Bill Comparison Summary of
Senate File (2744 and 2219) / House File (2680)

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May 3, 2023

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SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
		No comparable provision	1	**Classification of insurance filings data.** Provides that forms, rates, and related information filed with the commissioner in relation to section 65A.298 are nonpublic until the filing becomes effective.
		No comparable provision	2	**[60A.0812] Property and casualty policy exclusions.** **Subd. 1. Short title.** This section may be cited as the "Family Protection Act." **Subd. 2. Definitions.** Provides definitions of "boat," "insured," "permitted exclusion," and "prohibited exclusion." **Subd. 3. Prohibited exclusions.** Prohibits certain types of insurance from containing a prohibited exclusion. **Subd. 4. Permitted exclusions.** Allows certain types of insurance to contain a permitted exclusion. **Subd. 5. Underlying coverage requirement.** Allows an excess or umbrella policy to contain a requirement that coverage for household members under the excess or umbrella policy be available only to the extent coverage is first available from an underlying policy. **Subd. 6. Election of coverage for boat insurance policies.** (a) Requires an insurer issuing bodily injury liability coverage for a boat policy to provide certain notifications.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				(b) Requires that named insureds decline coverage after being informed that an updated quote will be provided. (c) Requires insurers to provide certain disclosures related to boat insurance. **Subd. 7. Excessive rate hearings for boat insurance policies.** Allows the commissioner, when an insurer has filed a change in rate for boat insurance that shows an increase of 15 percent or more over a 12-month period, to have an excessive rate hearing. This subdivision expires January 1, 2029. **Subd. 8. No endorsement required.** Clarifies that an endorsement, rider, or contract amendment is not required for this section to be effective. **Effective date.** For plans of reparation security, personal excess liability, or personal ability policies, this section is effective January 1, 2024. For a boat insurance policy this section is effective May 1, 2024.
S.F. 2744-3, Sec. 1	**Fees other than examination fees.** Increases various fees that must be paid to the commissioner for deposit in the general fund, including annual statement and certificate of authority fees.	Same	3	**Fees other than examination fees.** Increases certain fees paid by insurance companies to the commissioner to be deposited in the general fund.
2219-2, Sec. 10	**Suicide provisions.** Provides that a life insurance policy or certificate issued in Minnesota may exclude or restrict liability for a death benefit if the insured dies within one year from the policy's or	Similar (Technical differences, staff recommends Senate language.)	4	**Suicide provisions.** Allows a life insurance policy to exclude a death benefit if an insured dies within one year of the issuance of the policy. Requires that this exclusion be clearly stated in the policy.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	certificate's issuance. Existing law provides that such an exclusion is permissible for two years from issuance.			Requires a policy that includes this exclusion to refund premiums paid for the coverage if the death benefit is denied due to this exclusion. **Effective date.** This section is effective January 1, 2024, and applies to policies issued on or after that date.
2219-2, Sec. 11	**Definitions.** Revises the "Suicide Clause" that must be included on the back of certain insurance notice forms to state "one year" instead of "two years" in conformance with section 10 of this bill.	Same	5	**Definitions.** Requires a life insurance policy to state that if an insured completes suicide within one year, depending on the policy, the beneficiaries will only receive a refund of the premiums that were paid. **Effective date.** This section is effective January 1, 2024, and applies to policies issued on or after that date.
S.F. 2744-3, Sec. 2	**Provider discrimination prohibited.** Requires group policies and group subscriber contracts to provide direct reimbursement for services at a hospital or psychiatric residential treatment facility if performed by a mental health professional.	Similar (House language has an effective date, staff recommends House language.)	6	**Provider discrimination prohibited.** Requires group policies and contracts that cover mental health services in a hospital, to provide direct reimbursement for those services at a hospital or psychiatric residential treatment facility. **Effective date.** This section is effective January 1, 2025, and applies to policies issued on or after that date.
		No comparable provisions	7-15, 67	**Medicare supplemental policies.** These sections create an open enrollment period for Medicare supplemental policies that is the same as the time period for Medicare Advantage plans (January 1 to March 31 annually). These sections prohibit the use of medical

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				underwriting or preexisting condition limitations in Medicare supplemental policies. **Effective date.** These sections are effective August 1, 2024.
S.F. 2744-3, Sec. 3 – 7, 27, 28, 32	**Preventive items and services.** Creates a definition of "preventive items and services" in chapter 62D. Permits a health maintenance contract to impose a co-payment and coinsurance for items and services that are not preventive items and services. Prohibits a health maintenance contract from imposing a deductible for preventive items and services. Prohibits a health maintenance contract from imposing an annual out-of-pocket maximum for services rendered under section 62D.02, subdivision 17, or for preventive items and services. Prohibits co-pays and deductibles from being imposed on preventive items and services for purposes of section 62D.095. Codifies the current Affordable Care Act definition of "preventive items and services" as the state law definition for the term. Includes preventive items and services in the definition of "essential health benefits."	Similar. (House language does not include changes to section 62D.095, subdivision 4, staff recommends House language. Senate language in section 43 includes a technical difference that clarifies intent, staff recommends Senate language.)	16–19, 43, 44, 53	**Preventive items and services.** These sections delete cross references to the federal Affordable Care Act and codify requirements relating to coverage without cost-sharing of preventive items and services in state law.
		No comparable provision	20	**Definitions.** Provides that a mandated health benefit proposal does not include proposals that make state law consistent with federal law. **Effective date.** This section is effective the day following final enactment.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
		No comparable provision	21	**Evaluation process and content.** Requires the commissioner to provide the public with 45 days' notice when requesting information under this section. Requires the commissioner to notify the chief authors of a bill when a request for information is issued. Clarifies that information submitted to the commissioner under this section that is trade secret is nonpublic data.
		No comparable provision	22	**Notification.** (a) Requires the commissioner of commerce to notify health plan companies of changes to benefits when a mandated health benefit proposal becomes law. Requires health plan companies to report to the commissioner the estimated costs attributable to the change in benefits over a ten year period. (b) Requires the commissioner to report annually to the legislature amounts paid to defray the cost of additional health insurance mandates pursuant to the Affordable Care Act.
S.F. 2744-3, Sec. 8	**[62J.841] Definitions.** Defines key terms for purposes of sections 62J.841 to 62J.845, including "Consumer Price Index, "manufacturer," and "wholesale acquisition cost."	Similar (Minor technical difference, staff recommends House language.)	23	**[62J.841] Definitions.** Defines the following terms: Consumer Price Index, generic or off-patent drug, manufacturer, prescription drug, wholesale acquisition cost, and wholesale distributor.
S.F. 2744-3, Sec. 9	**[62J.842] Excessive Price Increases Prohibited.** Prohibits a manufacturer from imposing, or causing to be imposed, an excessive price increase, whether directly or through a wholesale distributor, pharmacy, or similar	Same	24	**[62J.842] Excessive Price Increases Prohibited.** **Subd. 1. Prohibition.** Prohibits a manufacturer from imposing, or causing to be imposed, an excessive price increase, whether directly or through a wholesale

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	intermediary, on the sale of any generic or off-patent drug sold, dispensed, or delivered to consumers in the state. Provides that a price increase is excessive when: 1) the price increase, adjusted for inflation by utilizing the CPI, exceeds: (i) 15 percent of the WAC over the prior calendar year; or (ii) 40 percent of the WAC over the three immediately preceding calendar years; and 2) the price increase, adjusted for inflation by utilizing the CPI, exceeds $30 for a 30-day supply of the drug, or a course of treatment lasting less than 30 days.			distributor, pharmacy, or similar intermediary, on the sale of any generic or off-patent drug sold, dispensed, or delivered to consumers in the state. **Subd. 2. Excessive price increase.** Provides that a price increase is excessive when: 3) the price increase, adjusted by the CPI, exceeds: (i) 15 percent of the WAC over the immediately preceding calendar year; or (ii) 40 percent of the WAC over the three immediately preceding calendar years; and 4) the price increase, adjusted by the CPI, exceeds $30 for a 30-day supply, or course of treatment lasting less than 30 days. **Subd. 3. Exemption.** States that it is not a violation of this section for a wholesale distributor or pharmacy to increase the price of a generic or off-patent drug if the increase is directly attributable to additional costs imposed by the manufacturer.
S.F. 2744-3, Sec. 10	**[62J.843] Registered Agent and Office within the State.** Requires manufacturers that sell, distribute, deliver, or offer for sale any generic or off-patent drugs in the state to maintain a registered agent and office within the state.	Same	25	**[62J.843] Registered Agent and Office within the State.** Requires manufacturers of generic or off-patent drugs made available in the state to maintain a registered agent and office within the state.
S.F. 2744-3, Sec. 11	**[62J.844] Enforcement.** **Subd. 1. (Notification)** This subdivision requires the commissioner of health to notify the 1) manufacturer, 2) attorney general, and 3) Board of Pharmacy of any price	Similar (Senate requires notification of the Board of Pharmacy; House does not. Otherwise same.)	26	**[62J.844] Enforcement.** **Subd. 1. Notification.** (a) Requires the commissioner of health to notify the manufacturer of a generic or off-patent drug, the attorney general, and the Board of

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	increase that may violate the prohibition against excessive price increases. **Subd. 2. (Submission of drug cost statement and other information by manufacturer; investigation by attorney general)** Requires a manufacturer, notified under subdivision 1 of this section, to submit a drug cost statement to the attorney general. The statement must include specific information regarding production, materials, and manufacturing costs. **Subd. 3. (Petition to court)** This subdivision authorizes various action which a court may take upon petition by the attorney general, including compelling information from a manufacturer, imposing civil penalties, enjoining potential violations of this new law, and requiring the manufacturer to repay to all Minnesota consumers, including third-party payers, any money acquired as the result of an impermissible excessive price increase. **Subd. 4. (Private right of action)** States that any action brought by a person injured by a violation of this section is for the benefit of the public.			Pharmacy of any price increase that the commissioner believes may violate the prohibition on excessive pricing. (b) Allows the commissioner of management and budget and any other state agency, except the Department of Human Services, that provides or purchases a pharmacy benefit, and any entity under contract with a state agency to provide a pharmacy benefit other than an entity under contract with the Department of Human Services, to notify the manufacturer of the drug, the attorney general, and the Board of Pharmacy of any price increase of a generic or off-patent drug that violates the prohibition on excessive pricing. **Subd. 2. Submission of drug cost statement and other information by manufacturer; investigation by attorney general.** (a) Requires the manufacturer, within 45 days of receiving notice under subdivision 1, to submit a drug cost statement to the attorney general. Requires the statement to: 1) itemize the cost components related to drug production; 2) identify the circumstances and timing of any increase in materials or manufacturing costs that caused any price increase, in the preceding calendar year or preceding three calendar years as applicable; and 3) provide any other information the manufacturer believes to be relevant. (b) Allows the attorney general to investigate whether a violation has occurred, in accordance with section 8.31,

