

407.5 **ARTICLE 11**407.6 **MNSURE**67.10 **ARTICLE 3**67.11 **MNSURE**

407.7 Section 1. Minnesota Statutes 2014, section 15.01, is amended to read:

407.8 **15.01 DEPARTMENTS OF THE STATE.**

407.9 The following agencies are designated as the departments of the state government:

407.10 the Department of Administration; the Department of Agriculture; the Department of
407.11 Commerce; the Department of Corrections; the Department of Education; the Department
407.12 of Employment and Economic Development; the Department of Health; the Department
407.13 of Human Rights; the Department of Labor and Industry; the Department of Management
407.14 and Budget; the Department of Military Affairs; the Department of Natural Resources;
407.15 the Department of Public Safety; the Department of Human Services; the Department of
407.16 Revenue; the Department of Transportation; the Department of Veterans Affairs; the
407.17 Department of MNSure; and their successor departments.

407.18 Sec. 2. Minnesota Statutes 2014, section 15A.0815, subdivision 2, is amended to read:

407.19 Subd. 2. **Group I salary limits.** The salary for a position listed in this subdivision
407.20 shall not exceed 133 percent of the salary of the governor. This limit must be adjusted
407.21 annually on January 1. The new limit must equal the limit for the prior year increased
407.22 by the percentage increase, if any, in the Consumer Price Index for all urban consumers
407.23 from October of the second prior year to October of the immediately prior year. The
407.24 commissioner of management and budget must publish the limit on the department's Web
407.25 site. This subdivision applies to the following positions:

407.26 Commissioner of administration;

407.27 Commissioner of agriculture;

407.28 Commissioner of education;

407.29 Commissioner of commerce;

407.30 Commissioner of corrections;

407.31 Commissioner of health;

407.32 Commissioner, Minnesota Office of Higher Education;

407.33 Commissioner, Housing Finance Agency;

408.1 Commissioner of human rights;

408.2 Commissioner of human services;

408.3 Commissioner of labor and industry;

408.4 Commissioner of management and budget;

67.24 Sec. 2. Minnesota Statutes 2014, section 15A.0815, subdivision 3, is amended to read:

67.25 Subd. 3. **Group II salary limits.** The salary for a position listed in this subdivision
67.26 shall not exceed 120 percent of the salary of the governor. This limit must be adjusted
67.27 annually on January 1. The new limit must equal the limit for the prior year increased
67.28 by the percentage increase, if any, in the Consumer Price Index for all urban consumers
67.29 from October of the second prior year to October of the immediately prior year. The
67.30 commissioner of management and budget must publish the limit on the department's Web
67.31 site. This subdivision applies to the following positions:

67.32 Executive director of Gambling Control Board;

67.33 Commissioner, Iron Range Resources and Rehabilitation Board;

68.1 Commissioner, Bureau of Mediation Services;

68.2 Ombudsman for Mental Health and Developmental Disabilities;

68.3 Chair, Metropolitan Council;

68.4 Executive Director, MNSure;

68.5 School trust lands director;

68.6 Executive director of pari-mutuel racing; and

68.7 Commissioner, Public Utilities Commission.

408.5 Commissioner of MNSure;

408.6 Commissioner of natural resources;

408.7 Commissioner, Pollution Control Agency;

408.8 Executive director, Public Employees Retirement Association;

408.9 Commissioner of public safety;

408.10 Commissioner of revenue;

408.11 Executive director, State Retirement System;

408.12 Executive director, Teachers Retirement Association;

408.13 Commissioner of employment and economic development;

408.14 Commissioner of transportation; and

408.15 Commissioner of veterans affairs.

408.16 Sec. 3. Minnesota Statutes 2014, section 62A.02, subdivision 2, is amended to read:

408.17 Subd. 2. **Approval.** (a) The health plan form shall not be issued, nor shall any
408.18 application, rider, endorsement, or rate be used in connection with it, until the expiration
408.19 of 60 days after it has been filed unless the commissioner approves it before that time.

408.20 (b) Notwithstanding paragraph (a), a rate filed with respect to a policy of accident and
408.21 sickness insurance as defined in section 62A.01 by an insurer licensed under chapter 60A,
408.22 may be used on or after the date of filing with the commissioner. Rates that are not approved
408.23 or disapproved within the 60-day time period are deemed approved. This paragraph does
408.24 not apply to Medicare-related coverage as defined in section 62A.3099, subdivision 17.

408.25 (c) For coverage to begin on or after January 1, 2016, and each January 1 thereafter,
408.26 health plans in the individual and small group markets that are not grandfathered plans to
408.27 be offered outside MNSure and qualified health plans to be offered inside MNSure must
408.28 receive rate approval from the commissioner no later than 30 days prior to the beginning
408.29 of the annual open enrollment period for MNSure. Premium rates for all carriers in the
408.30 applicable market for the next calendar year must be made available to the public by the
408.31 commissioner only after all rates for the applicable market are final and approved. Final
408.32 and approved rates must be publicly released at a uniform time for all individual and small
408.33 group health plans that are not grandfathered plans to be offered outside MNSure and
408.34 qualified health plans to be offered inside MNSure, and no later than 30 days prior to the
408.35 beginning of the annual open enrollment period for MNSure.

409.1 Sec. 4. Minnesota Statutes 2014, section 62V.02, subdivision 2, is amended to read:

409.2 Subd. 2. **Board Commissioner.** ~~"Board"~~ "Commissioner" means the ~~Board of~~

409.3 ~~Directors~~ commissioner of MNSure ~~specified in section 62V.04.~~

68.8 Sec. 3. Minnesota Statutes 2014, section 62A.02, subdivision 2, is amended to read:

68.9 Subd. 2. **Approval.** (a) The health plan form shall not be issued, nor shall any
68.10 application, rider, endorsement, or rate be used in connection with it, until the expiration
68.11 of 60 days after it has been filed unless the commissioner approves it before that time.

68.12 (b) Notwithstanding paragraph (a), a rate filed with respect to a policy of accident and
68.13 sickness insurance as defined in section 62A.01 by an insurer licensed under chapter 60A,
68.14 may be used on or after the date of filing with the commissioner. Rates that are not approved
68.15 or disapproved within the 60-day time period are deemed approved. This paragraph does
68.16 not apply to Medicare-related coverage as defined in section 62A.3099, subdivision 17.

68.17 (c) For coverage to begin on or after January 1, 2016, and each January 1 thereafter,
68.18 health plans in the individual and small group markets that are not grandfathered plans to
68.19 be offered outside MNSure and qualified health plans to be offered inside MNSure must
68.20 receive rate approval from the commissioner no later than 30 days prior to the beginning
68.21 of the annual open enrollment period for MNSure. Premium rates for all carriers in the
68.22 applicable market for the next calendar year must be made available to the public by the
68.23 commissioner only after all rates for the applicable market are final and approved. Final
68.24 and approved rates must be publicly released at a uniform time for all individual and small
68.25 group health plans that are not grandfathered plans to be offered outside MNSure and
68.26 qualified health plans to be offered inside MNSure, and no later than 30 days prior to the
68.27 beginning of the annual open enrollment period for MNSure.

409.4 Sec. 5. Minnesota Statutes 2014, section 62V.02, is amended by adding a subdivision
409.5 to read:

409.6 Subd. 2a. **Consumer assistance partner.** "Consumer assistance partner" means
409.7 individuals and entities certified by the commissioner to serve as navigators, in-person
409.8 assisters, or certified application counselors.

409.9 Sec. 6. Minnesota Statutes 2014, section 62V.02, subdivision 11, is amended to read:

409.10 Subd. 11. **Qualified health plan.** "Qualified health plan" means a health plan that
409.11 meets the definition in section 1301(a) of the Affordable Care Act, Public Law 111-148,
409.12 and has been certified by the ~~board~~ commissioner in accordance with section 62V.05,
409.13 subdivision 5, to be offered through MNSure.

409.14 Sec. 7. Minnesota Statutes 2014, section 62V.03, is amended to read:

409.15 **62V.03 MNSURE; ESTABLISHMENT.**

409.16 Subdivision 1. **Creation.** MNSure is created as a ~~board under section 15.012,~~

409.17 ~~paragraph (a),~~ department of the state government under section 15.01 to:

409.18 (1) promote informed consumer choice, innovation, competition, quality, value,
409.19 market participation, affordability, suitable and meaningful choices, health improvement,
409.20 care management, reduction of health disparities, and portability of health plans;

409.21 (2) facilitate and simplify the comparison, choice, enrollment, and purchase of
409.22 health plans for individuals purchasing in the individual market through MNSure and for
409.23 employees and employers purchasing in the small group market through MNSure;

409.24 (3) assist small employers with access to small business health insurance tax credits
409.25 and to assist individuals with access to public health care programs, premium assistance
409.26 tax credits and cost-sharing reductions, and certificates of exemption from individual
409.27 responsibility requirements;

409.28 (4) facilitate the integration and transition of individuals between public health care
409.29 programs and health plans in the individual or group market and develop processes that, to
409.30 the maximum extent possible, provide for continuous coverage; and

409.31 (5) establish and modify as necessary a name and brand for MNSure based on market
409.32 studies that show maximum effectiveness in attracting the uninsured and motivating
409.33 them to take action.

68.28 Sec. 4. Minnesota Statutes 2014, section 62V.02, is amended by adding a subdivision
68.29 to read:

68.30 Subd. 2a. **Consumer assistance partner.** "Consumer assistance partner" means
68.31 individuals and entities certified by MNSure to serve as a navigator, in-person assister, or
68.32 certified application counselor.

68.33 Sec. 5. Minnesota Statutes 2014, section 62V.03, subdivision 2, is amended to read:

410.1 Subd. 2. **Application of other law.** (a) MNSure must be reviewed is subject to
 410.2 audit by the legislative auditor under section 3.971. The legislative auditor shall audit
 410.3 the books, accounts, and affairs of MNSure once each year or less frequently as the
 410.4 legislative auditor's funds and personnel permit. Upon the audit of the financial accounts
 410.5 and affairs of MNSure, MNSure is liable to the state for the total cost and expenses of the
 410.6 audit, including the salaries paid to the examiners while actually engaged in making the
 410.7 examination. The legislative auditor may bill MNSure either monthly or at the completion
 410.8 of the audit. All collections received for the audits must be deposited in the general fund
 410.9 and are appropriated to the legislative auditor. Pursuant to section 3.97, subdivision 3a,
 410.10 the Legislative Audit Commission is requested to direct the legislative auditor to report by
 410.11 March 1, 2014, to the legislature on any duplication of services that occurs within state
 410.12 government as a result of the creation of MNSure. The legislative auditor may make
 410.13 recommendations on consolidating or eliminating any services deemed duplicative. The
 410.14 board shall reimburse the legislative auditor for any costs incurred in the creation of
 410.15 this report.

