



WEEKLY SESSION UPDATE

February 8, 2019

The end of the fifth week of session brought with it nearly a foot of snow, a special election, and plenty of opioid debate. The House and Senate both filled committee schedules with bills to be considered for their respective omnibus bills, while some committees continued with agency overviews. The relatively mellow tone of the week, however, feels like the calm before the storm. In the coming weeks, the February forecast will be presented to share the financial health of the state, the Governor will announce his administration's budget, and committee chairs will receive their individual budget targets. With these looming overhead, committees are working to take up any issues that could be considered once those three things happen.

Klobuchar's Announcement

The "Senator Next Door" will be making a special announcement on Sunday at Boom Island, which many presume to be her announcement on whether or not she is running for president. The temperatures will be cold, at best, but swarms of Minnesotans bundled up in their warmest winter gear would provide great optics if Senator Klobuchar is hoping to stand out in an already crowded race.

Patrick Coolican from the Star Tribune shares some insider information in the Hot Dish this morning:

An adviser to Klobuchar told me yesterday that IF the senator says she's running on Sunday, expect her speech to emphasize the kind of broad appeal demonstrated in three statewide wins. She's carried rural and Republican-leaning areas, her argument will go, with a pragmatic, hard-working approach that has shown results in Congress by focusing on achievable goals. And Sunday's setting, along the snowy banks of the Mississippi, is not incidental: Klobuchar is pitching an ability to connect with what pundits like to call "heartland" voters, so expect lots of talk about her roots in Minnesota and its place in her heart.

While we can't say with certainty that this is what she is announcing, Governor Walz got out ahead of the news and preemptively gave her his endorsement (if she runs, of course). Of note, Klobuchar was just elected to a new six year term that began last month. If she gave up the seat, Walz would get to choose her replacement.

Special Election SD 11

Senate Majority Leader Paul Gazelka finally gets a little breathing room in the senate with his party's recent victory in Commissioner Lourey's former senate district. This race, which attracted outside spending as well as its fair share of media coverage, gives the Senate GOP caucus a two-vote majority. Representative Jason Rarick defeated DFL candidate Stu Lourey by 956 votes, according to unofficial results posted on the Minnesota Secretary of State website. Rarick currently represents District 11B in the Minnesota House of Representatives. He said one of his first priorities going into the Senate will include advocating for high-speed internet access in rural Minnesota.

With Representative Rarick vacating his House seat, there will be another special election held in District 11B. We will keep you posted on the progress of this race, which unlike the other special election, won't significantly impact the margin between the two House caucuses. Check out this [Duluth News Tribune article](#) for further reading.

Opioids

Both House HHS Policy and Commerce were packed with lobbyists, testifiers, and the public as each committee held hearings on the opioid stewardship bill currently moving through the House. This bill is similar in almost every way to the stewardship bill that failed to pass the Senate last year after it sparked intense opposition from pharmaceutical companies across the country. On a base level, this bill would tax pharmaceutical manufacturers a set amount per unit dosage, then allocate that funding to an advisory council to administer in grants and relief. Opponents of this funding

structure argue that the epidemic is much too serious to be leveraging funding in this way and that the legislature should instead be making an appropriation from the General Fund. Those arguing in support of the bill are pressing that the \$20 million dollars that would be raised from this bill is merely a drop in the bucket compared to the amount that counties are spending managing the opioid crisis.

Some legislators, including Rep. Zack Stephenson and Rep. Carlie Kotyza-Witthuhn both pulled on their own experiences to advocate for this funding. Stephenson, a Hennepin County Prosecutor, highlighted the number of young mothers addicted to heroin that he sees each week in the courtroom, stating, “This bill holds accountable the people who are creating the problem. Minnesotans are already paying every single day on the consequences of the opioid epidemic.” Rep. Kotyza-Witthuhn, who is a foster parent, brought up the immense amount of pressure that child protection costs and the sheer number of children entering the program are putting on the state. These conversations have led Governor Walz to come out in support of this legislation that would bring in new money from drug makers for treatment and prevention.

These issues will continue to play an important role as this bill moves on to the Government Operations committee next week. For further reading, here is an article from the [Pioneer Press](#).

Pharmaceutical overview

On Tuesday, the House Health and Human Services Finance committee heard a presentation from Cody Wiberg, the Executive Director of the Board of Pharmacy. He went over the responsibilities of the board, structure, history, and stated that the mission is to promote, protect and preserve public health and safety. He also noted what the board does not regulate, including: drug prices, insurance functions of PBMs, medical cannabis in the state, and help or sale of hemp products (they do, however, regulate products containing CBD). Dr. Stephen Schondelmeyer, professor of pharmaceutical economics at the University of Minnesota also presented, stating that we need to encourage the pharmacy marketplace to work for patients, as everyone needs, has used, or will at some point use pharmaceuticals. He also noted that the demand is universal, that it is much like a public good, and there are monopolies in the marketplace.

Drug costs

This week, the House Health and Human Services Policy committee heard three pieces of legislation regarding drug costs.

- [HF 149](#) (Bahner) would remove the gag clause provisions – providers or PBMs could not prohibit a pharmacist from telling a consumer if a drug could be purchased at a lower price than what their insurance company is charging them. The bill was passed on a voice vote with bipartisan support and was re-referred to the Commerce committee.
- [HF 182](#) (Lippert) would establish a prescription drug repository program. Testifiers from the MN Board of Pharmacy and University of Minnesota spoke in support of the bill. The bill passed on a voice vote with bipartisan support and was re-referred to Ways and Means
- [HF 4](#) (Lesch) would prohibit manufacturers or wholesale drug distributors from price gouging. The bill would authorize the Attorney General to prosecute those who charge an “unconscionable” amount of money for their products. Attorney General Keith Ellison testified, stating that the bill is an essential tool to protect Minnesotans from price gouging. Every year forward, the Attorney General’s office must be notified if a drug has a 15% increase or more in price. The AARP, MN Nurses Association, SEIU HealthCare of MN, and Stephen Schondelmeyer with the University of MN College of Pharmacy spoke in support of the bill. The Association for Accessible Medicine, and PhRMA shared concerns with the bill. The bill passed 10 Ayes-5 Nays on a party line vote and was re-referred to the Commerce committee.