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				subdivision 2 (general investigative powers of the attorney general). **Subd. 3. Petition to court.** (a) Allows a court, on petition of the attorney general, to issue an order: 1) compelling the manufacturer to provide the drug cost statement, and answer interrogatories, produce records or documents, or be examined under oath, as required by the attorney general; 2) restraining or enjoining a violation of sections 62J.841 to 62J.845, including restoring drug prices to levels that comply with section 62J.842; 3) requiring the manufacturer to account for all revenues resulting from a violation of section 62J.842; 4) repaying all Minnesota consumers, including third-party payers, any money acquired as a result of a price increase that violates section 62J.842; 5) requiring that all revenues generated from a violation of section 62J.842 be remitted to the state and deposited into a special fund, to be used to reduce consumer drug costs, if the manufacturer is unable to determine the individual transactions necessary to make repayments under clause (4); 6) imposing a civil penalty of up to $10,000 per day for each violation of section 62J.842;

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				7) providing for the recovery of costs and disbursements incurred by the attorney general in bringing an action; and 8) providing any other appropriate relief, including any other equitable relief as determined by the court. (b) Provides that for purposes of paragraph (a), clause (6) (civil penalties), requires every individual transaction in violation of section 62J.842 to be considered a separate violation. **Subd. 4. Private right of action.** States that any action brought by a person injured by a violation of this section is for the benefit of the public.
S.F. 2744-3, Sec. 12	**[62J.845] Prohibition on Withdrawal of Generic or Off-Patent Drugs for Sale.** Prohibits a manufacturer from withdrawing a drug from sale or distribution in the state to avoid the prohibition on excessive price increases. Requires a manufacturer to provide at least 90 days prior written notice of withdrawal of the sale or distribution of a generic or off-patent drug from the state to the Board of Pharmacy and the attorney general. Requires the attorney general to assess a $500,000 penalty on any manufacturer that the attorney general has determines has failed to comply with the requirements of this section.	Similar (Senate requires notification of the Board of Pharmacy; House does not.)	27	**[62J.845] Prohibition on Withdrawal of Generic or Off-Patent Drugs for Sale.** **Subd. 1. Prohibition.** Prohibits a manufacturer of a generic or off-patent drug from withdrawing that drug from sale or distribution in the state for purposes of avoiding the prohibition on excessive price increases. **Subd. 2. Notice to board and attorney general.** Requires any manufacturer that intends to withdraw a generic or off-patent drug from sale or distribution in the state to provide at least 90 days' written notice of withdrawal to the Board of Pharmacy and the attorney general. **Subd. 3. Financial penalty.** Requires the attorney general to assess a $500,000 penalty on any

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				manufacturer that it determines has failed to comply with the requirements of this section.
S.F. 2744-3, Sec. 13	**[62J.846] Severability.** Provides that the provisions of sections 62J.841 to 62J.845 are severable.	Same	28	**[62J.846] Severability.** Provides that the provisions of sections 62J.841 to 62J.845 are severable.
S.F. 2744-3, Sec. 14	**[62J.85] Citation.** States that sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."	Same	29	**[62J.85] Citation.** States that sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."
S.F. 2744-3, Sec. 15	**[62J.86] Definitions.** Defines key terms for the purposes of section 62J.85 to 62J.95, including "advisory council," "biologic," "biosimilar," "board," "brand name drug," "generic drug," "group purchaser," "manufacturer," "prescription drug product," and "wholesale acquisition cost or WAC."	Same	30	**[62J.86] Definitions.** Defines the following terms: advisory council, biologic, biosimilar, board, brand name drug, generic drug, group purchaser, manufacturer, prescription drug product, and wholesale acquisition cost (WAC).
S.F. 2744-3, Sec. 16	**[62J.87] Prescription Drug Affordability Board.** This section requires the commissioner of commerce to establish the Prescription Drug Affordability Board to protect consumers, state and local governments, health plan companies, providers, pharmacies, and other health care system stakeholders from unaffordable costs of certain prescription drugs. The board will consist of nine members, with seven voting members will be appointed by the governor.	Same	31	**[62J.87] Prescription Drug Affordability Board.** **Subd. 1. Establishment.** Requires the Legislative Coordinating Commission to establish the Prescription Drug Affordability Board to protect consumers, state and local governments, health plan companies, providers, pharmacies, and other stakeholders from unaffordable costs of certain prescription drugs. **Subd. 2. Membership.** (a) Provides that the board consists of nine members – seven voting members appointed by the governor, one nonvoting member

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				appointed by the majority leader of the Senate, and one nonvoting member appointed by the speaker of the House. (b) Requires members to have knowledge and expertise in pharmaceutical economics and finance or health care economics and finance, and not be an employee or board member of, or consultant to, a manufacturer or trade association for manufacturers or a pharmacy benefit manager or trade association for pharmacy benefit managers. (c) Requires initial appointments to be made by January 1, 2024. **Subd. 3. Terms.** States that appointees serve four-year terms, except that initial appointees shall serve staggered terms. Prohibits members from serving more than two consecutive terms. Allows members to resign at any time by giving written notice. **Subd. 4. Chair; other officers.** Specifies the procedure to be used for designating and electing the chair, vice-chair, and other officers. **Subd. 5. Staff; technical assistance.** (a) Requires the board to hire an executive director and other staff, and specifies qualifications for the executive director. (b) Requires the commissioner of health to provide technical assistance to the board. Allows the board to

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				also employ or contract for professional and technical assistance. (c) Requires the attorney general to provide legal services to the board. **Subd. 6. Compensation.** States that members shall not receive compensation but may be reimbursed for expenses. **Subd. 7. Meetings.** Applies the open meetings law to the board. Requires the board to meet publicly at least every three months to review prescription drug product information that is submitted, and to allow for public comment. Specifies other requirements related to meetings.
S.F. 2744-3, Sec. 17	**[62J.88] Prescription Drug Affordability Advisory Council.** This section requires the governor to appoint an eighteen-member advisory council to advise the board on drug cost issues and represent stakeholder views. Specifies criteria related to knowledge, experience, professional affiliation, and expertise of the members. Requires initial appointments to be made by January 1, 2024, and specifies that meetings of the council are subject to the Open Meeting Law. The advisory council must meet publicly at least every three months.	Different (Senate provides that the advisory council members representing pharmaceutical wholesalers, PBMs, the Rare Disease Advisory Council, drug manufacturers, pharmaceutical distributors, and an oncologist not affiliated with a hospital, do not receive compensation.)	32	**[62J.88] Prescription Drug Affordability Advisory Council.** **Subd. 1. Establishment.** Requires the governor to appoint an advisory council to advise the board on drug cost issues and represent stakeholder views. Specifies criteria related to knowledge and expertise of members. **Subd. 2. Membership.** Specifies membership. **Subd. 3. Terms.** Requires initial appointments to be made by January 1, 2024, and specifies requirements for staggered and regular terms and removal and vacancies.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				Subd. 4. Compensation. Provides that members receive compensation according to the standard procedures that apply to advisory councils and committees. **Subd. 5. Meetings.** States that the council is subject to the Open Meeting Law and requires the council to meet at least every three months. **Subd. 6. Exemption.** Provides that the council does not expire.
S.F. 2744-3, Sec. 18	**[62J.89] Conflicts of Interest.** **Subd. 1. (Definition)** Defines "conflict of interest" for the purposes of this section. **Subd. 2. (General)** Requires board and advisory council members, board staff, and third-party contractors to disclose any conflicts of interest prior to entering into any appointment, employment, or contract. Specifies recusal and disclosure requirements. **Subd. 3. (Prohibitions)** Prohibits board and advisory council members, board staff, or third-party contractors from accepting gifts, bequeaths, or donations of services or property that raise the specter of a conflict of interest or have the appearance of injecting bias into the board's activities.	Same	33	**[62J.89] Conflicts of Interest.** **Subd. 1. Definition.** Defines "conflict of interest." **Subd. 2. General.** Requires board and advisory council members, board staff, and third-party contractors to disclose any conflicts of interest prior to entering into any appointment, employment, or contract. Specifies recusal and disclosure requirements. **Subd. 3. Prohibitions.** Prohibits board and advisory council members, board staff, or third-party contractors from accepting gifts, bequeaths, or donations that raise the specter of a conflict of interest or have the appearance of injecting bias.

Comparison Summary of Senate (S.F.2744, third engrossment and S.F.2219, second engrossment) and House (H.F.2680/S.F.2744, second unofficial engrossment)

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	Article 2: Insurance		Section	Article 2: Insurance Policy
S.F. 2744-3, Sec. 19	**[62J.90] Prescription Drug Price Information; Decision to Conduct Cost Review.** This section requires the commissioner of health to provide the Prescription Drug Affordability Board with the information reported to the commissioner by drug manufacturers under section 62J.84. The board must identify specific prescription drugs to become subject to a cost review based on certain enumerated factors and in consultation with the advisory council. The board may also identify prescription drug products independently of information provided by the commissioner of health if the drugs may impose costs that create significant affordability challenges for the state health care system or for patients.	Different, as follows: — Senate requires that drugs that are identified have been on the market for at least seven years and not designated by the FDA as a drug solely for the treatment of a rare disease or condition — House allows identification of brand name drugs or biologics for which the WAC increases by more than 15 percent, and by "more than" $3,000; Senate refers to an increase of $3,000 — House and Senate specify different criteria for generic drugs that may be identified	34	**[62J.90] Prescription Drug Price Information; Decision to Conduct Cost Review.** **Subd. 1. Drug price information from the commissioner of health and other sources.** (a) Requires the commissioner of health to provide the board with the information provided to the commissioner by drug manufacturers under § 62J.84, subd. 3, 4, and 5 (current law drug transparency requirements), within 30 days of the date the information is received. (b) Allows the board to subscribe to one or more prescription drug pricing files. **Subd. 2. Identification of certain prescription drug products.** (a) Requires the board, in consultation with the advisory council, to identify selected prescription drug products, based on the following criteria: 1) brand name drugs or biologics for which the WAC increases by more than 15 percent or by more than $3,000 during any 12-month period or course of treatment if less than 12 months, after adjusting for changes in the CPI; 2) brand name drugs or biologics with a WAC of $60,000 or more per calendar year or course of treatment; 3) biosimilar drugs with a WAC that is not at least 20 percent lower than the referenced brand name biologic; and 4) generic drugs for which the WAC: (i) is $100 or more, adjusted by the CPI, for a specified