410.16 (b) Board members of MNSure are subject to sections 10A.07 and 10A.09. Board
 410.17 members and the personnel of MNSure are subject to section 10A.071.

410.18 (c) All meetings of the board shall comply with the open meeting law in chapter
 410.19 13D, except that:

410.20 (1) meetings, or portions of meetings, regarding compensation negotiations with the
 410.21 director or managerial staff may be closed in the same manner and according to the same
 410.22 procedures identified in section 13D.03;

410.23 (2) meetings regarding contract negotiation strategy may be closed in the same
 410.24 manner and according to the same procedures identified in section 13D.05, subdivision 3;
 410.25 paragraph (e); and

410.26 (3) meetings, or portions of meetings, regarding not public data described in section
 410.27 62V.06, subdivision 3, and regarding trade secret information as defined in section 13.37,
 410.28 subdivision 1, paragraph (b), are closed to the public, but must otherwise comply with
 410.29 the procedures identified in chapter 13D.

410.30 (d) (b) MNSure and provisions specified under this chapter are exempt from:

410.31 (1) chapter 14, including section 14.386, except as specified in section 62V.05; and

410.32 (2) chapters 16B and 16C, with the exception of sections 16C.08, subdivision
 410.33 2, paragraph (b), clauses (1) to (8); 16C.086; 16C.09, paragraph (a), clauses (1) and
 410.34 (3), paragraph (b), and paragraph (c); and section 16C.16. However, MNSure the
 410.35 commissioner, in consultation with the commissioner of administration, shall implement
 410.36 policies and procedures to establish an open and competitive procurement process
 411.1 for MNSure that, to the extent practicable, conforms to the principles and procedures
 411.2 contained in chapters 16B and 16C. In addition, MNSure the commissioner may enter into
 411.3 an agreement with the commissioner of administration for other services.

69.1 Subd. 2. **Application of other law.** (a) MNSure must be reviewed by the legislative
 69.2 auditor under section 3.971. The legislative auditor shall audit the books, accounts, and
 69.3 affairs of MNSure once each year or less frequently as the legislative auditor's funds and
 69.4 personnel permit. Upon the audit of the financial accounts and affairs of MNSure, MNSure
 69.5 is liable to the state for the total cost and expenses of the audit, including the salaries paid
 69.6 to the examiners while actually engaged in making the examination. The legislative
 69.7 auditor may bill MNSure either monthly or at the completion of the audit. All collections
 69.8 received for the audits must be deposited in the general fund and are appropriated to
 69.9 the legislative auditor. Pursuant to section 3.97, subdivision 3a, the Legislative Audit
 69.10 Commission is requested to direct the legislative auditor to report by March 1, 2014, to
 69.11 the legislature on any duplication of services that occurs within state government as a
 69.12 result of the creation of MNSure. The legislative auditor may make recommendations on
 69.13 consolidating or eliminating any services deemed duplicative. The board shall reimburse
 69.14 the legislative auditor for any costs incurred in the creation of this report.

69.15 (b) Board members of MNSure are subject to sections 10A.07 and 10A.09. Board
 69.16 members and the personnel of MNSure are subject to section 10A.071.

69.17 (c) All meetings of the board shall comply with the open meeting law in chapter
 69.18 13D, except that:

69.19 (1) meetings, or portions of meetings, regarding compensation negotiations with the
 69.20 director or managerial staff may be closed in the same manner and according to the same
 69.21 procedures identified in section 13D.03;

69.22 (2) meetings regarding contract negotiation strategy may be closed in the same
 69.23 manner and according to the same procedures identified in section 13D.05, subdivision 3;
 69.24 paragraph (e); and

69.25 (3) meetings, or portions of meetings, regarding not public data described in section
 69.26 62V.06, subdivision 3, and regarding trade secret information as defined in section 13.37,
 69.27 subdivision 1, paragraph (b), are closed to the public, but must otherwise comply with
 69.28 the procedures identified in chapter 13D.

69.29 (d) MNSure and provisions specified under this chapter are exempt from:

69.30 (1) chapter 14, including section 14.386, except as specified in section 62V.05; and

69.31 (2) chapters 16B and 16C, with the exception of sections 16C.08, subdivision 2,
 69.32 paragraph (b), clauses (1) to (8); 16C.086; 16C.09, paragraph (a), clauses (1) and (3);
 69.33 paragraph (b); and paragraph (c); and section 16C.16. However, MNSure, in consultation
 69.34 with the commissioner of administration, shall implement policies and procedures to
 69.35 establish an open and competitive procurement process for MNSure that, to the extent
 69.36 practicable, conforms to the principles and procedures contained in chapters 16B and 16C.
 70.1 In addition, MNSure may enter into an agreement with the commissioner of administration
 70.2 for other services.

411.4 ~~(e) The board and~~ (c) The Web site are exempt from chapter 60K. Any employee
 411.5 of MNSure who sells, solicits, or negotiates insurance to individuals or small employers
 411.6 must be licensed as an insurance producer under chapter 60K.

411.7 ~~(f)~~ (d) Section 3.3005 applies to any federal funds received by MNSure.

411.8 ~~(g) MNSure is exempt from the following sections in chapter 16E: 16E.01,
 411.9 subdivision 3, paragraph (b); 16E.03, subdivisions 3 and 4; 16E.04, subdivision 1,
 411.10 subdivision 2, paragraph (c), and subdivision 3, paragraph (b); 16E.0465; 16E.055;
 411.11 16E.145; 16E.15; 16E.16; 16E.17; 16E.18; and 16E.22.~~

411.12 ~~(h) A MNSure decision that requires a vote of the board, other than a decision that
 411.13 applies only to hiring of employees or other internal management of MNSure, is an
 411.14 "administrative action" under section 10A.01, subdivision 2.~~

411.15 Subd. 3. **Continued operation of a private marketplace.** (a) Nothing in this
 411.16 chapter shall be construed to prohibit: (1) a health carrier from offering outside of MNSure
 411.17 a health plan to a qualified individual or qualified employer; and (2) a qualified individual
 411.18 from enrolling in, or a qualified employer from selecting for its employees, a health plan
 411.19 offered outside of MNSure.

411.20 (b) Nothing in this chapter shall be construed to restrict the choice of a qualified
 411.21 individual to enroll or not enroll in a qualified health plan or to participate in MNSure.
 411.22 Nothing in this chapter shall be construed to compel an individual to enroll in a qualified
 411.23 health plan or to participate in MNSure.

411.24 (c) For purposes of this subdivision, "qualified individual" and "qualified employer"
 411.25 have the meanings given in section 1312 of the Affordable Care Act, Public Law 111-148,
 411.26 and further defined through amendments to the act and regulations issued under the act.

70.3 (e) The board and the Web site are exempt from chapter 60K. Any employee of
 70.4 MNSure who sells, solicits, or negotiates insurance to individuals or small employers must
 70.5 be licensed as an insurance producer under chapter 60K.

70.6 (f) Section 3.3005 applies to any federal funds received by MNSure.

70.7 ~~(g) MNSure is exempt from the following sections in chapter 16E: 16E.01,
 70.8 subdivision 3, paragraph (b); 16E.03, subdivisions 3 and 4; 16E.04, subdivision 1,
 70.9 subdivision 2, paragraph (c), and subdivision 3, paragraph (b); 16E.0465; 16E.055;
 70.10 16E.145; 16E.15; 16E.16; 16E.17; 16E.18; and 16E.22.~~

70.11 ~~(h)~~ (g) A MNSure decision that requires a vote of the board, other than a decision
 70.12 that applies only to hiring of employees or other internal management of MNSure, is an
 70.13 "administrative action" under section 10A.01, subdivision 2.

70.14 Sec. 6. Minnesota Statutes 2014, section 62V.04, subdivision 1, is amended to read:

70.15 Subdivision 1. **Board.** MNSure is governed by a board of directors with seven 11
 70.16 members.

70.17 Sec. 7. Minnesota Statutes 2014, section 62V.04, subdivision 2, is amended to read:

70.18 Subd. 2. **Appointment.** (a) Board membership of MNSure consists of the following:

70.19 (1) ~~three~~ six members appointed by the governor with the advice and consent of
70.20 both the senate and the house of representatives acting separately in accordance with
70.21 paragraph ~~(d)~~, with one member representing the interests of individual consumers eligible
70.22 for individual market coverage, one member representing individual consumers eligible
70.23 for public health care program coverage, ~~and~~ one member representing small employers,
70.24 one member who is an insurance producer, and two members who are county employees
70.25 involved in the administration of public health care programs. Members are appointed to
70.26 serve four-year terms following the initial staggered-term lot determination;

70.27 (2) three members appointed by the governor with the advice and consent of both the
70.28 senate and the house of representatives acting separately in accordance with paragraph ~~(d)~~
70.29 who have demonstrated expertise, leadership, and innovation in the following areas: one
70.30 member representing the areas of health administration, health care finance, health plan
70.31 purchasing, and health care delivery systems; one member representing the areas of public
70.32 health, health disparities, public health care programs, and the uninsured; and one member
70.33 representing health policy issues related to the small group and individual markets.
71.1 Members are appointed to serve four-year terms following the initial staggered-term lot
71.2 determination; ~~and~~

71.3 (3) the commissioner of human services or a designee; and

71.4 (4) the chief information officer of MN.IT Services or a designee.

71.5 (b) Section 15.0597 shall apply to all appointments, except for the commissioner.

71.6 (c) The governor shall make appointments to the board that are consistent with
71.7 federal law and regulations regarding its composition and structure. All board members
71.8 appointed by the governor must be legal residents of Minnesota.

71.9 ~~(d) Upon appointment by the governor, a board member shall exercise duties of~~
71.10 ~~office immediately. If both the house of representatives and the senate vote not to confirm~~
71.11 ~~an appointment, the appointment terminates on the day following the vote not to confirm~~
71.12 ~~in the second body to vote.~~

71.13 ~~(e) Initial appointments shall be made by April 30, 2013.~~

71.14 ~~(f)~~ (d) One of the ~~six~~ nine members appointed under paragraph (a), clause (1) or (2),
71.15 must have experience in representing the needs of vulnerable populations and persons
71.16 with disabilities.

