

318.9

**ARTICLE 9**

318.10

**MISCELLANEOUS**

318.11 Section 1. Minnesota Statutes 2016, section 62V.05, subdivision 2, is amended to read:

318.12 Subd. 2. **Operations funding.** ~~(a) Prior to January 1, 2015, MNsure shall retain or collect~~  
 318.13 ~~up to 1.5 percent of total premiums for individual and small group market health plans and~~  
 318.14 ~~dental plans sold through MNsure to fund the cash reserves of MNsure, but the amount~~  
 318.15 ~~collected shall not exceed a dollar amount equal to 25 percent of the funds collected under~~  
 318.16 ~~section 62E.11, subdivision 6, for calendar year 2012.~~

318.17 ~~(b) Beginning January 1, 2015, MNsure shall retain or collect up to 3.5 percent of total~~  
 318.18 ~~premiums for individual and small group market health plans and dental plans sold through~~  
 318.19 ~~MNsure to fund the operations of MNsure, but the amount collected shall not exceed a~~  
 318.20 ~~dollar amount equal to 50 percent of the funds collected under section 62E.11, subdivision~~  
 318.21 ~~6, for calendar year 2012.~~

318.22 ~~(e)(a)~~ Beginning January 1, 2016, through December 31, 2018, MNsure shall retain or  
 318.23 collect up to 3.5 percent of total premiums for individual and small group market health  
 318.24 plans and dental plans sold through MNsure to fund the operations of MNsure, but the  
 318.25 amount collected may never exceed a dollar amount greater than 100 percent of the funds  
 318.26 collected under section 62E.11, subdivision 6, for calendar year 2012.

318.27 ~~(d) For fiscal years 2014 and 2015, the commissioner of management and budget is~~  
 318.28 ~~authorized to provide cash flow assistance of up to \$20,000,000 from the special revenue~~  
 318.29 ~~fund or the statutory general fund under section 16A.671, subdivision 3, paragraph (a), to~~  
 318.30 ~~MNsure. Any funds provided under this paragraph shall be repaid, with interest, by June~~  
 318.31 ~~30, 2015.~~

319.1 ~~(b) Beginning January 1, 2019, MNsure shall retain or collect up to two percent of total~~  
 319.2 ~~premiums for individual and small group health plans and dental plans sold through MNsure~~  
 319.3 ~~to fund the operations of MNsure, but the amount collected may never exceed a dollar~~  
 319.4 ~~amount greater than 25 percent of the funds collected under section 62E.11, subdivision 6,~~  
 319.5 ~~for calendar year 2012.~~

319.6 ~~(e)(c)~~ Funding for the operations of MNsure shall cover any compensation provided to  
 319.7 navigators participating in the navigator program.

319.8 ~~(d) Interagency agreements between MNsure and the Department of Human Services,~~  
 319.9 ~~and the Public Assistance Cost Allocation Plan for the Department of Human Services,~~  
 319.10 ~~shall not be modified to reflect any changes to the percentage of premiums that MNsure is~~

319.11 allowed to retain or collect under this section, and no additional funding shall be transferred  
 319.12 from the Department of Human Services to MNsure as a result of any changes to the  
 319.13 percentage of premiums that MNsure is allowed to retain or collect under this section.

319.14 Sec. 2. Minnesota Statutes 2016, section 62V.05, subdivision 5, is amended to read:

319.15 Subd. 5. **Health carrier and health plan requirements; participation.** (a) Beginning  
 319.16 January 1, 2015, the board may establish certification requirements for health carriers and  
 319.17 health plans to be offered through MNsure that satisfy federal requirements under ~~section~~  
 319.18 ~~1311(e)(1) of the Affordable Care Act, Public Law 111-148~~ United States Code, title 42,  
 319.19 section 18031(c)(1).