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				quantity; and (ii) increased by 200 percent or more in the preceding 12-month period, adjusted for changes in the CPI. States that the board is not required to identify all prescription drug products that meet the criteria in this paragraph. (b) Allows the board, in consultation with the advisory council and the commissioner of health, to identify prescription drug products not described in paragraph (a), that may impose costs that create significant affordability challenges for the state health care system or patients, including but not limited to drugs to address public health emergencies. (c) Requires the board to make available to the public the names and price information of the prescription drug products identified under this subdivision, with the exception of information determined by the board to be proprietary and information provided by the commissioner of health classified as not public data or as trade secret information. **Subd. 3. Determination to proceed with review.** (a) Allows the board to initiate a review of the cost of a prescription drug product identified by the board under this section.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				(b) Requires the board to consider public requests for a cost review of any prescription drug product identified under this section. (c) If there is no consensus on whether to review a drug, allows any member of the board to request a vote on whether to review.
S.F. 2744-3, Sec. 20	**[62J.91] Prescription Drug Product Reviews.** **Subd. 1. (General)** Requires the board, through its conducting of a drug review, to determine whether appropriate utilization of the drug, based on the FDA label or standard medical practice, has led or will lead to affordability challenges for the state health care system or for patients. **Subd. 2. (Review considerations)** Specifies the factors the board may consider in reviewing the cost of a prescription drug product. The specified factors are: selling price of the drug in the state; manufacturer monetary price concessions, discounts, or rebates, and drug-specific patient assistance; price of therapeutic alternatives; cost to group purchasers; measures of patient access; the extent to which the attorney general or a court has determined that a price increase for a generic or off-patent drug was excessive under sections 62J.842 and 62J.844; any information a manufacturer chooses to provide; and any other factors as determined by the board.	Same	35	**[62J.91] Prescription Drug Product Reviews.** **Subd. 1. General.** Upon a decision to proceed with a cost review, requires the board to conduct the review and determine whether appropriate utilization of the drug, based on the FDA label and standard medical practice, has led or will lead to affordability challenges for the state health care system or for patients. **Subd. 2. Review considerations.** Specifies the factors the board may consider in reviewing the cost of a prescription drug product. The specified factors are: selling price of the drug; manufacturer monetary price concessions, discounts, or rebates, and drug-specific patient assistance; price of therapeutic alternatives; cost to group purchasers; measures of patient access; and the extent to which the attorney general or a court has determined that a price increase for a generic or off-patent drug was excessive under sections 62J.842 and 62J.844; any information a manufacturer chooses to provide; and any other factors as determined by the board.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	Subd. 3. (Public data; proprietary information) This section clarifies that submissions to the board related to a drug cost review must be made available to the public, subject to certain exceptions. Exceptions from this general rule include information determined by the board to be proprietary and information provided by the commissioner of health classified as not public data under state law, trade secret information under state law, or trade secret information under federal law. The board is authorized to use exempt rulemaking to establish standards for information to be considered proprietary.			**Subd. 3. Public data; proprietary information.** (a) Requires submissions to the board related to a drug cost review to be made public, with the exception of information the board determines is proprietary and information provided by the commissioner of health classified as not public data or as trade secret information. (b) Requires the board to establish standards for proprietary information. (c) Requires the board to provide public notice and an opportunity for public comment prior to establishing standards under paragraph (b). (d) Exempts the establishment of standards for proprietary information from rulemaking requirements.
S.F. 2744-3, Sec. 21	**[62J.92] Determinations; Compliance; Remedies.** **Subd. 1. (Upper payment limit)** (a) Requires the board to establish an upper payment limit if the board finds that prescription drug product spending for a reviewed drug creates an affordability challenge for the state health care system or for patients. The limit applies to all purchases of, and payer reimbursements for, a prescription drug that is dispensed or administered to individuals in the state. **Subd. 2. (Implementation and administration of the upper payment limit)** This subdivision sets a 120-day waiting period, commencing on the public release of an	Same	36	**[62J.92] Determinations; Compliance; Remedies.** **Subd. 1. Upper payment limit.** (a) If the board determines that spending on a prescription drug product creates an affordability challenge, directs the board to establish an upper payment limit after considering any applicable extraordinary supply costs, the range of prices at which the drug is sold in the U.S. and the range of pharmacy reimbursement in Canada, and other relevant pricing and administrative cost information. (b) States that an upper payment limit applies to all purchases of, and payer reimbursements for, a prescription drug that is dispensed or administered to

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	upper payment limit by the board, before the limit can take effect. It further requires the board to set the upper payment limit for a drug subject to the Medicare maximum fair price at the Medicare maximum fair price, and requires health plan companies and pharmacy benefit managers to report annually on the cost effects of upper payment limits. **Subd. 3. (Noncompliance)** This subdivision requires the board to notify the attorney general of potential noncompliance by an entity required to comply with an upper payment limit. Authorizes the attorney general to pursue remedies under chapter 8 or appropriate criminal charges, as applicable. Provides that an entity may obtain price concessions from a manufacturer that result in a lower net cost to the stakeholder than the limit established by the board without violating the upper payment limit prohibitions. This subdivision further permits the attorney general to provide guidance to stakeholders on activities that could be considered noncompliant. **Subd. 4. (Appeals)** Provides that persons affected by a decision of the board may request an appeal of the board's decision within 30 days of the decision's date. The board must hear the appeal and then must decide on the appeal with 60 days of the hearing.			individuals in the state in person, by mail, or by other means, for which an upper payment limit has been established. **Subd. 2. Implementation and administration of the upper payment limit.** (a) Prohibits an upper payment limit from taking effect sooner than 120 days following its public release by the board. (b) Requires the board to set the upper payment limit for a drug subject to the Medicare maximum fair price at the Medicare maximum fair price. (c) Requires health plan companies and pharmacy benefit managers to report annually to the board on how cost savings resulting from an upper payment limit have been used to benefit enrollees, including but not limited to reducing enrollee cost-sharing. **Subd. 3. Noncompliance.** (a) Requires the board, and allows other persons, to notify the attorney general of a potential failure by an entity to comply with an upper payment limit. (b) If the attorney general finds that an entity was noncompliant, allows the attorney general to pursue remedies under chapter 8 or appropriate criminal charges if there is evidence of intentional profiteering. (c) Provides that an entity that obtains price concessions from a manufacturer that result in a lower net cost to

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				the stakeholder than the limit established by the board shall not be considered noncompliance. (d) Allows the attorney general to provide guidance to stakeholders on activities that could be considered noncompliant. **Subd. 4. Appeals.** Allows appeals of board decisions and specifies procedures.
S.F. 2744-3, Sec. 22	**[62J.93] Reports.** Requires the board, beginning March 1, 2024, and each March 1 thereafter, to report to the governor and legislature on general price trends for prescription drug products and the number of drugs subject to the board's cost review and analysis, including the result of any analysis and the number and disposition of appeals and judicial reviews.	Same	37	**[62J.93] Reports.** Requires the board, beginning March 1, 2024, and each March 1 thereafter, to report to the governor and legislature on general price trends for prescription drug products and the number of drugs subject to the board's cost review and analysis, including the result of any analysis and the number and disposition of appeals and judicial reviews.
S.F. 2744-3, Sec. 23	**[62J.94] ERISA Plans and Medicare Drug Plans.** This section exempts ERISA plans or Medicare Part D from the new law's requirements to comply with board decisions. The section expressly provides that ERISA plans or Medicare Part D plans are free to choose to exceed the upper payment limit established by the board under section 62J.92. Mandates that providers who dispense and administer drugs in the state must bill all payers no more than the upper payment limit without regard to whether an ERISA plan or Medicare Part D plan chooses to reimburse the provider in an amount greater than the upper payment limit. Finally, this section defines an ERISA plan or group health plan as "an employee welfare benefit plan established by or maintained	Same	38	**[62J.94] ERISA Plans and Medicare Drug Plans.** (a) States that nothing in sections 62J.85 to 62J.95 shall be construed to require ERISA plans or Medicare Part D plans to comply with board decisions. Provides that these plans are free to exceed the upper payment limit set by the board. (b) Requires providers who dispense and administer drugs in the state to bill all payers no more than the upper payment limit without regard to whether or not an ERISA plan or Medicare Part D plan chooses to reimburse the provider in an amount greater than the upper payment limit.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	by an employer or an employee organization, or both, that provides employer sponsored health coverage to employees and the employee's dependents and is subject to the Employee Retirement Income Security Act of 1974."			(c) Defines an ERISA plan or group health plan.
S.F. 2744-3, Sec. 24	**[62J.95] Severability.** Provides that sections 62J.85 to 62J.94 are severable.	Same	39	**[62J.95] Severability.** Provides that sections 62J.85 to 62J.94 are severable.
S.F. 2744-3, Sec. 25	**Network Adequacy.** Clarifies that the commissioner of health must consider the availability and accessibility of psychiatric residential treatment facilities in determining provider network adequacy.	Different (Senate language does not include paragraph (b) or effective dates.)	40	**Network adequacy.** (a) Requires the commissioner of health, when determining the adequacy of a health plan's provider network, to consider the availability of psychiatric residential treatment facilities as part of the mental health and substance use disorder treatment providers available to provide services in the network or by contract. (b) Requires the commissioner of health to determine network sufficiency by referencing reasonable criteria, which may include certain items. **Effective date.** The amendment to paragraph (a) is effective July 1, 2023, and the amendment to paragraph (b) is effective January 1, 2025.
		No comparable provision	41	**Credentialing of providers.** Between July 1, 2023, and June 30, 2025, requires health plan companies to credential and enter into contracts for mental health services if a provider meets certain requirements.

Comparison Summary of Senate (S.F.2744, third engrossment and S.F.2219, second engrossment) and House (H.F.2680/S.F.2744, second unofficial engrossment)

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	Article 2: Insurance		Section	Article 2: Insurance Policy
S.F. 2744-3, Sec. 26	**Designation.** Includes a psychiatric residential treatment facility, certified and licensed by the commissioner of health, in the criteria for essential community provider designation.	Similar (House language makes technical changes and adds effective date, staff recommends House language.)	42	**Designation.** Includes psychiatric residential treatment facilities in the list of facilities that the commissioner of health may designate as an essential community provider. (A health plan company is required to offer contracts to all designated essential community providers in the service area served by the health plan.) **Effective date.** This section is effective January 1, 2025.
S.F. 2744-3, Sec. 29	**[62Q.465] Mental Health Parity and Substance Abuse Accountability Office.** Establishes the Mental Health Parity and Substance Abuse Accountability Office in the Department of Commerce. The new office is tasked with creating and executing strategies for various state and federal requirements related to alcoholism, mental health, and chemical dependency services.	Same	45	**[62Q.465] Mental Health Parity and Substance Abuse Accountability Office.** Creates the Mental Health Parity and Substance Abuse Accountability Office in the Department of Commerce to ensure implementation of certain regulations and statutes relating to mental health parity and addiction.
S.F. 2744-3, Sec. 30	**Alcoholism, Mental Health, and Chemical Dependency Services.** Provides that cost-sharing requirements and benefit or service limitations for psychiatric residential treatment facility services may not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services. Further provides that all health plan companies offering health plans providing for alcoholism, mental health, or chemical dependency benefits must provide	Different (Senate language also excludes the State Employee Group Insurance Program from the requirements of this section and does not include effective date.)	46	**Alcoholism, mental health, and chemical dependency services.** Requires health plan cost-sharing requirements or benefit or service limitations that apply to psychiatric residential treatment facility services to not place a greater financial burden on enrollees, or be more restrictive, than the requirements or benefit or service limitations that apply to inpatient hospital medical services. Requires health plan companies that provide coverage for alcoholism, mental health, or chemical dependency to