71.17 ~~(g)~~ (e) Membership on the board must include representation from outside the
71.18 seven-county metropolitan area, as defined in section 473.121, subdivision 2.

71.19 Sec. 8. Minnesota Statutes 2014, section 62V.04, subdivision 4, is amended to read:

411.27 Sec. 8. **[62V.041] GOVERNANCE OF THE SHARED ELIGIBILITY SYSTEM.**

411.28 Subdivision 1. **Definition; shared eligibility system.** "Shared eligibility system"
 411.29 means the system that supports eligibility determinations using a modified adjusted gross
 411.30 income methodology for medical assistance under section 256B.056, subdivision 1a,
 411.31 paragraph (b), clause (1); MinnesotaCare under chapter 256L; and qualified health plan
 411.32 enrollment under section 62V.05, subdivision 5, paragraph (c).

411.33 Subd. 2. **Executive steering committee.** The shared eligibility system shall be
 411.34 governed and administered by a seven-member executive steering committee. The
 411.35 steering committee shall consist of two members appointed by the commissioner of
 412.1 human services, two members appointed by the commissioner of MNsure, two members
 412.2 appointed by the commissioner of MN.IT, and one county representative appointed by the
 412.3 commissioner of human services. The commissioner of human services shall designate
 412.4 one of the members appointed by the commissioner of human services to serve as the
 412.5 chair of the steering committee.

412.6 Subd. 3. **Duties.** (a) The steering committee shall establish an overall governance
 412.7 structure of the shared eligibility system, and shall be responsible for the overall
 412.8 governance of the system, including setting goals and priorities, allocating the system's
 412.9 resources, and making major system decisions.

412.10 (b) The steering committee shall adopt bylaws, policies, and interagency agreements
 412.11 necessary to administer the shared eligibility system.

71.20 Subd. 4. **Conflicts of interest.** (a) Within one year prior to or at any time during
 71.21 their appointed term, board members appointed under subdivision 2, paragraph (a),
 71.22 clauses (1) and (2), shall not be employed by, be a member of the board of directors of, or
 71.23 otherwise be a representative of a health carrier, institutional health care provider or other
 71.24 entity providing health care, navigator, ~~insurance producer~~, or other entity in the business
 71.25 of selling items or services of significant value to or through MNsure. For purposes of this
 71.26 paragraph, "health care provider or entity" does not include an academic institution.

71.27 (b) Board members must recuse themselves from discussion of and voting on
 71.28 an official matter if the board member has a conflict of interest. For board members
 71.29 other than an insurance producer or a county employee, a conflict of interest means an
 71.30 association including a financial or personal association that has the potential to bias or
 71.31 have the appearance of biasing a board member's decisions in matters related to MNsure
 71.32 or the conduct of activities under this chapter. The board member who is an insurance
 71.33 producer and the board members who are county employees are subject to section 10A.07.

71.34 (c) No board member shall have a spouse who is an executive of a health carrier.

72.1 (d) No member of the board may currently serve as a lobbyist, as defined under
 72.2 section 10A.01, subdivision 21.

412.12 Subd. 4. **Decision making.** The steering committee, to the extent feasible, shall
412.13 operate under a consensus model. The steering committee shall make decisions that give
412.14 particular attention to parts of the system with the largest enrollments and the greatest risks.

412.15 Subd. 5. **Administrative structure.** MN.IT services shall be responsible for the
412.16 design, build, maintenance, operation, and upgrade of the information technology for the
412.17 shared eligibility system. MN.IT services shall carry out its responsibilities under the
412.18 governance of the executive steering committee and this section.

412.19 Sec. 9. **[62V.042] ADVISORY COMMITTEES.**

412.20 Subdivision 1. **Advisory committees.** (a) The commissioner shall establish and
412.21 maintain advisory committees to provide insurance producers, health care providers, the
412.22 health care industry, consumers, and other stakeholders with the opportunity to advise the
412.23 commissioner regarding the operation of MNsure as required under section 1311(d)(6) of
412.24 the Affordable Care Act, Public Law 111-148. The commissioner shall regularly consult
412.25 with the advisory committees, and, at a minimum, convene each advisory committee at
412.26 least quarterly. The advisory committees established under this paragraph shall not expire.

412.27 (b) The commissioner, in consultation with the commissioner of human services,
412.28 shall establish an advisory committee to advise the commissioner on the MNsure
412.29 enrollment process. The committee must include:

412.30 (1) health care consumers who are enrollees in qualified health plans;

412.31 (2) individuals and entities with experience in facilitating enrollment in qualified
412.32 health plans;

412.33 (3) representatives of small employers and self-employed individuals;

412.34 (4) advocates for enrolling hard-to-reach populations; and

413.1 (5) other members, as determined by the commissioner or the commissioner of
413.2 human services.

413.3 The advisory committee established under this paragraph shall not expire, except by
413.4 action of the commissioner.

413.5 (c) The commissioner may establish additional advisory committees, as necessary,
413.6 to gather and provide information to the commissioner in order to facilitate the operation
413.7 of MNsure. The advisory committees established under this paragraph shall not expire,
413.8 except by action by the commissioner.

413.9 (d) Section 15.0597 shall not apply to any advisory committee established by the
413.10 commissioner under this subdivision.

413.11 (e) The commissioner may provide compensation and expense reimbursement under
413.12 section 15.059, subdivision 3, to members of the advisory committees.

413.13 ~~(f)~~ The advisory committees established under this subdivision are subject to the
 413.14 Open Meeting Law in chapter 13D.

413.15 Sec. 10. Minnesota Statutes 2014, section 62V.05, is amended to read:

413.16 **62V.05 RESPONSIBILITIES AND POWERS OF MNSURE.**

413.17 Subdivision 1. **General.** (a) ~~The board commissioner~~ shall operate MNSure
 413.18 according to this chapter and applicable state and federal law.

413.19 (b) ~~The board commissioner~~ has the power to:

413.20 (1) ~~employ personnel and delegate administrative, operational, and other~~
 413.21 ~~responsibilities to the director and other personnel as deemed appropriate by the board.~~
 413.22 ~~This authority is subject to chapters 43A and 179A. The director and managerial staff of~~
 413.23 ~~MNSure shall serve in the unclassified service and shall be governed by a compensation~~
 413.24 ~~plan prepared by the board, submitted to the commissioner of management and budget~~
 413.25 ~~for review and comment within 14 days of its receipt, and approved by the Legislative~~
 413.26 ~~Coordinating Commission and the legislature under section 3.855, except that section~~
 413.27 ~~15A.0815, subdivision 5, paragraph (e), shall not apply;~~

413.28 ~~(2) establish the budget of MNSure;~~

413.29 ~~(3) seek and accept money, grants, loans, donations, materials, services, or~~
 413.30 ~~advertising revenue from government agencies, philanthropic organizations, and public~~
 413.31 ~~and private sources to fund the operation of MNSure. No health carrier or insurance~~
 413.32 ~~producer shall advertise on MNSure;~~

413.33 ~~(4) (2) contract for the receipt and provision of goods and services;~~

413.34 ~~(5) (3) enter into information-sharing agreements with federal and state agencies~~
 413.35 ~~and other entities, provided the agreements include adequate protections with respect to~~
 414.1 ~~the confidentiality and integrity of the information to be shared, and comply with all~~
 414.2 ~~applicable state and federal laws, regulations, and rules, including the requirements of~~
 414.3 ~~section 62V.06; and~~

414.4 ~~(6) (4) exercise all powers reasonably necessary to implement and administer the~~
 414.5 ~~requirements of this chapter and the Affordable Care Act, Public Law 111-148.~~

72.3 Sec. 9. **[62V.045] EXECUTIVE DIRECTOR.**

72.4 The governor shall appoint the executive director of MNSure. The executive director
 72.5 serves in the unclassified service at the pleasure of the governor.

72.6 Sec. 10. Minnesota Statutes 2014, section 62V.05, subdivision 1, is amended to read:

72.7 Subdivision 1. **General.** (a) The board shall operate MNSure according to this
 72.8 chapter and applicable state and federal law.

72.9 (b) The board has the power to:

72.10 (1) employ personnel, subject to the power of the governor to appoint the executive
 72.11 director, and delegate administrative, operational, and other responsibilities to the director
 72.12 and other personnel as deemed appropriate by the board. This authority is subject to
 72.13 chapters 43A and 179A. The director and managerial staff of MNSure shall serve in the
 72.14 unclassified service and shall be governed by a compensation plan prepared by the board,
 72.15 submitted to the commissioner of management and budget for review and comment within
 72.16 14 days of its receipt, and approved by the Legislative Coordinating Commission and the
 72.17 legislature under section 3.855, except that section 15A.0815, subdivision 5, paragraph
 72.18 (e), shall not apply. The director of MNSure shall not receive a salary increase on or
 72.19 after July 1, 2015, unless the increase is approved under the process specified in section
 72.20 15A.0815, subdivision 5;

72.21 (2) establish the budget of MNSure;

72.22 (3) seek and accept money, grants, loans, donations, materials, services, or
 72.23 advertising revenue from government agencies, philanthropic organizations, and public
 72.24 and private sources to fund the operation of MNSure. No health carrier or insurance
 72.25 producer shall advertise on MNSure;

72.26 (4) contract for the receipt and provision of goods and services;

72.27 (5) enter into information-sharing agreements with federal and state agencies and
 72.28 other entities, provided the agreements include adequate protections with respect to
 72.29 the confidentiality and integrity of the information to be shared, and comply with all
 72.30 applicable state and federal laws, regulations, and rules, including the requirements of
 72.31 section 62V.06; and

72.32 (6) exercise all powers reasonably necessary to implement and administer the
 72.33 requirements of this chapter and the Affordable Care Act, Public Law 111-148.

414.6 (c) The ~~board~~ commissioner shall establish policies and procedures to gather public
414.7 comment and provide public notice in the State Register.

414.8 (d) ~~Within 180 days of enactment, the board shall establish bylaws, policies, and~~
414.9 ~~procedures governing the operations of MNSure in accordance with this chapter.~~

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

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

414.20 (c) Beginning January 1, 2016, MNSure shall retain or collect up to 3.5 percent of
414.21 total premiums for individual and small group market health plans and dental plans sold
414.22 through MNSure to fund the operations of MNSure, but the amount collected may never
414.23 exceed a dollar amount greater than 100 percent of the funds collected under section
414.24 62E.11, subdivision 6, for calendar year 2012.

