

1.1 ..... moves to amend S.F. No. 2744 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 COMMERCE FINANCE

1.5 Section 1. APPROPRIATIONS.

1.6 The sums shown in the columns marked "Appropriations" are appropriated to the agencies  
 1.7 and for the purposes specified in this article. The appropriations are from the general fund,  
 1.8 or another named fund, and are available for the fiscal years indicated for each purpose.  
 1.9 The figures "2024" and "2025" used in this article mean that the appropriations listed under  
 1.10 them are available for the fiscal year ending June 30, 2024, or June 30, 2025, respectively.  
 1.11 "The first year" is fiscal year 2024. "The second year" is fiscal year 2025. "The biennium"  
 1.12 is fiscal years 2024 and 2025. If an appropriation in this act is enacted more than once in  
 1.13 the 2023 legislative session, the appropriation must be given effect only once.

1.14 APPROPRIATIONS  
 1.15 Available for the Year  
 1.16 Ending June 30  
 1.17 2024 2025

1.18 Sec. 2. DEPARTMENT OF COMMERCE

1.19	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>33,757,000</u>	<u>\$</u>	<u>34,660,000</u>
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1.20 Appropriations by Fund

1.21		<u>2024</u>	<u>2025</u>
1.22	<u>General</u>	<u>30,876,000</u>	<u>31,752,000</u>
1.23	<u>Workers'</u>		
1.24	<u>Compensation Fund</u>	<u>788,000</u>	<u>815,000</u>
1.25	<u>Special Revenue</u>	<u>2,093,000</u>	<u>2,093,000</u>

2.1 The amounts that may be spent for each  
 2.2 purpose are specified in the following  
 2.3 subdivisions.

2.4 **Subd. 2. Financial Institutions** 2,372,000      2,492,000

2.5 (a) \$400,000 each year is for a grant to Prepare  
 2.6 and Prosper to develop, market, evaluate, and  
 2.7 distribute a financial services inclusion  
 2.8 program that (1) assists low-income and  
 2.9 financially underserved populations to build  
 2.10 savings and strengthen credit, and (2) provides  
 2.11 services to assist low-income and financially  
 2.12 underserved populations to become more  
 2.13 financially stable and secure. Money  
 2.14 remaining after the first year is available for  
 2.15 the second year.

2.16 (b) \$254,000 each year is to administer the  
 2.17 requirements of Minnesota Statutes, chapter  
 2.18 58B.

2.19 **Subd. 3. Administrative Services** 10,078,000      10,104,000

2.20 (a) \$353,000 each year is for system  
 2.21 modernization and cybersecurity upgrades for  
 2.22 the unclaimed property program.

2.23 (b) \$564,000 each year is for additional  
 2.24 operations of the unclaimed property program.

2.25 (c) \$249,000 each year is for the senior safe  
 2.26 fraud prevention program.

2.27 (d) \$568,000 in the first year and \$537,000 in  
 2.28 the second year are to create and maintain the  
 2.29 Prescription Drug Affordability Board  
 2.30 established under Minnesota Statutes, section  
 2.31 62J.87. The base in fiscal year 2026 is  
 2.32 \$500,000.

3.1 (e) \$150,000 each year is for a grant to Exodus  
3.2 Lending to expand program and operational  
3.3 capacity to assist individuals with financial  
3.4 stability through small dollar consumer loans,  
3.5 including but not limited to resolving  
3.6 consumer short-term loans carrying interest  
3.7 rates greater than 36 percent. Loans issued  
3.8 under the program must be: (1) interest- and  
3.9 fee-free; and (2) made to Minnesotans facing  
3.10 significant barriers to mainstream financial  
3.11 products. Program participants must be  
3.12 recruited through a statewide network of  
3.13 trusted community-based partners. Loan  
3.14 payments by borrowers must be reported to  
3.15 the credit bureaus. These are onetime  
3.16 appropriations and are available until June 30,  
3.17 2027.

3.18 (f) \$200,000 in the first year is for a grant to  
3.19 Exodus Lending to assist in the development  
3.20 of a character-based small dollar loan program.  
3.21 This is a onetime appropriation and is  
3.22 available until June 30, 2027.

3.23 (g) For the purposes of paragraphs (e) and (f),  
3.24 the following terms have the meanings given:

3.25 (1) "barriers to financial inclusion" means a  
3.26 person's financial history, credit history and  
3.27 credit score requirements, scarcity of  
3.28 depository institutions in lower income and  
3.29 communities of color, and low or irregular  
3.30 income flows;

3.31 (2) "character-based lending" means the  
3.32 practice of issuing loans based on a borrower's  
3.33 involvement in and ties to community-based  
3.34 organizations that provide client services,

4.1 including but not limited to financial coaching;  
4.2 and  
4.3 (3) "mainstream financial products" means  
4.4 financial products that are provided most  
4.5 commonly by regulated financial institutions,  
4.6 including but not limited to credit cards and  
4.7 installment loans.