319.20 (b) Paragraph (a) does not apply if by June 1, 2013, the legislature enacts regulatory  
 319.21 requirements that:

319.22 (1) apply uniformly to all health carriers and health plans in the individual market;

319.23 (2) apply uniformly to all health carriers and health plans in the small group market; and

319.24 (3) satisfy minimum federal certification requirements under ~~section 1311(e)(1) of the~~  
 319.25 ~~Affordable Care Act, Public Law 111-148~~ United States Code, title 42, section 18031(c)(1).

319.26 (c) In accordance with ~~section 1311(e) of the Affordable Care Act, Public Law 111-148~~  
 319.27 United States Code, title 42, section 18031(e), the board shall establish policies and  
 319.28 procedures for certification and selection of health plans to be offered as qualified health  
 319.29 plans through MNsure. The board shall certify and select a health plan as a qualified health  
 319.30 plan to be offered through MNsure, if:

319.31 (1) the health plan meets the minimum certification requirements established in paragraph  
 319.32 (a) or the market regulatory requirements in paragraph (b);

320.1 (2) the board determines that making the health plan available through MNsure is in the  
 320.2 interest of qualified individuals and qualified employers;

320.3 (3) the health carrier applying to offer the health plan through MNsure also applies to  
 320.4 offer health plans at each actuarial value level and service area that the health carrier currently  
 320.5 offers in the individual and small group markets; and

320.6 (4) the health carrier does not apply to offer health plans in the individual and small  
 320.7 group markets through MNsure under a separate license of a parent organization or holding  
 320.8 company under section 60D.15, that is different from what the health carrier offers in the  
 320.9 individual and small group markets outside MNsure.

320.10 (d) In determining the interests of qualified individuals and employers under paragraph  
 320.11 (c), clause (2), the board may not exclude a health plan for any reason specified under ~~section~~  
 320.12 ~~1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148~~ United States Code, title  
 320.13 42, section 18031(e)(1)(B). ~~The board may consider:~~

320.14 ~~(1) affordability;~~

320.15 ~~(2) quality and value of health plans;~~

320.16 ~~(3) promotion of prevention and wellness;~~

320.17 ~~(4) promotion of initiatives to reduce health disparities;~~

320.18 ~~(5) market stability and adverse selection;~~

320.19 ~~(6) meaningful choices and access;~~

320.20 ~~(7) alignment and coordination with state agency and private sector purchasing strategies~~  
 320.21 ~~and payment reform efforts; and~~

320.22 ~~(8) other criteria that the board determines appropriate.~~

320.23 (e) A health plan that meets the minimum certification requirements under paragraph  
 320.24 (c) and United States Code, title 42, section 18031(c)(1), and any regulations and guidance  
 320.25 issued under that section, is deemed to be in the interest of qualified individuals and qualified  
 320.26 employers. The board shall not establish certification requirements for health carriers and  
 320.27 health plans for participation in MNsure that are in addition to the certification requirements  
 320.28 under paragraph (c) and United States Code, title 42, section 18031(c)(1), and any regulations  
 320.29 and guidance issued under that section. The board shall not determine the cost of, cost-sharing  
 320.30 elements of, or benefits provided in health plans sold through MNsure.

320.31 ~~(f)~~ (f) For qualified health plans offered through MNsure on or after January 1, 2015,  
 320.32 the board shall establish policies and procedures under paragraphs (c) and (d) for selection  
 321.1 of health plans to be offered as qualified health plans through MNsure by February 1 of  
 321.2 each year, beginning February 1, 2014. The board shall consistently and uniformly apply  
 321.3 all policies and procedures and any requirements, standards, or criteria to all health carriers  
 321.4 and health plans. For any policies, procedures, requirements, standards, or criteria that are  
 321.5 defined as rules under section 14.02, subdivision 4, the board may use the process described  
 321.6 in subdivision 9.

