

13.8

**ARTICLE 3**

13.9

**MANDATED HEALTH BENEFIT PROPOSALS EVALUATION**

13.10 Section 1. Minnesota Statutes 2020, section 62J.03, subdivision 4, is amended to read:

13.11 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health, unless  
13.12 another commissioner is specified.

13.13 Sec. 2. Minnesota Statutes 2020, section 62J.26, subdivision 1, is amended to read:

13.14 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the  
13.15 meanings given unless the context otherwise requires:

13.16 (1) "commissioner" means the commissioner of commerce;

13.17 (2) "enrollee" has the meaning given in section 62Q.01, subdivision 2b;

13.18 ~~(3)~~ (3) "health plan" means a health plan as defined in section 62A.011, subdivision 3,  
13.19 but includes coverage listed in clauses (7) and (10) of that definition;

13.20 ~~(4)~~ (4) "mandated health benefit proposal" or "proposal" means a proposal that would  
13.21 statutorily require a health plan company to do the following:

13.22 (i) provide coverage or increase the amount of coverage for the treatment of a particular  
13.23 disease, condition, or other health care need;

13.24 (ii) provide coverage or increase the amount of coverage of a particular type of health  
13.25 care treatment or service or of equipment, supplies, or drugs used in connection with a health  
13.26 care treatment or service; ~~or~~

13.27 (iii) provide coverage for care delivered by a specific type of provider;

13.28 (iv) require a particular benefit design or impose conditions on cost-sharing for:

13.29 (A) the treatment of a particular disease, condition, or other health care need;

14.1 (B) a particular type of health care treatment or service; or

14.2 (C) the provision of medical equipment, supplies, or a prescription drug used in  
14.3 connection with treating a particular disease, condition, or other health care need; or

14.4 (v) impose limits or conditions on a contract between a health plan company and a health  
14.5 care provider.

14.6 "Mandated health benefit proposal" does not include health benefit proposals amending  
14.7 the scope of practice of a licensed health care professional.

14.8 Sec. 3. Minnesota Statutes 2020, section 62J.26, subdivision 2, is amended to read:

14.9 Subd. 2. **Evaluation process and content.** (a) The commissioner, in consultation with  
14.10 the commissioners of health and management and budget, must evaluate all mandated health  
14.11 benefit proposals as provided under subdivision 3.

14.12 (b) The purpose of the evaluation is to provide the legislature with a complete and timely  
14.13 analysis of all ramifications of any mandated health benefit proposal. The evaluation must  
14.14 include, in addition to other relevant information, the following to the extent applicable:

14.15 (1) scientific and medical information on the ~~proposed health benefit~~ mandated health  
14.16 benefit proposal, on the potential for harm or benefit to the patient, and on the comparative  
14.17 benefit or harm from alternative forms of treatment, and must include the results of at least  
14.18 one professionally accepted and controlled trial comparing the medical consequences of  
14.19 the proposed therapy, alternative therapy, and no therapy;

14.20 (2) public health, economic, and fiscal impacts of the ~~proposed mandate~~ mandated health  
14.21 benefit proposal on persons receiving health services in Minnesota, on the relative  
14.22 cost-effectiveness of the ~~benefit~~ proposal, and on the health care system in general;

14.23 (3) the extent to which the ~~treatment, service, equipment, or drug~~ is generally utilized  
14.24 by a significant portion of the population;

14.25 (4) the extent to which insurance coverage for the ~~proposed mandated benefit~~ mandated  
14.26 health benefit proposal is already generally available;

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

14.29 ~~(5)~~ (6) the extent to which the ~~mandated coverage~~ mandated health benefit proposal will  
14.30 increase or decrease the cost of the ~~treatment, service, equipment, or drug;~~ ~~and~~

15.1 (7) the extent to which the mandated health benefit proposal may increase enrollee  
15.2 premiums; and

15.3 (8) if the proposal applies to a qualified health plan as defined in section 62A.011,  
15.4 subdivision 7, the cost to the state to defray the cost of the mandated health benefit proposal  
15.5 using commercial market reimbursement rates in accordance with Code of Federal  
15.6 Regulations, title 45, section 155.70.