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	reimbursement for the benefits delivered through the psychiatric Collaborative Care Model.			provide reimbursement for benefits through the psychiatric Collaborate Care Model. Provides definitions and billing codes and requires the commissioner to update billing codes as needed. **Effective date.** This section is effective January 1, 2025.
S.F. 2744-3, Sec. 31	**[62Q.481] Cost-Sharing for Prescription Drugs and Related Medical Supplies to Treat Chronic Disease.** Establishes limits on enrollee cost-sharing under private sector insurance. Creates definitions for “chronic disease,” “cost-sharing,” and “related medical supplies.”	Similar (Senate has an effective date of 2024, House has an effective date of 2025.)	47	**[62Q.481] Cost-sharing for prescription drugs and related medical supplies to treat chronic disease.** **Subd. 1. Cost-sharing limits.** (a) Requires a health plan to limit any enrollee cost-sharing for prescription drugs prescribed to treat a chronic disease to no more than $25 per one-month supply for each prescription drug regardless of the amount or type of medication and to no more than $50 per month in total for all related medical supplies. States that the cost-sharing limit for related medical supplies does not increase with the number of chronic diseases for which an enrollee is treated. States that this coverage is not subject to any deductible. (b) Provides that if application of this section before an enrollee has met their deductible would result in health savings account or catastrophic health plan ineligibility, then this section shall apply to the drug or related medical supply only after the deductible has been met. **Subd. 2. Definitions.** Defines the following terms: chronic disease, cost-sharing, and related medical supplies.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				"Chronic disease" is defined as diabetes, asthma, and allergies requiring the use of epinephrine auto-injectors. **Effective date.** This section is effective January 1, 2025.
2219-2, Sec. 12-16	**Dental providers and dental organizations.** Deletes provisions in section 62Q.735 which permitted dental plan organizations to provide less reimbursement information to contracted providers than that information which is required to be provided to non-dental providers. Deletes a provision in section 62Q.735 which permitted dental plan organizations to provide less reimbursement information to contracted providers than that information which is required to be provided to non-dental providers. Defines "third party." Requires a dental provider contract to include a method of payment for dental care services in which no fees associated with the method of payment are incurred by the dentist or dental clinic. Permits a dental organization to grant a third party access to a dental provider contract or a provider's dental care services or contractual discounts provided pursuant to a dental provider contract under certain enumerated conditions. Permits a dentist to opt-out from this arrangement provided that the dental organization does not exist solely for the purpose of recruiting dentists for dental provider contracts that establish a network to be leased to third parties.	Same	48-52	**Dental providers and dental organizations.** These sections make changes to contract requirements between dental providers and dental organizations. The changes relate to disclosures, methods of payments, and the use of leased networks.
S.F. 2744-3, Sec. 33	**Standard plans.** Requires the commissioner of commerce, in consultation with the commissioner of health, to annually determine standard plan parameters. Health plans companies that offer	Similar (Minor language differences, staff recommends House language.)	54	**Standard plans.** Requires a health plan company that offers individual health plans to offer one at each metal level and in each geographic rating area the health plan services. Requires the health plan

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	individual health plans must ensure that certain health plans conform to those standard plan parameters. The companies must further label and market such plans as standard plans to aid the plan purchaser in the plan selection process.			to be labeled and marketed as a standard health plan. This section does not apply to certain health plans and requires the commissioners of health and commerce to annually establish standard plan parameters. **Effective date.** This section is effective January 1, 2025.
S.F. 2744-3, Sec. 34	**[62W.15] Clinician-Administered Drugs.** Requires a specialty pharmacy that ships a clinician-administered drug to a health care provider or pharmacy to (1) comply with all federal law regulating the shipment of drugs, (2) provide 24-hour access to a pharmacist or nurse, (3) permit an enrollee and health care provider to request a refill of a clinician-administered drug on behalf of an enrollee, and (4) adhere to the federal track and trace requirements for compounded drugs. Requires a provider and specialty pharmacy to provide certain information for any clinician-administered drug dispensed by a specialty pharmacy selected by the PBM or health carrier. Prohibits PBMs and health carriers from requiring a specialty pharmacy to dispense a clinician-administered drug directly to an enrollee with the intention that the enrollee transport the drug to a provider for administration. Prohibits PBMs, health carriers, providers, and pharmacists from requiring or denying the use of a home infusion or infusion site external to the enrollee's provider office or clinic for the dispensing or administration of certain clinician-administered drugs.	Different (House language defines "affiliated pharmacy" and excludes managed care plans and county-based purchasing plans when they provide coverage to public health care program enrollees from the requirements of this section.)	55	**[62W.15] Clinician-administered drugs.** **Subd. 1. Definitions.** Defines "affiliated pharmacy" and "clinician-administered drug." **Subd. 2. Safety and care requirements for clinician-administered drugs.** (a) Requires a specialty pharmacy that ships clinician-administered drugs to a health care provider or pharmacy to meet certain requirements. (b) Places certain delivery requirements on specialty pharmacies that are selected by a pharmacy benefit manager or health carrier in relation to clinician-administered drugs. (c) Requires a pharmacy benefit manager or health carrier who require clinician-administered drugs to be dispensed by a specialty pharmacy to create an appeal and exceptions process. (d) Prohibits a pharmacy benefit manager or health carrier from requiring a specialty pharmacy to dispense a clinician-administered drug to an enrollee with the intention that the enrollee will transport the drug to a health care provider for administration.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				(e) Prohibits a pharmacy benefit manager, health carrier, health care provider, or pharmacist from requiring or denying the use of a home infusion or infusion external site under certain circumstances. **Subd. 3. Exclusions.** Clarifies that this section does not apply to managed care plans or county-based purchasing plans when the plan provides coverage to public health care program enrollees in Medical Assistance or MinnesotaCare. **Effective date.** This section is effective January 1, 2024.
2219-2, Sec. 17	**[65A.298] Homeowner's insurance; Fortified program standards.** Requires an insurer to provide a premium discount or insurance rate reduction to an owner that builds or locates a new insurable property in Minnesota. Requires an insurer to provide a premium discount or insurance rate reduction to an owner who retrofits an existing property to meet the requirements to be an insurable property in Minnesota. Requires insurers to submit to the commissioner actuarially justified rates and a rating plan for a person who builds or locates a new insurable property in Minnesota.	Different (Mainly differences regarding actions of commissioner and insurers in regards to the submission and approval of rates and rating plans.)	56	**[65A.298] Homeowner's insurance; Fortified program standards.** **Subd. 1. Definitions.** Defines insurable property. **Subd. 2. Fortified new property.** (a) Requires an insurer to offer a premium discount or rate reduction to those who build a new insurable property in Minnesota. (b) Requires owners claiming a premium discount or rate reduction to submit and maintain a certificate proving compliance with Fortified program standards. **Subd. 3. Fortified existing property.** (a) Requires an insurer to offer a premium discount or rate reduction to those who retrofit an existing property to meet the definition of insurable property in Minnesota.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				(b) Requires owners claiming a premium discount or rate reduction to submit and maintain a certificate proving compliance with Fortified program standards. **Subd. 4. Insurers.** (a) Requires insurers to submit actuarially justified rates and a rating plan for a person who builds a new insurable property. (b) Requires insurers to submit actuarially justified rates and a rating plan for a person who retrofits a property to meet the requirements to be an insurable property. (c) Allows an insurer to offer more generous mitigation adjustments to owners of insurable property than those required under this section. (d) Clarifies that a premium discount, rate reduction, or mitigation adjustment offered by an insurer only applies to policies that include wind and may be applied only to the portion of the premium that applies to wind, or to the total premium if the insurer does not separate wind coverage. (e) Prohibits an insurer from using a rate or rating plan submitted under this section until 60 days has passed, or the commissioner approves the filings, whichever comes first. Requires the commissioner to evaluate certain information when evaluating a rate and rating plan.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				(f) Requires insurers to resubmit a rate and rating plan at least once every five years following their initial submission. (g) Allows the commissioner to annually publish premium savings created by this section. (h) Requires insurers to provide the commissioner with all requested information necessary for the commissioner to meet the requirements of this section.
2219-2, Sec. 18	**[65A.299] Strengthen Minnesota Homes program.** Establishes the Strengthen Minnesota Homes program within the Department of Commerce to provide grants to retrofit insurable property to resist loss due to common perils. Creates a strengthen Minnesota homes account as a separate account in the special revenue fund of the state treasury. Appropriates money in the account to the commissioner for (1) grants issued under the program and (2) reasonable costs incurred to administer the program. Establishes applicant, contractor, and evaluator eligibility criteria.	Similar (Senate language requires contractors to have at least $1 million in worker's compensation coverage. House language has some technical changes.)	57	**[65A.299] Strengthen Minnesota Homes program.** **Subd. 1. Short title.** This section may be cited as the "Strengthen Minnesota Homes Act". **Subd. 2. Definitions.** Defines insurable property and program. **Subd. 3. Program established; purpose, permitted activities.** Creates the Strengthen Minnesota Homes program in the Department of Commerce. States that the program's purpose is to provide grants to retrofit insurable property to resist loss due to common perils. **Subd. 4. Strengthen Minnesota homes account; appropriation.** (a) A strengthen Minnesota homes account is created in the special revenue fund. (b) Appropriates money in the account to the commissioner to pay for grants under the program and

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				reasonable costs incurred by the commissioner to administer the program. **Subd. 5. Use of grants.** Requires grant money under this program to be used for specific purposes. **Subd. 6. Applicant eligibility.** Requires the commissioner to develop administrative procedures to implement this section and criteria to determine whether an applicant is eligible. **Subd. 7. Contractor eligibility; conflicts of interest.** Requires a contractor to meet certain requirements and not have a financial interest in a project to be eligible to participate in the program. **Subd. 8. Evaluator eligibility; conflicts of interest.** Requires an evaluator to meet certain requirements and not have a financial interest in a project to be eligible to participate in the program. **Subd. 9. Grant approval; allocation.** Requires the commissioner to review applications, provide notice to applicants, and ensure grants are distributed equitably. **Subd. 10. Grant award process; release of grant money.** Creates steps and requirements that must be met after approval of grant for applicants, contractors, and evaluators. **Subd. 11. Limitations.** Clarifies that this section does not create obligations to the state of Minnesota, allows the

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
				commissioner to obtain grants from other sources, and requires mitigation work to have all required permits.
		No comparable provision	58	**[65A.303] Homeowner's liability insurance; dogs.** **Subd. 1. Discrimination prohibited.** Prohibits an insurer writing homeowner's insurance from refusing to issue or renew or cancelling an insurance policy based solely on the fact that the homeowner has a specific breed of dog. **Subd. 2. Exception.** Clarifies that subdivision 1 does not prohibit an insurer from refusing to issue or renew, cancelling, or imposing a premium increase if a dog is a dangerous dog under section 347.50 or if sound underwriting principles that are reasonably related to actual or anticipated loss experience dictate so. Clarifies that these actions can be taken if a specific dog has a history of causing bodily injury or the homeowner has a history of owning animals that have caused bodily injury. **Effective date.** This section is effective April 1. 2024.
2219-2, Sec. 19	**Time limitations.** Provides that causes of action under a plan of reparation security are subject to a six-year statute of limitations, except that a cause of action relating to underinsured motorist coverage is subject to a four-year statute of limitations.	Similar (minor technical difference on effective date, staff recommends House language)	59	**Time limitations.** Requires a plan of reparation security to conform to the six-year time limitation under section 541.05. Places a time limitation on causes of action related to underinsured motorist coverage to four years from the date of accrual. **Effective date.** This section is effective August 1, 2023.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
S.F. 2744-3, Sec. 35	**Forms of disciplinary action.** Amends Minn. Stat. § 151.071, subd. 1, a subdivision within the state's Pharmacy Practice Act regarding "Forms of disciplinary action." This modification proposes to add a provision that each separate violation of the new section 62J.842 regarding the prohibition against excessive price increases by manufacturers subjects the licensee to a civil penalty of up to $25,000.	Same	60	**Forms of disciplinary action.** Allows a civil penalty of up to $25,000 to be imposed for each separate violation of section 62J.842.
S.F. 2744-3, Sec. 36	**Grounds for disciplinary action.** Amends Minn. Stat. § 151.071, subd. 2, a subdivision within the state's Pharmacy Practice Act regarding "Grounds for disciplinary action." It expressly provides that a violation by a manufacturer of the new section 62J.842 or 62J.845 is prohibited and grounds for disciplinary action.	Same	61	**Grounds for disciplinary action.** Adds a manufacturer who violates a section of 62J.842 or 62J.845 to list of prohibited conduct that may subject a person to disciplinary action.
S.F. 2744-3, Sec. 37	**Cost-sharing.** Establishes limits on enrollee cost-sharing for medical assistance.	Same	62	**Cost-sharing.** Requires medical assistance benefit plans to include the cost-sharing for prescription drugs and related medical supplies to treat chronic disease required under section 62Q.81. **Effective date.** This section is effective January 1, 2024.
		No comparable provision	63	**Managed care contracts.** Requires the commissioner of health to require that managed care plans comply with a six-month timely filing standard and provide an exemption to this standard for resubmission of claims where there has been a denial, request for more information, or system issue.

