

1.1 moves to amend H.F. No. 2, the fourth engrossment, as follows:

1.2 Page 1, after line 24, insert:

1.3 "Sec. 2. Minnesota Statutes 2022, section 62A.01, subdivision 1, is amended to read:

1.4 Subdivision 1. **Definition.** The term "policy of accident and sickness insurance" as used
1.5 herein includes any policy covering the kind of insurance described in section 60A.06,
1.6 subdivision 1, clause (5)(a), or the paid family and medical leave benefits as described in
1.7 section 268B.10."

1.8 Page 4, after line 20, insert:

1.9 "Sec. 4. Minnesota Statutes 2022, section 256B.0659, subdivision 18, is amended to read:

1.10 Subd. 18. **Personal care assistance choice option; generally.** (a) The commissioner
1.11 may allow a recipient of personal care assistance services to use a fiscal intermediary to
1.12 assist the recipient in paying and accounting for medically necessary covered personal care
1.13 assistance services. Unless otherwise provided in this section, all other statutory and
1.14 regulatory provisions relating to personal care assistance services apply to a recipient using
1.15 the personal care assistance choice option.

1.16 (b) Personal care assistance choice is an option of the personal care assistance program
1.17 that allows the recipient who receives personal care assistance services to be responsible
1.18 for the hiring, training, scheduling, and firing of personal care assistants according to the
1.19 terms of the written agreement with the personal care assistance choice agency required
1.20 under subdivision 20, paragraph (a). This program offers greater control and choice for the
1.21 recipient in who provides the personal care assistance service and when the service is
1.22 scheduled. The recipient or the recipient's responsible party must choose a personal care
1.23 assistance choice provider agency as a fiscal intermediary. This personal care assistance
1.24 choice provider agency manages payroll, invoices the state, is responsible for all

2.1 payroll-related taxes and insurance, including premiums for family and medical insurance,
2.2 and is responsible for providing the consumer training and support in managing the recipient's
2.3 personal care assistance services.

2.4 Sec. 5. Minnesota Statutes 2022, section 256B.85, subdivision 13, is amended to read:

2.5 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
2.6 and control over the services and supports described and budgeted within the CFSS service
2.7 delivery plan. Participants must use services specified in subdivision 13a provided by an
2.8 FMS provider. Under this model, participants may use their approved service budget
2.9 allocation to:

2.10 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
2.11 premiums for workers' compensation, liability, family and medical benefit insurance, and
2.12 health insurance coverage; and

2.13 (2) obtain supports and goods as defined in subdivision 7.

2.14 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
2.15 authorize a legal representative or participant's representative to do so on their behalf.

2.16 (c) If two or more participants using the budget model live in the same household and
2.17 have the same support worker, the participants must use the same FMS provider.

2.18 (d) If the FMS provider advises that there is a joint employer in the budget model, all
2.19 participants associated with that joint employer must use the same FMS provider.

2.20 (e) The commissioner shall disenroll or exclude participants from the budget model and
2.21 transfer them to the agency-provider model under, but not limited to, the following
2.22 circumstances:

2.23 (1) when a participant has been restricted by the Minnesota restricted recipient program,
2.24 in which case the participant may be excluded for a specified time period under Minnesota
2.25 Rules, parts 9505.2160 to 9505.2245;

2.26 (2) when a participant exits the budget model during the participant's service plan year.
2.27 Upon transfer, the participant shall not access the budget model for the remainder of that
2.28 service plan year; or

2.29 (3) when the department determines that the participant or participant's representative
2.30 or legal representative is unable to fulfill the responsibilities under the budget model, as
2.31 specified in subdivision 14.

3.1 (f) A participant may appeal in writing to the department under section 256.045,
3.2 subdivision 3, to contest the department's decision under paragraph (e), clause (3), to disenroll
3.3 or exclude the participant from the budget model.

3.4 Sec. 6. Minnesota Statutes 2022, section 256B.85, subdivision 13a, is amended to read:

3.5 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
3.6 include but are not limited to: filing and payment of federal and state payroll taxes and
3.7 premiums on behalf of the participant; initiating and complying with background study
3.8 requirements under chapter 245C and maintaining documentation of background study
3.9 requests and results; billing for approved CFSS services with authorized funds; monitoring
3.10 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining
3.11 and filing for liability, workers' compensation, family and medical benefit insurance, and
3.12 unemployment coverage; and providing participant instruction and technical assistance to
3.13 the participant in fulfilling employer-related requirements in accordance with section 3504
3.14 of the Internal Revenue Code and related regulations and interpretations, including Code
3.15 of Federal Regulations, title 26, section 31.3504-1.

