### Article 6
#### Commerce Policy

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

<table>
<thead>
<tr>
<th>Total Assets</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $100,000,000</td>
<td>$400</td>
</tr>
<tr>
<td>$100,000,000 to $1,000,000,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Over $1,000,000,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Minnesota Written Premium</td>
<td></td>
</tr>
</tbody>
</table>

### Article 2
#### Cannabis and Health-Related Responsibilities

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

<table>
<thead>
<tr>
<th>Total Assets</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000,000</td>
<td>$400</td>
</tr>
<tr>
<td>$10,000,000 to $100,000,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Over $100,000,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>
For purposes of this subdivision, the following entities are not considered to be insurers authorized to sell insurance in the state of Minnesota: risk retention groups; or township mutuals organized under chapter 67A.

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

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

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

(b) A registration application must include:

(1) the lender's name;

(2) the lender's address;

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

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

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

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

(d) The commissioner may adopt and enforce:

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

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

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

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

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

Subdivision 1. Manufacturers. A manufacturer must not directly or indirectly restrict, prohibit, or otherwise interfere with the delivery of a covered outpatient drug to a pharmacy that is under contract with a 340B covered entity to receive and dispense covered outpatient drugs.
drugs on behalf of the covered entity, unless the delivery of the drug to the pharmacy is
prohibited under the 340B Drug Pricing Program.

**Subd. 2. Definitions.** (a) For purposes of this section, the following definitions apply:

(b) "340B covered entity" has the meaning provided in section 340B(a)(4) of the Public
Health Service Act.

c) "Covered outpatient drug" has the meaning provided in section 1927(k) of the Social
Security Act.

d) "Manufacturer" has the meaning provided in section 151.01, subdivision 14a.

Section 1. Minnesota Statutes 2022, section 62K.10, subdivision 1, is amended to read:

Subd. 1. Applicability. (a) This section applies to:

(1) all health carriers that either

require an enrollee to use or that create incentives, including financial incentives, for an
enrollee to use; health care providers that are managed, owned, under contract with, or
employed by the health carrier; and (2) the MinnesotaCare public option. A health carrier
that does not manage, own, or contract directly with providers in Minnesota is exempt from
this section, unless it is part of a holding company as defined in section 60D.15 that in
aggregate exceeds ten percent in either the individual or small group market in Minnesota.

(b) Health carriers renting provider networks from other entities must submit the rental
agreement or contract to the commissioner of health for approval. In reviewing the
agreements or contracts, the commissioner shall review the agreement or contract to ensure
that the entity contracting with health care providers accepts responsibility to meet the
requirements in this section.

Sec. 2. Minnesota Statutes 2022, section 62Q.73, subdivision 3, is amended to read:

Subd. 3. Right to external review. (a) Any enrollee or anyone acting on behalf of an
enrollee who has received an adverse determination may submit a written request for an
external review of the adverse determination, if applicable under section 62Q.68, subdivision
1, or 62M.06, to the commissioner of health if the request involves a health plan company
regulated by that commissioner or to the commissioner of commerce if the request involves
a health plan company regulated by that commissioner. Notification of the enrollee's right
to external review must accompany the denial issued by the insurer. The written request
must be accompanied by a filing fee of $25. The fee may be waived by the commissioner
of health or commerce in cases of financial hardship and must be refunded if the adverse
determination is completely reversed. No enrollee may be subject to filing fees totaling
more than $75 during a plan year for group coverage or policy year for individual coverage.

(b) Nothing in this section requires the commissioner of health or commerce to
independently investigate an adverse determination referred for independent external review.
(c) If an enrollee requests an external review, the health plan company must participate in the external review. The cost of the external review in excess of the filing fee described in paragraph (a) shall be borne by the health plan company.

