

1.1 moves to amend H.F. No. 4975, the first engrossment, as follows:

1.2 Page 9, after line 31, insert:

1.3 "Sec. 4. Laws 2023, chapter 70, article 20, section 2, subdivision 5, is amended to read:

1.4 **Subd. 5. Central Office; Health Care**

1.5 **Appropriations by Fund**

1.6	General	35,807,000	31,349,000
1.7	Health Care Access	30,668,000	50,168,000

1.8 **(a) Medical assistance and MinnesotaCare**
 1.9 **accessibility improvements.** \$4,000,000 in
 1.10 fiscal year 2024 is from the general fund for
 1.11 interactive voice response upgrades and
 1.12 translation services for medical assistance and
 1.13 MinnesotaCare enrollees with limited English
 1.14 proficiency. This appropriation is available
 1.15 until June 30, 2025.

1.16 **(b) Transforming service delivery.** \$155,000
 1.17 in fiscal year 2024 and \$180,000 in fiscal year
 1.18 2025 are from the general fund for
 1.19 transforming service delivery projects.

1.20 **(c) Improving the Minnesota eligibility**
 1.21 **technology system functionality.** \$1,604,000
 1.22 in fiscal year 2024 and \$711,000 in fiscal year
 1.23 2025 are from the general fund for improving
 1.24 the Minnesota eligibility technology system

2.1 functionality. The base for this appropriation
2.2 is \$1,421,000 in fiscal year 2026 and \$0 in
2.3 fiscal year 2027.

2.4 **(d) Actuarial and economic analyses.**

2.5 \$2,500,000 is from the health care access fund
2.6 for actuarial and economic analyses and to
2.7 prepare and submit a state innovation waiver
2.8 under section 1332 of the federal Affordable
2.9 Care Act for a Minnesota public option health
2.10 care plan. This is a onetime appropriation and
2.11 is available until June 30, 2025.

2.12 **(e) Contingent appropriation for Minnesota**

2.13 **public option health care plan.** \$22,000,000
2.14 in fiscal year 2025 is from the health care
2.15 access fund for agency initiatives related to
2.16 ~~implement~~ a Minnesota public option health
2.17 care plan. The commissioner of human
2.18 services, in fiscal year 2025, shall transfer
2.19 from this appropriation, to the commissioner
2.20 of commerce, an amount sufficient for the
2.21 commissioner of commerce to develop and
2.22 submit to the federal government a section
2.23 1332 waiver request to implement a Minnesota
2.24 public option health care plan. This is a
2.25 onetime appropriation and ~~is available upon~~
2.26 ~~approval of a state innovation waiver under~~
2.27 ~~section 1332 of the federal Affordable Care~~
2.28 ~~Act.~~ This appropriation is available until June
2.29 30, 2027.

2.30 **(f) Carryforward authority.** Notwithstanding

2.31 Minnesota Statutes, section 16A.28,
2.32 subdivision 3, \$2,367,000 of the appropriation
2.33 in fiscal year 2024 is available until June 30,
2.34 2027.

3.1 (g) **Base level adjustment.** The general fund
3.2 base is \$32,315,000 in fiscal year 2026 and
3.3 \$27,536,000 in fiscal year 2027. The health
3.4 care access fund base is \$28,168,000 in fiscal
3.5 year 2026 and \$28,168,000 in fiscal year 2027.

3.6 Sec. 5. **REQUEST FOR FEDERAL WAIVER TO IMPLEMENT A PUBLIC**
3.7 **OPTION.**

3.8 **Subdivision 1. Waiver submittal.** (a) The commissioner of commerce shall submit a
3.9 section 1332 waiver request pursuant to United States Code, title 42, section 18052, to the
3.10 Secretary of Health and Human Services, to obtain federal approval to implement a public
3.11 option. The commissioner may contract for any analyses, certification, data, or other
3.12 information required to complete the section 1332 waiver application in accordance with
3.13 Code of Federal Regulations, title 33, part 108; Code of Federal Regulations, title 155, part
3.14 1308; and any other applicable federal law, and is not subject to contract requirements under
3.15 Minnesota Statutes, chapter 16C.

3.16 (b) The commissioner of commerce shall also seek, as part of the waiver request, federal
3.17 approval for the state to:

3.18 (1) continue receiving federal Medicaid payments for Medicaid-eligible individuals and
3.19 federal basic health program payments for basic health program-eligible MinnesotaCare
3.20 individuals; and

3.21 (2) receive federal pass-through funding equal to the value of premium tax credits and
3.22 cost-sharing reductions that MinnesotaCare public option enrollees with household incomes
3.23 greater than 200 percent of the federal poverty guidelines would otherwise have received.