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

414.30 (e) Funding for the operations of MNSure shall cover any compensation provided to
414.31 navigators participating in the navigator program.

414.32 Subd. 3. **Insurance producers.** (a) ~~By April 30, 2013, The board commissioner, in~~
414.33 ~~consultation with the commissioner of commerce, shall establish certification requirements~~
414.34 ~~that must be met by insurance producers in order to assist individuals and small employers~~
414.35 ~~with purchasing coverage through MNSure. Prior to January 1, 2015, the board may~~
414.36 ~~amend the requirements, only if necessary, due to a change in federal rules.~~

415.1 (b) Certification requirements shall not exceed the requirements established
415.2 under Code of Federal Regulations, title 45, part 155.220. Certification shall include
415.3 training on health plans available through MNSure, available tax credits and cost-sharing
415.4 arrangements, compliance with privacy and security standards, eligibility verification
415.5 processes, online enrollment tools, and basic information on available public health care
415.6 programs. Training required for certification under this subdivision shall qualify for
415.7 continuing education requirements for insurance producers required under chapter 60K,
415.8 and must comply with course approval requirements under chapter 45.

73.1 (c) The board shall establish policies and procedures to gather public comment and
73.2 provide public notice in the State Register.

73.3 (d) Within 180 days of enactment, the board shall establish bylaws, policies, and
73.4 procedures governing the operations of MNSure in accordance with this chapter.

415.9 (c) Producer compensation shall be established by health carriers that provide health
415.10 plans through MNSure. The structure of compensation to insurance producers must be
415.11 similar for health plans sold through MNSure and outside MNSure.

415.12 (d) Any insurance producer compensation structure established by a health carrier
415.13 for the small group market must include compensation for defined contribution plans that
415.14 involve multiple health carriers. The compensation offered must be commensurate with
415.15 other small group market defined health plans.

415.16 (e) Any insurance producer assisting an individual or small employer with purchasing
415.17 coverage through MNSure must disclose, orally and in writing, to the individual or small
415.18 employer at the time of the first solicitation with the prospective purchaser the following:

415.19 (1) the health carriers and qualified health plans offered through MNSure that the
415.20 producer is authorized to sell, and that the producer may not be authorized to sell all the
415.21 qualified health plans offered through MNSure;

415.22 (2) that the producer may be receiving compensation from a health carrier for
415.23 enrolling the individual or small employer into a particular health plan; and

415.24 (3) that information on all qualified health plans offered through MNSure is available
415.25 through the MNSure Web site.

415.26 For purposes of this paragraph, "solicitation" means any contact by a producer, or any
415.27 person acting on behalf of a producer made for the purpose of selling or attempting to sell
415.28 coverage through MNSure. If the first solicitation is made by telephone, the disclosures
415.29 required under this paragraph need not be made in writing, but the fact that disclosure
415.30 has been made must be acknowledged on the application.

415.31 (f) Beginning January 15, 2015, each health carrier that offers or sells qualified
415.32 health plans through MNSure shall report in writing to the ~~board~~ commissioner and the
415.33 commissioner of commerce the compensation and other incentives it offers or provides
415.34 to insurance producers with regard to each type of health plan the health carrier offers
415.35 or sells both inside and outside of MNSure. Each health carrier shall submit a report
416.1 annually and upon any change to the compensation or other incentives offered or provided
416.2 to insurance producers.

416.3 (g) Nothing in this chapter shall prohibit an insurance producer from offering
416.4 professional advice and recommendations to a small group purchaser based upon
416.5 information provided to the producer.

416.6 (h) An insurance producer that offers health plans in the small group market shall
416.7 notify each small group purchaser of which group health plans qualify for Internal
416.8 Revenue Service approved section 125 tax benefits. The insurance producer shall also
416.9 notify small group purchasers of state law provisions that benefit small group plans when
416.10 the employer agrees to pay 50 percent or more of its employees' premium. Individuals
416.11 who are eligible for cost-effective medical assistance will count toward the 75 percent
416.12 participation requirement in section 62L.03, subdivision 3.

416.13 (i) Nothing in this subdivision shall be construed to limit the licensure requirements
416.14 or regulatory functions of the commissioner of commerce under chapter 60K.

416.15 (j) The commissioners of human services and MNsure, upon federal approval, shall
416.16 establish an insurance producer incentive program to compensate insurance producers
416.17 for providing application enrollment assistance for public health care programs. The
416.18 program must include certification training standards for insurance producers seeking
416.19 compensation under the incentive program. The standards must meet the training modules
416.20 specified under Minnesota Rules, part 7700.0050, subpart 1, and the training program must
416.21 not exceed eight hours to complete. This training program shall qualify for eight hours
416.22 of continuing education credits on public health care programs for insurance producers
416.23 required under chapter 60K and must comply with course approval requirements under
416.24 chapter 45. The amount of compensation to be paid to an insurance producer under this
416.25 program is established in section 256.962, subdivision 5.

416.26 Subd. 4. **Navigator; in-person assisters; call center.** (a) ~~The board commissioner~~
416.27 ~~shall establish policies and procedures for the ongoing operation of a navigator program,~~
416.28 ~~in-person assister program, call center, and customer service provisions for MNsure to be~~
416.29 ~~implemented beginning January 1, 2015.~~

416.30 (b) ~~Until the implementation of the policies and procedures described in paragraph~~
416.31 ~~(a), the following shall be in effect:~~

416.32 (1) ~~the navigator program shall be met by section 256.962;~~

416.33 (2) ~~entities eligible to be navigators, including entities defined in Code of Federal~~
416.34 ~~Regulations, title 45, part 155.210 (e)(2), may serve as in-person assisters;~~

416.35 (3) ~~The board commissioner shall establish requirements and compensation for~~
416.36 ~~the navigator program and the in-person assister program by April 30, 2013. Entities~~
417.1 eligible to be navigators, including entities defined in Code of Federal Regulations, title
417.2 45, part 155.210(c)(2), may serve as in-person assisters. Compensation for navigators
417.3 and in-person assisters must take into account any other compensation received by the
417.4 navigator or in-person assister for conducting the same or similar services; and

417.5 (4) (c) Call center operations shall utilize existing state resources and personnel,
417.6 including referrals to counties for medical assistance.

417.7 ~~(e)~~ (d) The board commissioner shall establish a toll-free number for MNSure and
417.8 may hire and contract for additional resources as deemed necessary.

417.9 ~~(d)~~ (e) The navigator program and in-person assister program must meet the
417.10 requirements of section 1311(i) of the Affordable Care Act, Public Law 111-148. In
417.11 establishing training standards for the navigators and in-person assisters, the board
417.12 commissioner must ensure that all entities and individuals carrying out navigator and
417.13 in-person assister functions have training in the needs of underserved and vulnerable
417.14 populations; eligibility and enrollment rules and procedures; the range of available public
417.15 health care programs and qualified health plan options offered through MNSure; and privacy
417.16 and security standards. For calendar year 2014, the commissioner of human services shall
417.17 ensure that the navigator program under section 256.962 provides application assistance
417.18 for both qualified health plans offered through MNSure and public health care programs.

417.19 ~~(e)~~ (f) The board commissioner must ensure that any information provided by
417.20 navigators, in-person assisters, the call center, or other customer assistance portals be
417.21 accessible to persons with disabilities and that information provided on public health
417.22 care programs include information on other coverage options available to persons with
417.23 disabilities.

417.24 Subd. 5. **Health carrier and health plan requirements; participation.** (a)
417.25 Beginning January 1, 2015, the board may establish certification requirements for health
417.26 carriers and health plans to be offered through MNSure that satisfy federal requirements
417.27 under section 1311(e)(1) of the Affordable Care Act, Public Law 111-148.

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

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

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

417.33 (3) satisfy minimum federal certification requirements under section 1311(e)(1) of
417.34 the Affordable Care Act, Public Law 111-148.

417.35 ~~(e)~~ (a) In accordance with section 1311(e) of the Affordable Care Act, Public Law
417.36 111-148, the board commissioner shall establish policies and procedures for certification
418.1 and selection of health plans to be offered as qualified health plans through MNSure. The
418.2 board commissioner shall certify and select a health plan as a qualified health plan to
418.3 be offered through MNSure, if:

73.5 Sec. 11. Minnesota Statutes 2014, section 62V.05, subdivision 5, is amended to read:

73.6 Subd. 5. **Health carrier and health plan requirements; MNSure participation.**

73.7 (a) Beginning January 1, 2015, the board may establish certification requirements
73.8 for health carriers and health plans to be offered through MNSure that satisfy federal
73.9 requirements under section 1311(e)(1) of the Affordable Care Act, Public Law 111-148.

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

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

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

73.15 (3) satisfy minimum federal certification requirements under section 1311(e)(1) of
73.16 the Affordable Care Act, Public Law 111-148.

**SEE HOUSE LINES 74.22 TO 74.23 FOR LANGUAGE REGARDING HEALTH
PLANS OFFERED THROUGH MNSURE**

73.17 ~~(c)~~ In accordance with section 1311(e) of the Affordable Care Act, Public Law
73.18 111-148, the board shall establish policies and procedures for certification and selection
73.19 of health plans to be offered as qualified health plans through MNSure. The board shall
73.20 certify and select a health plan as a qualified health plan to be offered through MNSure, if:

418.4 (1) the health plan meets the ~~minimum certification requirements established in~~
 418.5 ~~paragraph (a) or the market state regulatory requirements in paragraph (b);~~

418.6 (2) the ~~board commissioner~~ determines that making the health plan available through
 418.7 MNsure is in the interest of qualified individuals and qualified employers;

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

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

418.15 ~~(d)~~ (b) In determining the interests of qualified individuals and employers under
 418.16 paragraph (e) (a), clause (2), the ~~board commissioner~~ may not exclude a health plan for
 418.17 any reason specified under section 1311(e)(1)(B) of the Affordable Care Act, Public Law
 418.18 111-148. The ~~board commissioner~~ may consider:

418.19 (1) affordability;

418.20 (2) quality and value of health plans;

418.21 (3) promotion of prevention and wellness;

418.22 (4) promotion of initiatives to reduce health disparities;

418.23 (5) market stability and adverse selection;

418.24 (6) meaningful choices and access;

418.25 (7) alignment and coordination with state agency and private sector purchasing
 418.26 strategies and payment reform efforts; and

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

418.28 ~~(e)~~ (c) For qualified health plans offered through MNsure on or after January 1, 2015
 418.29 2017, the ~~board commissioner~~ shall establish policies and procedures under paragraphs (e)
 418.30 ~~and (d)~~ in accordance with this subdivision for selection of health plans to be offered as
 418.31 qualified health plans through MNsure by February 1 of each year, beginning February 1,
 418.32 2014 2016. The ~~board commissioner~~ shall consistently and uniformly apply all policies
 418.33 and procedures and any requirements, standards, or criteria to all health carriers and
 418.34 health plans. For any policies, procedures, requirements, standards, or criteria that are
 418.35 defined as rules under section 14.02, subdivision 4, the ~~board commissioner~~ may use
 418.36 the process described in subdivision 9 8.

