

81.14

ARTICLE 6

81.15

COMMERCE POLICY

81.16 Section 1. Minnesota Statutes 2022, section 45.0135, subdivision 7, is amended to read:

81.17 Subd. 7. **Assessment.** Each insurer authorized to sell insurance in the state of Minnesota,
81.18 including surplus lines carriers, and having Minnesota earned premium the previous calendar
81.19 year shall remit an assessment to the commissioner for deposit in the insurance fraud
81.20 prevention account on or before June 1 of each year. The amount of the assessment shall
81.21 be based on the insurer's total assets and on the insurer's total written Minnesota premium,
81.22 for the preceding fiscal year, as reported pursuant to section 60A.13. ~~The assessment is~~
81.23 ~~calculated to be an amount up to the following:~~ Beginning with the payment due on or before
81.24 June 1, 2024, the assessment amount is:

81.25	Total Assets	Assessment
81.26		200
81.27	Less than \$100,000,000	\$ <u>400</u>
81.28		750
81.29	\$100,000,000 to \$1,000,000,000	\$ <u>1,500</u>
81.30		2,000
81.31	Over \$1,000,000,000	\$ <u>4,000</u>
81.32	Minnesota Written Premium	Assessment
82.1		200
82.2	Less than \$10,000,000	\$ <u>400</u>
82.3		750
82.4	\$10,000,000 to \$100,000,000	\$ <u>1,500</u>
82.5		2,000
82.6	Over \$100,000,000	\$ <u>4,000</u>

6.21

ARTICLE 2

6.22

CANNABIS AND HEALTH-RELATED RESPONSIBILITIES

18.5

ARTICLE 3

18.6

INSURANCE ASSESSMENTS AND FEES

18.7 Section 1. Minnesota Statutes 2022, section 45.0135, subdivision 7, is amended to read:

18.8 Subd. 7. **Assessment.** Each insurer authorized to sell insurance in the state of Minnesota,
18.9 including surplus lines carriers, and having Minnesota earned premium the previous calendar
18.10 year shall remit an assessment to the commissioner for deposit in the insurance fraud
18.11 prevention account on or before June 1 of each year. The amount of the assessment shall
18.12 be based on the insurer's total assets and on the insurer's total written Minnesota premium,
18.13 for the preceding fiscal year, as reported pursuant to section 60A.13. ~~The assessment is~~
18.14 ~~calculated to be an amount up to the following:~~ Beginning with the payment due on or before
18.15 June 1, 2024, the assessment amount is:

18.16	Total Assets	Assessment
18.17		200
18.18	Less than \$100,000,000	\$ <u>400</u>
18.19		750
18.20	\$100,000,000 to \$1,000,000,000	\$ <u>1,500</u>
18.21		2,000
18.22	Over \$1,000,000,000	\$ <u>4,000</u>
18.23	Minnesota Written Premium	Assessment
18.24		200
18.25	Less than \$10,000,000	\$ <u>400</u>
18.26		750
18.27	\$10,000,000 to \$100,000,000	\$ <u>1,500</u>
18.28		2,000
18.29	Over \$100,000,000	\$ <u>4,000</u>

82.7 For purposes of this subdivision, the following entities are not considered to be insurers
82.8 authorized to sell insurance in the state of Minnesota: risk retention groups; or township
82.9 mutuals organized under chapter 67A.

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

82.11 Sec. 2. **[58B.051] REGISTRATION FOR LENDERS.**

82.12 (a) Beginning January 1, 2025, a lender must register with the commissioner as a lender
82.13 before providing services in Minnesota. A lender must not offer or make a student loan to
82.14 a resident of Minnesota without first registering with the commissioner as provided in this
82.15 section.

82.16 (b) A registration application must include:

82.17 (1) the lender's name;

82.18 (2) the lender's address;

82.19 (3) the names of all officers, directors, partners, and owners of controlling interests in
82.20 the lender;

82.21 (4) the addresses of all officers, directors, partners, and owners of controlling interests
82.22 in the lender; and

82.23 (5) any other information the commissioner requires by rule.

82.24 (c) A lender must renew the lender's registration on an annual basis and may be required
82.25 to pay a fee at the time of renewal.

82.26 (d) The commissioner may adopt and enforce:

82.27 (1) registration procedures for lenders, which may include using the Nationwide
82.28 Multistate Licensing System and Registry;

82.29 (2) registration fees for lenders, which may include fees for using the Nationwide
82.30 Multistate Licensing System and Registry, to be paid directly by the lender;

83.1 (3) procedures and fees to renew a lender's registration, which may include fees for the
83.2 renewed use of Nationwide Multistate Licensing System and Registry, to be paid directly
83.3 by the lender; and

83.4 (4) alternate registration procedures and fees for institutions of postsecondary education
83.5 that offer student loans.

83.6 Sec. 3. **[62J.96] ACCESS TO 340B DRUGS.**

83.7 Subdivision 1. **Manufacturers.** A manufacturer must not directly or indirectly restrict,
83.8 prohibit, or otherwise interfere with the delivery of a covered outpatient drug to a pharmacy
83.9 that is under contract with a 340B covered entity to receive and dispense covered outpatient

18.30 For purposes of this subdivision, the following entities are not considered to be insurers
18.31 authorized to sell insurance in the state of Minnesota: risk retention groups; or township
18.32 mutuals organized under chapter 67A.

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

- 83.10 drugs on behalf of the covered entity, unless the delivery of the drug to the pharmacy is
83.11 prohibited under the 340B Drug Pricing Program.
- 83.12 Subd. 2. **Definitions.** (a) For purposes of this section, the following definitions apply.
- 83.13 (b) "340B covered entity" has the meaning provided in section 340B(a)(4) of the Public
83.14 Health Service Act.
- 83.15 (c) "Covered outpatient drug" has the meaning provided in section 1927(k) of the Social
83.16 Security Act.
- 83.17 (d) "Manufacturer" has the meaning provided in section 151.01, subdivision 14a.