4.8 (h) No later than July 15, 2024, and annually  
4.9 thereafter until the appropriations under  
4.10 paragraphs (e) and (f) have been exhausted or  
4.11 canceled, Exodus Lending must submit a  
4.12 report to the commissioner of commerce on  
4.13 the activities required of Exodus Lending  
4.14 under paragraphs (e) and (f). Until July 15,  
4.15 2027, the report must detail, at a minimum,  
4.16 each of the following for the prior calendar  
4.17 year and, after July 15, 2027, the report must  
4.18 detail, at a minimum, each of the following  
4.19 that relate to the activities of Exodus Lending  
4.20 under paragraph (f) for the prior calendar year:

4.21 (1) the total number of loans granted;  
4.22 (2) the total number of participants granted  
4.23 loans;  
4.24 (3) an analysis of the participants' race,  
4.25 ethnicity, gender, and geographic locations;  
4.26 (4) the average loan amount;  
4.27 (5) the total loan amounts paid back by  
4.28 participants;  
4.29 (6) a list of the trusted community-based  
4.30 partners;  
4.31 (7) the final criteria developed for  
4.32 character-based small dollar loan program  
4.33 determinations under paragraph (f); and

5.1 (8) summary data on the significant barriers  
 5.2 to mainstream financial products faced by  
 5.3 participants.

5.4 (i) No later than August 15, 2024, and  
 5.5 annually thereafter until the appropriations  
 5.6 under paragraphs (e) and (f) have been  
 5.7 exhausted or canceled, the commissioner of  
 5.8 commerce must submit a report to the chairs  
 5.9 and ranking minority members of the  
 5.10 legislative committees with primary  
 5.11 jurisdiction over commerce and consumer  
 5.12 protection. The report must detail the  
 5.13 information collected by the commissioner of  
 5.14 commerce under paragraph (h).

5.15 (j) \$12,000 each year is for the intermediate  
 5.16 blends of gasoline and biofuels report under  
 5.17 Minnesota Statutes, section 239.791,  
 5.18 subdivision 8.

5.19 (k) The total base for administrative services  
 5.20 under this subdivision is \$10,042,000 in fiscal  
 5.21 year 2026 and beyond.

5.22 **Subd. 4. Enforcement** 7,382,000 7,670,000

	<u>Appropriations by Fund</u>	
5.24 <u>General</u>	<u>7,174,000</u>	<u>7,455,000</u>
5.25 <u>Workers'</u>		
5.26 <u>Compensation</u>	<u>208,000</u>	<u>215,000</u>

5.27 (a) \$811,000 each year is for five additional  
 5.28 peace officers in the Commerce Fraud Bureau.  
 5.29 Money under this paragraph is transferred  
 5.30 from the general fund to the insurance fraud  
 5.31 prevention account under Minnesota Statutes,  
 5.32 section 45.0135, subdivision 6.

5.33 (b) \$345,000 each year is for additional staff  
 5.34 to focus on market conduct examinations.

6.1 (c) \$41,000 in the first year and \$21,000 in  
 6.2 the second year are for body cameras worn by  
 6.3 Commerce Fraud Bureau agents.

6.4 (d) \$208,000 in the first year and \$215,000 in  
 6.5 the second year are from the workers'  
 6.6 compensation fund.

6.7 (e) \$100,000 in the second year is for the  
 6.8 creation and maintenance of the Mental Health  
 6.9 Parity and Substance Abuse Accountability  
 6.10 Office under Minnesota Statutes, section  
 6.11 62Q.465. The base for fiscal year 2026 is  
 6.12 \$225,000.

6.13 (f) \$197,000 each year is to create and  
 6.14 maintain a student loan advocate position  
 6.15 under Minnesota Statutes, section 58B.011.

6.16 (g) \$283,000 each year is for law enforcement  
 6.17 salary increases, as authorized under Laws  
 6.18 2021, chapter 4, article 9, section 1.

6.19 **Subd. 5. Telecommunications** 3,221,000 3,261,000

	<u>Appropriations by Fund</u>		
6.21	<u>General</u>	<u>1,128,000</u>	<u>1,168,000</u>
6.22	<u>Special Revenue</u>	<u>2,093,000</u>	<u>2,093,000</u>

6.23 \$2,093,000 each year is from the  
 6.24 telecommunications access Minnesota fund  
 6.25 account in the special revenue fund for the  
 6.26 following transfers:

6.27 (1) \$1,620,000 each year is to the  
 6.28 commissioner of human services to  
 6.29 supplement the ongoing operational expenses  
 6.30 of the Commission of Deaf, DeafBlind, and  
 6.31 Hard-of-Hearing Minnesotans. This transfer  
 6.32 is subject to Minnesota Statutes, section  
 6.33 16A.281;

7.1 (2) \$290,000 each year is to the chief  
 7.2 information officer to coordinate technology  
 7.3 accessibility and usability;

7.4 (3) \$133,000 each year is to the Legislative  
 7.5 Coordinating Commission for captioning  
 7.6 legislative coverage. This transfer is subject  
 7.7 to Minnesota Statutes, section 16A.281; and

7.8 (4) \$50,000 each year is to the Office of  
 7.9 MN.IT Services for a consolidated access fund  
 7.10 to provide grants or services to other state  
 7.11 agencies related to accessibility of web-based  
 7.12 services.