321.7 ~~(f) For 2014, the board shall not have the power to select health carriers and health plans~~  
 321.8 ~~for participation in MNsure. The board shall permit all health plans that meet the certification~~

- 321.9 ~~requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148, to~~  
321.10 ~~be offered through MNSure.~~
- 321.11 (g) Under this subdivision, the board shall have the power to verify that health carriers  
321.12 and health plans are properly certified to be eligible for participation in MNSure.
- 321.13 (h) The board has the authority to decertify health carriers and health plans that fail to  
321.14 maintain compliance with ~~section 1311(c)(1) of the Affordable Care Act, Public Law 111-148,~~  
321.15 United States Code, title 42, section 18031(c)(1).
- 321.16 (i) For qualified health plans offered through MNSure beginning January 1, 2015, health  
321.17 carriers must use the most current addendum for Indian health care providers approved by  
321.18 the Centers for Medicare and Medicaid Services and the tribes as part of their contracts with  
321.19 Indian health care providers. MNSure shall comply with all future changes in federal law  
321.20 with regard to health coverage for the tribes.
- 321.21 Sec. 3. Minnesota Statutes 2016, section 62V.05, subdivision 10, is amended to read:
- 321.22 Subd. 10. **Limitations; risk-bearing.** (a) The board shall not bear insurance risk or enter  
321.23 into any agreement with health care providers to pay claims.
- 321.24 (b) Nothing in this subdivision shall prevent MNSure from providing insurance for its  
321.25 employees.
- 321.26 (c) The commissioner of human services shall not bear insurance risk or enter into any  
321.27 agreement with providers to pay claims for any health coverage administered by the  
321.28 commissioner that is made available for purchase through the MNSure Web site as an  
321.29 alternative to purchasing a qualifying health plan through MNSure or an individual health  
321.30 plan offered outside of MNSure.
- 321.31 (d) Nothing in this subdivision shall prohibit:
- 322.1 (1) the commissioner of human services from administering the medical assistance  
322.2 program under chapter 256B and the MinnesotaCare program under chapter 256L, as long  
322.3 as health coverage under these programs is not purchased by the individual through the  
322.4 MNSure Web site; and
- 322.5 (2) employees of the Department of Human Services from obtaining insurance from the  
322.6 state employee group insurance program.
- 322.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

322.8 Sec. 4. Minnesota Statutes 2016, section 169.345, subdivision 2, is amended to read:

322.9 Subd. 2. **Definitions.** (a) For the purpose of section 168.021 and this section, the following  
322.10 terms have the meanings given them in this subdivision.

322.11 (b) "Health professional" means a licensed physician, licensed physician assistant,  
322.12 advanced practice registered nurse, licensed physical therapist, or licensed chiropractor.

322.13 (c) "Long-term certificate" means a certificate issued for a period greater than 12 months  
322.14 but not greater than 71 months.

322.15 (d) "Organization certificate" means a certificate issued to an entity other than a natural  
322.16 person for a period of three years.

322.17 (e) "Permit" refers to a permit that is issued for a period of 30 days, in lieu of the  
322.18 certificate referred to in subdivision 3, while the application is being processed.

322.19 (f) "Physically disabled person" means a person who:

322.20 (1) because of disability cannot walk without significant risk of falling;

322.21 (2) because of disability cannot walk 200 feet without stopping to rest;

322.22 (3) because of disability cannot walk without the aid of another person, a walker, a cane,  
322.23 crutches, braces, a prosthetic device, or a wheelchair;

322.24 (4) is restricted by a respiratory disease to such an extent that the person's forced  
322.25 (respiratory) expiratory volume for one second, when measured by spirometry, is less than  
322.26 one liter;

322.27 (5) has an arterial oxygen tension (PaO<sub>2</sub>) of less than 60 mm/Hg on room air at rest;

322.28 (6) uses portable oxygen;

323.1 (7) has a cardiac condition to the extent that the person's functional limitations are  
323.2 classified in severity as class III or class IV according to standards set by the American  
323.3 Heart Association;

323.4 (8) has lost an arm or a leg and does not have or cannot use an artificial limb; or