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

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

Subdivision 1. **CANNABIS AND SUBSTANCE MISUSE PREVENTION AND EDUCATION PROGRAMS.**

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

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

Subd. 3. **Home visiting programs.** The commissioner of health shall provide training, technical assistance, and education materials to local public health home visiting programs and Tribal home visiting programs and child welfare workers regarding the safe and unsafe use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products in homes with infants and young children. Training, technical assistance,
and education materials shall address substance use, the signs of a substance use disorder, treatment options for persons with a substance use disorder, the dangers of driving under the influence of cannabis flower, cannabis products, lower potency hemp edibles, or hemp-derived consumer products, how to safely consume cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products in homes with infants and young children, and how to prevent infants and young children from being exposed to cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products by ingesting cannabinoid products or through secondhand smoke.

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

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

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

1. a complete and accurate account or description, including the weight if customarily purchased by weight, of the scrap metal or motor vehicle purchased or acquired;
2. the date, time, and place of the receipt of the scrap metal or motor vehicle purchased or acquired and a unique transaction identifier;
3. a photocopy or electronic scan of the seller's proof of identification including the identification number;
4. the amount paid and the number of the check or electronic transfer used to purchase or acquire the scrap metal or motor vehicle;
5. the license plate number and description of the vehicle used by the person when delivering the scrap metal or motor vehicle, including the vehicle make and model, and any identifying marks on the vehicle, such as a business name, decals, or markings; if applicable;
6. a statement signed by the seller, under penalty of perjury as provided in section 609.48, attesting that the scrap metal or motor vehicle is not stolen and is free of any liens or encumbrances and the seller has the right to sell it;
(7) a copy of the receipt, which must include at least the following information: the name and address of the dealer, the date and time the scrap metal or motor vehicle was received by the dealer, an accurate description of the scrap metal or motor vehicle, and the amount paid for the scrap metal or motor vehicle;

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

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

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

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

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

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

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

(f) Except as otherwise provided in this section, a scrap metal dealer or the dealer’s agent, employee, or representative may not disclose personal information concerning a customer without the customer's consent unless the disclosure is required by law or made in response to a request from a law enforcement agency. A scrap metal dealer must implement reasonable safeguards to protect the security of the personal information and prevent unauthorized access to or disclosure of the information. For purposes of this paragraph, "personal information" is any individually identifiable information gathered in connection with a record under paragraph (a).
Minnesota Statutes 2022, section 325E.21, is amended by adding a subdivision to read:

Subd. 2c. License required for scrap metal copper sale.

(a) Beginning January 1, 2025, a person is prohibited from engaging in the sale of scrap metal copper unless the person has a valid license issued by the commissioner under this subdivision.

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

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

(2) the name, permanent address, telephone number, and date of birth of the applicant;

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

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

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

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

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

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

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

(2) the applicant fails to timely submit a renewal application and the information required under this subdivision.
In lieu of denying a renewal application under paragraph (g), the commissioner may permit the applicant to submit to the commissioner a corrective action plan to cure or correct deficiencies.

(i) The commissioner may suspend, revoke, or place on probation a license issued under this subdivision if:

(1) the applicant engages in fraudulent activity that violates state or federal law;

(2) the commissioner receives consumer complaints that justify an action under this subdivision to protect the safety and interests of consumers;

(3) the applicant fails to pay an application license or renewal fee; or

(4) the applicant fails to comply with a requirement set forth in this subdivision.

(j) This subdivision does not apply to transfers by or to an auctioneer who is in compliance with chapter 330 and acting in the person's official role as an auctioneer to facilitate or conduct an auction of scrap metal.

(k) The commissioner must enforce this subdivision under chapter 45.

Sec. 3. Minnesota Statutes 2023 Supplement, section 342.15, is amended by adding a subdivision to read:

Subd. 1a. Transmission of fees. A cannabis business background check account is established as a separate account in the special revenue fund. All fees received by the office under subdivision 1 must be deposited in the account and are appropriated to the office to pay for the criminal records checks conducted by the Bureau of Criminal Apprehension and Federal Bureau of Investigation.