15.7 ~~(c)~~ (c) The commissioner ~~may~~ shall consider actuarial analysis done by health ~~insurers~~  
15.8 plan companies and any other proponent or opponent of the mandated health benefit proposal  
15.9 in determining the cost of the ~~proposed mandated benefit~~ proposal.

15.10 ~~(d)~~ (d) The commissioner must summarize the nature and quality of available information  
15.11 on these issues, and, if possible, must provide preliminary information to the public. The  
15.12 commissioner may conduct research on these issues or may determine that existing research  
15.13 is sufficient to meet the informational needs of the legislature. The commissioner may seek

15.14 the assistance and advice of researchers, community leaders, or other persons or organizations  
15.15 with relevant expertise.

15.16 Sec. 4. Minnesota Statutes 2020, section 62J.26, subdivision 3, is amended to read:

15.17 Subd. 3. **Requests Requirements for evaluation.** (a) ~~Whenever a legislative measure~~  
15.18 ~~containing a mandated health benefit proposal is introduced as a bill or offered as an~~  
15.19 ~~amendment to a bill, or is likely to be introduced as a bill or offered as an amendment, a~~  
15.20 No later than August 1 of the year preceding the legislative session in which a legislator is  
15.21 planning on introducing a bill containing a mandated health benefit proposal, or is planning  
15.22 on offering an amendment to a bill that adds a mandated health benefit, the prospective  
15.23 author must notify the chair of one of the standing legislative committees that have  
15.24 jurisdiction over the subject matter of the proposal. Once notification is received, the chair  
15.25 of any standing legislative committee that has jurisdiction over the subject matter of the  
15.26 proposal may request that must notify the commissioner ~~complete~~ that an evaluation of the  
15.27 a mandated health benefit proposal ~~under this section, to~~ is required to be completed in  
15.28 accordance with this section in order to inform ~~any committee of floor~~ the legislature before  
15.29 any action is taken on the proposal by either house of the legislature.

15.30 (b) The commissioner must conduct an evaluation described in subdivision 2 of each  
15.31 mandated health benefit proposal for which an evaluation is ~~requested~~ required under  
15.32 paragraph (a), ~~unless the commissioner determines under paragraph (c) or subdivision 4~~  
15.33 ~~that priorities and resources do not permit its evaluation.~~

16.1 (c) If ~~requests for~~ the evaluation of multiple proposals are ~~received~~ required, the  
16.2 commissioner must consult with the chairs of the standing legislative committees having  
16.3 jurisdiction over the subject matter of the mandated health benefit proposals to prioritize  
16.4 the ~~requests~~ evaluations and establish a reporting date for each proposal to be evaluated.  
16.5 ~~The commissioner is not required to direct an unreasonable quantity of the commissioner's~~  
16.6 ~~resources to these evaluations.~~

16.7 Sec. 5. Minnesota Statutes 2020, section 62J.26, subdivision 4, is amended to read:

16.8 Subd. 4. **Sources of funding.** (a) The commissioner ~~need~~ shall not use any funds for  
16.9 purposes of this section other than as provided in this subdivision or as specified in an  
16.10 appropriation.

16.11 (b) The commissioner may seek and accept funding from sources other than the state to  
16.12 pay for evaluations under this section to supplement or replace state appropriations. Any  
16.13 money received under this paragraph must be deposited in the state treasury, credited to a  
16.14 separate account for this purpose in the special revenue fund, and is appropriated to the  
16.15 commissioner for purposes of this section.

16.16 (c) If ~~a request for~~ an evaluation is required under this section ~~has been made~~, the  
16.17 commissioner may use for purposes of the evaluation:

16.18 (1) any funds appropriated to the commissioner specifically for purposes of this section;  
16.19 or

16.20 (2) funds available under paragraph (b), if use of the funds for evaluation of that mandated  
16.21 health benefit proposal is consistent with any restrictions imposed by the source of the funds.