- 323.5 (9) has a disability that would be aggravated by walking 200 feet under normal  
 323.6 environmental conditions to an extent that would be life threatening.
- 323.7 (g) "Short-term certificate" means a certificate issued for a period greater than six months  
 323.8 but not greater than 12 months.
- 323.9 (h) "Six-year certificate" means a certificate issued for a period of six years.
- 323.10 (i) "Temporary certificate" means a certificate issued for a period not greater than six  
 323.11 months.
- 323.12 Sec. 5. Minnesota Statutes 2016, section 243.166, subdivision 4b, is amended to read:
- 323.13 Subd. 4b. **Health care facility; notice of status.** (a) For the purposes of this subdivision:
- 323.14 (1) "health care facility" means a facility:
- 323.15 ~~(i)~~ (i) licensed by the commissioner of health as a hospital, boarding care home or  
 323.16 supervised living facility under sections 144.50 to 144.58, or a nursing home under chapter  
 323.17 144A;
- 323.18 ~~(ii)~~ (ii) registered by the commissioner of health as a housing with services establishment  
 323.19 as defined in section 144D.01; or
- 323.20 ~~(iii)~~ (iii) licensed by the commissioner of human services as a residential facility under  
 323.21 chapter 245A to provide adult foster care, adult mental health treatment, chemical dependency  
 323.22 treatment to adults, or residential services to persons with disabilities; and
- 323.23 (2) "home care provider" has the meaning given in section 144A.43.
- 323.24 (b) Prior to admission to a health care facility or home care services from a home care  
 323.25 provider, a person required to register under this section shall disclose to:
- 323.26 (1) the health care facility employee or the home care provider processing the admission  
 323.27 the person's status as a registered predatory offender under this section; and
- 323.28 (2) the person's corrections agent, or if the person does not have an assigned corrections  
 323.29 agent, the law enforcement authority with whom the person is currently required to register,  
 323.30 that ~~inpatient~~ admission will occur.

324.1 (c) A law enforcement authority or corrections agent who receives notice under paragraph  
 324.2 (b) or who knows that a person required to register under this section is planning to be  
 324.3 admitted and receive, or has been admitted and is receiving health care at a health care  
 324.4 facility or home care services from a home care provider, shall notify the administrator of  
 324.5 the facility or the home care provider and deliver a fact sheet to the administrator or provider  
 324.6 containing the following information: (1) name and physical description of the offender;  
 324.7 (2) the offender's conviction history, including the dates of conviction; (3) the risk level  
 324.8 classification assigned to the offender under section 244.052, if any; and (4) the profile of  
 324.9 likely victims.

324.10 (d) Except for a hospital licensed under sections 144.50 to 144.58, if a health care facility  
 324.11 receives a fact sheet under paragraph (c) that includes a risk level classification for the  
 324.12 offender, and if the facility admits the offender, the facility shall distribute the fact sheet to  
 324.13 all residents at the facility. If the facility determines that distribution to a resident is not  
 324.14 appropriate given the resident's medical, emotional, or mental status, the facility shall  
 324.15 distribute the fact sheet to the patient's next of kin or emergency contact.

324.16 (e) If a home care provider receives a fact sheet under paragraph (c) that includes a risk  
 324.17 level classification for the offender, the provider shall distribute the fact sheet to any  
 324.18 individual who will provide direct services to the offender before the individual begins to  
 324.19 provide the service.

**HOUSE ARTICLE 9, SECTION 6 IS MATCHED WITH SENATE ARTICLE 28, SECTION 31.**

326.18 Sec. 7. **RATES FOR INDIVIDUAL MARKET HEALTH AND DENTAL PLANS**  
 326.19 **FOR 2019.**

326.20 (a) Health carriers must take into account the reduction in the premium withhold  
 326.21 percentage under Minnesota Statutes, section 62V.05, subdivision 2, applicable beginning  
 326.22 in calendar year 2019 for individual market health plans and dental plans sold through  
 326.23 MNsure when setting rates for individual market health plans and dental plans for calendar  
 326.24 year 2019.

326.25 (b) For purposes of this section, "dental plan," "health carrier," "health plan," and  
 326.26 "individual market" have the meanings given in Minnesota Statutes, section 62V.02.

**HOUSE ARTICLE 9, SECTION 8 IS LOCATED IN THE SENATE ARTICLE 28 SIDE BY SIDE.**