7.13 Subd. 6. Insurance 9,173,000 9,577,000

	<u>Appropriations by Fund</u>		
7.14			
7.15	<u>General</u>	<u>8,593,000</u>	<u>8,977,000</u>
7.16	<u>Workers'</u>		
7.17	<u>Compensation</u>	<u>580,000</u>	<u>600,000</u>

7.18 (a) \$136,000 each year is to advance  
 7.19 standardized health plan options.

7.20 (b) \$318,000 each year is to conduct a  
 7.21 feasibility study on a proposal to offer free  
 7.22 primary care to Minnesotans. These are  
 7.23 onetime appropriations.

7.24 (c) \$105,000 each year is to evaluate  
 7.25 legislation for new mandated health benefits  
 7.26 under Minnesota Statutes, section 62J.26.

7.27 (d) \$180,000 each year is for additional staff  
 7.28 to focus on property- and casualty-related  
 7.29 insurance products.

7.30 (e) \$580,000 in the first year and \$600,000 in  
 7.31 the second year are from the workers'  
 7.32 compensation fund.

8.1 (f) \$42,000 each year is for ensuring health  
 8.2 plan company compliance with Minnesota  
 8.3 Statutes, section 62Q.47, paragraph (h).

8.4 (g) \$25,000 each year is to evaluate existing  
 8.5 statutory health benefit mandates.

8.6 (h) \$20,000 each year is to pay membership  
 8.7 dues for Minnesota to the National Conference  
 8.8 of Insurance Legislators. The appropriations  
 8.9 in this paragraph are onetime.

8.10 Subd. 7. **Weights and Measures Division** 1,531,000 1,556,000

8.11 Sec. 3. **DEPARTMENT OF EDUCATION**

8.12 Subdivision 1. **Total Appropriation** \$ 100,000 \$ -0-

8.13 Appropriations by Fund

8.14 2024 2025

8.15 General 100,000 -0-

8.16 \$100,000 in the first year is to issue grants of  
 8.17 \$50,000 each year to the Minnesota Council  
 8.18 on Economic Education. This balance does  
 8.19 not cancel but is available in the second year.  
 8.20 This appropriation is onetime.

8.21 Sec. 4. **ATTORNEY GENERAL**

8.22 Subdivision 1. **Total Appropriation** \$ 691,000 \$ 691,000

8.23 Appropriations by Fund

8.24 2024 2025

8.25 General 691,000 691,000

8.26 The amounts that may be spent for each  
 8.27 purpose are specified in the following  
 8.28 subdivisions.

8.29 Subd. 2. **Excessive Price Increases to Generic**  
 8.30 **Drugs** 549,000 549,000

8.31 \$549,000 each year is for the duties under  
 8.32 Minnesota Statutes, sections 62J.841 to  
 8.33 64J.845.



9.1	<u>Subd. 3. <b>Report.</b></u>	<u>142,000</u>		<u>142,000</u>
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9.2 (a) \$142,000 each year is for a report on the  
 9.3 effect of new and emerging technologies on  
 9.4 the well-being of Minnesotans. The  
 9.5 appropriations in this paragraph are onetime.

9.6 The report must:

9.7 (1) evaluate the impact of technology  
 9.8 companies and their products on the mental  
 9.9 health and well-being of Minnesotans, with a  
 9.10 focus on children;

9.11 (2) discuss proposed and enacted consumer  
 9.12 protection laws related to the regulation of  
 9.13 technology companies in other jurisdictions;  
 9.14 and

9.15 (3) include policy recommendations to the  
 9.16 Minnesota legislature.

9.17 (b) The report is due beginning February 1,  
 9.18 2024, and by the same date the following year  
 9.19 and must be filed according to Minnesota  
 9.20 Statutes, section 3.195, with copies submitted  
 9.21 to the chairs and ranking minority members  
 9.22 of the legislative committees with jurisdiction  
 9.23 over data and commerce.

9.24 **Sec. 5. DEPARTMENT OF HEALTH**

9.25	<u>Subdivision 1. <b>Total Appropriation</b></u>	<u>\$</u>	<u>74,000</u>		<u>\$</u>	<u>56,000</u>
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9.26 Appropriations by Fund

9.27		<u>2024</u>		<u>2025</u>	
9.28	<u>General</u>	<u>74,000</u>		<u>56,000</u>	

9.29 (a) \$69,000 in the first year and \$51,000 in  
 9.30 the second year are for the duties under  
 9.31 Minnesota Statutes, sections 62J.841 to  
 9.32 64J.845.

10.1 (b) \$5,000 each year is to evaluate existing  
10.2 statutory health benefit mandates.