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
S.F. 2744-3, Sec. 38	**Cost-sharing.** Establishes limits on enrollee cost-sharing for MinnesotaCare.	Same	64	**Cost-sharing.** Requires MinnesotaCare to include the cost-sharing for prescription drugs and related medical supplies to treat chronic disease required under section 62Q.81. **Effective date.** This section is effective January 1, 2024.
2219-2, Sec. 50	Requires the commissioner of commerce to amend Minnesota rules, part 2770.6500, subpart 2, to require the commissioner's grant of self-insurance authority to an applicant to be based on the applicant's net working capital in lieu of net funds flow. Requires the commissioner to amend the subpart to permit the commissioner to grant self-insurance authority to an applicant that is not a political subdivision and that has not had positive net income or positive working capital if the applicant and its parent company demonstrate a continuing ability to satisfy any financial obligations that have been and might be incurred under the no-fault act. Requires the commissioner of commerce to define working capital for the purposes of the regulations under this section. Authorizes the commissioner to use the expedited rulemaking process under section 14.389 to amend rules under this section.	Similar (Senate version includes an effective date.)	65	**Automotive self-insurance; rules amendment; expedited rule making.** Requires the commissioner of commerce to amend the rules regarding automotive self-insurance and net working capital. Authorizes expedited rulemaking.
S.F. 2744-3, Sec. 39	**Evaluation of Existing Statutory Health Benefit Mandates** Requires the commissioner of commerce to evaluate existing Minnesota statutory provisions that would constitute a state-required benefit included in Minnesota's essential health benefit-benchmark plan if the statutory provision was offered as a legislative proposal on the date of enactment of this bill. The language in the omnibus bill requires the	Different	66	**Evaluation of existing statutory health benefit mandates.** **Subd. 1. Evaluation of process and content.** Requires the commissioner of commerce to conduct an evaluation of the economic cost and health benefits of one state required benefit each year for the next five years. The

SENATE (S2744-2 / 2219-2)			HOUSE (UES2744-2)	
Section	**Article 2: Insurance**		**Section**	**Article 2: Insurance Policy**
	commissioner to conduct at least one evaluation each year using the process established under section 62J.26, subdivision 2 of the Minnesota Statutes.			benefits are those included in Minnesota's Essential Health Benefit benchmark plan. **Subd. 2. Report to legislature.** Requires the commissioner of commerce to submit a written report to the legislature no later than 180 days after the commissioner receives notification from a chair.
		No comparable provision	67	**Repealer.** Repeals Minnesota Statutes 2022, section 62A.31, subdivisions 1b and 1i.

SENATE			HOUSE	
Section	**Article 3: Financial Institutions**		**Section**	**Article 3: Financial Institutions**
S.F. 2219-2, Sec. 1	**Investigate offenses against provisions of certain designated sections; assist in enforcement.** Amends Minn. Stat. § 8.31, which details certain duties of the Minnesota Attorney General, to include the new section of law created by this bill as an enumerated section for which the Attorney General must investigate violations of the law respecting unfair, discriminatory, and other unlawful practices in business, commerce, or trade.	No comparable provision		

Comparison Summary of Senate (S.F.2744, third engrossment and S.F.2219, second engrossment) and House (H.F.2680/S.F.2744, second unofficial engrossment)

SENATE			HOUSE	
Section	Article 3: Financial Institutions		Section	Article 3: Financial Institutions
S.F. 2744-3, Sec. 1	**Financial institutions account; appropriation.** Makes conforming changes in connection with the adoption of a state version of the "Money Transmission Model Act."	Same	1	**Financial institutions account; appropriation.** Makes technical change.
S.F. 2219-2, Sec. 2	**Emergency closing.** Prohibits a financial institution office from remaining closed, in the event of an emergency, for more than 48 consecutive hours in a Monday through Friday period, excluding other legal holidays, without the prior approval of the commissioner. Existing law prohibits such an office from remaining closed for more than 48 consecutive hours, including Saturdays and Sundays, in the event of an emergency.	Same	2	**Emergency closing.** Allows financial institutions to close for more than 48 hours consecutively Monday through Friday without the prior approval of the commissioner.
		No comparable provisions	3-10, 13, 61	**Consumer small and short-term loans.** These sections regulate consumer small and short-term loans, limiting the applicable annual percentage rate to up to 36 percent. These sections prohibit lenders of consumer small and short-term loans from attempting to evade the requirements of these sections. **Effective date.** These sections are effective August 1, 2023.
		No comparable provision	11	**[48.591] Climate risk disclosure survey.** This section requires banking institutions with more than $1 billion in assets to submit a climate risk disclosure survey annually to the commissioner of commerce. Clarifies that data submitted under this section are public, except that any trade secret information is nonpublic.

SENATE			HOUSE	
Section	**Article 3: Financial Institutions**		**Section**	**Article 3: Financial Institutions**
		No comparable provision	12	**[52.065] Climate risk disclosure survey.** This section requires credit unions with more than $1 billion in assets to submit a climate risk disclosure survey annually to the commissioner of commerce. Clarifies that data submitted under this section are public, except that any trade secret information is nonpublic.
S.F. 2744-3, Sec. 2-48	**[53B.28] to [53B.74] Model Money Transmission Modernization Act.** These sections codify the Conference of State Bank Supervisor's Model Money Transmission Modernization Act into chapter 53B.	Same	14-60, 75	**[53B.28] to [53B.74] Model Money Transmission Modernization Act.** These sections codify the Conference of State Bank Supervisor's Model Money Transmission Modernization Act into chapter 53B.
S.F. 2219-2, Sec. 6-9	**[58.20] to [58.23] Residential mortgage loan servicers.** These sections require residential mortgage loan servicers to meet certain requirements relating to assets, liquidity, risk management, and corporate governance.	Similar (House language corrects minor technical errors, staff recommends House language.)	62-65	**[58.20] to [58.23] Residential mortgage loan servicers.** These sections require residential mortgage loan servicers to meet certain requirements relating to assets, liquidity, risk management, and corporate governance.
S.F. 2744-3, Sec. 49	**Student Loan Advocate.** Creates a student loan advocate position within the Department of Commerce. Duties of the advocate include reviewing and resolving complaints from borrowers, compiling and analyzing data, monitoring the development of related laws and regulations, and increasing public awareness of the advocate position.	Similar (Minor technical difference, staff recommends house language.)	66	**[58B.011] Student loan advocate.** Creates a student loan advocate within the Department of Commerce to help resolve complaints from student loan borrowers, organize data on borrower complaints, provide information to public, and monitor current laws. The advocate must also create a borrower education course and report to the legislature in every odd-numbered year.

SENATE			HOUSE	
Section	Article 3: Financial Institutions		Section	Article 3: Financial Institutions
S.F. 2219-2, Sec. 20	**Section 302; federal covered securities; small corporate offering registration.** Provides that offers and sales of securities under a small corporate offering registration are allowed to the limit prescribed in federal regulation.	Same	67	**Section 302; federal covered securities; small corporate offering registration.** Allows the offer and sale of securities under a small corporate offering to be offered up to the limit prescribed under federal regulations.
S.F. 2219-2, Sec. 44	**[332.71] Definitions.** Defines key terms for the purposes of section 332.71 to 332.75, including "coerced debt," "creditor," "debtor," "documentation," "domestic abuse," "economic abuse," "harassment," "labor trafficking," "qualified third-party professional," "sex trafficking," and "sworn written certification."	Similar (Minor technical difference in effective date header.)	68	**[332.71] Definitions.** Provides definitions for coerced debt, creditor, debtor, documentation, domestic abuse, economic abuse, harassment, labor trafficking, qualified third-party professional, sex trafficking, and sworn written certification. **Effective date.** This section is effective January 1, 2024.
S.F. 2219-2, Sec. 45	**[332.72] Coerced debt prohibited.** Prohibits a person from causing another person to incur coerced debt.	Similar (Minor technical difference in effective date header.)	69	**[332.72] Coerced debt prohibited.** Prohibits a person from causing another to incur coerced debt. **Effective date.** This section is effective January 1, 2024.
S.F. 2219-2, Sec. 46	**[332.72] Notice to creditor of coerced debt.** **Subdivision 1. Notification.** Requires a debtor, at least 30-days prior to taking action under section 332.74 (relating to a debtor's right to petition for declarative and injunctive relief), to notify a creditor that the debt on which the creditor demands payment is coerced debt and to request that the creditor cease all collection activity related thereto. Specifies timing and	Similar (Senate includes clarifying language in subdivision 2. Minor technical difference in effective date header.)	70	**[332.72] Notice to creditor of coerced debt.** **Subd. 1. Notification.** (a) Requires a debtor to notify a creditor that debt is coerced debt and request creditor cease collection activity before taking the actions described in section 332.74. Requires a creditor to notify the debtor of their decision regarding whether to cease collection activity within 30-days of receiving notification.

SENATE			HOUSE	
Section	**Article 3: Financial Institutions**		**Section**	**Article 3: Financial Institutions**
	documentation requirements for the debtor's notification and request under this subdivision. **Subdivision 2. Sale or assignment of coerced debt.** Permits a creditor to sell or assign a debt for which the creditor has been notified is coerced debt to another party if the creditor provides notification to the buyer or assignee that the debtor has asserted the debt is coerced debt. **Subdivision 3. No inference upon cessation of collection activity.** Provides that, if a creditor ceases collection activity related to coerced debt, no inference is created regarding the validity or invalidity of a debt for which a debtor is liable or not liable. Provides further that the exercise or nonexercise of rights does not constitute a waiver of any right or defense of a debtor or creditor.			(b) Requires a creditor who ceases collection activity and then decides to resume to notify the debtor at least ten days prior. (c) Prohibits a debtor from taking actions pursuant to section 332.74 until the 30-day period under paragraph (a) ends. **Subd. 2. Sale or assignment of coerced debt.** Allows a creditor to sell or assign a debt that they have received notification for if they pass on the notification to the buyer. **Subd. 3. No inference upon cessation of collection activity.** Clarifies that a creditor who ceases collection does not create an inference regarding the validity of a debt or create a waiver of rights or defenses. **Effective date.** This section is effective January 1, 2024.
S.F. 2219-2, Sec. 47	**[332.74] Debtor remedies.** **Subdivision 1. Right to petition for declaration and injunction.** Permits a debtor alleging a violation of the prohibition against causing coerced debt to petition for equitable relief in district court, and specifies petition requirements. **Subdivision 2. Procedural safeguards.** Requires a court to take necessary steps to prevent abuse of the debtor, debtor's children, parents, other relatives, or a family pet, which steps include sealing the file, marking the file as confidential, redacting personally identifiable	Similar (Minor technical differences.)	71	**[332.74] Debtor remedies.** **Subd. 1. Right to petition for declaration and injunction.** Allows a debtor alleging debt was coerced to file for equitable relief from the court. Requires the petition to include certain documentation and information. **Subd. 2. Procedural safeguards.** Requires the court to take appropriate steps to prevent abuse of the debtor or their family.

