1.1	moves to H.F. No. 3607, the delete everything amendment (A22-0406), as
1.2	follows:

Page 48, after line 2, insert:

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- "Sec. 2. Minnesota Statutes 2021 Supplement, section 62J.26, subdivision 2, is amended to read:
 - Subd. 2. **Evaluation process and content.** (a) The commissioner, in consultation with the commissioners of health and management and budget, must evaluate all mandated health benefit proposals as provided under subdivision 3.
 - (b) The purpose of the evaluation is to provide the legislature with a complete and timely analysis of all ramifications of any mandated health benefit proposal. The evaluation must include, in addition to other relevant information, the following to the extent applicable:
 - (1) scientific and medical information on the mandated health benefit proposal, on the potential for harm or benefit to the patient, and on the comparative benefit or harm from alternative forms of treatment, and must include the results of at least one professionally accepted and controlled trial comparing the medical consequences of the proposed therapy, alternative therapy, and no therapy;
 - (2) public health, economic, and fiscal impacts of the mandated health benefit proposal on persons receiving health services in Minnesota, on the relative cost-effectiveness of the proposal, and on the health care system in general;
 - (3) the extent to which the treatment, service, equipment, or drug is generally utilized by a significant portion of the population;
- 1.22 (4) the extent to which insurance coverage for the mandated health benefit proposal is 1.23 already generally available;

Sec. 2.

(5) the extent to which the mandated health benefit proposal, by health plan category, would apply to the benefits offered to the health plan's enrollees;

- (6) the extent to which the mandated health benefit proposal will increase or decrease the cost of the treatment, service, equipment, or drug;
- (7) the extent to which the mandated health benefit proposal may increase enrollee premiums; and
 - (8) if the proposal applies to a qualified health plan as defined in section 62A.011, subdivision 7, the cost to the state to defray the cost of the mandated health benefit proposal using commercial market reimbursement rates in accordance with Code of Federal Regulations, title 45, section 155.70.
 - (c) The commissioner shall consider actuarial analysis done by health plan companies and any other proponent or opponent of the mandated health benefit proposal in determining the cost of the proposal.
 - (d) The commissioner must summarize the nature and quality of available information on these issues, and, if possible, must provide preliminary information to the public. The commissioner may conduct research on these issues or may determine that existing research is sufficient to meet the informational needs of the legislature. The commissioner may seek the assistance and advice of researchers, community leaders, or other persons or organizations with relevant expertise.
 - (e) The commissioner shall not make public any information submitted under this section if that information is trade secret information under section 13.37, subdivision 1, paragraph (b). Trade secret information submitted by a health plan company or other proponent or opponent of the mandated health benefit proposal must be clearly and specifically identified as such. If the commissioner disagrees with the classification of the information as trade secret, the commissioner must notify in writing the health plan company or other proponent or opponent of the mandated health benefit proposal that the information will be made public at least 30 days prior to the information being made public.
 - (f) When requesting information from a health plan company or other proponent or opponent of the mandated health benefit proposal pursuant to this section, the commissioner must provide at least 60 days' notice."
- 2.31 Renumber the sections in sequence and correct the internal references
- 2.32 Amend the title accordingly

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