

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1856

(SENATE AUTHORS: MAYE QUADE, Boldon, Mann and Mohamed)

DATE	D-PG	OFFICIAL STATUS
02/24/2025	490	Introduction and first reading Referred to Commerce and Consumer Protection
02/27/2025	581	Authors added Boldon; Mann; Mohamed
03/10/2025	721	Author added Mitchell
02/26/2026	6421	Withdrawn and re-referred to Judiciary and Public Safety
03/04/2026	6487	Author stricken Mitchell
03/18/2026	6776a	Comm report: Amended, No recommendation, re-referred to Commerce and Consumer Protection

1.1 A bill for an act

1.2 relating to health insurance; prohibiting the use of artificial intelligence in the

1.3 utilization review process; authorizing enforcement by the attorney general;

1.4 amending Minnesota Statutes 2024, sections 62M.02, by adding a subdivision;

1.5 62M.09, subdivision 3; proposing coding for new law in Minnesota Statutes,

1.6 chapter 62M.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2024, section 62M.02, is amended by adding a subdivision

1.9 to read:

1.10 Subd. 2a. **Artificial intelligence.** "Artificial intelligence" has the meaning given in

1.11 United States Code, title 15, section 9401.

1.12 Sec. 2. Minnesota Statutes 2024, section 62M.09, subdivision 3, is amended to read:

1.13 Subd. 3. **Physician reviewer; adverse determinations.** (a) A physician must review

1.14 and make the adverse determination under section 62M.05 in all cases in which the utilization

1.15 review organization has concluded that an adverse determination for clinical reasons is

1.16 appropriate.

1.17 (b) The physician conducting the review and making the adverse determination must:

1.18 (1) hold a current, unrestricted license to practice medicine in this state; and

1.19 (2) have the same or similar medical specialty as a provider that typically treats or

1.20 manages the condition for which the health care service has been requested.

2.1 This paragraph does not apply to reviews conducted in connection with policies issued by
2.2 a health plan company that is assessed less than three percent of the total amount assessed
2.3 by the Minnesota Comprehensive Health Association.

2.4 (c) The physician should be reasonably available by telephone to discuss the determination
2.5 with the attending health care professional.

2.6 (d) Notwithstanding paragraph (a), a review of an adverse determination involving a
2.7 prescription drug must be conducted by a licensed pharmacist or physician who is competent
2.8 to evaluate the specific clinical issues presented in the review.

2.9 (e) This subdivision does not apply to outpatient mental health or substance abuse services
2.10 governed by subdivision 3a.

2.11 (f) The physician must attest in writing that artificial intelligence was not used in the
2.12 utilization review process. Notwithstanding section 62M.14, any adverse determination
2.13 made in violation of this paragraph is null and void.

2.14 **Sec. 3. [62M.20] PROHIBITION ON ARTIFICIAL INTELLIGENCE.**

2.15 (a) The use of artificial intelligence is prohibited in utilization review. Without limiting
2.16 the generality of the foregoing, a utilization review organization is prohibited from using
2.17 artificial intelligence in any part of its review, evaluation, determination, or appeals processes.

2.18 (b) Notwithstanding section 62M.14, any adverse determination made in violation of
2.19 this section is null and void.

2.20 (c) The attorney general may enforce this section under section 8.31.