3.16 (b) Agency-provider services shall not be provided by the FMS provider.

3.17 (c) The FMS provider shall provide service functions as determined by the commissioner
3.18 for budget model participants that include but are not limited to:

3.19 (1) assistance with the development of the detailed budget for expenditures portion of
3.20 the CFSS service delivery plan as requested by the consultation services provider or
3.21 participant;

3.22 (2) data recording and reporting of participant spending;

3.23 (3) other duties established by the department, including with respect to providing
3.24 assistance to the participant, participant's representative, or legal representative in performing
3.25 employer responsibilities regarding support workers. The support worker shall not be
3.26 considered the employee of the FMS provider; and

3.27 (4) billing, payment, and accounting of approved expenditures for goods.

3.28 (d) The FMS provider shall obtain an assurance statement from the participant employer
3.29 agreeing to follow state and federal regulations and CFSS policies regarding employment
3.30 of support workers.

3.31 (e) The FMS provider shall:

4.1 (1) not limit or restrict the participant's choice of service or support providers or service
4.2 delivery models consistent with any applicable state and federal requirements;

4.3 (2) provide the participant, consultation services provider, and case manager or care
4.4 coordinator, if applicable, with a monthly written summary of the spending for services and
4.5 supports that were billed against the spending budget;

4.6 (3) be knowledgeable of state and federal employment regulations, including those under
4.7 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter
4.8 268B and section 3504 of the Internal Revenue Code and related regulations and
4.9 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding
4.10 agency employer tax liability for vendor fiscal/employer agent, and any requirements
4.11 necessary to process employer and employee deductions, provide appropriate and timely
4.12 submission of employer tax liabilities, and maintain documentation to support medical
4.13 assistance claims;

4.14 (4) have current and adequate liability insurance and bonding and sufficient cash flow
4.15 as determined by the commissioner and have on staff or under contract a certified public
4.16 accountant or an individual with a baccalaureate degree in accounting;

4.17 (5) assume fiscal accountability for state funds designated for the program and be held
4.18 liable for any overpayments or violations of applicable statutes or rules, including but not
4.19 limited to the Minnesota False Claims Act, chapter 15C;

4.20 (6) maintain documentation of receipts, invoices, and bills to track all services and
4.21 supports expenditures for any goods purchased and maintain time records of support workers.
4.22 The documentation and time records must be maintained for a minimum of five years from
4.23 the claim date and be available for audit or review upon request by the commissioner. Claims
4.24 submitted by the FMS provider to the commissioner for payment must correspond with
4.25 services, amounts, and time periods as authorized in the participant's service budget and
4.26 service plan and must contain specific identifying information as determined by the
4.27 commissioner; and

4.28 (7) provide written notice to the participant or the participant's representative at least 30
4.29 calendar days before a proposed service termination becomes effective.

4.30 (f) The commissioner shall:

4.31 (1) establish rates and payment methodology for the FMS provider;

4.32 (2) identify a process to ensure quality and performance standards for the FMS provider
4.33 and ensure statewide access to FMS providers; and

5.1 (3) establish a uniform protocol for delivering and administering CFSS services to be
5.2 used by eligible FMS providers."

5.3 Page 8, after line 16, insert:

5.4 "(e) For an applicant under a private plan as provided in section 268B.10, the base period
5.5 shall be those most recent four quarters in which wage credits were earned with the current
5.6 employer as provided by the current employer. If an employer does not have four quarters
5.7 of wage detail information, the employer must accept an employee's certification of wage
5.8 credits, based on the employee's records. If the employee does not provide certification of
5.9 additional wage credits, the employer may use a base period that consists of all available
5.10 quarters."