10.3 **Sec. 6. PREMIUM SECURITY ACCOUNT TRANSFER; OUT.**

10.4 \$275,775,000 in fiscal year 2026 is transferred from the premium security plan account  
10.5 under Minnesota Statutes, section 62E.25, subdivision 1, to the general fund. This is a  
10.6 onetime transfer.

10.7 **Sec. 7. TRANSFER FROM CONSUMER EDUCATION ACCOUNT.**

10.8 \$100,000 in fiscal year 2024 is transferred from the consumer education account in the  
10.9 special revenue fund to the general fund.

10.10 Sec. 8. Laws 2022, chapter 93, article 1, section 2, subdivision 5, is amended to read:

10.11 **Subd. 5. Enforcement and Examinations** -0- 522,000

10.12 \$522,000 in fiscal year 2023 is for the auto  
10.13 theft prevention library under Minnesota  
10.14 Statutes, section 65B.84, subdivision 1,  
10.15 paragraph (d). This is a onetime appropriation  
10.16 and is available until June 30, 2024.

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

10.18 **ARTICLE 2**  
10.19 **INSURANCE POLICY**

10.20 Section 1. Minnesota Statutes 2022, section 60A.08, subdivision 15, is amended to read:

10.21 **Subd. 15. Classification of insurance filings data.** (a) All forms, rates, and related  
10.22 information filed with the commissioner under section 61A.02 shall be nonpublic data until  
10.23 the filing becomes effective.

10.24 (b) All forms, rates, and related information filed with the commissioner under section  
10.25 62A.02 shall be nonpublic data until the filing becomes effective.

10.26 (c) All forms, rates, and related information filed with the commissioner under section  
10.27 62C.14, subdivision 10, shall be nonpublic data until the filing becomes effective.

10.28 (d) All forms, rates, and related information filed with the commissioner under section  
10.29 70A.06 shall be nonpublic data until the filing becomes effective.

11.1 (e) All forms, rates, and related information filed with the commissioner under section  
11.2 79.56 shall be nonpublic data until the filing becomes effective.

11.3 (f) All forms, rates, and related information filed with the commissioner under section  
11.4 65A.298 are nonpublic data until the filing becomes effective.

11.5 ~~(f)~~ (g) Notwithstanding paragraphs (b) and (c), for all rate increases subject to review  
11.6 under section 2794 of the Public Health Services Act and any amendments to, or regulations,  
11.7 or guidance issued under the act that are filed with the commissioner on or after September  
11.8 1, 2011, the commissioner:

11.9 (1) may acknowledge receipt of the information;

11.10 (2) may acknowledge that the corresponding rate filing is pending review;

11.11 (3) must provide public access from the Department of Commerce's website to parts I  
11.12 and II of the Preliminary Justifications of the rate increases subject to review; and

11.13 (4) must provide notice to the public on the Department of Commerce's website of the  
11.14 review of the proposed rate, which must include a statement that the public has 30 calendar  
11.15 days to submit written comments to the commissioner on the rate filing subject to review.

11.16 ~~(g)~~ (h) Notwithstanding paragraphs (b) and (c), for all proposed premium rates filed  
11.17 with the commissioner for individual health plans, as defined in section 62A.011, subdivision  
11.18 4, and small group health plans, as defined in section 62K.03, subdivision 12, the  
11.19 commissioner must provide public access on the Department of Commerce's website to  
11.20 compiled data of the proposed changes to rates, separated by health plan and geographic  
11.21 rating area, within ten business days after the deadline by which health carriers, as defined  
11.22 in section 62A.011, subdivision 2, must submit proposed rates to the commissioner for  
11.23 approval.

11.24 Sec. 2. [60A.0812] PROPERTY AND CASUALTY POLICY EXCLUSIONS.

11.25 Subdivision 1. Short title. This section may be cited as the "Family Protection Act."

11.26 Subd. 2. Definitions. (a) For purposes of this section, the following terms have the  
11.27 meanings given.

11.28 (b) "Boat" means a motorized or nonmotorized vessel that floats and is used for personal,  
11.29 noncommercial use on waters in Minnesota.

11.30 (c) "Boat insurance policy" means an insurance policy that provides liability coverage  
11.31 for bodily injury resulting from the ownership, maintenance, or use of a boat, although the

12.1 policy may also provide for property insurance coverage for the boat for noncommercial  
12.2 use.

12.3 (d) "Insured" means an insured under a policy specified in subdivision 3, clauses (1) to  
12.4 (4), including the named insured and the following persons not identified by name as an  
12.5 insured while residing in the same household with the named insured:

12.6 (1) a spouse of a named insured;

12.7 (2) a relative of a named insured; or

12.8 (3) a minor in the custody of a named insured, spouse of a named insured, or of a relative  
12.9 residing in the same household with a named insured.

12.10 For purposes of this section, a person resides in or is a member of the same household with  
12.11 the named insured if the person's home is usually in the same family unit, even if the person  
12.12 is temporarily living elsewhere.