SENATE			HOUSE	
Section	**Article 3: Financial Institutions**		**Section**	**Article 3: Financial Institutions**
	information about the debtor, and directing that any deposition or evidentiary hearing be conducted remotely. **Subdivision 3. Relief.** Sets forth the following three remedies for a debtor that can show by a preponderance of the evidence that coerced debt has been incurred: (1) A declaratory judgment that the debt is coerced debt; (2) An injunction prohibiting a creditor from (i) holding the debtor liable for the debt, or (ii) enforcing a judgment related to the coerced debt; and (3) An order dismissing any cause of action brought by a creditor to enforce or collect the coerced debt from the debtor or, if only a portion of the debt is coerced debt, an order directing that the judgment be amended to reflect only the portion of the debt that is not coerced debt. **Subdivision 4. Affirmative defense.** Clarifies that it is an affirmative defense to an action against a debtor to satisfy a debt that the debtor incurred coerced debt. **Subdivision 5. Burden.** Specifies that the burden of proof is on the debtor in an action under subdivision 1 or any affirmative defense under subdivision 4. Further provides that there is a presumption that the debtor has incurred coerced debt if the person alleged to have caused the debtor to incur the coerced debt has been criminally convicted, entered a guilty plea, or entered an Alford plea under section 609.27 (coercion), 609.282 (labor trafficking), 609.322 (solicitation, inducement, and promotion of prostitution; sex trafficking), or 609.527 (identity theft). Subdivision 6. Statute of limitations			**Subd. 3. Relief.** (a) Describes the relief a debtor may receive if they show by a preponderance of the evidence that the debt is coerced. (b) Requires the court to issue a judgment in favor of the creditor against the person who caused the debtor to incur coerced debt if relief is otherwise issued. (c) Clarifies that this subdivision applies regardless of the judicial district where the creditor's action or debtor's petition was filed. **Subd. 4. Affirmative defense.** It is an affirmative defense that the debtor incurred coerced debt. **Subd. 5. Burden.** Requires the debtor to bear the burden to show by a preponderance of the evidence that the debt is coerced. There is a presumption that the debt is coerced if the person who allegedly caused the incurrence has been criminally convicted, entered a guilty plea, or entered an Alford plea under certain laws of Minnesota. **Subd. 6. Statute of limitations; tolled.** Clarifies tolling of statute of limitations and actions that can be taken while a coerced debt hearing is proceeding. **Effective date.** This section is effective January 1, 2024.

SENATE			HOUSE	
Section	Article 3: Financial Institutions		Section	Article 3: Financial Institutions
	tolled. Provides that the statute of limitations is tolled during a proceeding instituted under this new section of law, and prohibits a creditor from filing a collection action regarding a debt that is the subject of a proceeding under this section if the proceeding is pending. **Subdivision 6. Statute of limitations tolled.** Provides that the statute of limitations under section 541.05 is tolled during the pendency of a proceeding instituted under section 332.74.			
S.F. 2219-2, Sec. 48	**[332.75] Creditor remedies.** Maintains the rights of a creditor to seek payment recovery for a coerced debt from the person who caused the debtor to incur the coerced debt, notwithstanding anything to the contrary in sections 332.71 to 332.74.	Similar (Minor technical difference in effective date header.)	72	**[332.75] Creditor remedies.** Clarifies that nothing in sections 332.71 to 332.74 diminish the rights of a creditor to seek payment for a coerced debt from the person who caused it to be incurred. **Effective date.** This section is effective January 1, 2024.
S.F. 2219-2, Sec. 49	**Unaudited financial statements; rulemaking.** Requires the commissioner of commerce to amend Minnesota Rules, part 2876.3021, subpart 2, to remove the prohibition on use of unaudited financial statements if the aggregate amount of all previous sales of securities by the applicant, exclude of debt financing, exceeds $1,000,000. Permits the commissioner to use the good cause exemption to amend the rule.	Same	73	**Unaudited financial statements; rulemaking.** This section requires the commissioner to amend Minnesota Rules relating to the use of unaudited financial statements by banks and other lenders under certain circumstances.

SENATE			HOUSE	
Section	**Article 3: Financial Institutions**		**Section**	**Article 3: Financial Institutions**
		No comparable provision	74	**Minnesota Council on Economic Education; grants.** Requires grants provided to the Minnesota Council on Economic Education to be used to provide professional development related to personal finance or consumer protection to high school students; support personal finance programs by Minnesota teachers or MCEE delivers, and provide support to higher education centers regarding financial literacy. Requires reports to the legislature.
S.F. 2744-3, Sec. 50; S.F. 2919-2, Sec. 51	**Repealer.** Repeals sections 48.10, 53B.01; 53B.02; 53B.03; 53B.04; 53B.05; 53B.06; 53B.07; 53B.08; 53B.09; 53B.10; 53B.11; 53B.12; 53B.13; 53B.14; 53B.15; 53B.16; 53B.17; 53B.18; 53B.19; 53B.20; 53B.21; 53B.22; 53B.23; 53B.24; 53B.25; 53B.26; and 53B.27, subdivisions 1, 2, 5, 6, and 7, 327C.04, subdivision 4.	Different (Senate does not include paragraph (c).)	75	**Repealer.** (a) Minnesota Statutes 2022, sections 53B.01; 53B.02; 53B.03; 53B.04; 53B.05; 53B.06; 53B.07; 53B.08; 53B.09; 53B.10; 53B.11; 53B.12; 53B.13; 53B.14; 53B.15; 53B.16; 53B.17; 53B.18; 53B.19; 53B.20; 53B.21; 53B.22; 53B.23; 53B.24; 53B.25; 53B.26; and 53B.27, subdivisions 1, 2, 5, 6, and 7, are repealed. (b) Minnesota Statutes 2022, section 48.10 is repealed. (c) Minnesota Rules, parts 2675.2610, subparts 1, 3, and 4; 2675.2620, subparts 1, 2, 3, 4, and 5; and 2675.2630, subpart 3, are repealed.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
S.F. 2219-2, Sec. 1	**Investigate offenses against provisions of certain designated sections; assist in enforcement.** Amends Minn. Stat. § 8.31, which details certain duties of the Minnesota Attorney General, to include the new section of law created by this bill as an enumerated section for which the Attorney General must investigate violations of the law respecting unfair, discriminatory, and other unlawful practices in business, commerce, or trade.	No comparable provision (section duplicates section 1 of Article 3)		
		No comparable provision	1	**[13.6505] Attorney general data coded elsewhere.** Creates a cross-reference in the Government Data Practices Act regarding the classification of a data protection impact assessment under the Age-Appropriate Design Code.
S.F. 2219-2, Sec. 3	**Global positioning system starter interrupt device.** Defines “global positioning system starter interrupt device” and “GPS starter interrupt device.”	Similar (minor technical difference, staff recommends House language)	2	**Global positioning system starter interrupt device.** Provides definition.
S.F. 2219-2, Sec. 4	**Theft deterrent device.** Defines “theft deterrent device” such that it does not include a fuel or ignition kill switch.	Same	3	**Theft deterrent device.** Removes “fuel or ignition kill switch” from definition of theft deterrent device.
S.F. 2219-2, Sec. 5	**Disclosures required.** Provides that a written disclosure required to be provided to a buyer prior to the execution of a retail installment contract subject to section 53C.08 must include whether a GPS starter interrupt device is installed on the motor vehicle, regardless	Same	4	**Disclosures required.** Requires sellers to disclose in a retail installment contract whether a GPS starter interrupt device is installed in a motor vehicle.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	of whether the contract includes a charge for the GPS starter interrupt device.			
		No comparable provision	5	**Retail rate for labor.** Requires manufacturers to compensate for warranty labor according to the time guide used by the dealer for nonwarranty repair orders. Provides parameters to calculate compensation when there is no time guide and how to account for time related to repairs.
S.F. 2219-2, Sec. 23	**Cost.** Deletes a definition of "cost" relating to gasoline sales from section 325D.01, which applies to certain unlawful restraints of trade.	Same	6	**Cost.** Allows gasoline to be sold at the actual current delivered invoice or replacement cost.
		No comparable provision	7	**Acts constituting.** Provides that persons are engaged in deceptive trade practices when the person engages in unfair methods of competition or unfair or unconscionable acts or practices.
		No comparable provision	8	**Proof.** Clarifies that the standard of proof is as provided in a cross-reference.
S.F. 2219-2, Sec. 24	**Unlawful gasoline sales.** Clarifies that a retailer who offers gasoline at a below cost price due to the use of coupons, loyalty programs,	Similar (Minor technical differences, staff recommends House language)	9	**Unlawful gasoline sales.** Clarifies that a retailer who offers gasoline at a below cost price due to the use of coupons, loyalty programs,