- 83.18 Sec. 4. Minnesota Statutes 2022, section 62Q.73, subdivision 3, is amended to read:
- 83.19 Subd. 3. **Right to external review.** (a) Any enrollee or anyone acting on behalf of an
83.20 enrollee who has received an adverse determination may submit a written request for an
83.21 external review of the adverse determination, if applicable under section 62Q.68, subdivision
83.22 1, or 62M.06, to the commissioner of health if the request involves a health plan company
83.23 regulated by that commissioner or to the commissioner of commerce if the request involves
83.24 a health plan company regulated by that commissioner. Notification of the enrollee's right
83.25 to external review must accompany the denial issued by the insurer. ~~The written request~~
83.26 ~~must be accompanied by a filing fee of \$25. The fee may be waived by the commissioner~~
83.27 ~~of health or commerce in cases of financial hardship and must be refunded if the adverse~~
83.28 ~~determination is completely reversed. No enrollee may be subject to filing fees totaling~~
83.29 ~~more than \$75 during a plan year for group coverage or policy year for individual coverage.~~
- 83.30 (b) Nothing in this section requires the commissioner of health or commerce to
83.31 independently investigate an adverse determination referred for independent external review.

- 6.23 Section 1. Minnesota Statutes 2022, section 62K.10, subdivision 1, is amended to read:
- 6.24 Subdivision 1. **Applicability.** (a) This section applies to: (1) all health carriers that either
6.25 require an enrollee to use or that create incentives, including financial incentives, for an
6.26 enrollee to use, health care providers that are managed, owned, under contract with, or
6.27 employed by the health carrier; and (2) the MinnesotaCare public option. A health carrier
6.28 that does not manage, own, or contract directly with providers in Minnesota is exempt from
6.29 this section, unless it is part of a holding company as defined in section 60D.15 that in
6.30 aggregate exceeds ten percent in either the individual or small group market in Minnesota.
- 7.1 (b) Health carriers renting provider networks from other entities must submit the rental
7.2 agreement or contract to the commissioner of health for approval. In reviewing the
7.3 agreements or contracts, the commissioner shall review the agreement or contract to ensure
7.4 that the entity contracting with health care providers accepts responsibility to meet the
7.5 requirements in this section.
- 19.1 Sec. 2. Minnesota Statutes 2022, section 62Q.73, subdivision 3, is amended to read:
- 19.2 Subd. 3. **Right to external review.** (a) Any enrollee or anyone acting on behalf of an
19.3 enrollee who has received an adverse determination may submit a written request for an
19.4 external review of the adverse determination, if applicable under section 62Q.68, subdivision
19.5 1, or 62M.06, to the commissioner of health if the request involves a health plan company
19.6 regulated by that commissioner or to the commissioner of commerce if the request involves
19.7 a health plan company regulated by that commissioner. Notification of the enrollee's right
19.8 to external review must accompany the denial issued by the insurer. ~~The written request~~
19.9 ~~must be accompanied by a filing fee of \$25. The fee may be waived by the commissioner~~
19.10 ~~of health or commerce in cases of financial hardship and must be refunded if the adverse~~
19.11 ~~determination is completely reversed. No enrollee may be subject to filing fees totaling~~
19.12 ~~more than \$75 during a plan year for group coverage or policy year for individual coverage.~~
- 19.13 (b) Nothing in this section requires the commissioner of health or commerce to
19.14 independently investigate an adverse determination referred for independent external review.

84.1 (c) If an enrollee requests an external review, the health plan company must participate
 84.2 in the external review. The cost of the external review ~~in excess of the filing fee described~~
 84.3 ~~in paragraph (a) shall~~ must be borne by the health plan company.

84.4 (d) The enrollee must request external review within six months from the date of the
 84.5 adverse determination.

84.6 Sec. 5. Minnesota Statutes 2023 Supplement, section 144.197, is amended to read:

84.7 **144.197 CANNABIS AND SUBSTANCE MISUSE PREVENTION AND**
 84.8 **EDUCATION PROGRAMS.**

84.9 Subdivision 1. **Youth prevention and education program.** The commissioner of health,
 84.10 in consultation with the commissioners of human services and education and in collaboration
 84.11 with local health departments and Tribal health departments, shall conduct a long-term,
 84.12 coordinated ~~education~~ program to raise public awareness about ~~and address the top three~~
 84.13 ~~substance misuse prevention, treatment options, and recovery options. The program must~~
 84.14 ~~address~~ adverse health effects, ~~as determined by the commissioner~~, associated with the use
 84.15 of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
 84.16 consumer products by persons under age 25. In conducting this education program, the
 84.17 commissioner shall engage and consult with youth around the state on program content and
 84.18 on methods to effectively disseminate program information to youth around the state.

84.19 Subd. 2. **Prevention and education program for pregnant and breastfeeding**
 84.20 **individuals; and individuals who may become pregnant.** The commissioner of health,
 84.21 in consultation with the commissioners of human services and education, shall conduct a
 84.22 long-term, coordinated prevention program to educate focused on (1) preventing substance
 84.23 use by pregnant individuals, breastfeeding individuals, and individuals who may become
 84.24 pregnant, and (2) raising public awareness of the risks of substance use while pregnant or
 84.25 breastfeeding. The program must include education on the adverse health effects of prenatal
 84.26 exposure to cannabis flower, cannabis products, lower-potency hemp edibles, or
 84.27 hemp-derived consumer products and on the adverse health effects experienced by infants
 84.28 and children who are exposed to cannabis flower, cannabis products, lower-potency hemp
 84.29 edibles, or hemp-derived consumer products in breast milk, from secondhand smoke, or by
 84.30 ingesting cannabinoid products. This prevention and education program must also educate
 84.31 individuals on what constitutes a substance use disorder, signs of a substance use disorder,
 84.32 and treatment options for persons with a substance use disorder. The prevention and education
 84.33 program must also provide resources, including training resources, technical assistance, or
 85.1 educational materials, to local public health home visiting programs, Tribal home visiting
 85.2 programs, and child welfare workers.

85.3 Subd. 3. **Home-visiting programs.** The commissioner of health shall provide training,
 85.4 technical assistance, and education materials to local public health home visiting programs
 85.5 and Tribal home visiting programs and child welfare workers regarding the safe and unsafe
 85.6 ~~use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived~~
 85.7 ~~consumer products in homes with infants and young children. Training, technical assistance,~~

19.15 (c) If an enrollee requests an external review, the health plan company must participate
 19.16 in the external review. The cost of the external review ~~in excess of the filing fee described~~
 19.17 ~~in paragraph (a) shall~~ must be borne by the health plan company.