12.13 (e) "Permitted exclusion" means an exclusion of or limitation on liability for damages  
12.14 for bodily injury resulting from fraud, intentional conduct, criminal conduct that intentionally  
12.15 causes an injury, and other exclusions permitted by law, including a permitted exclusion  
12.16 contained in a boat insurance policy issued in this state pursuant to subdivision 6.

12.17 (f) "Prohibited exclusion" means an exclusion of or limitation on liability for damages  
12.18 for bodily injury because the injured person is:

12.19 (1) an insured other than a named insured;

12.20 (2) a resident or member of the insured's household; or

12.21 (3) related to the insured by blood or marriage.

12.22 Subd. 3. **Prohibited exclusions.** A prohibited exclusion contained in a plan or policy  
12.23 identified in clauses (1) to (4) is against public policy and is void. The following insurance  
12.24 coverage issued in this state must not contain a prohibited exclusion, unless expressly  
12.25 provided otherwise under this section:

12.26 (1) a plan of reparation security, as defined under section 65B.43;

12.27 (2) a boat insurance policy;

12.28 (3) a personal excess liability policy; and

12.29 (4) a personal umbrella policy.

12.30 Subd. 4. **Permitted exclusions.** An insurance policy listed in this section may contain  
12.31 a permitted exclusion for bodily injury to an insured.

13.1 Subd. 5. **Underlying coverage requirement.** An excess or umbrella policy may contain  
13.2 a requirement that coverage for family or household members under an excess or umbrella  
13.3 policy governed by this section is available only to the extent coverage is first available  
13.4 from an underlying policy that provides coverage for damages for bodily injury.

13.5 Subd. 6. **Election of coverage for boat insurance policies.** (a) An insurer issuing bodily  
13.6 injury liability coverage for a boat insurance policy under this section must notify a person  
13.7 at the time of sale of the person's rights under this section to decline coverage for insureds  
13.8 and be provided an updated quote reflecting the appropriate premium for the coverage  
13.9 provided.

13.10 (b) Named insureds must affirmatively make an election to decline coverage, in a form  
13.11 approved by the commissioner, after being informed that an updated quote will be provided.  
13.12 The election must be signed and dated, and is binding on all persons insured under the policy  
13.13 and to any renewal of the policy.

13.14 (c) An insurer offering an election of coverage under this subdivision must have the  
13.15 disclosure approved by the commissioner. The notice must be in 14-point bold type, in a  
13.16 conspicuous location of the notice document, and contain at least the following:

13.17 ELECTION TO DECLINE COVERAGE: YOU HAVE THE RIGHT TO DECLINE  
13.18 BODILY INJURY COVERAGE FOR INJURIES TO YOUR FAMILY AND HOUSEHOLD  
13.19 MEMBERS FOR WHICH YOU WOULD OTHERWISE BE ENTITLED TO UNDER  
13.20 MINNESOTA LAW. IF YOU ELECT TO DECLINE THIS COVERAGE, YOU WILL  
13.21 RECEIVE AN UPDATED PREMIUM QUOTE BASED ON THE COVERAGE YOU  
13.22 ARE ELECTING TO PURCHASE. READ YOUR POLICY CAREFULLY TO  
13.23 DETERMINE WHICH FAMILY AND HOUSEHOLD MEMBERS WOULD NOT BE  
13.24 COVERED FOR BODILY INJURY IF YOU ELECT TO DECLINE COVERAGE.

13.25 Subd. 7. **No endorsement required.** An endorsement, rider, or contract amendment is  
13.26 not required for this section to be effective.

13.27 **EFFECTIVE DATE.** This section is effective January 1, 2024, for plans of reparation  
13.28 security, as defined under Minnesota Statutes, section 65B.43, a personal excess liability  
13.29 policy, or a personal umbrella policy offered, issued, or renewed on or after that date. This  
13.30 section is effective on May 1, 2024, for a boat insurance policy covering a personal injury  
13.31 sustained while using a boat.

14.1 Sec. 3. Minnesota Statutes 2022, section 60A.14, subdivision 1, is amended to read:

14.2 Subdivision 1. **Fees other than examination fees.** In addition to the fees and charges  
14.3 provided for examinations, the following fees must be paid to the commissioner for deposit  
14.4 in the general fund:

14.5 (a) by township mutual fire insurance companies:

14.6 (1) for filing certificate of incorporation \$25 and amendments thereto, \$10;

14.7 (2) for filing annual statements, \$15;

14.8 (3) for each annual certificate of authority, \$15;

14.9 (4) for filing bylaws \$25 and amendments thereto, \$10;

14.10 (b) by other domestic and foreign companies including fraternal and reciprocal  
14.11 exchanges:

14.12 (1) for filing an application for an initial certification of authority to be admitted to  
14.13 transact business in this state, \$1,500;

14.14 (2) for filing certified copy of certificate of articles of incorporation, \$100;

14.15 (3) for filing annual statement, ~~\$225~~ \$300;

14.16 (4) for filing certified copy of amendment to certificate or articles of incorporation, \$100;

14.17 (5) for filing bylaws, \$75 or amendments thereto, \$75;