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	membership-based pricing programs, or promotions does not violate this section.			membership-based pricing programs, or promotions does not violate this section.
S.F. 2219-2, Sec. 25	**Remedies.** Authorizes the attorney general to sue for and recover a civil penalty of up to $50,000 if the person is found to have violated sections 325E.27 to 325E.30.	Similar (Senate has a maximum civil penalty of $50,000.)	10	**Remedies.** Allows the attorney general to sue and recover on behalf of the state to receive a civil penalty from a person who violates sections 325E.27 to 325E.30. The civil penalty amount will be determined by the court, but must not exceed $100,000. **Effective date.** This section is effective the day following final enactment.
S.F. 2219-2, Sec. 26	**Prices are rates.** Prohibits a residential building contractor from charging a person an unconscionably excessive price or charging an insurer a rate that exceeds the amount charged to the general public after there has been a severe thunderstorm.	Same	11	**Prices are rates.** Prohibits a residential building contractor from charging a person an unconscionably excessive price or charging an insurer a rate that exceeds the amount charged to the general public after there has been a severe thunderstorm.
S.F. 2219-2, Sec. 27	**Private remedy.** Adds cross-reference.	Same	12	**Private remedy.** Adds cross-reference.
S.F. 2219-2, Sec. 28	**Public enforcement.** Adds cross-reference.	Same	13	**Public enforcement.** Adds cross-reference.
S.F. 2219-2, Sec. 29	**[325E.67] Post-loss assignment of benefits.** Establishes compliance requirements for post-loss assignments of rights or benefits to a residential contractor under a property and casualty insurance policy insuring	Similar (minor technical differences; staff recommends House version)	14	**[325E.67] Post-loss assignment of benefits.** **Subd. 1. Definitions.** Defines residential contractor and residential real estate.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	residential real estate, including but not limited to assignor rights and notice requirements which must be expressly included in the assignment.			**Subd. 2. Post-loss assignment.** Requires the post-loss assignment of rights or benefits to a residential contractor under a property and casualty insurance policy on residential real estate to meet certain requirements and include disclosures. **Subd. 3. Other requirements.** Requires a residential contractor receiving an assignment of rights under subdivision 2 to provide a copy to the insurer, cooperate with the insurer in an investigation, and comply with section 325E.66. **Subd. 4. Certain assignments void.** A post-loss assignment of benefits with a residential contractor that violates the federal Insured Homeowner's Protection Act, is void.
S.F. 2219-2, Sec. 30	**[325E.72] Digital Fair Repair.** **Subdivision 1. Short Title.** Provides that the act may be cited as the "Digital Fair Repair Act." **Subd. 2. Definitions.** Defines key terms for purposes of sections 325E.72, including "authorized repair provider," "digital electronic equipment" or "equipment," "documentation," "embedded software," "fair and reasonable terms," "firmware," "independent repair provider," "manufacturer of motor vehicle equipment," "motor vehicle," "motor vehicle dealer," "motor vehicle	Similar (Small technical change and House language has a different paragraph on page R13.)	15	**[325E.72] Digital Fair Repair.** **Subd. 1. Short title.** This act may be cited as the "Digital Fair Repair Act." **Subd. 2. Definitions.** Provides definitions for authorized repair provider, contractor, cybersecurity, digital electronic equipment, documentation, embedded software, fair and reasonable terms, independent repair provider, manufacturer of motor vehicle equipment, motor vehicle, motor vehicle dealer, motor vehicle manufacturer, original equipment manufacturer (OEM), owner, part, tool, trade secret, and video game.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	manufacturer," "original equipment manufacturer," "owner," "part," and "trade secret." **Subd. 3. Requirements.** Requires an original equipment manufacturer to generally make available, to the digital electronic equipment's owner or an independent repair provider, documentation, parts, and tools for diagnostic, maintenance, or repair purposes. This subdivision further requires an original equipment manufacturer to similarly make available any special documentation, tools, and parts needed to reset an electronic security lock or other security-related function when the lock or function is disabled in the course of performing diagnostic, maintenance, or repair services on the equipment. **Subd. 4. Enforcement by attorney general.** Provides that a violation of this new section of law is an unlawful practice under 325D.44 (Minnesota's Deceptive Trade Practices statute), and that the attorney general may utilize the rights and authorities granted under chapter 8 in the enforcement of such violations. **Subd. 5. Limitations.** Limits the application of the act's requirements in certain situations. Specifically, this subdivision provides that nothing in the new section of law: (1) requires an original equipment manufacturer to divulge a trade secret, except as necessary to provide documentation, parts, and tools on fair and reasonable terms; (2) alters the terms of any arrangement described in the definition of "authorized repair provider" between			**Subd. 3. Requirements.** (a) Requires an OEM to make documentation, parts, and tools for digital electronic equipment available to independent repair providers and owners on fair and reasonable terms for purposes of diagnosis, maintenance, and repair. (b) Requires the parts, tools, and documentation to be made available within 60 days of the first sale of digital electronic equipment in Minnesota. **Subd. 4. Enforcement by attorney general.** A violation of this section is an unlawful practice under section 325D.44 and the attorney general may use their authority under section 8.31 to enforce this section. **Subd. 5. Limitations.** Clarifies responsibilities and duties of OEMs. **Subd. 6. Exclusions.** Provides exclusions to compliance with this section. **Subd. 7. Liability, defenses, and warranties.** Clarifies that OEMs are not liable for damage or injury caused to equipment, persons, or property as a result of repair, diagnosis, maintenance, or modification performed by an independent repair provider or owner. **Subd. 8. Applicability.** This section applies to equipment sold on or after July 1, 2017.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	an authorized repair provider and an original equipment manufacturer (however, a provision in such an arrangement purporting to waive, avoid, restrict, or limit the original equipment manufacturer's obligations to comply with this section is void and unenforceable); (3) requires an original equipment manufacturer or an authorized repair provider to provide access to information, other than documentation, provided by the original equipment manufacturer to an authorized repair provider pursuant to the terms of an arrangement described in the definition of "authorized repair provider"; and (4) requires an original equipment manufacturer or authorized repair provider to make available any parts, tools, or documentation for the purpose of making modifications to any digital electronic equipment. **Subd. 6. Exclusions.** Provides exclusion to compliance with this section for various enumerated industries, products, and services. **Subd. 7. Applicability.** Provides that the section applies to equipment sold or in use on or after January 1, 2024. Effective Date. The effective date of the section is January 1, 2024.			**Effective date.** This section is effective July 1, 2024.
S.F. 2219-2, Sec. 31	**[325E.80] Abnormal Market Disruptions; Unconscionably Excessive Prices.** **Subd. 1. Definitions.** Defines key terms used in the new section of law created by this bill, including "essential	No comparable provision		

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	consumer good or service," "seller," and "unconscionably excessive price." **Subd. 2. Abnormal market disruption.** Authorizes the governor to declare an abnormal market disruption under certain market conditions for an essential consumer good or service caused by an event resulting in a state of emergency. Specifies that a declaration of an abnormal market disruption terminates 30 days after the final date of the state of emergency for which it was activated. **Subd. 3. Notice.** Requires the governor to post immediate notice on applicable government websites and provide notice to the media, and further requires the commissioner of commerce to provide notice directly to sellers by any practical means, upon the implementation, renewal, limitation, or termination of an abnormal market disruption. **Subd. 4. Prohibition.** Prohibits a person from selling an essential consumer good or service for an unconscionably excessive price during an abnormal market disruption. **Subd. 5. Civil Penalty.** Establishes a civil penalty of up to $1,000 per sale or transaction, with a maximum penalty of $25,000 per day, for a person that violated this new section of law.			

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	Subd. 6. Enforcement Authority. Authorizes the Minnesota Attorney General to investigate and bring an action against a seller for an alleged violation of this section. **Subd. 7. Damages.** Provides that, any person, governmental body, or the state of Minnesota or any of its subdivisions or agencies, injured directly or indirectly by a violation of this new section of law may bring a civil action for damages. This subdivision further specifies that such individuals and entities may recover three times the actual damages sustained through a civil action.			
S.F. 2219-2, Sec. 32	**Written warranty required.** Requires every used motor vehicle sold by a dealer to be covered by an express written warranty. Requires the warranty the remain in effect for at least 15 days or 500 miles if the used vehicle has 75,000 miles or more, but less than 200,000 miles, unless the vehicle is sold by a new motor vehicle dealer.	Different (Senate language applies warranty to vehicles with more than 75,000 miles but less than 200,000.)	16	**Written warranty required.** Requires a written warranty on a vehicle sold by a used motor vehicle dealer that has over 75,000 miles to be in effect for 15 days or 500 miles, whichever comes first.
S.F. 2219-2, Sec. 33	**Exclusions.** Provides that used motor vehicles with over 75,000 miles but less than 200,000 miles do not fall within the exclusion provided in section 325F.662, subdivision 3, from express warranty requirements.	Different (Senate language applies warranty to vehicles with more than 75,000 miles but less than 200,000.)	17	**Exclusions.** Adds cross reference.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
		No comparable provision	18	**Disclosure requirement.** Makes technical change.
		No comparable provision	19	**Fraud, misrepresentation, deceptive or unfair practices.** Prohibits a person from engaging in unfair or unconscionable practices in the sale of merchandise.
		No comparable provision	20	**Unfair or unconscionable acts or practices; standard of proof.** Clarifies the meaning of an unfair method of competition or an unfair or unconscionable act or practice.
		No comparable provision	21	**Private enforcement.** Creates a private right of action for family farmers injured by a violation of sections 325F.69 to 325F.70. **Effective date.** The effective date of this section is August 1, 2023.
S.F. 2219-2, Sec. 34	**[325F.995] Genetic Information Privacy Act.** **Subdivision 1. Definitions.** Defines key terms, including "biological sample," "deidentified data," "direct-to-consumer genetic testing company," "express consent," "genetic data," and "genetic testing." **Subdivision 2. Disclosure and consent requirements.** Requires a direct-to-consumer genetic testing company to provide information regarding the company's policies	Different (House version expressly permits express consent and responses to be presented and captured electronically, and requires genetic testing companies to provide a consumer with information that clearly describes how to file a complaint for a violation of this section)	22	**[325F.995] Genetic Information Privacy Act.** Creates a new statutory section regulating direct-to-consumer genetic testing companies. **Subd. 1. Definitions.** Defines key terms for the section, including a "direct-to consumer genetic testing company" that is subject to the section.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	governing collection, use, and maintenance of genetic data, including a high-level privacy policy overview and a privacy notice. Requires the company to obtain the consumer's consent, which includes: ▪ initial express consent that provides the uses of genetic data collected and specifications on who has access to that data; ▪ separate express consent to disclose genetic data to any third party, use the data beyond the primary purpose, or retain any biological sample after initial testing; ▪ informed consent to transfer or disclose data to third parties for research purposes; and ▪ express consent for marketing purposes. Requires the company to following valid legal process for disclosure of genetic data to law enforcement or any other governmental agency without the consumer's express written consent. Requires the company to maintain a security program to protect the data and provide a process for the consumer to access or delete their data. Prohibits the company from disclosing the data without the consumer's written consent to any entity offering health, life, or long-term care insurance or to the consumer's employer.			**Subd. 2. Disclosures and consent requirements.** Places various privacy protective requirements on a genetic testing company, including: (1) disclosure of key policies related to consumer privacy; (2) obtaining consumer consent regarding the uses of genetic information; (3) not disclosing genetic data to law enforcement without a search warrant or other court order; (4) instituting data security measures; and (5) allowing consumers to access, obtain, and request deletion of their data. Also, prohibits certain disclosure of genetic information without the consumer's consent, requires a mechanism for a consumer to revoke prior consent, and requires notice the deidentified data may be shared for research purposes. **Subd. 3. Service provider agreements.** Prohibits a "service provider" (i.e., a third party that interacts with a consumer's genetic information on behalf of a genetic testing company) from using or disclosing the consumer's genetic information in any way other than what is provided for in the service provider's contract with the genetic testing company. **Subd. 4. Enforcement.** Allows the commissioner of commerce to enforce this section under its statutory general investigation and enforcement authority. **Subd. 5. Limitations.** Specifies that this section does not apply to either entities subject to federal HIPAA

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
	Subdivision 3. Service provider agreements. Requires a contract between the company and a service provider to prohibit the service provider from retaining using, or disclosing data, materials, and information of the consumer's identity for any purpose other than the services specified in the service contract. **Subdivision 4. Enforcement.** The commissioner of commerce may enforce this section pursuant to section 45.027, which authorizes the commissioner to bring an action in district court and impose civil penalties. **Subdivision 5. Limitations.** Exempts protected health information collected by a covered entity or business associate and higher education institutions. For purposes of this exemption, "covered entity" means a health plan, a health care clearinghouse, and certain health care providers. **Subd. 6. Construction.** Provides that this section does not supersede the requirements and rights described in section 13.386 or the remedies available under chapter 13 for violations of section 13.386.			regulations or higher education institutions and their subsidiaries. **Subd. 6. Construction.** Specifies that this section does not supersede a section of the Government Data Practices Act that regulates treatment of genetic information held by government entities and other persons.
S.F. 2219-2, Sec. 35	**Limitation; prohibition.** Expands disclosure obligations relating to credit or charge card surcharges to lessors of goods or services. Establishes additional written and oral notices related to such surcharges, which vary depending on the method of completing the sale or lease.	Similar (Minor technical differences, staff recommends House language)	23	**Limitation; prohibition.** Requires sellers and lessors of goods and services that impose a surcharge on credit or charge card transactions to disclose the surcharge in a specific manner depending on how the transaction takes place.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
		No comparable provision	24	**Age-Appropriate Design Code (AADC): citation; construction.** Provides the title of the new chapter of statute created by section**s** 24 to 29. Provides general guidelines for construing the AADC's provisions, including that the privacy, safety, and well-being should be prioritized over a business's commercial interests when those are in conflict.
		No comparable provision	25	**AADC: Definitions.** Defines key terms for the AADC.
		No comparable provision	26	**AADC: scope; exclusions.** Establishes that a business is only subject to the AADC if it collects and uses consumers' personal data, does business in Minnesota, and meets the specified thresholds regarding the size/scope of its operations. Also, excludes from the AADC entities and information already protected by the federal HIPAA regulations regarding health information, and information collected as part of clinical trials and research.
		No comparable provision	27	**AADC: business obligations.** **Subd. 1. Requirements for businesses.** Places requirements on a business that will provide an online service, product, or feature likely to be accessed by children. This includes various requirements regarding the design and settings of the product, providing certain privacy notices and policies, and completing a data

