

S.F. No. 146 – Mandated Health benefit Proposals Evaluation Process

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S.F. 146 modifies the current evaluation process for mandated health benefit proposals by requiring that the commissioner of commerce conduct an evaluation on the proposal before the proposal can be heard in either house or in a standing legislative committee.

Section 1 (62J.03 subdivision 4) makes a technical correction to the definition of “commissioner” in chapter 62J to acknowledge that in some sections in chapter 62J, “commissioner” refers to the commissioner of commerce.

Section 2 (62J.26 subd. 1) includes a definition of “enrollee”; adds to the definition of what would be considered a mandated health benefit proposal for purposes of requiring an evaluation under this section; and makes other technical changes to the definition of a mandate health benefit proposal.

Section 3 (62J.26, subd. 2) Paragraph (a) makes modifications to this section requiring the commissioner of commerce to evaluate all mandated health benefit proposals.

Paragraph (b) modifies and expands the relevant information that must be considered when conducting the evaluation.

Paragraph (c) requires the commissioner to consider actuarial analysis done by health plan companies and any other opponents and proponents of the mandated health benefit proposal in determining the cost of the proposal.

Section 4 (62J.26, subd. 3) requires no later than August 1 of the year preceding the legislative session in which a legislator is planning on introducing a bill or an amendment containing a mandated health benefit proposal, the author to notify the chair of one of the standing legislative committees that have jurisdiction over the subject matter of the proposal. The chair is then required to notify the commissioner of commerce that an evaluation of a mandated health benefit proposal is required to be completed. The commissioner is required to conduct an evaluation. If more than one evaluation is required by the commissioner, the commissioner must consult with the chairs to prioritize the required evaluations.

Section 5 (62J.26, subd. 3a) states that no mandated health benefit proposal may receive a hearing or be voted on by either house or by a standing legislative committee before the commissioner completes and delivers the evaluation. This section also specifies that if the health benefit proposal is enacted into law, the effective date of the benefit must be the first day of the plan year following final enactment.

Section 6 (62J.26, subd. 4) states that the commissioner shall not use any other funds to conduct these evaluations other than the funds permitted under this section or specifically appropriated.

Section 7 (62J.26, subd. 5) specifies that the commissioner is required to submit a written report on the evaluation to the author of the proposal and to the chairs and ranking minority members of the legislative committees with jurisdiction over insurance policy and finance within 180 days of receiving notification from a chair that the evaluation is required.