5.11 Page 8, line 22, delete ""Benefit year"" and insert "(a) Except as provided in paragraph
5.12 (b), "benefit year""

5.13 Page 8, after line 25, insert:

5.14 "(b) For a private plan under section 268B.10, "benefit year" means:

5.15 (1)(i) a calendar year;

5.16 (ii) any fixed 12-month period, such as a fiscal year or a 12-month period measured
5.17 forward from an employee's first date of employment;

5.18 (iii) a 12-month period measured forward from an employee's first day of leave taken;

5.19 or

5.20 (iv) a rolling 12-month period measured backward from an employee's first day of leave
5.21 taken; and

5.22 (2) employers are required to notify employees of their benefit year within 30 days of
5.23 the private plan approval and first day of employment."

5.24 Page 9, after line 4, insert:

5.25 "Subd. 13. **Construction industry** "Construction industry" means any construction,
5.26 reconstruction, building erection, alteration, remodel, repair, renovation, rehabilitation,
5.27 excavation, or demolition of any building, structure, facility utility, power plant, sewer,
5.28 dam, highway, road, street, airport, bridge, or other improvement.

5.29 Subd. 14. **Covered active duty.** "Covered active duty" has the meaning given in United
5.30 States Code, title 29, section 2611(14)."

5.31 Renumber the subdivisions in sequence and correct the internal references

- 6.1 Page 11, line 7, delete "and"
- 6.2 Page 11, line 8, delete "affinity and" and after "whose" insert "close"
- 6.3 Page 11, line 13, delete the period and insert "; and"
- 6.4 Page 11, after line 13, insert:
- 6.5 "(7) up to one person designated by the applicant."
- 6.6 Page 11, line 26, after "surgeon," insert "podiatrist,"
- 6.7 Page 11, delete line 27 and insert "advanced practice registered nurse, alcohol and drug
- 6.8 counselor, as defined in section 148F.01, subdivision 5, or mental health professional, as
- 6.9 defined in section 245I.02, subdivision 27; or"
- 6.10 Page 12, line 24, delete "still birth" and insert "stillbirth"
- 6.11 Page 12, line 26, after "member's" insert "covered" and after "to" insert "covered"
- 6.12 Page 13, line 29, delete "at-home care or"
- 6.13 Page 14, line 5, after "times" insert ", within 30 days of the first day of incapacity, unless
- 6.14 extenuating circumstances beyond the applicant's control prevent a follow-up visit from
- 6.15 occurring as planned,"
- 6.16 Page 15, line 23, delete "hours" and delete "hours"
- 6.17 Page 19, line 31, after the period, insert "Appropriations and transfers to the account
- 6.18 shall be credited to the account. Earnings, such as interest, dividends, and any other earnings
- 6.19 arising from assets of the account, shall be credited to the account. Funds remaining in the
- 6.20 account at the end of a fiscal year are not canceled to the general fund but remain in the
- 6.21 account until expended."
- 6.22 Page 21, line 3, after "filed" insert "up to 60 days before leave taken under section
- 6.23 268B.085"
- 6.24 Page 21, line 5, delete "at the time"
- 6.25 Page 21, line 6, delete "the application is filed"
- 6.26 Page 21, line 7, delete "does not meet eligibility at the time of the application or"
- 6.27 Page 22, line 27, delete "37" and insert "41"
- 6.28 Page 22, delete subdivision 5 and insert:
- 6.29 "Subd. 5. **Maximum length of benefits.** (a) In a single benefit year, an applicant may
- 6.30 receive:

7.1 (1) up to 12 weeks of benefits under this chapter related to the applicant's serious health
7.2 condition or pregnancy; and

7.3 (2) up to 12 weeks of benefits under this chapter:

7.4 (i) for bonding, safety leave, or family care; or

7.5 (ii) for leave related to one or more qualifying exigencies."

7.6 Page 24, line 13, delete "(a)"

7.7 Page 24, line 27, after "clause" insert "(3) or"

7.8 Page 24, line 31, delete "not" and insert "to" and after "consecutive" insert ", unless the
7.9 leave is intermittent"

7.10 Page 25, line 22, before the period, insert "or estimated due date"

7.11 Page 26, line 19, before the period, insert "from the employer from whom the applicant
7.12 is taking leave under this chapter"

7.13 Page 26, delete subdivision 5 and insert:

7.14 "Subd. 5. **Vacation, sick leave, paid time off, and disability insurance payments.** (a)
7.15 An employee may use vacation pay, sick pay, paid time off pay, or disability insurance
7.16 payments, in lieu of family or medical leave program benefits under this chapter, provided
7.17 the employee is concurrently eligible. Subject to the limitations of section 268B.09,
7.18 subdivision 1, an employee is entitled to the employment protections under section 268B.09
7.19 for those workdays during which this option is exercised. This subdivision applies to private
7.20 plans under section 268B.10.