19.18 (d) The enrollee must request external review within six months from the date of the
 19.19 adverse determination.

7.6 Sec. 2. Minnesota Statutes 2023 Supplement, section 144.197, is amended to read:

7.7 **144.197 CANNABIS AND SUBSTANCE MISUSE PREVENTION AND**
 7.8 **EDUCATION PROGRAMS.**

7.9 Subdivision 1. **Youth prevention and education program.** The commissioner of health,
 7.10 in consultation with the commissioners of human services and education and in collaboration
 7.11 with local health departments and Tribal health departments, shall conduct a long-term,
 7.12 coordinated ~~education~~ program to raise public awareness about ~~and address the top three~~
 7.13 ~~substance misuse prevention, treatment options, and recovery options. The program must~~
 7.14 ~~address~~ adverse health effects, ~~as determined by the commissioner~~, associated with the use
 7.15 of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
 7.16 consumer products by persons under age 25. In conducting this education program, the
 7.17 commissioner shall engage and consult with youth around the state on program content and
 7.18 on methods to effectively disseminate program information to youth around the state.

7.19 Subd. 2. **Prevention and education program for pregnant and breastfeeding**
 7.20 **individuals; and individuals who may become pregnant.** The commissioner of health,
 7.21 in consultation with the commissioners of human services and education, shall conduct a
 7.22 long-term, coordinated prevention program to educate focused on (1) preventing substance
 7.23 use by pregnant individuals, breastfeeding individuals, and individuals who may become
 7.24 pregnant, and (2) raising public awareness of the risks of substance use while pregnant or
 7.25 breastfeeding. The program must include education on the adverse health effects of prenatal
 7.26 exposure to cannabis flower, cannabis products, lower-potency hemp edibles, or
 7.27 hemp-derived consumer products and on the adverse health effects experienced by infants
 7.28 and children who are exposed to cannabis flower, cannabis products, lower-potency hemp
 7.29 edibles, or hemp-derived consumer products in breast milk, from secondhand smoke, or by
 7.30 ingesting cannabinoid products. ~~This~~ The prevention and education program must also
 7.31 educate individuals on what constitutes a substance use disorder, signs of a substance use
 7.32 disorder, and treatment options for persons with a substance use disorder. The prevention
 7.33 and education program must also provide resources, including training resources, technical
 8.1 assistance, or educational materials, to local public health home visiting programs, Tribal
 8.2 home visiting programs, and child welfare workers.

8.3 Subd. 3. **Home-visiting programs.** The commissioner of health shall provide training,
 8.4 technical assistance, and education materials to local public health home visiting programs
 8.5 and Tribal home visiting programs and child welfare workers regarding the safe and unsafe
 8.6 ~~use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived~~
 8.7 ~~consumer products in homes with infants and young children. Training, technical assistance,~~

85.8 and education materials shall address substance use, the signs of a substance use disorder,
 85.9 treatment options for persons with a substance use disorder, the dangers of driving under
 85.10 the influence of cannabis flower, cannabis products, lower-potency hemp edibles, or
 85.11 hemp-derived consumer products, how to safely consume cannabis flower, cannabis products,
 85.12 lower-potency hemp edibles, or hemp-derived consumer products in homes with infants
 85.13 and young children, and how to prevent infants and young children from being exposed to
 85.14 cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer
 85.15 products by ingesting cannabinoid products or through secondhand smoke.

85.16 Subd. 4. **Local and Tribal health departments.** The commissioner of health shall
 85.17 distribute grants to local health departments and Tribal health departments for ~~these the~~
 85.18 departments to create and disseminate educational materials on cannabis flower, cannabis
 85.19 products, lower-potency hemp edibles, and hemp-derived consumer products and to provide
 85.20 safe use and prevention training, education, technical assistance, and community engagement
 85.21 regarding cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived
 85.22 consumer products; prevention, education, and recovery programs focusing on substance
 85.23 misuse prevention and treatment options. The programs must include specific
 85.24 cannabis-related initiatives.

85.25 Sec. 6. Minnesota Statutes 2023 Supplement, section 325E.21, subdivision 1b, is amended
 85.26 to read:

85.27 Subd. 1b. **Purchase or acquisition record required.** (a) Every scrap metal dealer,
 85.28 including an agent, employee, or representative of the dealer, shall create a permanent record
 85.29 written in English, using an electronic record program at the time of each purchase or
 85.30 acquisition of scrap metal or a motor vehicle. The record must include:

85.31 (1) a complete and accurate account or description, including the weight if customarily
 85.32 purchased by weight, of the scrap metal or motor vehicle purchased or acquired;

85.33 (2) the date, time, and place of the receipt of the scrap metal or motor vehicle purchased
 85.34 or acquired and a unique transaction identifier;

86.1 (3) a photocopy or electronic scan of the seller's proof of identification including the
 86.2 identification number;

86.3 (4) the amount paid and the number of the check or electronic transfer used to purchase
 86.4 or acquire the scrap metal or motor vehicle;

86.5 (5) the license plate number and description of the vehicle used by the person when
 86.6 delivering the scrap metal or motor vehicle, including the vehicle make and model, and any
 86.7 identifying marks on the vehicle, such as a business name, decals, or markings, if applicable;

86.8 (6) a statement signed by the seller, under penalty of perjury as provided in section
 86.9 609.48, attesting that the scrap metal or motor vehicle is not stolen and is free of any liens
 86.10 or encumbrances and the seller has the right to sell it;

8.8 and education materials shall address substance use, the signs of a substance use disorder,
 8.9 treatment options for persons with a substance use disorder, the dangers of driving under
 8.10 the influence of cannabis flower, cannabis products, lower-potency hemp edibles, or
 8.11 hemp-derived consumer products, how to safely consume cannabis flower, cannabis products,
 8.12 lower-potency hemp edibles, or hemp-derived consumer products in homes with infants
 8.13 and young children, and how to prevent infants and young children from being exposed to
 8.14 cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer
 8.15 products by ingesting cannabinoid products or through secondhand smoke.