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
				protection impact assessment that may be reviewed by the attorney general. **Subd. 2. Data protection impact assessments; requirements.** Specifies what information must be included in a required data protection impact assessment. **Subd. 3. Prohibitions on businesses.** Prohibits a business that will provide an online service, product, or feature likely to be accessed by children from taking certain actions. This includes limiting the amount of data that the business collects on children and limiting the allowable uses of that data. **Subd. 4. Data practices.** Classifies as private/nonpublic a data protection impact assessment collected or maintained by the attorney general.
		No comparable provision	28	**AADC: attorney general enforcement.** Allows the attorney general to bring a civil action to enforce the provisions of the AADC, including seeking civil penalties in the specified amounts. Appropriates money recovered by the attorney general in an enforcement action to the attorney general's office. Provides that certain businesses must be given an opportunity to cure any alleged violations before the attorney general may begin an enforcement action.

SENATE			HOUSE	
Section	**S.F. 2219-2**		**Section**	**Article 4: Commercial Regulation and Consumer Protection**
		No comparable provision	29	**Effective date.** (a) Sections 1 and 24 to 28 are effective July 1, 2024. (b) By July 1, 2025, and as required by section 27, a business must complete a data protection impact assessment for any online service, product, or feature likely to be accessed by children offered to the public before July 1, 2024, unless that online service, product, or feature is exempt under paragraph (c). (c) Sections 24 to 28 do not apply to an online service, product, or feature that is not offered to the public on or after July 1, 2024

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
S.F. 2219-2, Sec. 21	**Demand reduction measures.** Provides that, if a conservation rate is applied to a manufactured home park, the rate structure must consider each residential unit as an individual user.	Same	1	**Demand reduction measures.** Adds “manufactured home park” to requirements relating to rate structure for water. **Effective date.** This section is effective August 1, 2024.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
S.F. 2219-2, Sec. 22	**State government pricing plans.** Expands state telecommunications provisions in section 237.066 to Tribal governments; existing state law only included state government.	Similar (Small technical difference, staff recommends House language.)	2	**State government pricing plans.** Allows a Tribal government to request a telecommunications pricing plan.
S.F. 2219-2, Sec. 3	**Disclosure; reporting.** Requires gasoline retailers to report their monthly intermediate blend sales to the Department of Commerce. “Intermediate blends” are defined by the bill’s language as all blends of gasoline and biofuel in which the biofuel content exceeds ten percent but is no more than 50 percent.	Same	3	**Disclosure; reporting.** Makes technical change.
S.F. 2219-2, Sec. 36	**Commodity rate.** Defines “commodity rate.”	Same	4	**Commodity rate.** Defines “commodity rate” for utility services. **Effective date.** This section is effective the date following final enactment.
S.F. 2219-2, Sec. 37	**Public utility.** Defines “public utility.”	Same	5	**Public utility.** Adds cross-reference. **Effective date.** This section is effective the day following final enactment.
S.F. 2219-2, Sec. 38	**Substantial modification.** Clarifies that the installation of water and sewer meters is not a substantial modification of a lease for park owners, if the park owner complies with section 327C.04, subdivision 6.	Same	6	**Substantial modification.** Clarifies that the installation of water and sewer meters is not a substantial modification of a lease for park owners, if they comply with section 327C.04, subdivision 6.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
				Effective date. This section is effective August 1, 2023.
S.F. 2219-2, Sec. 39	**Utility provider.** Defines "utility provider."	Same	7	**Utility provider.** Provides definition. **Effective date.** This section is effective the day following final enactment.
S.F. 2219-2, Sec. 40	**Billing permitted.** Provides that a park owner who redistributes to residents utility service provided to the park owner by a utility provider may charge the residents for that service only if the charges comply with section 327C.04.	Same	8	**Billing permitted.** Allows a park owner who redistributes utility services to residents to charge for the service. **Effective date.** This section is effective the day following final enactment.
S.F. 2219-2, Sec. 41	**Metering required.** Requires utility measuring devices installed by a manufactured home park owner to be installed or repaired only by a licensed plumber, licensed electrician, or licensed manufactured home installer.	Same	9	**Metering required.** Requires that any utility measuring device installed by a park owner be installed or repaired by a licensed contractor. **Effective date.** This section is effective August 1, 2023.
S.F. 2219-2, Sec. 42	**Utility charge for metered service.** Prohibits a park owner who redistributes utility service from charging a resident a commodity rate that exceeds the commodity rate at which the park owner purchases utility service from a utility provider. Requires a park owner to deduct utility service used exclusively or primarily for the park owner's purposes before billing residents for	Same	10	**Utility charge for metered service.** Places limitations on a park owner's redistribution of utility services and related charges. **Effective date.** This section is effective July 1, 2023.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
	redistributed utility service. Prohibits a park owner from collecting from residents any administrative expense associated with the distribution of utility services.			
S.F. 2219-2, Sec. 43	**Rent increase following the installation of water meters.** Prohibits a manufactured home park owner from increasing lot rents for 13 months following the commencement of utility bills for a resident whose lease included water service. Requires the park owner to provide the resident with a sample water bill for each of the three months prior to commencement of utility billing.	Different (House language includes water and sewer services.)	11	**Rent increase following the installation of water meters.** Prohibits a park owner from increasing lot rents for 13 months following the commencement of utility bills for a resident. Requires a park owner to provide residents with a sample bill for water and sewer services three months prior to the commencement of issuing utility bills. **Effective date.** This section is effective August 1, 2023.
		No comparable provision	12	**Powers of Unit Owners' Association.** Prohibits a unit owner from being charged attorneys' fees and costs if the owner disputes a fine or assessment and if the board or a committee of a board does not adopt a resolution levying the fine or upholding the assessment. Requires an association that levies a fine or assessment to provide a unit owner with certain information. **Effective date.** This section is effective January 1, 2024.
		No comparable provision	13	**Assessments for common expenses; CIC created before August 1, 2010.** Adds a cross-reference. Clarifies that any portion of an assessment that represents installments that are not due and

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
				payable as of the date of reinstatement must not be included in the amount the unit owner must pay to be reinstated. **Effective date.** This section is effective August 1, 2023.
		No comparable provision	14	**Assessment for common expenses; CIC created on or after August 1, 2010.** Adds a cross-reference. Clarifies that any portion of an assessment that represents installments that are not due and payable as of the date of reinstatement must not be included in the amount the unit owner must pay to be reinstated. **Effective date.** This section is effective August 1, 2023.
		No comparable provision	15	**Lien for Assessments.** Clarifies that any portion of an assessment that represents attorney fees or costs must not be included in the amount a unit owner must pay to be reinstated. **Effective date.** This section is effective August 1, 2023.
	Enforcement and Examinations. Makes appropriation available until June 30, 2024.	Same	16	**Enforcement and Examinations.** Makes appropriation available until June 30, 2024.
		No comparable provision	17	**Appropriation.** Makes technical changes to transfer.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
				Effective date. This section is effective the day following final enactment.
S.F. 2744-3, Sec. 1	**Financial review of grant and business subsidy recipients.** Requires a granting agency to provide additional oversight for grants and business subsidies awarded from appropriations in this act. This section applies to competitive, sole source, since source, and legislatively-named grants. **Subd. 1 Definitions.** Defines "grant" to mean a grant or business subsidy funded by an appropriation in this act. Defines "grantee" to mean any business entity organized under state laws; this includes both nonprofit organizations and for-profit business organizations. **Subd. 2 Financial information required; determination of ability to perform.** Requires the granting agency to assess the risk that a recipient of a grant would not or could not perform duties required of the grantee. Requires the agency to review specified information to make the risk assessment. **Subd. 3 Additional measures for some grantees.** authorizes the agency to require additional information and requires the agency to provide enhanced oversight for grants that have not previously received state or federal grants for similar amounts or similar duties.	Different	18	**Financial review of grant and business subsidy recipients.** **Subd. 1. Definitions.** Provides definitions of grant and grantee. **Subd. 2. Financial information required; determination of ability to perform.** Requires an agency to asses the risk of a grantee not performing their required duties prior to awarding a grant. Requires the agency to examine certain information to make a determination regarding risk. **Subd. 3. Additional measures for some grantees.** Allows the agency to require additional information and enhanced oversight for a grantee that does not have a history of receiving grants and performing similar duties. **Subd. 4. Agency authority to not award grant.** Allows an agency to not award a grant if there is a substantial risk that the grantee would not perform the required duties. If funds are not issued, the money cancels and reverts to its original source. **Subd. 5. Legislatively named grantees.** Requires that if there is a substantial risk that the required duties would not be performed, the agency must inform certain parties and allow the grantee to respond.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
	Subd. 4 Assistance from Administration. Authorizes an agency with inadequate resources or experience to assess the risk of a grantee failing to perform under the grant to contract with the department of administration to perform the agency's grant oversight duties under this section. **Subd. 5 Agency authority to not award grant.** Authorizes an agency to not award a grant, if the agency determines there is an appreciable risk that a grantee could not or would not perform its duties under the grant. Requires the agency to provide the grantee 45 days to address the agency's concern. This subdivision applies to competitive, single source, or sole source grants. **Subd. 6 Legislatively-named grantees.** Requires an agency to delay the awarding of a legislatively-named grant when the agency determines there is an appreciable risk a grantee would not or could not perform grant duties. The agency must provide notice to certain legislative members. The award must be delayed until after the adjournment of the next regular or special session of the legislature. **Subd. 7 Subgrants.** Requires an agency to be a party to agreements for a recipient of a state grant to grant money to a subgrantee and for the agency to perform the same financial review for subgrantees.			**Subd. 6. Authority to award subject to additional assistance and oversight.** Allows a grantor to award a grant if grantee receives additional technical assistance to address areas of concern. **Subd. 7. Effect.** Clarifies that the requirements of this section are in addition to other laws.

SENATE			HOUSE	
Section	**Article 4: Weights and Measures; and Article 5: Miscellaneous**		**Section**	**Article 5: Miscellaneous Commerce Policy**
	Subd. 8 Effect. Notes that the requirements of this section are in addition to other requirements in law and policy related to state grants.			
		No comparable provision	19	**Repealer.** Repeals section 327C.04, subdivision 4. **Effective date.** This section is effective July 1, 2023.