73.21 ~~(1) the health plan meets the minimum certification requirements established in~~
 73.22 ~~paragraph (a) or the market regulatory requirements in paragraph (b);~~

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

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

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

73.32 (d) In determining the interests of qualified individuals and employers under
 73.33 paragraph (e), clause (2), the board may not exclude a health plan for any reason specified
 73.34 under section 1311(e)(1)(B) of the Affordable Care Act, Public Law 111-148. The board
 73.35 may consider:

74.1 ~~(1)~~ affordability;

74.2 (2) quality and value of health plans;

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

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

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

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

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

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

74.10 ~~(e)~~ For qualified health plans offered through MNsure on or after January 1, 2015,
 74.11 the board shall establish policies and procedures under paragraphs (c) and (d) for selection
 74.12 of health plans to be offered as qualified health plans through MNsure by February 1
 74.13 of each year, beginning February 1, 2014. The board shall consistently and uniformly
 74.14 apply all policies and procedures and any requirements, standards, or criteria to all health
 74.15 carriers and health plans. For any policies, procedures, requirements, standards, or criteria
 74.16 that are defined as rules under section 14.02, subdivision 4, the board may use the process
 74.17 described in subdivision 9.

419.1 ~~(f)~~ For 2014, the board shall not have the power to select health carriers and health
 419.2 plans for participation in MNSure. The board shall permit all health plans that meet the
 419.3 certification requirements under section 1311(c)(1) of the Affordable Care Act, Public
 419.4 Law 111-148, to be offered through MNSure.

419.5 ~~(g)~~ (d) Under this subdivision, the board commissioner shall have the power
 419.6 to verify that health carriers and health plans are properly certified to be eligible for
 419.7 participation in MNSure.

419.8 ~~(h)~~ (e) The board commissioner has the authority to decertify health carriers and
 419.9 health plans that fail to maintain compliance with section 1311(c)(1) of the Affordable
 419.10 Care Act, Public Law 111-148.

419.11 ~~(i)~~ (f) For qualified health plans offered through MNSure beginning January 1,
 419.12 2015, health carriers must use the most current addendum for Indian health care providers
 419.13 approved by the Centers for Medicare and Medicaid Services and the tribes as part of their
 419.14 contracts with Indian health care providers. MNSure shall comply with all future changes
 419.15 in federal law with regard to health coverage for the tribes.

419.16 Subd. 6. **Appeals.** (a) The board commissioner may conduct hearings, appoint
 419.17 hearing officers, and recommend final orders related to appeals of any MNSure
 419.18 determinations, except for those determinations identified in paragraph (d). An appeal by a
 419.19 health carrier regarding a specific certification or selection determination made by MNSure
 419.20 the commissioner under subdivision 5 must be conducted as a contested case proceeding
 419.21 under chapter 14, with the report or order of the administrative law judge constituting the
 419.22 final decision in the case, subject to judicial review under sections 14.63 to 14.69. For
 419.23 other appeals, the board commissioner shall establish hearing processes which provide for
 419.24 a reasonable opportunity to be heard and timely resolution of the appeal and which are
 419.25 consistent with the requirements of federal law and guidance. An appealing party may be
 419.26 represented by legal counsel at these hearings, but this is not a requirement.

419.27 (b) MNSure The commissioner may establish service-level agreements with state
 419.28 agencies to conduct hearings for appeals. Notwithstanding section 471.59, subdivision
 419.29 1, a state agency is authorized to enter into service-level agreements for this purpose
 419.30 with MNSure the commissioner.

419.31 (c) For proceedings under this subdivision, MNSure may be represented by an
 419.32 attorney who is an employee of MNSure.

74.18 ~~(f)~~ For 2014, the board shall not have the power to select health carriers and health
 74.19 plans for participation in MNSure. The board shall permit all health plans that meet the
 74.20 certification requirements under section 1311(c)(1) of the Affordable Care Act, Public
 74.21 Law 111-148, to be offered through MNSure.

74.22 (a) The board shall permit all health plans that meet the applicable certification
 74.23 requirements to be offered through MNSure.

74.24 ~~(g)~~ (b) Under this subdivision, the board shall have the power to verify that health
 74.25 carriers and health plans are properly certified to be eligible for participation in MNSure.

74.26 ~~(h)~~ (c) The board has the authority to decertify health carriers and health plans that
 74.27 fail to maintain compliance with section 1311(c)(1) of the Affordable Care Act, Public
 74.28 Law 111-148.

74.29 ~~(i)~~ (d) For qualified health plans offered through MNSure beginning January 1,
 74.30 2015, health carriers must use the most current addendum for Indian health care providers
 74.31 approved by the Centers for Medicare and Medicaid Services and the tribes as part of their
 74.32 contracts with Indian health care providers. MNSure shall comply with all future changes
 74.33 in federal law with regard to health coverage for the tribes.

74.34 **EFFECTIVE DATE.** This section is effective July 1, 2015.

74.35 Sec. 12. Minnesota Statutes 2014, section 62V.05, subdivision 6, is amended to read:

75.1 Subd. 6. **Appeals.** (a) The board may conduct hearings, appoint hearing officers,
 75.2 and recommend final orders related to appeals of any MNSure determinations, except for
 75.3 those determinations identified in paragraph (d). An appeal by a health carrier regarding
 75.4 a specific certification ~~or selection~~ determination made by MNSure under subdivision 5
 75.5 must be conducted as a contested case proceeding under chapter 14, with the report or
 75.6 order of the administrative law judge constituting the final decision in the case, subject to
 75.7 judicial review under sections 14.63 to 14.69. For other appeals, the board shall establish
 75.8 hearing processes which provide for a reasonable opportunity to be heard and timely
 75.9 resolution of the appeal and which are consistent with the requirements of federal law and
 75.10 guidance. An appealing party may be represented by legal counsel at these hearings, but
 75.11 this is not a requirement.

75.12 (b) MNSure may establish service-level agreements with state agencies to conduct
 75.13 hearings for appeals. Notwithstanding section 471.59, subdivision 1, a state agency is
 75.14 authorized to enter into service-level agreements for this purpose with MNSure.

75.15 (c) For proceedings under this subdivision, MNSure may be represented by an
 75.16 attorney who is an employee of MNSure.

419.33 (d) This subdivision does not apply to appeals of determinations where a state
419.34 agency hearing is available under section 256.045.

419.35 (e) An appellant aggrieved by an order of the commissioner issued in an eligibility
419.36 appeal, as defined in Minnesota Rules, part 7700.0101, may appeal the order to the
420.1 district court of the appellant's county of residence by serving a written copy of a notice
420.2 of appeal upon the commissioner and any other adverse party of record within 30 days
420.3 after the date the commissioner issued the order, the amended order, or order affirming
420.4 the original order, and by filing the original notice and proof of service with the court
420.5 administrator of the district court. Service may be made personally or by mail; service by
420.6 mail is complete upon mailing; no filing fee shall be required by the court administrator in
420.7 appeals taken pursuant to this subdivision. The commissioner shall furnish all parties to
420.8 the proceedings with a copy of the decision and a transcript of any testimony, evidence,
420.9 or other supporting papers from the hearing held before the appeals examiner within 45
420.10 days after service of the notice of appeal.

420.11 (f) Any party aggrieved by the failure of an adverse party to obey an order issued
420.12 by the commissioner may compel performance according to the order in the manner
420.13 prescribed in sections 586.01 to 586.12.

420.14 (g) Any party may obtain a hearing at a special term of the district court by serving a
420.15 written notice of the time and place of the hearing at least ten days prior to the date of
420.16 the hearing. The court may consider the matter in or out of chambers, and shall take no
420.17 new or additional evidence unless it determines that such evidence is necessary for a
420.18 more equitable disposition of the appeal.

420.19 (h) Any party aggrieved by the order of the district court may appeal the order as in
420.20 other civil cases. No costs or disbursements shall be taxed against any party nor shall any
420.21 filing fee or bond be required of any party.

420.22 (i) If the commissioner or district court orders eligibility for qualified health plan
420.23 coverage through MNSure, or eligibility for federal advance payment of premium tax
420.24 credits or cost-sharing reductions contingent upon full payment of respective premiums,
420.25 the premiums must be paid or provided pending appeal to the district court, Court of
420.26 Appeals, or Supreme Court. Provision of eligibility by the commissioner pending appeal
420.27 does not render moot the commissioner's position in a court of law.

420.28 Subd. 7. **Agreements; consultation.** (a) ~~The board~~ commissioner shall:

420.29 ~~(1) establish and maintain an agreement with the chief information officer of the~~
420.30 ~~Office of MN.IT Services for information technology services that ensures coordination~~
420.31 ~~with public health care programs. The board may establish and maintain agreements~~
420.32 ~~with the chief information officer of the Office of MN.IT Services for other information~~
420.33 ~~technology services, including an agreement that would permit MNSure to administer~~
420.34 ~~eligibility for additional health care and public assistance programs under the authority~~
420.35 ~~of the commissioner of human services;~~

75.17 (d) This subdivision does not apply to appeals of determinations where a state
75.18 agency hearing is available under section 256.045.

421.1 ~~(2)~~ (1) establish and maintain an agreement with the commissioner of human
421.2 services for cost allocation and services regarding eligibility determinations and
421.3 enrollment for public health care programs that use a modified adjusted gross income
421.4 standard to determine program eligibility. The ~~board~~ commissioner may establish and
421.5 maintain an agreement with the commissioner of human services for other services;

421.6 ~~(3)~~ (2) establish and maintain an agreement with the commissioners of commerce
421.7 and health for services regarding enforcement of MNSure certification requirements for
421.8 health plans and dental plans offered through MNSure. The ~~board~~ commissioner may
421.9 establish and maintain agreements with the commissioners of commerce and health for
421.10 other services; and

421.11 ~~(4)~~ (3) establish interagency agreements to transfer funds to other state agencies for
421.12 their costs related to implementing and operating MNSure, excluding medical assistance
421.13 allocatable costs.