8.16 Subd. 4. **Local and Tribal health departments.** The commissioner of health shall
 8.17 distribute grants to local health departments and Tribal health departments for ~~these the~~
 8.18 departments to create and disseminate educational materials on cannabis flower, cannabis
 8.19 products, lower-potency hemp edibles, and hemp-derived consumer products and to provide
 8.20 safe use and prevention training, education, technical assistance, and community engagement
 8.21 regarding cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived
 8.22 consumer products; prevention, education, and recovery programs focusing on substance
 8.23 misuse prevention and treatment options. The programs may include specific cannabis-related
 8.24 initiatives.

86.11 (7) a copy of the receipt, which must include at least the following information: the name
86.12 and address of the dealer, the date and time the scrap metal or motor vehicle was received
86.13 by the dealer, an accurate description of the scrap metal or motor vehicle, and the amount
86.14 paid for the scrap metal or motor vehicle;

86.15 (8) in order to purchase or acquire a detached catalytic converter, the vehicle identification
86.16 number of the car it was removed from or, as an alternative, any numbers, bar codes, stickers,
86.17 or other unique markings, whether resulting from the pilot project created under subdivision
86.18 2b or some other source. The alternative number must be under a numbering system that
86.19 can be immediately linked to the vehicle identification number by law enforcement; ~~and~~

86.20 (9) the identity or identifier of the employee completing the transaction; and

86.21 (10) if the seller is attempting to sell copper metal, a photocopy or electronic scan of the
86.22 seller's current license to sell scrap metal copper issued by the commissioner under
86.23 subdivision 2c.

86.24 (b) The record, as well as the scrap metal or motor vehicle purchased or acquired, shall
86.25 at all reasonable times be open to the inspection of any properly identified law enforcement
86.26 officer.

86.27 (c) Except for the purchase or acquisition of detached catalytic converters or motor
86.28 vehicles, no record is required for property purchased or acquired from merchants,
86.29 manufacturers, salvage pools, insurance companies, rental car companies, financial
86.30 institutions, charities, dealers licensed under section 168.27, or wholesale dealers, having
86.31 an established place of business, or of any goods purchased or acquired at open sale from
86.32 any bankrupt stock, but a receipt as required under paragraph (a), clause (7), shall be obtained
87.1 and kept by the person, which must be shown upon demand to any properly identified law
87.2 enforcement officer.

87.3 (d) The dealer must provide a copy of the receipt required under paragraph (a), clause
87.4 (7), to the seller in every transaction.

87.5 (e) The commissioner of public safety and law enforcement agencies in the jurisdiction
87.6 where a dealer is located may conduct inspections and audits as necessary to ensure
87.7 compliance, refer violations to the city or county attorney for criminal prosecution, and
87.8 notify the registrar of motor vehicles.

87.9 (f) Except as otherwise provided in this section, a scrap metal dealer or the dealer's agent,
87.10 employee, or representative may not disclose personal information concerning a customer
87.11 without the customer's consent unless the disclosure is required by law or made in response
87.12 to a request from a law enforcement agency. A scrap metal dealer must implement reasonable
87.13 safeguards to protect the security of the personal information and prevent unauthorized
87.14 access to or disclosure of the information. For purposes of this paragraph, "personal
87.15 information" is any individually identifiable information gathered in connection with a
87.16 record under paragraph (a).

87.17 Sec. 7. Minnesota Statutes 2022, section 325E.21, is amended by adding a subdivision to
87.18 read:

87.19 Subd. 2c. **License required for scrap metal copper sale.** (a) Beginning January 1,
87.20 2025, a person is prohibited from engaging in the sale of scrap metal copper unless the
87.21 person has a valid license issued by the commissioner under this subdivision.

87.22 (b) A seller of scrap metal copper may apply to the commissioner on a form prescribed
87.23 by the commissioner. The application form must include, at a minimum:

87.24 (1) the name, permanent address, telephone number, and date of birth of the applicant;
87.25 and

87.26 (2) an acknowledgment that the applicant obtained the copper by lawful means in the
87.27 regular course of the applicant's business, trade, or authorized construction work.

87.28 (c) Each application must be accompanied by a nonrefundable fee of \$250.

87.29 (d) Within 30 days of the date an application is received, the commissioner may require
87.30 additional information or submissions from an applicant and may obtain any document or
87.31 information that is reasonably necessary to verify the information contained in the application.

87.32 Within 90 days after the date a completed application is received, the commissioner must
88.1 review the application and issue a license if the applicant is deemed qualified under this
88.2 section. The commissioner may issue a license subject to restrictions or limitations. If the
88.3 commissioner determines the applicant is not qualified, the commissioner must notify the
88.4 applicant and must specify the reason for the denial.

88.5 (e) A person licensed to perform work pursuant to chapter 326B or section 103I.501 or
88.6 issued a Section 608 Technician Certification is deemed to hold a license to sell scrap metal
88.7 copper.

88.8 (f) A license issued under this subdivision is valid for one year. To renew a license, an
88.9 applicant must submit a completed renewal application on a form prescribed by the
88.10 commissioner and a renewal fee of \$250. The commissioner may request that a renewal
88.11 applicant submit additional information to clarify any new information presented in the
88.12 renewal application. A renewal application submitted after the renewal deadline must be
88.13 accompanied by a nonrefundable late fee of \$500.

88.14 (g) The commissioner may deny a license renewal under this subdivision if:

88.15 (1) the commissioner determines that the applicant is in violation of or noncompliant
88.16 with federal or state law; or

88.17 (2) the applicant fails to timely submit a renewal application and the information required
88.18 under this subdivision.

- 88.19 (h) In lieu of denying a renewal application under paragraph (g), the commissioner may
- 88.20 permit the applicant to submit to the commissioner a corrective action plan to cure or correct
- 88.21 deficiencies.
- 88.22 (i) The commissioner may suspend, revoke, or place on probation a license issued under
- 88.23 this subdivision if:
- 88.24 (1) the applicant engages in fraudulent activity that violates state or federal law;
- 88.25 (2) the commissioner receives consumer complaints that justify an action under this
- 88.26 subdivision to protect the safety and interests of consumers;
- 88.27 (3) the applicant fails to pay an application license or renewal fee; or
- 88.28 (4) the applicant fails to comply with a requirement set forth in this subdivision.
- 88.29 (j) This subdivision does not apply to transfers by or to an auctioneer who is in
- 88.30 compliance with chapter 330 and acting in the person's official role as an auctioneer to
- 88.31 facilitate or conduct an auction of scrap metal.
- 88.32 (k) The commissioner must enforce this subdivision under chapter 45.