7.21 (b) An employer may offer a supplemental benefit payment, as defined in section
7.22 268B.01, subdivision 41, to an employee on family or medical leave in addition to any paid
7.23 family or medical leave benefits the employee is receiving. The choice to receive a
7.24 supplemental benefit payment lies with the employee. Nothing in this section shall be
7.25 construed as requiring an employee to receive, or an employer to provide, a supplemental
7.26 benefit payment."

7.27 Page 27, line 3, delete "and disability insurance"

7.28 Page 27, line 7, after the semicolon, insert "or"

7.29 Page 27, line 8, delete "; or" and insert a period

7.30 Page 27, delete line 9

7.31 Page 28, line 14, after "(1)" insert "or (2)"

8.1 Page 29, line 4, after "weeks" insert ", unless the application is incomplete due to
8.2 outstanding requests for information including clerical or other errors. Nothing shall prohibit
8.3 the commissioner from requesting additional information or the applicant from supplementing
8.4 their initial application before a determination of eligibility. The commissioner may extend
8.5 the deadline for a determination under this subdivision due to extenuating circumstances"

8.6 Page 30, line 29, delete "which the employee" and insert "which: (1) the employee meets
8.7 the eligibility criteria under section 268B.06, subdivision 1, clause (2); or"

8.8 Page 30 delete line 30

8.9 Page 31, delete lines 1 and 2 and insert:

8.10 "(2) the employee has applied for benefits in good faith under this chapter. Good faith
8.11 is defined as anything that is not knowingly false or in reckless disregard of the truth.
8.12 Provided that, an employee no longer has a right to leave following a denial of benefits by
8.13 a benefit judge. The employee's right to leave under this section is not to exceed the maximum
8.14 length of benefits under section 268B.04, subdivision 5."

8.15 Page 31, after line 29, insert:

8.16 "(e) An employer may require that an employee taking leave under this chapter provide
8.17 a copy of the certification under section 268B.06, subdivision 3. Upon a written request
8.18 from the employer, the employee shall provide a copy of the certification as soon as
8.19 practicable given all of the facts and circumstances in the individual situation. Providing
8.20 certification at or around the time the employee provides a certification to the department
8.21 shall be considered practicable. In addition to any prohibition imposed under section 268B.09,
8.22 an employer must not discharge, discipline, penalize, interfere with, threaten, restrain,
8.23 coerce, or otherwise retaliate or discriminate against an employee for providing this
8.24 certification."

8.25 Page 31, line 30, delete "(e)" and insert "(f)"

8.26 Page 32, line 3, after the period, insert "Employees may also use bonding leave under
8.27 this chapter before the actual placement or adoption of a child in situations that include but
8.28 are not limited to an employee's requirement to: attend counseling sessions; appear in court;
8.29 consult with the attorney or doctor(s) representing the birth parent; submit to a physical
8.30 examination; or travel to another country to complete an adoption."

8.31 Page 32, after line 13, insert:

8.32 "(c) For applicants who take leave on an intermittent or reduced leave schedule, the
8.33 weekly benefit amount shall be prorated."

9.1 Page 33, line 1, before "Any" insert "(a)"

9.2 Page 33, line 2, before the period, insert ", except for a voluntary settlement agreement
9.3 resolving disputed claims or a valid separation agreement releasing putative claims"

9.4 Page 33, after line 2, insert:

9.5 "(b) Any provision, whether oral or written, of a lease, contract, or other agreement or
9.6 instrument which purports to be a waiver by an individual of any right or remedy provided
9.7 in this chapter is contrary to public policy and void if the waiver or release purports to waive
9.8 claims arising out of acts or practices which occur after the execution of the waiver or
9.9 release.

9.10 (c) A waiver or release of rights or remedies secured by this chapter which purports to
9.11 apply to claims arising out of acts or practices prior to, or concurrent with, the execution of
9.12 the waiver or release may be rescinded within 15 calendar days of its execution, except that
9.13 a waiver or release given in settlement of a claim filed with the department or with another
9.14 administrative agency or judicial body is valid and final upon execution. A waiving or
9.15 releasing party shall be informed in writing of the right to rescind the waiver or release. To
9.16 be effective, the rescission must be in writing and delivered to the waived or released party
9.17 by hand, electronically with the receiving party's consent, or by mail within the 15-day
9.18 period. If delivered by mail, the rescission must be:

9.19 (1) postmarked within the 15-day period;

9.20 (2) properly addressed to the waived or released party; and

9.21 (3) sent by certified mail, return receipt requested."