16.22 (d) The commissioner must ensure that the source of the funding has no influence on  
16.23 the process or outcome of the evaluation.

16.24 Sec. 6. Minnesota Statutes 2020, section 62J.26, subdivision 5, is amended to read:

16.25 Subd. 5. **Report to legislature.** The commissioner must submit a written report on the  
16.26 evaluation to the ~~legislature~~ author of the proposal and to the chairs and ranking minority  
16.27 members of the legislative committees with jurisdiction over health insurance policy and  
16.28 finance no later than 180 days after the request. ~~The report must be submitted in compliance~~  
16.29 ~~with sections 3.195 and 3.197~~ commissioner receives notification from a chair as required  
16.30 under subdivision 3.

17.1 **ARTICLE 4**

17.2 **MINNESOTA PREMIUM SECURITY PLAN**

17.3 Section 1. Laws 2017, chapter 13, article 1, section 15, as amended by Laws 2017, First  
17.4 Special Session chapter 6, article 5, section 10, and Laws 2019, First Special Session chapter  
17.5 9, article 8, section 19, is amended to read:

17.6 Sec. 15. **MINNESOTA PREMIUM SECURITY PLAN FUNDING.**

17.7 (a) The Minnesota Comprehensive Health Association shall fund the operational and  
17.8 administrative costs and reinsurance payments of the Minnesota security plan and association  
17.9 using the following amounts deposited in the premium security plan account in Minnesota  
17.10 Statutes, section 62E.25, subdivision 1, in the following order:

- 17.11 (1) any federal funding available;
- 17.12 (2) funds deposited under article 1, sections 12 and 13;
- 17.13 (3) any state funds from the health care access fund; and
- 17.14 (4) any state funds from the general fund.

17.15 (b) The association shall transfer from the premium security plan account any remaining  
17.16 state funds not used for the Minnesota premium security plan by June 30, ~~2023~~ 2025, to the  
17.17 commissioner of commerce. Any amount transferred to the commissioner of commerce  
17.18 shall be deposited in the health care access fund in Minnesota Statutes, section 16A.724.

17.19 (c) The Minnesota Comprehensive Health Association may not spend more than  
17.20 \$271,000,000 for benefit year 2018 and not more than \$271,000,000 for benefit year 2019  
17.21 for the operational and administrative costs of, and reinsurance payments under, the  
17.22 Minnesota premium security plan.

17.23 **Sec. 2. CONTINUATION OF STATE INNOVATION WAIVER.**

17.24 Subdivision 1. **Submission of waiver continuation application.** The commissioner of  
17.25 commerce shall apply to the secretary of health and human services under United States  
17.26 Code, title 42, section 18052, for a continuation of the state innovation waiver previously  
17.27 granted to continue the Minnesota premium security plan for benefit years beginning January  
17.28 1, 2023, and future years, to maximize federal funding. The waiver continuation application  
17.29 must clearly state that operation of the Minnesota premium security plan after the 2022  
17.30 benefit year is contingent on approval of the waiver continuation request.

18.1 Subd. 2. **Consultation.** In preparing the waiver continuation application, the  
18.2 commissioner shall consult with the commissioner of human services, the commissioner of  
18.3 health, and the MNsure board.

18.4 Subd. 3. **Application timelines; notification.** The commissioner shall submit the waiver  
18.5 continuation application to the secretary of health and human services on or before June  
18.6 15, 2021. The commissioner shall notify the chairs and ranking minority members of the  
18.7 legislative committees with jurisdiction over health and human services and insurance, and  
18.8 the board of directors of the Minnesota Comprehensive Health Association, of any federal  
18.9 actions regarding the waiver continuation application.

18.10 Subd. 4. **Minnesota premium security plan administration.** (a) The Minnesota  
18.11 Comprehensive Health Association must administer the Minnesota premium security plan  
18.12 through the 2022 benefit year.

18.13 (b) The Minnesota Comprehensive Health Association must administer the Minnesota  
18.14 premium security plan through the 2023 benefit year, provided that the waiver continuation  
18.15 application described in this section is granted.

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