89.1 Sec. 8. Minnesota Statutes 2023 Supplement, section 342.72, is amended to read:

89.2 **342.72 SUBSTANCE USE TREATMENT, RECOVERY, AND PREVENTION**

89.3 **GRANTS.**

89.4 Subdivision 1. ~~Account established; Appropriation.~~ A substance use treatment,

89.5 recovery, and prevention grant ~~account~~ is created in the special revenue fund. ~~Money in the~~

89.6 ~~account, including interest earned, is appropriated to the office commissioner of health for~~

89.7 ~~the purposes specified in this section. Of the amount transferred from the general fund to~~

89.8 ~~the account, the office may use up to five percent for administrative expenses.~~

89.9 Subd. 2. ~~Acceptance of gifts and grants.~~ Notwithstanding sections 16A.013 to 16A.016,

89.10 the office may accept money contributed by individuals and may apply for grants from

89.11 charitable foundations to be used for the purposes identified in this section. The money

8.25 Sec. 3. Minnesota Statutes 2023 Supplement, section 342.15, is amended by adding a

8.26 subdivision to read:

8.27 Subd. 1a. **Transmission of fees.** A cannabis business background check account is

8.28 established as a separate account in the special revenue fund. All fees received by the office

8.29 under subdivision 1 must be deposited in the account and are appropriated to the office to

8.30 pay for the criminal records checks conducted by the Bureau of Criminal Apprehension and

8.31 Federal Bureau of Investigation.

9.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 342.72, is amended to read:

9.2 **342.72 SUBSTANCE USE TREATMENT, RECOVERY, AND PREVENTION**

9.3 **GRANTS.**

9.4 Subdivision 1. ~~Account~~ **Grant program established; appropriation.** A substance use

9.5 treatment, recovery, and prevention grant ~~account~~ program is created in the special revenue

9.6 ~~fund~~ and established and must be administered by the commissioner of health. Money in the

9.7 ~~account, including interest earned, is appropriated to the office for the purposes specified~~

9.8 ~~in this section. Of the amount transferred from the general fund to the account, the office~~

9.9 ~~may use up to five percent for administrative expenses.~~

9.10 Subd. 2. ~~Acceptance of gifts and grants.~~ Notwithstanding sections 16A.013 to 16A.016,

9.11 the office may accept money contributed by individuals and may apply for grants from

9.12 charitable foundations to be used for the purposes identified in this section. The money

89.12 ~~accepted under this section must be deposited in the substance use treatment, recovery, and~~
 89.13 ~~prevention grant account created under subdivision 1.~~

89.14 Subd. 3. **Disposition of money; grants.** (a) Money in the substance use treatment,
 89.15 recovery, and prevention grant account appropriated to the commissioner of health for
 89.16 purposes of this section must be distributed as follows:

89.17 (1) at least 75 percent of the money is for grants for substance use disorder and mental
 89.18 health recovery and prevention programs. Funds must be used for recovery and prevention
 89.19 activities and supplies that assist individuals and families to initiate, stabilize, and maintain
 89.20 long-term recovery from substance use disorders and co-occurring mental health conditions.
 89.21 Recovery and prevention activities may include prevention education, school-linked
 89.22 behavioral health, school-based peer programs, peer supports, self-care and wellness,
 89.23 culturally specific healing, community public awareness, mutual aid networks, telephone
 89.24 recovery checkups, mental health warmlines, harm reduction, recovery community
 89.25 organization development, first episode psychosis programs, and recovery housing; and

89.26 (2) up to 25 percent of the money is for substance use disorder treatment programs as
 89.27 defined in chapter 245G and may be used to implement, strengthen, or expand supportive
 89.28 services and activities that are not covered by medical assistance under chapter 256B,
 89.29 MinnesotaCare under chapter 256L, or the behavioral health fund under chapter 254B.
 89.30 Services and activities may include adoption or expansion of evidence-based practices;
 89.31 competency-based training; continuing education; culturally specific and culturally responsive
 89.32 services; sober recreational activities; developing referral relationships; family preservation
 89.33 and healing; and start-up or capacity funding for programs that specialize in adolescent,
 90.1 culturally specific, culturally responsive, disability-specific, co-occurring disorder, or family
 90.2 treatment services.

90.3 (b) ~~The office commissioner of health~~ shall consult with the Governor's Advisory Council
 90.4 on Opioids, Substance Use, and Addiction; the commissioner of human services; and ~~the~~
 90.5 ~~commissioner of health~~ the Office of Cannabis Management to develop an appropriate
 90.6 application process, establish grant requirements, determine what organizations are eligible
 90.7 to receive grants, and establish reporting requirements for grant recipients.

90.8 Subd. 4. **Reports to the legislature.** By January 15, 2024, and each January 15 thereafter,
 90.9 year, ~~the office commissioner of health~~ must submit a report to the chairs and ranking
 90.10 minority members of the committees of the house of representatives and the senate having
 90.11 jurisdiction over health and human services policy and finance that details grants awarded
 90.12 from the substance use treatment, recovery, and prevention grant account, including the
 90.13 total amount awarded, total number of recipients, and geographic distribution of those
 90.14 recipients.