421.14 (b) The ~~board~~ commissioner shall consult with the commissioners of commerce and
421.15 health regarding the operations of MNSure.

421.16 (c) The ~~board~~ commissioner shall consult with Indian tribes and organizations
421.17 regarding the operation of MNSure.

421.18 (d) Beginning March 15, 2014 ~~2016~~, and each March 15 thereafter, the ~~board~~
421.19 commissioner shall submit a report to the chairs and ranking minority members of the
421.20 committees in the senate and house of representatives with primary jurisdiction over
421.21 commerce, health, and human services on all the agreements entered into with the chief
421.22 information officer of the Office of MN.IT Services, or the commissioners of human
421.23 services, health, or commerce in accordance with this subdivision. The report shall include
421.24 the agency in which the agreement is with; the time period of the agreement; the purpose
421.25 of the agreement; and a summary of the terms of the agreement. A copy of the agreement
421.26 must be submitted to the extent practicable.

421.27 Subd. 8. **Rulemaking.** (a) If the board's policies, procedures, or other statements are
421.28 rules, as defined in section 14.02, subdivision 4, the requirements in either paragraph (b)
421.29 or (c) apply, as applicable.

421.30 (b) ~~Effective upon enactment until January 1, 2015:~~

421.31 (1) ~~the board shall publish notice of proposed rules in the State Register after~~
421.32 ~~complying with section 14.07, subdivision 2;~~

421.33 (2) ~~interested parties have 21 days to comment on the proposed rules. The board~~
421.34 ~~must consider comments it receives. After the board has considered all comments and~~
421.35 ~~has complied with section 14.07, subdivision 2, the board shall publish notice of the~~
421.36 ~~final rule in the State Register;~~

422.1 ~~(3) if the adopted rules are the same as the proposed rules, the notice shall state that~~
 422.2 ~~the rules have been adopted as proposed and shall cite the prior publication. If the adopted~~
 422.3 ~~rules differ from the proposed rules, the portions of the adopted rules that differ from the~~
 422.4 ~~proposed rules shall be included in the notice of adoption, together with a citation to the~~
 422.5 ~~prior State Register that contained the notice of the proposed rules; and~~

422.6 ~~(4) rules published in the State Register before January 1, 2014, take effect upon~~
 422.7 ~~publication of the notice. Rules published in the State Register on and after January 1,~~
 422.8 ~~2014, take effect 30 days after publication of the notice.~~

422.9 ~~(e) Beginning January 1, 2015, The board commissioner may adopt rules to~~
 422.10 ~~implement any provisions in this chapter using the expedited rulemaking process in~~
 422.11 ~~section 14.389.~~

422.12 ~~(d) The notice of proposed rules required in paragraph (b) must provide information~~
 422.13 ~~as to where the public may obtain a copy of the rules. The board shall post the proposed~~
 422.14 ~~rules on the MNSure Web site at the same time the notice is published in the State Register.~~

422.15 Subd. 9. **Dental plans.** (a) The provisions of this section that apply to health plans
 422.16 shall apply to dental plans offered as stand-alone dental plans through MNSure, to the
 422.17 extent practicable.

422.18 (b) A stand-alone dental plan offered through MNSure must meet all certification
 422.19 requirements under section 1311(c)(1) of the Affordable Care Act, Public Law 111-148,
 422.20 that are applicable to health plans, except for certification requirements that cannot be met
 422.21 because the dental plan only covers dental benefits.

422.22 Subd. 10. **Limitations; risk-bearing.** (a) ~~The board MNSure shall not bear~~
 422.23 ~~insurance risk or and the commissioner shall not enter into any agreement with health care~~
 422.24 ~~providers to pay claims.~~

422.25 (b) ~~Nothing in this subdivision shall prevent MNSure from providing insurancee~~
 422.26 ~~for its employees.~~

422.27 Subd. 11. **Prohibition on other product lines.** (a) MNSure is prohibited, either
 422.28 directly or through another agency or business partner, from certifying, selecting, or
 422.29 offering products and policies of coverage other than qualified health plans or dental plans.

422.30 (b) This subdivision expires July 1, 2018.

76.1 Sec. 15. Minnesota Statutes 2014, section 62V.05, is amended by adding a subdivision
 76.2 to read:

76.3 Subd. 13. **Prohibition on other product lines.** MNSure is prohibited from
 76.4 certifying, selecting, or offering products and policies of coverage that do not meet the
 76.5 definition of health plan or dental plan as provided in section 62V.02.

75.19 Sec. 13. Minnesota Statutes 2014, section 62V.05, is amended by adding a subdivision
 75.20 to read:

75.21 Subd. 11. **Health carrier notification.** MNsure shall provide a health carrier with
75.22 enrollment information for MNsure enrollees who have selected a qualified health plan
75.23 that is offered by that health carrier and who have been determined by MNsure to be
75.24 eligible for qualified health plan coverage. The enrollment information must be sufficient
75.25 for the health carrier to issue coverage and must be provided within 48 hours of the
75.26 determination of eligibility by MNsure.

75.27 Sec. 14. Minnesota Statutes 2014, section 62V.05, is amended by adding a subdivision
75.28 to read:

75.29 Subd. 12. **Purchase of individual health coverage.** For coverage taking effect on
75.30 or after January 1, 2016, the MNsure board shall provide members of a household with the
75.31 option of purchasing individual health coverage through MNsure and shall apportion any
75.32 advanced premium tax credit available to a household choosing this option between the
75.33 separate health plans providing coverage to the household members.

422.31 Sec. 11. Minnesota Statutes 2014, section 62V.06, is amended to read:

422.32 **62V.06 DATA PRACTICES.**

422.33 Subdivision 1. **Applicability.** MNsure is a state agency for purposes of the

422.34 ~~Minnesota Government Data Practices Act~~ and is subject to all provisions of chapter 13,

422.35 in addition to the requirements contained in this section.

423.1 Subd. 2. **Definitions.** As used in this section:

423.2 (1) "individual" means an individual according to section 13.02, subdivision 8, but
423.3 does not include a vendor of services; and

423.4 (2) "participating" means that an individual, employee, or employer is seeking, or
423.5 has sought an eligibility determination, enrollment processing, or premium processing
423.6 through MNsure.

423.7 Subd. 3. **General data classifications.** The following data collected, created, or
423.8 maintained by MNsure are classified as private data on individuals, as defined in section
423.9 13.02, subdivision 12, or nonpublic data, as defined in section 13.02, subdivision 9:

423.10 (1) data on any individual participating in MNsure;

423.11 (2) data on any individuals participating in MNsure as employees of an employer
423.12 participating in MNsure; and

423.13 (3) data on employers participating in MNsure.

423.14 Subd. 4. **Application and certification data.** (a) Data submitted by an insurance
423.15 producer in an application for certification to sell a health plan through MNsure, or
423.16 submitted by an applicant seeking permission or a commission to act as a navigator or
423.17 in-person assister, are classified as follows:

423.18 (1) at the time the application is submitted, all data contained in the application are
423.19 private data, as defined in section 13.02, subdivision 12, or nonpublic data as defined in
423.20 section 13.02, subdivision 9, except that the name of the applicant is public; and

423.21 (2) upon a final determination related to the application for certification by MNsure,
423.22 all data contained in the application are public, with the exception of trade secret data as
423.23 defined in section 13.37.

423.24 (b) Data created or maintained by a government entity as part of the evaluation of
423.25 an application are protected nonpublic data, as defined in section 13.02, subdivision 13,
423.26 until a final determination as to certification is made and all rights of appeal have been
423.27 exhausted. Upon a final determination and exhaustion of all rights of appeal, these data are
423.28 public, with the exception of trade secret data as defined in section 13.37 and data subject
423.29 to attorney-client privilege or other protection as provided in section 13.393.

423.30 (c) If an application is denied, the public data must include the criteria used by the
423.31 ~~board~~ commissioner to evaluate the application and the specific reasons for the denial,
423.32 and these data must be published on the MNsure Web site.

423.33 Subd. 5. **Data sharing.** (a) ~~MNsure~~ The commissioner may share or disseminate
423.34 data classified as private or nonpublic in subdivision 3 as follows:

423.35 (1) to the subject of the data, as provided in section 13.04;

423.36 (2) according to a court order;

424.1 (3) according to a state or federal law specifically authorizing access to the data;

424.2 (4) with other state or federal agencies, only to the extent necessary to verify the
424.3 identity of, determine the eligibility of, process premiums for, process enrollment of, or
424.4 investigate fraud related to an individual, employer, or employee participating in MNsure,
424.5 provided that ~~MNsure~~ the commissioner must enter into a data-sharing agreement with the
424.6 agency prior to sharing data under this clause; and

424.7 (5) with a nongovernmental person or entity, only to the extent necessary to verify
424.8 the identity of, determine the eligibility of, process premiums for, process enrollment
424.9 of, or investigate fraud related to an individual, employer, or employee participating in
424.10 MNsure, provided that ~~MNsure~~ the commissioner must enter into a contract with the
424.11 person or entity, as provided in section 13.05, subdivision 6 or 11, prior to disseminating
424.12 data under this clause.

424.13 (b) ~~MNsure~~ The commissioner may share or disseminate data classified as private
424.14 or nonpublic in subdivision 4 as follows:

424.15 (1) to the subject of the data, as provided in section 13.04;

424.16 (2) according to a court order;

424.17 (3) according to a state or federal law specifically authorizing access to the data;

424.18 (4) with other state or federal agencies, only to the extent necessary to carry out
424.19 the functions of MNSure, provided that ~~MNSure the commissioner~~ must enter into a
424.20 data-sharing agreement with the agency prior to sharing data under this clause; and

424.21 (5) with a nongovernmental person or entity, only to the extent necessary to carry
424.22 out the functions of MNSure, provided that ~~MNSure the commissioner~~ must enter a
424.23 contract with the person or entity, as provided in section 13.05, subdivision 6 or 11, prior
424.24 to disseminating data under this clause.

424.25 (c) Sharing or disseminating data outside of MNSure in a manner not authorized by
424.26 this subdivision is prohibited. The list of authorized dissemination and sharing contained
424.27 in this subdivision must be included in the Tennessee warning required by section 13.04,
424.28 subdivision 2.