14.18 (6) for each company's certificate of authority, ~~\$575~~ \$750, annually;

14.19 (c) the following general fees apply:

14.20 (1) for each certificate, including certified copy of certificate of authority, renewal,  
14.21 valuation of life policies, corporate condition or qualification, \$25;

14.22 (2) for each copy of paper on file in the commissioner's office 50 cents per page, and  
14.23 \$2.50 for certifying the same;

14.24 (3) for license to procure insurance in unadmitted foreign companies, \$575;

14.25 (4) for valuing the policies of life insurance companies, ~~one cent~~ two cents per \$1,000  
14.26 of insurance so valued, provided that the fee shall not exceed ~~\$13,000~~ \$26,000 per year for  
14.27 any company. The commissioner may, in lieu of a valuation of the policies of any foreign  
14.28 life insurance company admitted, or applying for admission, to do business in this state,  
14.29 accept a certificate of valuation from the company's own actuary or from the commissioner  
14.30 of insurance of the state or territory in which the company is domiciled;

15.1 (5) for receiving and filing certificates of policies by the company's actuary, or by the  
 15.2 commissioner of insurance of any other state or territory, \$50;

15.3 (6) for each appointment of an agent filed with the commissioner, \$30;

15.4 (7) for filing forms, rates, and compliance certifications under section 60A.315, \$140  
 15.5 per filing, or \$125 per filing when submitted via electronic filing system. Filing fees may  
 15.6 be paid on a quarterly basis in response to an invoice. Billing and payment may be made  
 15.7 electronically;

15.8 (8) for annual renewal of surplus lines insurer license, ~~\$300~~ \$400.

15.9 The commissioner shall adopt rules to define filings that are subject to a fee.

15.10 Sec. 4. Minnesota Statutes 2022, section 61A.031, is amended to read:

15.11 **61A.031 SUICIDE PROVISIONS.**

15.12 (a) The sanity or insanity of a person shall not be a factor in determining whether a  
 15.13 person committed suicide within the terms of an individual or group life insurance policy  
 15.14 regulating the payment of benefits in the event of the insured's suicide. This ~~section~~ paragraph  
 15.15 shall not be construed to alter present law but is intended to clarify present law.

15.16 (b) A life insurance policy or certificate issued or delivered in this state may exclude or  
 15.17 restrict liability for any death benefit in the event the insured dies as a result of suicide  
 15.18 within one year from the date of the issue of the policy or certificate. Any exclusion or  
 15.19 restriction shall be clearly stated in the policy or certificate. Any life insurance policy or  
 15.20 certificate which contains any exclusion or restriction under this paragraph shall also provide  
 15.21 that in the event any death benefit is denied because the insured dies as a result of suicide  
 15.22 within one year from the date of issue of the policy or certificate, the insurer shall refund  
 15.23 all premiums paid for coverage providing the denied death benefit on the insured.

15.24 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to policies  
 15.25 issued on or after that date.

15.26 Sec. 5. Minnesota Statutes 2022, section 61A.60, subdivision 3, is amended to read:

15.27 Subd. 3. **Definitions.** The following definitions must appear on the back of the notice  
 15.28 forms provided in subdivisions 1 and 2:

15.29 DEFINITIONS

16.1        **PREMIUMS:** Premiums are the payments you make in exchange for an insurance policy  
16.2 or annuity contract. They are unlike deposits in a savings or investment program, because  
16.3 if you drop the policy or contract, you might get back less than you paid in.

16.4        **CASH SURRENDER VALUE:** This is the amount of money you can get in cash if you  
16.5 surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender  
16.6 value is the difference between the cash value printed in the policy and the loan value. Not  
16.7 all policies have cash surrender values.

16.8        **LAPSE:** A life insurance policy may lapse when you do not pay the premiums within  
16.9 the grace period. If you had a cash surrender value, the insurer might change your policy  
16.10 to as much extended term insurance or paid-up insurance as the cash surrender value will  
16.11 buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the  
16.12 premiums.

16.13       **SURRENDER:** You surrender a life insurance policy when you either let it lapse or tell  
16.14 the company you want to drop it. Whenever a policy has a cash surrender value, you can  
16.15 get it in cash if you return the policy to the company with a written request. Most insurers  
16.16 will also let you exchange the cash value of the policy for paid-up or extended term insurance.

16.17       **CONVERT TO PAID-UP INSURANCE:** This means you use your cash surrender value  
16.18 to change your insurance to a paid-up policy with the same insurer. The death benefit  
16.19 generally will be lower than under the old policy, but you will not have to pay any more  
16.20 premiums.

16.21       **PLACE ON EXTENDED TERM:** This means you use your cash surrender value to  
16.22 change your insurance to term insurance with the same insurer. In this case, the net death  
16.23 benefit will be the same as before. However, you will only be covered for a specified period  
16.24 of time stated in the policy.