3.24 (c) In developing the waiver request, the commissioner of commerce shall consult
3.25 regularly with the commissioner of human services and the MNsure board.

3.26 **Subd. 2. Public option requirements; waiver development; reports to legislature.** (a)
3.27 The public option proposal submitted for waiver approval to the federal government must
3.28 be consistent with, but need not be identical to, the public option framework specified in
3.29 this section.

3.30 (b) The commissioner of commerce, in developing the public option proposal, may
3.31 modify the public option framework specified in this section, based on consultation with
3.32 the commissioner of human services and the MNsure board and any analyses, certification,
3.33 data, or other information provided as part of the waiver development process. The

4.1 commissioner of commerce shall incorporate into the public option proposal any
4.2 recommendations made by the commissioner of human services regarding the provisions
4.3 of Minnesota Statutes, chapter 256L, that would apply to the public option.

4.4 (c) The commissioner of commerce shall present to the chairs and ranking minority
4.5 members of the legislative committees with jurisdiction over health care finance and policy
4.6 and health insurance, an interim report on the public option proposal and waiver process
4.7 by December 15, 2024, and a final report by April 15, 2025. The interim and final reports
4.8 must include a description of, and rationale for:

4.9 (1) any significant changes from the public option framework specified in this section;
4.10 and

4.11 (2) any features of the public option included in the waiver request but not addressed
4.12 by this framework.

4.13 The final report must also include a copy of the waiver request submitted to the federal
4.14 government and any supporting material.

4.15 Subd. 3. **Access through MNsure.** (a) The commissioner of human services shall offer
4.16 the public option through the MNsure website. The MNsure website must ensure simple,
4.17 convenient, and understandable access to enrollment in the public option, and allow
4.18 individuals to compare public option coverage with other coverage options. The MNsure
4.19 board must extend the special enrollment period provisions that apply to qualified health
4.20 plan enrollment to individuals who are eligible to enroll in the public option.

4.21 (b) The MNsure board shall provide administrative functions to facilitate the offering
4.22 of the public option by the commissioner of human services. These functions include, but
4.23 are not limited to: marketing, call center operations, certification of insurance producers,
4.24 and making payments to navigators for the successful enrollment of applicants in the public
4.25 option. The MNsure board may provide additional administrative functions as requested
4.26 by the commissioner of human services.

4.27 (c) An individual must be able to apply for, and if eligible enroll in, the public option
4.28 by completing the application for a qualified health plan with premium tax credits or
4.29 cost-sharing reductions. Enrollment in the public option must not require an applicant to
4.30 provide additional information or complete an action not required for an applicant to enroll
4.31 in a qualified health plan with premium tax credits or cost-sharing reductions. An individual
4.32 must provide information needed to confirm they are not eligible for medical assistance
4.33 under Minnesota Statutes, chapter 256B, or MinnesotaCare under Minnesota Statutes,
4.34 chapter 256L.

5.1 (d) The MNsure board shall process all public option applications and make all eligibility
5.2 determinations for the public option. Eligibility decisions for the public option shall be
5.3 appealable to the MNsure board.

5.4 Subd. 4. **Insurance producers.** (a) The MNsure board may establish certification
5.5 requirements that must be met by insurance producers in order to assist individuals with
5.6 enrolling in the public option.

5.7 (b) For each applicant an insurance producer successfully enrolls in the public option,
5.8 a health carrier shall offer the same compensation or other incentives that it offers for
5.9 enrollment in other qualified health plans available through MNsure.

5.10 (c) An insurance producer assisting an individual with enrollment in the public option
5.11 must disclose to that individual, orally and in writing at the time of first solicitation, that
5.12 the producer may receive compensation from the health carrier for enrolling the individual
5.13 in the public option.

5.14 Subd. 5. **Eligibility for the public option.** (a) Families and individuals with income
5.15 above the maximum income eligibility limit specified in Minnesota Statutes, section 256L.04,
5.16 subdivision 1 or 7, who meet all other MinnesotaCare eligibility requirements are eligible
5.17 for the MinnesotaCare public option, subject to the income limit phase-in and additional
5.18 requirements specified in this section. Families and individuals enrolled in the public option
5.19 shall be considered MinnesotaCare enrollees, and all provisions of Minnesota Statutes,
5.20 chapter 256L, applying generally to MinnesotaCare enrollees shall apply to public option
5.21 enrollees, unless specified otherwise in this section, and unless the commissioner of human
5.22 services determines that departures from the MinnesotaCare provisions are necessary to
5.23 obtain federal funding and communicates this decision to the commissioner of commerce
5.24 as part of the waiver development process.