424.29 ~~(d) Until July 1, 2014, state agencies must share data classified as private or~~
424.30 ~~nonpublic on individuals, employees, or employers participating in MNSure with MNSure;~~
424.31 ~~only to the extent such data are necessary to verify the identity of, determine the eligibility~~
424.32 ~~of, process premiums for, process enrollment of, or investigate fraud related to a MNSure~~
424.33 ~~participant. The agency must enter into a data-sharing agreement with MNSure prior~~
424.34 ~~to sharing any data under this paragraph.~~

425.1 Subd. 6. **Notice and disclosures.** (a) In addition to the Tennessee warning required
425.2 by section 13.04, subdivision 2, ~~MNSure the commissioner~~ must provide any data subject
425.3 asked to supply private data with:

425.4 (1) a notice of rights related to the handling of genetic information, pursuant to
425.5 section 13.386; and

425.6 (2) a notice of the records retention policy of MNSure, detailing the length of time
425.7 MNSure will retain data on the individual and the manner in which it will be destroyed
425.8 upon expiration of that time.

425.9 (b) All notices required by this subdivision, including the Tennessee warning, must
425.10 be provided in an electronic format suitable for downloading or printing.

425.11 Subd. 7. **Summary data.** In addition to creation and disclosure of summary data
425.12 derived from private data on individuals, as permitted by section 13.05, subdivision 7,
425.13 ~~MNSure the commissioner~~ may create and disclose summary data derived from data
425.14 classified as nonpublic under this section.

425.15 Subd. 8. **Access to data; audit trail.** (a) Only individuals with explicit authorization
425.16 from the ~~board commissioner~~ may enter, update, or access not public data collected,
425.17 created, or maintained by MNSure. The ability of authorized individuals to enter, update,
425.18 or access data must be limited through the use of role-based access that corresponds to
425.19 the official duties or training level of the individual, and the statutory authorization that
425.20 grants access for that purpose. All queries and responses, and all actions in which data
425.21 are entered, updated, accessed, or shared or disseminated outside of MNSure, must be
425.22 recorded in a data audit trail. Data contained in the audit trail are public, to the extent that
425.23 the data are not otherwise classified by this section.

425.24 The ~~board commissioner~~ shall immediately and permanently revoke the
425.25 authorization of any individual determined to have willfully entered, updated, accessed,
425.26 shared, or disseminated data in violation of this section, or any provision of chapter 13.
425.27 If an individual is determined to have willfully gained access to data without explicit
425.28 authorization from the ~~board commissioner~~, the ~~board commissioner~~ shall forward the
425.29 matter to the county attorney for prosecution.

425.30 (b) This subdivision shall not limit or affect the authority of the legislative auditor
425.31 to access data needed to conduct audits, evaluations, or investigations of MNSure or the
425.32 obligation of the ~~board commissioner~~ and MNSure employees to comply with section
425.33 3.978, subdivision 2.

425.34 (c) This subdivision does not apply to actions taken by a MNSure participant to enter,
425.35 update, or access data held by MNSure, if the participant is the subject of the data that
425.36 is entered, updated, or accessed.

426.1 Subd. 9. **Sale of data prohibited.** ~~MNSure~~ The commissioner may not sell any
426.2 data collected, created, or maintained by MNSure, regardless of its classification, for
426.3 commercial or any other purposes.

426.4 Subd. 10. **Gun and firearm ownership.** ~~MNSure~~ The commissioner shall not
426.5 collect information that indicates whether or not an individual owns a gun or has a firearm
426.6 in the individual's home.

426.7 Sec. 12. Minnesota Statutes 2014, section 62V.07, is amended to read:

426.8 **62V.07 FUNDS.**

426.9 (a) ~~The MNSure account is created in the special revenue fund of the state treasury.~~
426.10 ~~All funds received by MNSure shall be deposited in the account. Funds in the account are~~
426.11 ~~appropriated to MNSure for the operation of MNSure. Notwithstanding section 11A.20, all~~
426.12 ~~investment income and all investment losses attributable to the investment of the MNSure~~
426.13 ~~account not currently needed, shall be credited to the MNSure account. All funds received~~
426.14 ~~by MNSure shall be deposited in the state government special revenue fund.~~

426.15 (b) ~~The budget submitted to the legislature under section 16A.11 must include~~
426.16 ~~budget information for MNSure.~~

426.17 Sec. 13. Minnesota Statutes 2014, section 62V.08, is amended to read:

426.18 **62V.08 REPORTS.**

426.19 (a) ~~MNsurre~~ The commissioner shall submit a report to the legislature by January 15,
426.20 ~~2015~~ 2016, and each January 15 thereafter, on: (1) the performance of MNsure operations;
426.21 (2) meeting MNsure responsibilities; (3) an accounting of MNsure budget activities; (4)
426.22 practices and procedures that have been implemented to ensure compliance with data
426.23 practices laws, and a description of any violations of data practices laws or procedures;
426.24 and (5) the effectiveness of the outreach and implementation activities of MNsure in
426.25 reducing the rate of uninsurance.

426.26 (b) ~~MNsurre~~ The commissioner must publish its administrative and operational costs
426.27 on a Web site to educate consumers on those costs. The information published must
426.28 include: (1) the amount of premiums and federal premium subsidies collected; (2) the
426.29 amount and source of revenue received under section 62V.05, subdivision 1, paragraph
426.30 (b), clause (3); (3) the amount and source of any other fees collected for purposes of
426.31 supporting operations; and (4) any misuse of funds as identified in accordance with section
426.32 3.975. The Web site must be updated at least annually.

76.6 Sec. 16. Minnesota Statutes 2014, section 62V.11, subdivision 2, is amended to read:

76.7 Subd. 2. **Membership; meetings; compensation.** (a) The Legislative Oversight
76.8 Committee shall consist of five members of the senate, three members appointed by
76.9 the majority leader of the senate, and two members appointed by the minority leader of
76.10 the senate; and five members of the house of representatives, three members appointed
76.11 by the speaker of the house, and two members appointed by the minority leader of the
76.12 house of representatives.

76.13 (b) Appointed legislative members serve at the pleasure of the appointing authority
76.14 and shall continue to serve until their successors are appointed.

76.15 (c) The first meeting of the committee shall be convened by the chair of the
76.16 Legislative Coordinating Commission. Members shall elect a chair at the first meeting.
76.17 The chair must convene at least one meeting ~~annually~~ each quarter of the year, and may
76.18 convene other meetings as deemed necessary.

76.19 Sec. 17. Minnesota Statutes 2014, section 62V.11, is amended by adding a subdivision
76.20 to read:

76.21 Subd. 5. **Reports to the committee.** (a) The board shall submit an enrollment report
76.22 to the Legislative Oversight Committee on a monthly basis. The report must include:

76.23 (1) total enrollment numbers;

76.24 (2) the number of commercial plans selected;

76.25 (3) the percentage of the commercial plans for which the first month's premium
76.26 has been paid; and

76.27 (4) the average number of days between a consumer's submission of an application
76.28 and transmittal to the health carrier chosen.

76.29 (b) At each of the committee's quarterly meetings, the board shall present the
76.30 following information:

76.31 (1) at the first quarterly meeting, a progress report on the most recent MNsure
76.32 open enrollment period and a progress report on technology upgrades and any proposed
76.33 schedule for future technology upgrades;

77.1 (2) at the second quarterly meeting, the annual budget for MNsure, as required by
77.2 subdivision 4;

77.3 (3) at the third quarterly meeting, a hearing in conjunction with the Department of
77.4 Human Services regarding any backlog created by qualifying life events for enrollees in
77.5 public or private health plans through MNsure; and

77.6 (4) at the fourth quarterly meeting, a hearing in conjunction with the Department of
77.7 Commerce on the release of premium rates and in conjunction with the Department of
77.8 Human Services on reimbursement of MNsure for public program enrollment.

77.9 Sec. 18. Minnesota Statutes 2014, section 245C.03, is amended by adding a
77.10 subdivision to read:

77.11 Subd. 10. **MNsurre consumer assistance partners.** Effective January 1, 2016, the
77.12 commissioner shall conduct background studies on any individual required under section
77.13 256.962, subdivision 9, to have a background study completed under this chapter.

427.1 Sec. 14. Minnesota Statutes 2014, section 245C.10, is amended by adding a
427.2 subdivision to read:

427.3 Subd. 12. **MNsurre consumer assistance partners.** The commissioner shall recover
427.4 the cost of background studies required under section 256.962, subdivision 9, through
427.5 a fee of no more than \$20 per study. The fees collected under this subdivision are
427.6 appropriated to the commissioner for the purpose of conducting background studies.

427.7 Sec. 15. Minnesota Statutes 2014, section 256.962, subdivision 5, is amended to read:

77.14 Sec. 19. Minnesota Statutes 2014, section 245C.10, is amended by adding a
77.15 subdivision to read:

77.16 Subd. 11. **MNsurre consumer assistance partners.** The commissioner shall recover
77.17 the cost of background studies required under section 256.962, subdivision 9, through
77.18 a fee of no more than \$20 per study. The fees collected under this subdivision are
77.19 appropriated to the commissioner for the purpose of conducting background studies.

427.8 Subd. 5. **Incentive program.** Beginning January 1, 2008, the commissioner shall
 427.9 establish an incentive program for ~~organizations and licensed insurance producers under~~
 427.10 ~~chapter 60K~~ community assistance partners defined under section 62V.02, subdivision
 427.11 2a, that directly identify and assist potential enrollees in filling out and submitting an
 427.12 application. For each applicant who is successfully enrolled in MinnesotaCare, or medical
 427.13 assistance, ~~or general assistance medical care~~, the commissioner, ~~within the available~~
 427.14 ~~appropriation~~, shall pay the ~~organization or licensed insurance producer~~ community
 427.15 assistance partner or insurance producer if the insurance producer has completed the
 427.16 certification training program administered by the commissioner of MNsure in accordance
 427.17 with section 62V.05, subdivision 3, paragraph (j), a \$25 \$70 application assistance bonus.
 427.18 ~~The organization or licensed insurance producer may provide an applicant a gift certificate~~
 427.19 ~~or other incentive upon enrollment.~~

427.20 Sec. 16. Minnesota Statutes 2014, section 256.962, is amended by adding a subdivision
 427.21 to read:

427.22 Subd. 9. **Background studies for consumer assistance partners.** All consumer
 427.23 assistance partners, as defined in section 62V.02, subdivision 2a, are required to undergo a
 427.24 background study according to the requirements of chapter 245C.

