health insurers, such as workers' compensation insurers. The exception has been extended on a year-to-year basis for the past 15 years without controversy or identified policy concerns. Making the exception permanent provides regulatory clarity, reduces the need for recurring statutory action, and reflects that the original rationale for limiting the exception to a temporary basis is no longer applicable.

Remove/repeal obsolete health IT statutes

This proposal removes references to the defunct Health Technology Advisory Committee and the Minnesota Health Data Institute, and repeals Minn. Stat. § 62J.56 (Implementation of Electronic Data Interchange Standards) and Minn. Stat. § 62J.57 (Minnesota Center for Health Care Electronic Data Interchange), which authorize programs and structures that are no longer active or necessary.

62D Streamlining (HMO statutes)

This proposal makes technical and clarifying updates to Minn. Stat. § 62D.02, the HMO statutes, based on ongoing work with stakeholders. The proposal updates and adds definitions, removes outdated or duplicative language, and corrects statutory cross-references to improve clarity and internal consistency. These changes are intended to be non-substantive and do not alter existing policy requirements. The proposal may also include limited updates related to HMO participation in DHS program bidding, developed in coordination with DHS.

Network adequacy technical clean up

This proposal makes targeted statutory updates related to network adequacy that were not addressed as part of the 2025 legislation. The proposal removes outdated time and distance standards from statute, deletes references to a repealed subdivision in Minn. Stat. § 62K.14, and updates Minn. Stat. § 62K.02 to ensure dental services are not inadvertently excluded from the scope of network adequacy review. In addition, the proposal updates Minn. Stat. § 62K.10 to clarify the inclusion of pharmacy access within network adequacy requirements, which may include adding a new subdivision. These changes are technical in nature and are intended to improve clarity and consistency without making substantive policy changes.

Federal conformity: Align electronic drug prior authorization standards and transmission requirements

This proposal amends Minn. Stat. § 62J.497, subdivision 5, to update the requirements for electronic prescription drug prior authorization by aligning state law with the standard required under the federal Medicare Part D program. Current statute references a specific technical standard that has since become outdated, creating implementation and enforcement challenges. Aligning state requirements with the federally required, nationally recognized standard ensures consistency across programs, reduces administrative complexity for health care providers and payers, and allows the state to remain current as federal standards are updated over time.

Prescription Drug Price Transparency Reporting Modifications

This proposal makes targeted updates to the Prescription Drug Price Transparency Act, Minn. Stat. § 62J.84, to improve implementation and address identified reporting gaps. Specifically, it modifies the reporting cadence for Drugs of Substantial Public Interest lists from "quarterly" to "at least annually," providing greater flexibility while maintaining transparency. These changes are intended to align reporting requirements with operational capacity, reduce unnecessary administrative burden, and ensure the continued availability of meaningful pricing information for policymakers and the public.

Streamlining Pharmacy Benefit Manager (PBM) Data Sharing

This proposal modifies Minn. Stat. § 62U.04 to enhance coordination between the Minnesota Department of Health and the Department of Commerce by streamlining data sharing related to pharmacy benefit managers, enabling more comprehensive and meaningful analysis across existing data sources. The proposal is limited in scope to data sharing provisions endorsed by the Department of Commerce and provided through technical assistance to the Legislature in early 2025. By focusing on shared use of existing data rather than expanding collection requirements, the proposal supports informed oversight while minimizing additional reporting burden.

Immunization Coverage

This proposal amends Minn. Stat. § 62Q.46 to ensure continued coverage of vaccinations by health insurance plans based on guidance from public health and medical professionals. Recent national-level changes have created uncertainty regarding the stability of existing vaccination recommendations, which are used to determine insurance coverage. Any future proposal would be intended to preserve access to recommended vaccines and support coverage decisions that remain grounded in evidence-based public health and medical expertise.