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

342.72 SUBSTANCE USE TREATMENT, RECOVERY, AND PREVENTION GRANTS.

Subdivision 1. Account established; Appropriation. A substance use treatment, recovery, and prevention grant account is created in the special revenue fund. Money in the account, including interest earned, is appropriated to the office commissioner of health for the purposes specified in this section. Of the amount transferred from the general fund to the account, the office may use up to five percent for administrative expenses.

Subd. 2. Acceptance of gifts and grants. Notwithstanding sections 16A.013 to 16A.016, the office may accept money contributed by individuals and may apply for grants from charitable foundations to be used for the purposes identified in this section. The money...
accepted under this section must be deposited in the substance use treatment, recovery, and prevention grant account created under subdivision 4.

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

(1) at least 75 percent of the money is for grants for substance use disorder and mental health recovery and prevention programs. Funds must be used for recovery and prevention activities, including substance use prevention for youth, and supplies that assist individuals and families to initiate, stabilize, and maintain long-term recovery from substance use disorders and co-occurring mental health conditions.

Recovery and prevention activities may include prevention education, school-linked behavioral health, school-based peer programs, peer supports, self-care and wellness, culturally specific healing, community public awareness, mutual aids and networks, telephone recovery checkups, mental health warmlines, harm reduction, recovery community organization development, first episode psychosis programs, and recovery housing; and organization development, first episode psychosis programs, and recovery housing; and

(2) up to 25 percent of the money is for substance use disorder treatment programs as defined in chapter 245G and may be used to implement, strengthen, or expand supportive services and activities that are not covered by medical assistance under chapter 256B.

MinnesotaCare under chapter 256L, or the behavioral health fund under chapter 254B.

Services and activities may include adoption or expansion of evidence-based practices; competency-based training; continuing education; culturally specific and culturally responsive services; sober recreational activities; developing referral relationships; family preservation and healing; and start-up or capacity funding for programs that specialize in adolescent, culturally specific, culturally responsive, disability-specific, co-occurring disorder, or family treatment services.

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

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

Subd. 4. Reports to the legislature. By January 15, 2024, and each January 15 thereafter, the commissioner of health must submit a report to the chairs and ranking minority members of the committees of the house of representatives and the senate having jurisdiction over health and human services policy and finance that details grants awarded from the substance use treatment, recovery, and prevention grant account, including the total amount awarded, total number of recipients, and geographic distribution of those recipients. Notwithstanding section 144.05, subdivision 7, the reporting requirement under this subdivision does not expire.
Sec. 5. Laws 2023, chapter 70, article 20, section 2, subdivision 5, is amended to read:

Subd. 5. Central Office; Health Care

Appropriations by Fund

<table>
<thead>
<tr>
<th>Fund</th>
<th>General</th>
<th>Health Care Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35,807,000</td>
<td>31,349,000</td>
</tr>
<tr>
<td></td>
<td>30,668,000</td>
<td>50,168,000</td>
</tr>
</tbody>
</table>

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

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

(c) Improving the Minnesota eligibility technology system functionality. $1,604,000 in fiscal year 2024 and $711,000 in fiscal year 2025 are from the general fund for improving the Minnesota eligibility technology system functionality. The base for this appropriation is $1,421,000 in fiscal year 2026 and $0 in fiscal year 2027.

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

(e) Contingent appropriation for Minnesota public option health care plan. $22,000,000 in fiscal year 2025 is from the health care
access fund for agency initiatives related to requesting a federal waiver for implementing a Minnesota public option health care plan. The commissioner of human services, in fiscal year 2025, shall transfer from this appropriation to the commissioner of commerce an amount sufficient for the commissioner of commerce to continue actuarial and economic analyses and develop and submit to the federal government a section 1332 waiver request to implement a Minnesota public option health care plan. The actuarial and economic analyses must examine the uninsurance rates for 2026-2027 and contemplate policies, including state reinsurance programs, premium subsidies, and out-of-pocket subsidies, that can mitigate any increase. This is a onetime appropriation and is available upon approval of a state innovation waiver under section 1332 of the federal Affordable Care Act. This appropriation is available until June 30, 2027.