9.13 ~~accepted under this section must be deposited in the substance use treatment, recovery, and~~
 9.14 ~~prevention grant account created under subdivision 1.~~

9.15 Subd. 3. **Disposition of money; grants.** (a) Money in the Substance use treatment,
 9.16 recovery, and prevention grant account grants must be distributed as follows:

9.17 (1) at least 75 percent of the money is for grants for substance use disorder and mental
 9.18 health recovery and prevention programs. Funds must be used for recovery and prevention
 9.19 activities, including substance use prevention for youth, and supplies that assist individuals
 9.20 and families to initiate, stabilize, and maintain long-term recovery from substance use
 9.21 disorders and co-occurring mental health conditions. Recovery and prevention activities
 9.22 may include prevention education, school-linked behavioral health, school-based peer
 9.23 programs, peer supports, self-care and wellness, culturally specific healing, community
 9.24 public awareness, mutual aid networks, telephone recovery checkups, mental health
 9.25 warmlines, harm reduction, recovery community organization development, first episode
 9.26 psychosis programs, and recovery housing; and

9.27 (2) up to 25 percent of the money is for substance use disorder treatment programs as
 9.28 defined in chapter 245G and may be used to implement, strengthen, or expand supportive
 9.29 services and activities that are not covered by medical assistance under chapter 256B,
 9.30 MinnesotaCare under chapter 256L, or the behavioral health fund under chapter 254B.
 9.31 Services and activities may include adoption or expansion of evidence-based practices;
 9.32 competency-based training; continuing education; culturally specific and culturally responsive
 9.33 services; sober recreational activities; developing referral relationships; family preservation
 9.34 and healing; and start-up or capacity funding for programs that specialize in adolescent,
 10.1 culturally specific, culturally responsive, disability-specific, co-occurring disorder, or family
 10.2 treatment services.

10.3 (b) ~~The office commissioner of health~~ shall consult with the Governor's Advisory Council
 10.4 on Opioids, Substance Use, and Addiction; the commissioner of human services; and ~~the~~
 10.5 ~~commissioner of health~~ the Office of Cannabis Management to develop an appropriate
 10.6 application process, establish grant requirements, determine what organizations are eligible
 10.7 to receive grants, and establish reporting requirements for grant recipients.

10.8 Subd. 4. **Reports to the legislature.** By January 15, 2024, and each January 15 thereafter,
 10.9 year, ~~the office commissioner of health~~ must submit a report to the chairs and ranking
 10.10 minority members of the committees of the house of representatives and the senate having
 10.11 jurisdiction over health and human services policy and finance that details grants awarded
 10.12 from the substance use treatment, recovery, and prevention grant account grants awarded,
 10.13 including the total amount awarded, total number of recipients, and geographic distribution
 10.14 of those recipients. Notwithstanding section 144.05, subdivision 7, the reporting requirement
 10.15 under this subdivision does not expire.

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

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

10.18 Appropriations by Fund

10.19 **General** 35,807,000 **31,349,000**

10.20 **Health Care Access** 30,668,000 **50,168,000**

10.21 **(a) Medical assistance and MinnesotaCare**
10.22 **accessibility improvements.** \$4,000,000 in
10.23 fiscal year 2024 is from the general fund for
10.24 interactive voice response upgrades and
10.25 translation services for medical assistance and
10.26 MinnesotaCare enrollees with limited English
10.27 proficiency. This appropriation is available
10.28 until June 30, 2025.

10.29 **(b) Transforming service delivery.** \$155,000
10.30 in fiscal year 2024 and \$180,000 in fiscal year
10.31 2025 are from the general fund for
10.32 transforming service delivery projects.

11.1 **(c) Improving the Minnesota eligibility**
11.2 **technology system functionality.** \$1,604,000
11.3 in fiscal year 2024 and \$711,000 in fiscal year
11.4 2025 are from the general fund for improving
11.5 the Minnesota eligibility technology system
11.6 functionality. The base for this appropriation
11.7 is \$1,421,000 in fiscal year 2026 and \$0 in
11.8 fiscal year 2027.

11.9 **(d) Actuarial and economic analyses.**
11.10 \$2,500,000 is from the health care access fund
11.11 for actuarial and economic analyses and to
11.12 prepare and submit a state innovation waiver
11.13 under section 1332 of the federal Affordable
11.14 Care Act for a Minnesota public option health
11.15 care plan. This is a onetime appropriation and
11.16 is available until June 30, 2025.

11.17 **(e) Contingent appropriation for Minnesota**
11.18 **public option health care plan.** \$22,000,000
11.19 in fiscal year 2025 is from the health care

11.20 access fund for agency initiatives related to
 11.21 requesting a federal waiver for ~~implement~~ a
 11.22 Minnesota public option health care plan. The
 11.23 commissioner of human services, in fiscal year
 11.24 2025, shall transfer from this appropriation to
 11.25 the commissioner of commerce an amount
 11.26 sufficient for the commissioner of commerce
 11.27 to continue actuarial and economic analyses
 11.28 and develop and submit to the federal
 11.29 government a section 1332 waiver request to
 11.30 implement a Minnesota public option health
 11.31 care plan. The actuarial and economic analyses
 11.32 must examine the uninsurance rates for
 11.33 2026-2027 and contemplate policies, including
 11.34 state reinsurance programs, premium
 11.35 subsidies, and out-of-pocket subsidies, that
 12.1 can mitigate any increase. This is a onetime
 12.2 appropriation and is available upon approval
 12.3 of a state innovation waiver under section
 12.4 1332 of the federal Affordable Care Act. This
 12.5 appropriation is available until June 30, 2027.

12.6 **(f) Carryforward authority.** Notwithstanding
 12.7 Minnesota Statutes, section 16A.28,
 12.8 subdivision 3, \$2,367,000 of the appropriation
 12.9 in fiscal year 2024 is available until June 30,
 12.10 2027.

12.11 **(g) Base level adjustment.** The general fund
 12.12 base is \$32,315,000 in fiscal year 2026 and
 12.13 \$27,536,000 in fiscal year 2027. The health
 12.14 care access fund base is \$28,168,000 in fiscal
 12.15 year 2026 and \$28,168,000 in fiscal year 2027.

90.15 Sec. 9. **SCRAP METAL WORKING GROUP.**

90.16 The commissioner of public safety must convene a working group of representatives
 90.17 designated by the Minnesota Sheriffs Association, the Minnesota Chiefs of Police
 90.18 Association, and the trade association representing scrap metal recyclers. Meetings must
 90.19 occur monthly to discuss metal theft and share nonproprietary and nonprivileged information
 90.20 related to prevention, investigation, and prosecution of metal theft crimes.