427.25 Sec. 17. **EXPANDED ACCESS TO THE SMALL BUSINESS HEALTH CARE**
 427.26 **TAX CREDIT.**

427.27 (a) The commissioner of human services, in consultation with the commissioners
 427.28 of commerce and MNsure, shall develop a proposal to allow small employers the ability
 427.29 to receive the small business health care tax credit when the small employer pays the
 427.30 premiums on behalf of employees enrolled in either a qualified health plan offered through
 427.31 a small business health options program (SHOP) marketplace or a small group health plan
 427.32 offered outside of the small business health options program marketplace within MNsure.
 427.33 To be eligible for the tax credit, the small employer must meet the requirements under
 428.1 the Affordable Care Act, except that employees may be enrolled in a small group health
 428.2 plan product offered outside of MNsure.

428.3 (b) The commissioner of human services shall seek all federal waivers and approvals
 428.4 necessary to implement this proposal. The commissioner shall submit a draft proposal
 428.5 to the legislature at least 30 days before submitting a final proposal to the federal
 428.6 government, and shall notify the legislature of any federal decision or action received
 428.7 regarding the proposal and submitted waiver.

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

428.9 Sec. 18. **TRANSITION.**

77.20 Sec. 20. Minnesota Statutes 2014, section 256.962, is amended by adding a subdivision
 77.21 to read:

77.22 Subd. 9. **Background studies for consumer assistance partners.** Effective January
 77.23 1, 2016, all consumer assistance partners, as defined in section 62V.02, subdivision 2a, are
 77.24 required to undergo a background study according to the requirements of chapter 245C.

78.3 Sec. 22. **EXPANDED ACCESS TO THE SMALL BUSINESS HEALTH CARE**
 78.4 **TAX CREDIT.**

78.5 (a) The commissioner of human services, in consultation with the Board of Directors
 78.6 of MNsure and the MNsure Legislative Oversight Committee, shall develop a proposal
 78.7 to allow small employers the ability to receive the small business health care tax credit
 78.8 when the small employer pays the premiums on behalf of employees enrolled in either a
 78.9 qualified health plan offered through a small business health options program (SHOP)
 78.10 marketplace or a small group health plan offered outside of the SHOP marketplace within
 78.11 MNsurre. To be eligible for the tax credit, the small employer must meet the requirements
 78.12 under the Affordable Care Act, except that employees may be enrolled in a small group
 78.13 health plan product offered outside of MNsure.

78.14 (b) The commissioner shall seek all federal waivers and approvals necessary to
 78.15 implement the proposal in paragraph (a). The commissioner shall submit a draft proposal
 78.16 to the MNsure board and the MNsure Legislative Oversight Committee at least 30 days
 78.17 before submitting a final proposal to the federal government, and shall notify the board
 78.18 and Legislative Oversight Committee of any federal decision or action received regarding
 78.19 the proposal and submitted waiver.

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

428.10 The Department of MNSure is a continuation of MNSure as it existed on June 30,
 428.11 2015. Minnesota Statutes, section 15.039, applies. The chief executive officer of MNSure
 428.12 on June 30, 2015, is the acting commissioner of MNSure on July 1, 2015, unless the
 428.13 governor designates a different acting commissioner. Any advisory committee created
 428.14 under Minnesota Statutes 2014, section 62V.04, subdivision 13, remains in effect, and
 428.15 current members continue to serve until the end of their terms unless the commissioner
 428.16 terminates a committee or replaces members.

67.12 Section 1. **EXPANDED ACCESS TO QUALIFIED HEALTH PLANS AND**
 67.13 **SUBSIDIES.**

67.14 The commissioner of commerce, in consultation with the Board of Directors of
 67.15 MNSure and the MNSure Legislative Oversight Committee, shall develop a proposal to
 67.16 allow individuals to purchase qualified health plans outside of MNSure directly from
 67.17 health plan companies and to allow eligible individuals to receive advanced premium tax
 67.18 credits and cost-sharing reductions when purchasing these health plans. The commissioner
 67.19 shall seek all federal waivers and approvals necessary to implement this proposal.
 67.20 The commissioner shall submit a draft proposal to the MNSure board and the MNSure
 67.21 Legislative Oversight Committee at least 30 days before submitting a final proposal to the
 67.22 federal government and shall notify the board and legislative oversight committee of any
 67.23 federal decision or action related to the proposal.

77.25 Sec. 21. **TRANSITION.**

77.26 (a) The commissioner of management and budget must assign the positions of
 77.27 managerial employees of MNSure, other than the director, to salary ranges and salaries in
 77.28 the managerial plan, effective the first payroll period beginning on or after July 1, 2015.

77.29 (b) Of the four additional members of the board appointed under the amendments
 77.30 to Minnesota Statutes, section 62V.04, one shall have an initial term of two years, two
 77.31 shall have an initial term of three years, and one shall have an initial term of four years,
 77.32 determined by lot by the secretary of state.

78.1 (c) Board members must be appointed by the governor within 30 days of final
 78.2 enactment of these sections.

78.21 Sec. 23. **CONFIRMATION DEADLINE.**

78.22 Members of the MNSure Board on the effective date of this section and new
 78.23 members appointed as required by the amendments to Minnesota Statutes, section 62V.04,
 78.24 are subject to confirmation by the senate. If any of these members is not confirmed by the
 78.25 senate before adjournment sine die of the 2016 regular session, the appointment of that
 78.26 member to the board terminates on the day following adjournment sine die.

78.27 Sec. 24. **ESTABLISHMENT OF FEDERALLY FACILITATED**
 78.28 **MARKETPLACE.**

78.29 Subdivision 1. **Establishment.** The commissioner of commerce, in cooperation
78.30 with the secretary of Health and Human Services, shall establish a federally facilitated
78.31 marketplace for Minnesota, for coverage beginning January 1, 2017. The federally
78.32 facilitated marketplace shall take the place of MNSure, established under Minnesota
79.1 Statutes, chapter 62V. In working with the secretary of Health and Human Services to
79.2 develop the federally facilitated marketplace, the commissioner of commerce shall:

79.3 (1) seek to incorporate, where appropriate and cost-effective, elements of the
79.4 MNSure eligibility determination system;

79.5 (2) regularly consult with stakeholder groups, including but not limited to
79.6 representatives of state agencies, health care providers, health plan companies, brokers,
79.7 and consumers; and

79.8 (3) seek all available federal grants and funds for state planning and development
79.9 costs.

79.10 Subd. 2. **Implementation plan; draft legislation.** The commissioner of commerce,
79.11 in consultation with the commissioner of human services, the chief information officer
79.12 of MN.IT, and the MNSure Board, shall develop and present to the 2016 legislature an
79.13 implementation plan for conversion to a federally facilitated marketplace. The plan must
79.14 include draft legislation for any changes in state law necessary to implement a federally
79.15 facilitated marketplace, including but not limited to necessary changes to Laws 2013,
79.16 chapter 84, and technical and conforming changes related to the repeal of Minnesota
79.17 Statutes, chapter 62V.

79.18 Subd. 3. **Vendor contract.** The commissioner of commerce, in consultation with
79.19 the commissioner of human services, the chief information officer of MN.IT, and the
79.20 MNSure Board, shall contract with a vendor to provide technical assistance in developing
79.21 and implementing the plan for conversion to a federally facilitated marketplace.

79.22 Subd. 4. **Contingent implementation.** The commissioner shall not implement
79.23 this section if the United States Supreme Court rules in King v. Burwell (No. 14-114)
79.24 that persons obtaining qualified health plan coverage through a federally facilitated
79.25 marketplace are not eligible for advanced premium tax credits.

79.26 Sec. 25. **REQUIREMENTS FOR STATE MATCH FOR FEDERAL GRANTS.**

79.27 (a) The legislature shall not appropriate or authorize the use of state funds, and the
79.28 MNSure Board and the commissioner of human services shall not allocate, authorize the
79.29 use of, or expend board or agency funds, as a state match to obtain federal grant funding
79.30 for MNSure, including, but not limited to, grants to support the development and operation
79.31 of the MNSure eligibility determination system, unless the following conditions are met:

79.32 (1) 20 percent of the state match and 20 percent of federal grant funds received are
79.33 deposited into a premium reimbursement account established by the MNSure Board, for
79.34 use as provided in paragraph (b);

80.1 (2) the commissioner of human services and the legislative auditor have verified
80.2 that all persons currently enrolled in medical assistance and MinnesotaCare, who were
80.3 enrolled in medical assistance or MinnesotaCare as of September 30, 2013, have had their
80.4 eligibility for the program redetermined at least once since September 30, 2013;

80.5 (3) the administrative costs of MNSure are less than five percent of MNSure's total
80.6 operating budget in each year; and

80.7 (4) verification from the Office of the Legislative Auditor that:

80.8 (i) all life events or changes in circumstances are being processed in a timely manner
80.9 by MNSure and the Department of Human Services; and

80.10 (ii) MNSure is transmitting electronic enrollment files in a format that conforms with
80.11 standards under the federal Health Insurance Portability and Accountability Act of 1996.

80.12 (b) Funds deposited into the premium reimbursement account shall be used only to
80.13 reimburse the first month's premium for health coverage for any individual who submitted
80.14 a complete application for qualified health plan coverage through MNSure, but did not
80.15 receive their policy card or other appropriate verification of coverage within 20 days of
80.16 submission of the completed application to MNSure. The MNSure Board shall provide this
80.17 reimbursement on a first-come, first-served basis, subject to the limits of available funding.

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

80.19 Sec. 26. **REPEALER.**

80.20 (a) Minnesota Statutes 2014, sections 62V.01; 62V.02; 62V.03; 62V.04; 62V.05;
80.21 62V.06; 62V.07; 62V.08; 62V.09; 62V.10; and 62V.11, are repealed, effective January 1,
80.22 2017. This repealer shall not take effect if the United States Supreme Court rules in King
80.23 v. Burwell (No. 14-114) that persons obtaining qualified health plan coverage through a
80.24 federally facilitated marketplace are not eligible for advanced premium tax credits.

80.25 (b) Minnesota Statutes 2014, section 13D.08, subdivision 5a, is repealed.

428.17 Sec. 19. **REPEALER.**

428.18 Minnesota Statutes 2014, sections 62V.04; 62V.09; and 62V.11, are repealed.