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

g) Base level adjustment. The general fund base is $32,315,000 in fiscal year 2026 and $27,536,000 in fiscal year 2027. The health care access fund base is $28,168,000 in fiscal year 2026 and $28,168,000 in fiscal year 2027.

90.15 Sec. 9. SCRAP METAL WORKING GROUP

The commissioner of public safety must convene a working group of representatives designated by the Minnesota Sheriffs Association, the Minnesota Chiefs of Police Association, and the trade association representing scrap metal recyclers. Meetings must occur monthly to discuss metal theft and share nonproprietary and nonprivileged information related to prevention, investigation, and prosecution of metal theft crimes.
Sec. 6. REQUEST FOR FEDERAL WAIVER TO IMPLEMENT A PUBLIC OPTION.

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

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

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

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

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

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

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

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

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

(h) The commissioner of commerce must certify that the waiver will not add to or result in a state budget deficit.
(i) The commissioner of commerce must certify that the waiver will reduce premiums for public option enrollees and those not enrolled in a public option.

(j) The commissioner of commerce must estimate the difference between expected payments to providers under the public option and the amount that would have been paid under commercial contracts. The waiver shall not be submitted unless the commissioner certifies that this will not result in decreased access to care or increased costs for those with commercial insurance.

(k) The commissioner of commerce must certify that the waiver will increase access to care for public option enrollees and those not enrolled in a public option.

(l) The commissioner of commerce must certify that the waiver will improve market stability for public option enrollees and those not enrolled in a public option.

(m) The commissioner of commerce must include, as part of the waiver request, an analysis of the impact the continuation of reinsurance, and the expiration of reinsurance, would have on the public option.

(n) The commissioner of commerce may not implement, or take any action toward implementing, a public option without explicit legislative authority to do so.

Subd. 2. Public option requirements; waiver development; reports to legislature. (a)

The public option proposal submitted for waiver approval to the federal government must be consistent with, but need not be identical to, the public option framework specified in this section.

(b) The commissioner of commerce, in developing the public option proposal, may modify the public option framework specified in this section based on consultation with the commissioner of human services and the MNsure board and any analyses, certification, data, or other information provided as part of the waiver development process. The commissioner of commerce shall incorporate into the public option proposal any recommendations made by the commissioner of human services regarding the provisions of Minnesota Statutes, chapter 256L, that would apply to the public option.

(c) The commissioner of commerce shall present to the chairs and ranking minority members of the legislative committees with jurisdiction over health care finance and policy and health insurance an interim report on the public option proposal and waiver process by December 15, 2024, and a final report by April 15, 2025. The interim and final reports must include a description of and rationale for:

1. any significant changes from the public option framework specified in this section; and

2. any features of the public option included in the waiver request but not addressed by this framework.
The final report must also include a copy of the waiver request submitted to the federal government and any supporting material.

Subd. 3. Access through MNsure. (a) The commissioner of human services shall offer the public option through the MNsure website. The MNsure website must (1) ensure simple, convenient, and understandable access to enrollment in the public option; and (2) allow individuals to compare public option coverage with other coverage options. The MNsure board must extend the special enrollment period provisions that apply to qualified health plan enrollment to individuals who are eligible to enroll in the public option.

(b) The MNsure board shall provide administrative functions to facilitate the offering of the public option by the commissioner of human services. These functions include but are not limited to: marketing, call center operations, certification of insurance producers, and making payments to navigators for the successful enrollment of applicants in the public option. The MNsure board may provide additional administrative functions as requested by the commissioner of human services.

c) An individual must be able to apply for and, if eligible, enroll in the public option by completing the application for a qualified health plan with premium tax credits or cost-sharing reductions. Enrollment in the public option must not require an applicant to provide additional information or complete an action not required for an applicant to enroll in a qualified health plan with premium tax credits or cost-sharing reductions. An individual must provide information needed to confirm the individual is not eligible for medical assistance under Minnesota Statutes, chapter 256B, or MinnesotaCare under Minnesota Statutes, chapter 256L.

d) The MNsure board shall process all public option applications and make all eligibility determinations for the public option. Eligibility decisions for the public option shall be appealable to the MNsure board.