16.25       **BORROW POLICY LOAN VALUES:** If your life insurance policy has a cash surrender  
16.26 value, you can almost always borrow all or part of it from the insurer. Interest will be charged  
16.27 according to the terms of the policy, and if the loan with unpaid interest ever exceeds the  
16.28 cash surrender value, your policy will be surrendered. If you die, the amount of the loan  
16.29 and any unpaid interest due will be subtracted from the death benefits.

16.30       **EVIDENCE OF INSURABILITY:** This means proof that you are an acceptable risk.  
16.31 You have to meet the insurer's standards regarding age, health, occupation, etc., to be eligible  
16.32 for coverage.



17.1 INCONTESTABLE CLAUSE: This says that after two years, depending on the policy  
17.2 or insurer, the life insurer will not resist a claim because you made a false or incomplete  
17.3 statement when you applied for the policy. For the early years, though, if there are wrong  
17.4 answers on the application and the insurer finds out about them, the insurer can deny a claim  
17.5 as if the policy had never existed.

17.6 SUICIDE CLAUSE: This says that if you ~~commit~~ complete suicide after being insured  
17.7 for less than ~~two years~~ one year, depending on the policy and insurer, your beneficiaries  
17.8 will receive only a refund of the premiums that were paid.

17.9 EFFECTIVE DATE. This section is effective January 1, 2024, and applies to policies  
17.10 issued on or after that date.

17.11 Sec. 6. Minnesota Statutes 2022, section 62A.152, subdivision 3, is amended to read:

17.12 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber  
17.13 contracts that provide benefits for mental or nervous disorder treatments in a hospital must  
17.14 provide direct reimbursement for those services at a hospital or psychiatric residential  
17.15 treatment facility if performed by a mental health professional qualified according to section  
17.16 245I.04, subdivision 2, to the extent that the services and treatment are within the scope of  
17.17 mental health professional licensure.

17.18 This subdivision is intended to provide payment of benefits for mental or nervous disorder  
17.19 treatments performed by a licensed mental health professional in a hospital or psychiatric  
17.20 residential treatment facility and is not intended to change or add benefits for those services  
17.21 provided in policies or contracts to which this subdivision applies.

17.22 EFFECTIVE DATE. This section is effective January 1, 2025, and applies to health  
17.23 plans offered, issued, or renewed on or after that date.

17.24 Sec. 7. Minnesota Statutes 2022, section 62A.3099, is amended by adding a subdivision  
17.25 to read:

17.26 Subd. 18b. **Open enrollment period.** "Open enrollment period" means the time period  
17.27 described in Code of Federal Regulations, title 42, section 422.62, paragraph (a), clauses  
17.28 (2) to (4), as amended.

17.29 EFFECTIVE DATE. This section is effective August 1, 2025, and applies to policies  
17.30 offered, issued, or renewed on or after that date.

18.1 Sec. 8. Minnesota Statutes 2022, section 62A.31, subdivision 1, is amended to read:

18.2 Subdivision 1. **Policy requirements.** No individual or group policy, certificate, subscriber  
18.3 contract issued by a health service plan corporation regulated under chapter 62C, or other  
18.4 evidence of accident and health insurance the effect or purpose of which is to supplement  
18.5 Medicare coverage, including to supplement coverage under Medicare Advantage plans  
18.6 established under Medicare Part C, issued or delivered in this state or offered to a resident  
18.7 of this state shall be sold or issued to an individual covered by Medicare unless the  
18.8 requirements in subdivisions 1a to ~~1v~~ 1w are met.

18.9 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
18.10 offered, issued, or renewed on or after that date.

18.11 Sec. 9. Minnesota Statutes 2022, section 62A.31, subdivision 1f, is amended to read:

18.12 Subd. 1f. **Suspension based on entitlement to medical assistance.** (a) The policy or  
18.13 certificate must provide that benefits and premiums under the policy or certificate shall be  
18.14 suspended for any period that may be provided by federal regulation at the request of the  
18.15 policyholder or certificate holder for the period, not to exceed 24 months, in which the  
18.16 policyholder or certificate holder has applied for and is determined to be entitled to medical  
18.17 assistance under title XIX of the Social Security Act, but only if the policyholder or certificate  
18.18 holder notifies the issuer of the policy or certificate within 90 days after the date the  
18.19 individual becomes entitled to this assistance.

18.20 (b) If suspension occurs and if the policyholder or certificate holder loses entitlement  
18.21 to this medical assistance, the policy or certificate shall be automatically reinstated, effective  
18.22 as of the date of termination of this entitlement, if the policyholder or certificate holder  
18.23 provides notice of loss of the entitlement within 90 days after the date of the loss and pays  
18.24 the premium attributable to the period, effective as of the date of termination of entitlement.

