

1.1 moves to amend H.F. No. 2607, the first engrossment, as follows:

1.2 Page 1, after line 4, insert:

1.3 "Sec. Minnesota Statutes 2023 Supplement, section 62Q.522, subdivision 1, is amended
1.4 to read:

1.5 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

1.6 ~~(b) "Closely held for-profit entity" means an entity that:~~

1.7 ~~(1) is not a nonprofit entity;~~

1.8 ~~(2) has more than 50 percent of the value of its ownership interest owned directly or~~
1.9 ~~indirectly by five or fewer owners; and~~

1.10 ~~(3) has no publicly traded ownership interest.~~

1.11 ~~For purposes of this paragraph:~~

1.12 ~~(i) ownership interests owned by a corporation, partnership, limited liability company,~~
1.13 ~~estate, trust, or similar entity are considered owned by that entity's shareholders, partners,~~
1.14 ~~members, or beneficiaries in proportion to their interest held in the corporation, partnership,~~
1.15 ~~limited liability company, estate, trust, or similar entity;~~

1.16 ~~(ii) ownership interests owned by a nonprofit entity are considered owned by a single~~
1.17 ~~owner;~~

1.18 ~~(iii) ownership interests owned by all individuals in a family are considered held by a~~
1.19 ~~single owner. For purposes of this item, "family" means brothers and sisters, including~~
1.20 ~~half brothers and half sisters, a spouse, ancestors, and lineal descendants; and~~

2.1 ~~(iv) if an individual or entity holds an option, warrant, or similar right to purchase an~~
2.2 ~~ownership interest, the individual or entity is considered to be the owner of those ownership~~
2.3 ~~interests.~~

2.4 ~~(e)~~ (b) "Contraceptive method" means a drug, device, or other product approved by the
2.5 Food and Drug Administration to prevent unintended pregnancy.

2.6 ~~(d)~~ (c) "Contraceptive service" means consultation, examination, procedures, and medical
2.7 services related to the prevention of unintended pregnancy, excluding vasectomies. This
2.8 includes but is not limited to voluntary sterilization procedures, patient education, counseling
2.9 on contraceptives, and follow-up services related to contraceptive methods or services,
2.10 management of side effects, counseling for continued adherence, and device insertion or
2.11 removal.

2.12 ~~(e) "Eligible organization" means an organization that opposes providing coverage for~~
2.13 ~~some or all contraceptive methods or services on account of religious objections and that~~
2.14 ~~is:~~

2.15 ~~(1) organized as a nonprofit entity and holds itself out to be religious; or~~

2.16 ~~(2) organized and operates as a closely held for-profit entity, and the organization's~~
2.17 ~~owners or highest governing body has adopted, under the organization's applicable rules of~~
2.18 ~~governance and consistent with state law, a resolution or similar action establishing that the~~
2.19 ~~organization objects to covering some or all contraceptive methods or services on account~~
2.20 ~~of the owners' sincerely held religious beliefs.~~

2.21 ~~(f) "Exempt organization" means an organization that is organized and operates as a~~
2.22 ~~nonprofit entity and meets the requirements of section 6033(a)(3)(A)(i) or (iii) of the Internal~~
2.23 ~~Revenue Code of 1986, as amended.~~

2.24 ~~(g)~~ (d) "Medical necessity" includes but is not limited to considerations such as severity
2.25 of side effects, difference in permanence and reversibility of a contraceptive method or
2.26 service, and ability to adhere to the appropriate use of the contraceptive method or service,
2.27 as determined by the attending provider.

2.28 ~~(h)~~ (e) "Therapeutic equivalent version" means a drug, device, or product that can be
2.29 expected to have the same clinical effect and safety profile when administered to a patient
2.30 under the conditions specified in the labeling, and that:

2.31 (1) is approved as safe and effective;

3.1 (2) is a pharmaceutical equivalent: (i) containing identical amounts of the same active
 3.2 drug ingredient in the same dosage form and route of administration; and (ii) meeting
 3.3 compendial or other applicable standards of strength, quality, purity, and identity;

3.4 (3) is bioequivalent in that:

3.5 (i) the drug, device, or product does not present a known or potential bioequivalence
 3.6 problem and meets an acceptable in vitro standard; or

3.7 (ii) if the drug, device, or product does present a known or potential bioequivalence
 3.8 problem, it is shown to meet an appropriate bioequivalence standard;

3.9 (4) is adequately labeled; and

3.10 (5) is manufactured in compliance with current manufacturing practice regulations.

3.11 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
 3.12 plans offered, sold, issued, or renewed on or after that date.

3.13 Sec. Minnesota Statutes 2023 Supplement, section 62Q.523, subdivision 1, is amended
 3.14 to read:

3.15 Subdivision 1. **Scope of coverage.** Except as otherwise provided in section ~~62Q.522~~
 3.16 62Q.679, subdivisions 2 and 3 ~~and 4~~, all health plans that provide prescription coverage
 3.17 must comply with the requirements of this section.

3.18 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
 3.19 plans offered, sold, issued, or renewed on or after that date."