Subd. 4. Insurance producers. (a) The MNsure board may establish certification requirements that must be met by insurance producers in order to assist individuals with enrolling in the public option.

(b) For each applicant an insurance producer successfully enrolls in the public option, a health carrier shall offer the same compensation or other incentives that it offers for enrollment in other qualified health plans available through MNsure.

c) An insurance producer assisting an individual with enrollment in the public option must disclose to that individual, orally and in writing at the time of first solicitation, that the producer may receive compensation from the health carrier for enrolling the individual in the public option.

Subd. 5. Eligibility for the public option. (a) Families and individuals with income above the maximum income eligibility limit specified in Minnesota Statutes, section 256L.04, subdivision 1 or 7, who meet all other MinnesotaCare eligibility requirements are eligible for the MinnesotaCare public option, subject to the income limit phase-in and additional
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.

(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;

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

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 7 except that:
(1) cost-sharing applies to all public option enrollees and there are no exemptions;
(2) the deductibles specified in paragraph (b) apply;
(3) the commissioner of human services shall set cost-sharing for public option enrollees
at an actuarial value of 94 percent, except that the actuarial value for public option enrollees
with household incomes above 400 percent of the federal poverty guidelines may be lower
than 94 percent to reflect the deductibles required under paragraph (b); and
(4) out-of-pocket maximums for public option enrollees must not exceed the out-of-pocket
maximums outlined in Code of Federal Regulations, title 45, section 156.130;
(b) Public option enrollees shall be subject to the following annual deductibles:
(1) for household incomes 401 percent to 500 percent of federal poverty guidelines,
$500;
(2) for household incomes 501 percent to 600 percent of federal poverty guidelines,
$1,000; and
(3) for household incomes 601 percent of federal poverty guidelines or above, $1,500;
(c) No annual deductible shall apply to public option enrollees with household incomes
not exceeding 400 percent of the federal poverty guidelines;
Subd. 8. Provider reimbursement. (a) The commissioner of human services shall
require managed care plans and county-based purchasing plans to reimburse health care
providers for services provided to MinnesotaCare public option enrollees at payment rates
equal to or greater than the fee-for-service Medicare payment rate for the same service or
for a similar service if the specific service is not reimbursed under Medicare;
(b) Minnesota Statutes, section 256L.11, subdivision 1, shall not apply to provider
reimbursement for services delivered to MinnesotaCare public option enrollees;
Subd. 9. Contracting and service delivery. (a) The commissioner of human services
shall contract with managed care and county-based purchasing plans for the delivery of
services to public option enrollees, and (2) may use a procurement process that is separate
and unique from that used to contract for the delivery of services to MinnesotaCare enrollees
who are not public option enrollees;
(b) The commissioner of human services shall establish public option participation
requirements for managed care and county-based purchasing plans and health care providers;
Public option enrollees are not considered MinnesotaCare enrollees for the purpose of the
participation requirement specified in Minnesota Statutes, section 256B.0644;
Subd. 10. Geographic accessibility; provider network adequacy. The public enrollment
option must meet the same requirements under section 62K.10 regarding geographic
accessibility and provider network adequacy as are required of other health carriers.
EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 7. REPORT BY THE COMMISSIONER OF COMMERCE. By January 30, 2025, the commissioner of commerce must report to the chairs and ranking minority members of the legislative committees with jurisdiction over commerce, health, and human services, regarding the balance of the premium security plan account under Minnesota Statutes, section 62E.25, subdivision 1, the estimated cost to continue the premium security plan, and the plan's future interactions with public health programs. The report must include an assessment of potential alternatives that would be available upon expiration of the current waiver.