12.16 **Sec. 6. REQUEST FOR FEDERAL WAIVER TO IMPLEMENT A PUBLIC**
 12.17 **OPTION.**

12.18 Subdivision 1. **Waiver submittal.** (a) The commissioner of commerce shall submit a
 12.19 section 1332 waiver request pursuant to United States Code, title 42, section 18052, to the
 12.20 Secretary of Health and Human Services to obtain federal approval to implement a public
 12.21 option. The commissioner (1) may contract for any analyses, certification, data, or other
 12.22 information required to complete the section 1332 waiver application in accordance with
 12.23 Code of Federal Regulations, title 33, part 108; Code of Federal Regulations, title 155, part
 12.24 1308; and any other applicable federal law, and (2) is not subject to contract requirements
 12.25 under Minnesota Statutes, chapter 16C. The commissioner shall provide written notice to
 12.26 the chairs and ranking minority members of the legislative committees with jurisdiction
 12.27 over health care policy and finance and health insurance, upon submission of the waiver to
 12.28 the federal government.

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

12.31 (1) continue receiving federal Medicaid payments for Medicaid-eligible individuals and
 12.32 federal basic health program payments for basic health program-eligible MinnesotaCare
 12.33 individuals; and

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

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

13.6 (d) The waiver request must require coverage under the public option to meet the
 13.7 requirements that apply to state-regulated markets under Minnesota Statutes, chapters 62A
 13.8 and 62Q.

13.9 (e) The commissioner of commerce must certify that the waiver will not negatively
 13.10 impact access to health care services, or the provision of health care services in each rating
 13.11 area established in compliance with the Affordable Care Act.

13.12 (f) The commissioner of commerce must certify that the waiver will not increase the
 13.13 premium rates for nonpublic option enrollees, including those enrolled in plans collectively
 13.14 bargained under the Taft-Hartley Act and those enrolled in plans on the individual market.

13.15 (g) In developing the waiver request, the commissioner of commerce must not rely on
 13.16 any new or increased taxes, fees, or assessments.

13.17 (h) The commissioner of commerce must certify that the waiver will not add to or result
 13.18 in a state budget deficit.

- 13.19 (i) The commissioner of commerce must certify that the waiver will reduce premiums
 13.20 for public option enrollees and those not enrolled in a public option.
- 13.21 (j) The commissioner of commerce must estimate the difference between expected
 13.22 payments to providers under the public option and the amount that would have been paid
 13.23 under commercial contracts. The waiver shall not be submitted unless the commissioner
 13.24 certifies that this will not result in decreased access to care or increased costs for those with
 13.25 commercial insurance.
- 13.26 (k) The commissioner of commerce must certify that the waiver will increase access to
 13.27 care for public option enrollees and those not enrolled in a public option.
- 13.28 (l) The commissioner of commerce must certify that the waiver will improve market
 13.29 stability for public option enrollees and those not enrolled in a public option.
- 13.30 (m) The commissioner of commerce must include, as part of the waiver request, an
 13.31 analysis of the impact the continuation of reinsurance, and the expiration of reinsurance,
 13.32 would have on the public option.
- 14.1 (n) The commissioner of commerce may not implement, or take any action toward
 14.2 implementing, a public option without explicit legislative authority to do so.
- 14.3 **Subd. 2. Public option requirements; waiver development; reports to legislature. (a)**
 14.4 The public option proposal submitted for waiver approval to the federal government must
 14.5 be consistent with, but need not be identical to, the public option framework specified in
 14.6 this section.
- 14.7 (b) The commissioner of commerce, in developing the public option proposal, may
 14.8 modify the public option framework specified in this section based on consultation with the
 14.9 commissioner of human services and the MNsure board and any analyses, certification,
 14.10 data, or other information provided as part of the waiver development process. The
 14.11 commissioner of commerce shall incorporate into the public option proposal any
 14.12 recommendations made by the commissioner of human services regarding the provisions
 14.13 of Minnesota Statutes, chapter 256L, that would apply to the public option.
- 14.14 (c) The commissioner of commerce shall present to the chairs and ranking minority
 14.15 members of the legislative committees with jurisdiction over health care finance and policy
 14.16 and health insurance an interim report on the public option proposal and waiver process by
 14.17 December 15, 2024, and a final report by April 15, 2025. The interim and final reports must
 14.18 include a description of and rationale for:
- 14.19 (1) any significant changes from the public option framework specified in this section;
 14.20 and
- 14.21 (2) any features of the public option included in the waiver request but not addressed
 14.22 by this framework.

- 14.23 The final report must also include a copy of the waiver request submitted to the federal
 14.24 government and any supporting material.
- 14.25 Subd. 3. **Access through MNsure.** (a) The commissioner of human services shall offer
 14.26 the public option through the MNsure website. The MNsure website must (1) ensure simple,
 14.27 convenient, and understandable access to enrollment in the public option, and (2) allow
 14.28 individuals to compare public option coverage with other coverage options. The MNsure
 14.29 board must extend the special enrollment period provisions that apply to qualified health
 14.30 plan enrollment to individuals who are eligible to enroll in the public option.
- 14.31 (b) The MNsure board shall provide administrative functions to facilitate the offering
 14.32 of the public option by the commissioner of human services. These functions include but
 14.33 are not limited to: marketing, call center operations, certification of insurance producers,
 15.1 and making payments to navigators for the successful enrollment of applicants in the public
 15.2 option. The MNsure board may provide additional administrative functions as requested
 15.3 by the commissioner of human services.
- 15.4 (c) An individual must be able to apply for and, if eligible, enroll in the public option
 15.5 by completing the application for a qualified health plan with premium tax credits or
 15.6 cost-sharing reductions. Enrollment in the public option must not require an applicant to
 15.7 provide additional information or complete an action not required for an applicant to enroll
 15.8 in a qualified health plan with premium tax credits or cost-sharing reductions. An individual
 15.9 must provide information needed to confirm the individual is not eligible for medical
 15.10 assistance under Minnesota Statutes, chapter 256B, or MinnesotaCare under Minnesota
 15.11 Statutes, chapter 256L.
- 15.12 (d) The MNsure board shall process all public option applications and make all eligibility
 15.13 determinations for the public option. Eligibility decisions for the public option shall be
 15.14 appealable to the MNsure board.
- 15.15 Subd. 4. **Insurance producers.** (a) The MNsure board may establish certification
 15.16 requirements that must be met by insurance producers in order to assist individuals with
 15.17 enrolling in the public option.
- 15.18 (b) For each applicant an insurance producer successfully enrolls in the public option,
 15.19 a health carrier shall offer the same compensation or other incentives that it offers for
 15.20 enrollment in other qualified health plans available through MNsure.
- 15.21 (c) An insurance producer assisting an individual with enrollment in the public option
 15.22 must disclose to that individual, orally and in writing at the time of first solicitation, that
 15.23 the producer may receive compensation from the health carrier for enrolling the individual
 15.24 in the public option.
- 15.25 Subd. 5. **Eligibility for the public option.** (a) Families and individuals with income
 15.26 above the maximum income eligibility limit specified in Minnesota Statutes, section 256L.04,
 15.27 subdivision 1 or 7, who meet all other MinnesotaCare eligibility requirements are eligible
 15.28 for the MinnesotaCare public option, subject to the income limit phase-in and additional

