1.1 moves to amend H.F. No. 2167, the first engrossment, as follows:

1.2 Page 1, after line 19, insert:

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1.3 "Sec. 2. Minnesota Statutes 2013 Supplement, section 43A,23, subdivision 1, is 1.4 amended to read:

Subdivision 1. General. (a) The commissioner is authorized to request proposals or to negotiate and to enter into contracts with parties which in the judgment of the commissioner are best qualified to provide service to the benefit plans. Contracts entered into are not subject to the requirements of sections 16C.16 to 16C.19. The commissioner may negotiate premium rates and coverage. The commissioner shall consider the cost of the plans, conversion options relating to the contracts, service capabilities, character, financial position, and reputation of the carriers, and any other factors which the commissioner deems appropriate. Each benefit contract must be for a uniform term of at least one year, but may be made automatically renewable from term to term in the absence of notice of termination by either party. A carrier licensed under chapter 62A is exempt from the taxes imposed by chapter 297I on premiums paid to it by the state.

- (b) All self-insured hospital and medical service products must comply with coverage mandates, data reporting, and consumer protection requirements applicable to the licensed carrier administering the product, had the product been insured, including chapters 62J, 62M, and 62Q. Any self-insured products that limit coverage to a network of providers or provide different levels of coverage between network and nonnetwork providers shall comply with section 62D.123 and geographic access standards for health maintenance organizations adopted by the commissioner of health in rule under chapter 62D. Data related to contracted amounts paid to providers and vendors for administrative services by insurance carriers authorized to provide coverage under the state employees group insurance plan are nonpublic data as defined in section 13.02.
- (c) Notwithstanding paragraph (b), a self-insured hospital and medical product offered under sections 43A.22 to 43A.30 is required to extend dependent coverage to an eligible employee's child to the full extent required under chapters 62A and 62L. Dependent child coverage must, at a minimum, extend to an eligible employee's dependent child to the limiting age as defined in section 62Q.01, subdivision 9, disabled children to the extent required in sections 62A.14 and 62A.141, and dependent grandchildren to the extent required in sections 62A.042 and 62A.302.
- (d) Beginning January 1, 2010, the health insurance benefit plans offered in the commissioner's plan under section 43A.18, subdivision 2, and the managerial plan under section 43A.18, subdivision 3, must include an option for a health plan that is compatible with the definition of a high-deductible health plan in section 223 of the United States Internal Revenue Code.
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- 2.11 Sec. 3. Minnesota Statutes 2012, section 43A.316, is amended by adding a subdivision 2.12 to read:
- 2.13 Subd. 11. **PEIP.** Data related to contracted amounts paid to providers and vendors 2.14 for administrative services by insurance carriers in the state public employee insurance 2.15 program are nonpublic data as defined in section 13.02.
- 2.16 Sec. 4. Minnesota Statutes 2012, section 256B.69, subdivision 9a, is amended to read: 2.17 Subd. 9a. Administrative expense reporting. Within the limit of available 2.18

appropriations, the commissioner shall work with the commissioner of health to identify

а	nd collect data on administrative spending for state health care programs reported to the
	commissioner of health by managed care plans under section 62D.08 and county-based
	our chasing plans under section 256B.692, provided that such data are consistent
	with guidelines and standards for administrative spending that are developed by the
	ommissioner of health, and reported to the legislature under Laws 2008, chapter 364,
	ection 12. Data provided to the commissioner under this subdivision are nonpublic data
	s defined under section 13.02. <u>Data related to contracted amounts paid to providers and</u>
	rendors for administrative services by managed care organizations in state public health
	are programs are nonpublic data as defined in section 13.02.
-	programo die montpuene dada de mied in section 15.02.
	Sec. 5. Minnesota Statutes 2012, section 471.6161, subdivision 6, is amended to read:
	Subd. 6. Filing of contract. Every political subdivision contracting for and
r	providing group insurance coverage as provided in this section shall file with the clerk or
_	ther comparable officer of the subdivision a copy of the group insurance contract and
	nake the copy available for public inspection. Data related to contracted amounts paid to
	providers and vendors for services by insurance carriers for group insurance of political
S	ubdivisions are nonpublic data as defined in section 13.02.
	Sec. 6. Minnesota Statutes 2012, section 471.617, subdivision 1, is amended to read:
	Subdivision 1. If more than 100 employees; conditions. A statutory or home rule
C	harter city, county, school district, or instrumentality thereof which has more than 100
e	imployees, may by ordinance or resolution self-insure for any employee health benefits
i	ncluding long-term disability, but not for employee life benefits. Any self-insurance
ŗ	plan shall provide all benefits which are required by law to be provided by group health
i	nsurance policies. Self-insurance plans must be certified as provided by section 62E.05
а	nd must be filed and certified by the Department of Commerce before they are issued
C	or delivered to any person in this state. Data related to contracted amounts paid to
	providers and vendors for services by third party administrators and insurance carriers for
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This act is effective January 1, 2016."

Amend the title accordingly

Renumber the sections in sequence and correct the internal references