Walz aims for 'resets, fresh starts' at gridlock-prone Capitol

Via MPR

The newcomer in the Minnesota Capitol's corner office is busy studying lawmaker biographies, getting up to speed on pressing issues facing the Legislature and trying to project an open-door policy even on the thorniest of issues. For good or bad, DFL Gov. Tim Walz came in without much history in state-level affairs despite a dozen years serving in Congress. That means few of the deep-rooted relationships or long-held grudges that can propel a governor's agenda forward or hold it back.

[The tax that pays for MinnesotaCare is set to expire at the end of the year. So far, legislators can't agree on a plan to replace it](#)

Via MinnPost

Most everyone seems to like what the Minnesota "provider tax" buys. The 2 percent assessment on medical bills and hospital stays was created 27 years ago by Minnesota state legislators from both parties to pay for a health coverage plan for the working poor called MinnesotaCare and other health care programs for low-income residents. Republican and Democratic lawmakers want to continue spending on those programs that impact around 1.5 million Minnesotans.

Articles of interest

[Comprehensive approach intended to prevent, address opioid epidemic](#)

[Pilot program could prevent opioid overdoses through follow-up services](#)

Bill introductions of interest

[HF 636](#) (Morrison) - Allied health professions converted to a birth month renewal cycle, technical corrections made, and fees modified.

[HF 637](#) (Morrison) – Health-related professions temporary license suspensions and background checks modified

[HF 638](#) (Munson) – Health plan companies development and implementation of shared savings incentive program required

[HF 685](#) (Elkins) – Clinic facility fee disclosure required

[HF 686](#) (Elkins) – Pharmacy licensure requirements modified

[HF 687](#) (Bahner) – Prescription drug refills synchronization provided

[HF 688](#) (Bahner) – Pharmacists allowed to provide drug refills without prescriptions, insurance coverage required, and rulemaking authorized

[HF 697](#) (Albright) – Health plan contracting requirements modified, task force on high deductible health plan costs established, duties prescribed, report required, appointments provided, and money appropriated

[HF 704](#) (Morrison) – Cost disclosure for qualifying prescription drugs required, and report required

[HF 710](#) (Zerwas) – Commissioner of human services directed to streamline child care training requirements

[HF 717](#) (Mariani) – Cannabis task force created, and report required

[HF 718](#) (Mann) – Primary Care Case Management program established, and direct state payments to health care providers authorized

[HF 720](#) (Schomacker) – Minnesota Health Policy Commission established, temporary license suspensions and background checks for health-related professions modified, and money appropriated

[HF 723](#) (Elkins) – Pharmacist penalties for sharing certain information prohibited, and synchronization of prescription drug refill requirements established

[HF 728](#) (Mann) – Pharmacy benefit managers licensure and regulations created, and rulemaking authorized

[HF 743](#) (Bahner) – Prescription drug co-payments limited

[HF 753](#) (Mahoney) – Price gouging by manufacturer or wholesale drug distributor prohibited; Board of Pharmacy, commissioner of human services, and health plan companies allowed to notify the attorney general of prescription drug price increases; attorney general authorized to obtain drug pricing information and take action against manufacturers and wholesales for price increases; and civil penalties imposed

[SF 761](#) (Dahms) – Minnesota premium security plan funding operation extension; reporting specifications

[SF 775](#) (Ruud) – Prescription drugs notice stating flushing or pouring down a toilet or drain prohibition

[SF 781](#) (Abeler) – Nonprofit health service plan corporations and health maintenance organizations (HMOs) to only enter contracts with nonprofit corporations; patient identifying data sharing prohibition

[SF 823](#) (Draheim) – Federally qualified health centers and rural health clinics alternative payment system establishment

[SF 841](#) (Marty) – Prescription drug pricing all financial transactions disclosure requirement

[HF 766](#) (Edelson) – Driving while intoxicated (DWI) modifications; ignition interlock device contract with manufacturer modification

[HF 819](#) (Edelson) – Cardiovascular technologist x-ray practice authorized

[HF 831](#) (Halverson) – Health records released without patient consent circumstances modified

[HF 891](#) (Richardson) – Optometrists administering legend drugs limitations removed

[SF 858](#) (Eaton) – Prescription monitoring program uses requirements

[SF 859](#) (Eaton) – Opioid prescription drug orders time limit restriction

[SF 875](#) (Wiklund) – Spoken language health care interpreters registry system establishment and appropriation
[SF 891](#) (Benson) – Individual income tax deduction allowance authorization for charity health care services
[SF 892](#) (Benson) – Medical care and health insurance income tax subtraction establishment
[SF 897](#) (Hayden) – Cannabis task force establishment
[SF 914](#) (Eaton) – Controlled substances prescribers and dispensers continuing education requirement
[SF 915](#) (Eaton) – Minnesota prescription monitoring program agency access to identify and investigate inappropriate prescribing and dispensing authorization
[SF 966](#) (Nelson) – X-ray practice of cardiovascular technologists education requirements authorization
[SF 1001](#) (Wiklund) – Emergency prescription refills authorization
[SF 1006](#) (Nelson) – Prescription drug benefit transparency and management requirement