9.22 Page 33, line 4, before the period, insert ", except as provided under section 268B.10,
9.23 subdivision 7"

9.24 Page 33, line 6, before "During" insert "(a)"

9.25 Page 33, line 7, after "benefits" insert "or leave"

9.26 Page 33, after line 10, insert:

9.27 "(b) This subdivision may be waived for employees who are working in the construction
9.28 industry under a bona fide collective bargaining agreement that requires employer
9.29 contributions to a multi-employer health plan pursuant to United States Code, title 29,
9.30 section 186, paragraph (c), clause (5), but only if the waiver is set forth in clear and
9.31 unambiguous terms in the collective bargaining agreement and explicitly cites this
9.32 subdivision."

10.1 Page 35, after line 16, insert:

10.2 "(g) Nothing in this section shall be deemed to affect the Americans with Disabilities
10.3 Act, United States Code, title 42, chapter 126.

10.4 (h) This subdivision and subdivision 7 may be waived for employees who are working
10.5 in the construction industry under a bona fide collective bargaining agreement with a
10.6 construction trade union that maintains a referral-to-work procedure for employees to obtain
10.7 employment with multiple signatory employers, but only if the waiver is set forth in clear
10.8 and unambiguous terms in the collective bargaining agreement and explicitly cites this
10.9 subdivision and subdivision 7."

10.10 Page 36, delete lines 8 to 11 and insert:

10.11 "(i) any and all damages recoverable by law;"

10.12 Page 36, line 12, delete everything after "amount" and insert "of damages awarded;"

10.13 Page 36, line 20, after "such" insert "injunctive and other" and delete "may be appropriate"
10.14 and insert "determined by a court or jury"

10.15 Page 36, after line 26, insert:

10.16 "Rule 23 of the Rules of Civil Procedure applies to this section."

10.17 Page 37, line 10, after the period, insert "Employers may apply for approval of private
10.18 plans that exceed the benefits provided to employees under this chapter."

10.19 Page 37, line 12, after "commissioner" insert ", in consultation with the commissioner
10.20 of commerce,"

10.21 Page 38, line 9, after "commissioner" insert ", in consultation with the commissioner of
10.22 commerce,"

10.23 Page 39, line 2, delete "medical" and insert "family" and delete "medical" and insert
10.24 "family"

10.25 Page 39, after line 5, insert:

10.26 "Subd. 4. **Surety bond requirement.** If the private plan is in the form of self-insurance,
10.27 the employer shall file with its application for private provision of the medical benefit or
10.28 family benefit program a surety bond in an amount equal to the employer's annual premium
10.29 that it would otherwise be required to pay to the family and medical benefit insurance
10.30 account. The surety bond shall be in a form approved by the commissioner and issued by
10.31 a surety company authorized to transact business in Minnesota.

11.1 Subd. 5. Private plan requirements; timing of payment; intermittent leave
11.2 increments; and weekly benefit determination. (a) Private plan benefits under this section
11.3 may be paid to align with the employer's payroll cycle or according to the terms of the
11.4 approved private plan.

11.5 (b) Intermittent leave under a private plan may be taken in the minimum increment the
11.6 employer offers to employees for other types of leave, not to exceed the eight-hour minimum
11.7 increment under section 268B.04, subdivision 6.

11.8 (c) For purposes of determining the family and medical benefit amount and duration
11.9 under a private plan, the weekly benefit amount and duration shall be based on the employee's
11.10 typical workweek and wages earned with the employer at the time of an application for
11.11 benefits or over the past 52-week calendar year, whichever calculation results in the highest
11.12 benefit amount for the employee. If an employer does not have complete wage information
11.13 for the full calendar year, the employer must accept an employee's certification of wage
11.14 credits, based upon the employee's records."

11.15 Page 39, line 8, delete the third "product" and insert "product's policy form must be
11.16 approved by the commissioner of commerce and issued by an insurance company authorized
11.17 to transact insurance in this state."