3.20 Page 2, after line 8, insert:

3.21 "Sec. **[62Q.679] RELIGIONS OBJECTIONS.**

3.22 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

3.23 (b) "Closely held for-profit entity" means an entity that is not a nonprofit entity, has
 3.24 more than 50 percent of the value of its ownership interest owned directly or indirectly by
 3.25 five or fewer owners, and has no publicly traded ownership interest. For purposes of this
 3.26 paragraph:

3.27 (1) ownership interests owned by a corporation, partnership, limited liability company,
 3.28 estate, trust, or similar entity are considered owned by that entity's shareholders, partners,
 3.29 members, or beneficiaries in proportion to their interest held in the corporation, partnership,
 3.30 limited liability company, estate, trust, or similar entity;

4.1 (2) ownership interests owned by a nonprofit entity are considered owned by a single
4.2 owner;

4.3 (3) ownership interests owned by all individuals in a family are considered held by a
4.4 single owner. For purposes of this clause, "family" means brothers and sisters, including
4.5 half-brothers and half-sisters, a spouse, ancestors, and lineal descendants; and

4.6 (4) if an individual or entity holds an option, warrant, or similar right to purchase an
4.7 ownership interest, the individual or entity is considered to be the owner of those ownership
4.8 interests.

4.9 (c) "Eligible organization" means an organization that opposes covering some or all
4.10 health benefits under sections 62Q.522 and 62Q.585 on account of religious objections and
4.11 that is:

4.12 (1) organized as a nonprofit entity and holds itself out to be religious; or

4.13 (2) organized and operates as a closely held for-profit entity, and the organization's
4.14 owners or highest governing body has adopted, under the organization's applicable rules of
4.15 governance and consistent with state law, a resolution or similar action establishing that the
4.16 organization objects to covering some or all health benefits under sections 62Q.522 and
4.17 62Q.585 on account of the owners' sincerely held religious beliefs.

4.18 (d) "Exempt organization" means an organization that is organized and operates as a
4.19 nonprofit entity and meets the requirements of section 6033(a)(3)(A)(i) or (iii) of the Internal
4.20 Revenue Code of 1986, as amended.

4.21 Subd. 2. **Exemption.** (a) An exempt organization is not required to provide coverage
4.22 under sections 62Q.522 and 62Q.585 if the exempt organization has religious objections to
4.23 the coverage. An exempt organization that chooses to not provide coverage pursuant to this
4.24 paragraph must notify employees as part of the hiring process and to all employees at least
4.25 30 days before:

4.26 (1) an employee enrolls in the health plan; or

4.27 (2) the effective date of the health plan, whichever occurs first.

4.28 (b) If the exempt organization provides partial coverage under sections 62Q.522 and
4.29 62Q.585, the notice required under paragraph (a) must provide a list of the portions of such
4.30 coverage which the organization refuses to cover.

4.31 Subd. 3. **Accommodation for eligible organizations.** (a) A health plan established or
4.32 maintained by an eligible organization complies with the coverage requirements of sections

5.1 62Q.522 and 62Q.585, with respect to the health benefits identified in the notice under this
5.2 paragraph, if the eligible organization provides notice to any health plan company the eligible
5.3 organization contracts with that it is an eligible organization and that the eligible organization
5.4 has a religious objection to coverage for all or a subset of the health benefits under sections
5.5 62Q.522 and 62Q.585.

5.6 (b) The notice from an eligible organization to a health plan company under paragraph
5.7 (a) must include: (1) the name of the eligible organization; (2) a statement that it objects to
5.8 coverage for some or all of the health benefits under sections 62Q.522 and 62Q.585, including
5.9 a list of the health benefits the eligible organization objects to, if applicable; and (3) the
5.10 health plan name. The notice must be executed by a person authorized to provide notice on
5.11 behalf of the eligible organization.

5.12 (c) An eligible organization must provide a copy of the notice under paragraph (a) to
5.13 prospective employees as part of the hiring process and to all employees at least 30 days
5.14 before:

5.15 (1) an employee enrolls in the health plan; or

5.16 (2) the effective date of the health plan, whichever occurs first.

5.17 (d) A health plan company that receives a copy of the notice under paragraph (a) with
5.18 respect to a health plan established or maintained by an eligible organization must, for all
5.19 future enrollments in the health plan:

5.20 (1) expressly exclude coverage for those health benefits identified in the notice under
5.21 paragraph (a) from the health plan; and

5.22 (2) provide separate payments for any health benefits required to be covered under
5.23 sections 62Q.522 and 62Q.585 for enrollees as long as the enrollee remains enrolled in the
5.24 health plan.

5.25 (e) The health plan company must not impose any cost-sharing requirements, including
5.26 co-pays, deductibles, or coinsurance, or directly or indirectly impose any premium, fee, or
5.27 other charge for the health benefits under sections 62Q.522 and 62Q.585 on the eligible
5.28 organization, health plan, or enrollee.

5.29 (f) On January 1, 2024, and every year thereafter a health plan company must notify the
5.30 commissioner, in a manner determined by the commissioner, of the number of eligible
5.31 organizations granted an accommodation under this subdivision.

5.32 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
5.33 plans offered, sold, issued, or renewed on or after that date.

6.1 Sec. **REPEALER.**

6.2 Minnesota Statutes 2023 Supplement, section 62Q.522, subdivisions 3 and 4, are repealed.

6.3 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
6.4 plans offered, sold, issued, or renewed on or after that date."

6.5 Renumber the sections in sequence and correct the internal references

6.6 Amend the title accordingly