15.29 requirements specified in this section. Families and individuals enrolled in the public option
 15.30 shall be considered MinnesotaCare enrollees and all provisions of Minnesota Statutes,
 15.31 chapter 256L, applying generally to MinnesotaCare enrollees shall apply to public option
 15.32 enrollees, unless specified otherwise in this section and unless the commissioner of human
 15.33 services determines that departures from the MinnesotaCare provisions are necessary to
 16.1 obtain federal funding and communicates the decision to the commissioner of commerce
 16.2 as part of the waiver development process.

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

16.4 (1) 400 percent of the federal poverty guidelines for the first plan year;

16.5 (2) 550 percent of the federal poverty guidelines for the second plan year; and

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

16.7 (c) Families and individuals may enroll in the MinnesotaCare public option only during
 16.8 an annual open enrollment period or special enrollment period, as designated by the MNsure
 16.9 board in compliance with Code of Federal Regulations, title 45, sections 155.410 and
 16.10 155.420.

16.11 Subd. 6. Premium scale. Public option enrollees shall pay premiums for individual or
 16.12 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>Not Exceeding</u>	<u>Required Premium Contribution</u>
	<u>Equal to</u>		<u>as Percentage of Household Income</u>
16.16	<u>201%</u>	<u>250%</u>	<u>4.88%</u>
16.17	<u>251%</u>	<u>300%</u>	<u>6.38%</u>
16.18	<u>301%</u>	<u>400%</u>	<u>7.88%</u>
16.19	<u>401%</u>	<u>500%</u>	<u>8.5%</u>
16.20	<u>501%</u>	<u>550%</u>	<u>9.01%</u>
16.21	<u>551% and over</u>	<u>No maximum</u>	<u>10%</u>

16.24 Subd. 7. Cost-sharing. (a) Public option enrollees are subject to the MinnesotaCare
 16.25 cost-sharing requirements established under Minnesota Statutes, section 256L.03, subdivision
 16.26 5, except that:

- 16.27 (1) cost-sharing applies to all public option enrollees and there are no exemptions;
- 16.28 (2) the deductibles specified in paragraph (b) apply;
- 16.29 (3) the commissioner of human services shall set cost-sharing for public option enrollees
16.30 at an actuarial value of 94 percent, except that the actuarial value for public option enrollees
16.31 with household incomes above 400 percent of the federal poverty guidelines may be lower
16.32 than 94 percent to reflect the deductibles required under paragraph (b); and
- 16.33 (4) out-of-pocket maximums for public option enrollees must not exceed the out-of-pocket
16.34 maximums outlined in Code of Federal Regulations, title 45, section 156.130.
- 17.1 (b) Public option enrollees shall be subject to the following annual deductibles:
- 17.2 (1) for household incomes 401 percent to 500 percent of federal poverty guidelines,
17.3 \$500;
- 17.4 (2) for household incomes 501 percent to 600 percent of federal poverty guidelines,
17.5 \$1,000; and
- 17.6 (3) for household incomes 601 percent of federal poverty guidelines or above, \$1,500.
- 17.7 (c) No annual deductible shall apply to public option enrollees with household incomes
17.8 not exceeding 400 percent of the federal poverty guidelines.
- 17.9 **Subd. 8. Provider reimbursement.** (a) The commissioner of human services shall
17.10 require managed care plans and county-based purchasing plans to reimburse health care
17.11 providers for services provided to MinnesotaCare public option enrollees at payment rates
17.12 equal to or greater than the fee-for-service Medicare payment rate for the same service or
17.13 for a similar service if the specific service is not reimbursed under Medicare.
- 17.14 (b) Minnesota Statutes, section 256L.11, subdivision 1, shall not apply to provider
17.15 reimbursement for services delivered to MinnesotaCare public option enrollees.
- 17.16 **Subd. 9. Contracting and service delivery.** (a) The commissioner of human services
17.17 (1) shall contract with managed care and county-based purchasing plans for the delivery of
17.18 services to public option enrollees, and (2) may use a procurement process that is separate
17.19 and unique from that used to contract for the delivery of services to MinnesotaCare enrollees
17.20 who are not public option enrollees.
- 17.21 (b) The commissioner of human services shall establish public option participation
17.22 requirements for managed care and county-based purchasing plans and health care providers.
17.23 Public option enrollees are not considered MinnesotaCare enrollees for the purpose of the
17.24 participation requirement specified in Minnesota Statutes, section 256B.0644.
- 17.25 **Subd. 10. Geographic accessibility; provider network adequacy.** The public enrollment
17.26 option must meet the same requirements under section 62K.10 regarding geographic
17.27 accessibility and provider network adequacy as are required of other health carriers.

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

17.29 Sec. 7. **REPORT BY THE COMMISSIONER OF COMMERCE.**

17.30 By January 30, 2025, the commissioner of commerce must report to the chairs and
17.31 ranking minority members of the legislative committees with jurisdiction over commerce,
17.32 health, and human services, regarding the balance of the premium security plan account
18.1 under Minnesota Statutes, section 62E.25, subdivision 1, the estimated cost to continue the
18.2 premium security plan, and the plan's future interactions with public health programs. The
18.3 report must include an assessment of potential alternatives that would be available upon
18.4 expiration of the current waiver.