11.18 Page 39, delete line 9

11.19 Page 39, line 25, delete "amended to conform" and insert "administered"

11.20 Page 39, after line 26, insert:

11.21 "Subd. 7. Employer reimbursement. If an employer meeting the requirements of a
11.22 private plan through an insurance product under subdivision 6 has made advance payments
11.23 of benefits due under this chapter or has made payments to an employee in like manner as
11.24 wages during any period of family or medical leave for which such employee is entitled to
11.25 the benefits provided by this chapter, the employer shall be entitled to be reimbursed by the
11.26 carrier or third party administrator out of any benefits due or to become due for the family
11.27 or medical leave, if the claim for reimbursement is filed with the carrier prior to payment
11.28 of the benefits by the carrier."

11.29 Renumber the subdivisions in sequence and correct the internal references

11.30 Page 39, line 27, before "An" insert "(a)"

11.31 Page 39, line 28, delete everything before the comma and insert "application for private
11.32 provision of the medical benefit or family benefit program" and after the period, insert "(b)"

12.1 Page 39, line 30, after the period, insert "An employee covered under a private plan has
12.2 the right to request reconsideration of a decision under a private plan made by an insurer,
12.3 private plan administrator, or employer prior to exercising appeal rights under section
12.4 268B.04."

12.5 Page 45, line 7, after "employer" insert ", except for an employer with an approved
12.6 private plan under section 268B.10"

12.7 Page 45, line 15, after "employer" insert ", except for an employer with an approved
12.8 private plan under section 268B.10,"

12.9 Page 46, line 2, delete everything after "employers" and insert "must pay a minimum of
12.10 50 percent"

12.11 Page 46, line 3, after "of" insert "the" and delete "from employee wages" and after the
12.12 period, insert "Employees, through a deduction in their wages to the employer, must pay
12.13 the remaining portion, if any, of the premium not paid by the employer."

12.14 Page 46, line 13, delete "employer"

12.15 Page 46, line 15, delete "employers participating in"

12.16 Page 46, line 16, delete "an employer participating in"

12.17 Page 46, line 18, delete "an employer participating in"

12.18 Page 46, line 20, after "and" insert "by July 31 of"

12.19 Page 52, line 13, delete "without" and insert "with"

12.20 Page 62, line 24, delete the second "and"

12.21 Page 62, after line 24, insert:

12.22 "(2) an explanation of the availability of family and medical leave benefits provided
12.23 under this chapter for independent contractors; and"

12.24 Page 62, line 25, delete "(2)" and insert "(3)"

12.25 Page 63, line 15, delete everything before "prohibit" and insert "(2)"

12.26 Page 63, line 17, delete "under this chapter" and before the semicolon, insert "including
12.27 through a supplemental benefit payment, as defined under section 268B.01, subdivision
12.28 41"

12.29 Page 63, line 18, delete "or"

12.30 Page 63, line 22, delete the period and insert "; or"

13.1 Page 63, after line 22, insert:

13.2 "(4) applied so as to create any power or duty in conflict with federal law."

13.3 Page 68, line 5, delete "January 1, 2024" and insert "July 1, 2025"

13.4 Page 68, after line 5, insert:

13.5 **"ARTICLE 3**

13.6 **FAMILY AND MEDICAL LEAVE ACTUARIAL STUDY**

13.7 Section 1. **ACTUARIAL STUDY REQUIREMENT.**

13.8 (a) The commissioner of employment and economic development must contract with a
13.9 qualified independent actuarial consultant to conduct an actuarial study of the family and
13.10 medical leave premium rate, premium structure, weekly benefit formula, duration of benefit
13.11 weeks, fund reserve, and other components as necessary to determine the financial soundness
13.12 of the family and medical benefit insurance program created in this act. A qualified
13.13 independent actuarial consultant is one who is a Fellow of the Society of Actuaries, Member
13.14 of the American Academy of Actuaries (FSA MAAA), and who has experience directly
13.15 relevant to the analysis required under this paragraph. The commissioner must issue a request
13.16 for proposal to satisfy the requirements of this section no later than 30 days following
13.17 enactment.

13.18 (b) A copy of the actuarial study must be provided to the majority and minority leaders
13.19 in the senate and house of representatives no later than October 31, 2023."

13.20 Renumber the sections in sequence and correct the internal references

13.21 Amend the title accordingly