5.25 (b) Eligibility for the public option is subject to the following limits on household income:

5.26 (1) 400 percent of the federal poverty guidelines for the first plan year;

5.27 (2) 550 percent of the federal poverty guidelines for the second plan year; and

5.28 (3) no household income limit for the third and subsequent plan years.

5.29 (c) Families and individuals may enroll in the MinnesotaCare public option only during
5.30 an annual open enrollment period or special enrollment period, as designated by the MNsure
5.31 board in compliance with Code of Federal Regulations, title 45, sections 155.410 and
5.32 155.420.

6.1 Subd. 6. Premium scale. Public option enrollees shall pay premiums for individual or
 6.2 family coverage, as applicable, according to the following premium scale:

<u>Household Income as</u> <u>Percentage of Federal Poverty</u> <u>Guidelines</u>		
<u>Greater Than or</u> <u>Equal to</u>	<u>Not Exceeding</u>	<u>Required Premium Contribution</u> <u>as Percentage of Household Income</u>
<u>201%</u>	<u>250%</u>	<u>4.88%</u>
<u>251%</u>	<u>300%</u>	<u>6.38%</u>
<u>301%</u>	<u>400%</u>	<u>7.88%</u>
<u>401%</u>	<u>500%</u>	<u>8.5%</u>
<u>501%</u>	<u>550%</u>	<u>9.01%</u>
<u>551% and over</u>	<u>No maximum</u>	<u>10%</u>

6.14 Subd. 7. Cost-sharing. (a) Public option enrollees are subject to the MinnesotaCare
 6.15 cost-sharing requirements established under Minnesota Statutes, section 256L.03, subdivision
 6.16 5, except that:

6.17 (1) cost-sharing applies to all public option enrollees and there are no exemptions;

6.18 (2) the deductibles specified in paragraph (b) apply;

6.19 (3) the commissioner of human services shall set cost-sharing for public option enrollees
 6.20 at an actuarial value of 94 percent, except that the actuarial value for public option enrollees
 6.21 with household incomes above 400 percent of the federal poverty guidelines may be lower
 6.22 than 94 percent, to reflect the deductibles required under paragraph (b); and

6.23 (4) out-of-pocket maximums for public option enrollees must not exceed those outlined
 6.24 in Code of Federal Regulations, title 45, section 156.130.

6.25 (b) Public option enrollees shall be subject to the following annual deductibles:

6.26 (1) for household incomes 401 percent to 500 percent of federal poverty guidelines,
 6.27 \$500;

6.28 (2) for household incomes 501 percent to 600 percent of federal poverty guidelines,
 6.29 \$1,000; and

6.30 (3) for household incomes 601 percent of federal poverty guidelines or above, \$1,500.

6.31 (c) No annual deductible shall apply to public option enrollees with household incomes
 6.32 not exceeding 400 percent of the federal poverty guidelines.

6.33 Subd. 8. Provider reimbursement. (a) The commissioner of human services shall
 6.34 require managed care plans and county-based purchasing plans to reimburse health care

7.1 providers for services provided to MinnesotaCare public option enrollees at payment rates
7.2 equal to or greater than the fee-for-service Medicare payment rate for the same service, or
7.3 for a similar service if the specific service is not reimbursed under Medicare.

7.4 (b) Minnesota Statutes, section 256L.11, subdivision 1, shall not apply to provider
7.5 reimbursement for services delivered to MinnesotaCare public option enrollees.

7.6 Subd. 9. **Contracting and service delivery.** (a) The commissioner of human services
7.7 shall contract with managed care and county-based purchasing plans for the delivery of
7.8 services to public option enrollees, and may use a procurement process that is separate and
7.9 unique from that used to contract for the delivery of services to MinnesotaCare enrollees
7.10 who are not public option enrollees.

7.11 (b) The commissioner of human services shall establish public option participation
7.12 requirements for managed care and county-based purchasing plans and health care providers.
7.13 Public option enrollees are not considered MinnesotaCare enrollees for the purpose of the
7.14 participation requirement specified in Minnesota Statutes, section 256B.0644.

7.15 **EFFECTIVE DATE.** This section is effective the day following final enactment."

7.16 Renumber the sections in sequence and correct the internal references

7.17 Amend the title accordingly