18.25 (c) The policy must provide that upon reinstatement (1) there is no ~~additional~~ waiting  
18.26 period with respect to treatment of preexisting conditions, (2) coverage is provided which  
18.27 is substantially equivalent to coverage in effect before the date of the suspension. If the  
18.28 suspended policy provided coverage for outpatient prescription drugs, reinstatement of the  
18.29 policy for Medicare Part D enrollees must be without coverage for outpatient prescription  
18.30 drugs and must otherwise provide coverage substantially equivalent to the coverage in effect  
18.31 before the date of suspension, and (3) premiums are classified on terms that are at least as  
18.32 favorable to the policyholder or certificate holder as the premium classification terms that  
18.33 would have applied to the policyholder or certificate holder had coverage not been suspended.

19.1 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
19.2 offered, issued, or renewed on or after that date.

19.3 Sec. 10. Minnesota Statutes 2022, section 62A.31, subdivision 1h, is amended to read:

19.4 Subd. 1h. **Limitations on denials, conditions, and pricing of coverage.** No health  
19.5 carrier issuing Medicare-related coverage in this state may impose preexisting condition  
19.6 limitations or otherwise deny or condition the issuance or effectiveness of any such coverage  
19.7 available for sale in this state, nor may it discriminate in the pricing of such coverage,  
19.8 because of the health status, claims experience, receipt of health care, medical condition,  
19.9 or age of an applicant where an application for such coverage is submitted: (1) prior to or  
19.10 during the six-month period beginning with the first day of the month in which an individual  
19.11 first enrolled for benefits under Medicare Part B; or (2) during the open enrollment period.  
19.12 This subdivision applies to each Medicare-related coverage offered by a health carrier  
19.13 regardless of whether the individual has attained the age of 65 years. If an individual who  
19.14 is enrolled in Medicare Part B due to disability status is involuntarily disenrolled due to loss  
19.15 of disability status, the individual is eligible for another six-month enrollment period provided  
19.16 under this subdivision beginning the first day of the month in which the individual later  
19.17 becomes eligible for and enrolls again in Medicare Part B and during the open enrollment  
19.18 period. An individual who is or was previously enrolled in Medicare Part B due to disability  
19.19 status is eligible for another six-month enrollment period under this subdivision beginning  
19.20 the first day of the month in which the individual has attained the age of 65 years and either  
19.21 maintains enrollment in, or enrolls again in, Medicare Part B and during the open enrollment  
19.22 period. If an individual enrolled in Medicare Part B voluntarily disenrolls from Medicare  
19.23 Part B because the individual becomes enrolled under an employee welfare benefit plan,  
19.24 the individual is eligible for another six-month enrollment period, as provided in this  
19.25 subdivision, beginning the first day of the month in which the individual later becomes  
19.26 eligible for and enrolls again in Medicare Part B and during the open enrollment period.

19.27 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
19.28 offered, issued, or renewed on or after that date.

19.29 Sec. 11. Minnesota Statutes 2022, section 62A.31, subdivision 1p, is amended to read:

19.30 Subd. 1p. **Renewal or continuation provisions.** Medicare supplement policies and  
19.31 certificates shall include a renewal or continuation provision. The language or specifications  
19.32 of the provision shall be consistent with the type of contract issued. The provision shall be  
19.33 appropriately captioned and shall appear on the first page of the policy or certificate, and

20.1 shall include any reservation by the issuer of the right to change premiums. Except for riders  
20.2 or endorsements by which the issuer effectuates a request made in writing by the insured,  
20.3 exercises a specifically reserved right under a Medicare supplement policy or certificate,  
20.4 or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all  
20.5 riders or endorsements added to a Medicare supplement policy or certificate after the date  
20.6 of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the  
20.7 policy or certificate shall require a signed acceptance by the insured. After the date of policy  
20.8 or certificate issue, a rider or endorsement that increases benefits or coverage with a  
20.9 concomitant increase in premium during the policy or certificate term shall be agreed to in  
20.10 writing and signed by the insured, unless the benefits are required by the minimum standards  
20.11 for Medicare supplement policies or if the increased benefits or coverage is required by  
20.12 law. Where a separate additional premium is charged for benefits provided in connection  
20.13 with riders or endorsements, the premium charge shall be set forth in the policy, declaration  
20.14 page, or certificate. ~~If a Medicare supplement policy or certificate contains limitations with~~  
20.15 ~~respect to preexisting conditions, the limitations shall appear as a separate paragraph of the~~  
20.16 ~~policy or certificate and be labeled as "preexisting condition limitations."~~

20.17 Issuers of accident and sickness policies or certificates that provide hospital or medical  
20.18 expense coverage on an expense incurred or indemnity basis to persons eligible for Medicare  
20.19 shall provide to those applicants a "Guide to Health Insurance for People with Medicare"  
20.20 in the form developed by the Centers for Medicare and Medicaid Services and in a type  
20.21 size no smaller than 12-point type. Delivery of the guide must be made whether or not such  
20.22 policies or certificates are advertised, solicited, or issued as Medicare supplement policies  
20.23 or certificates as defined in this section and section 62A.3099. Except in the case of direct  
20.24 response issuers, delivery of the guide must be made to the applicant at the time of  
20.25 application, and acknowledgment of receipt of the guide must be obtained by the issuer.  
20.26 Direct response issuers shall deliver the guide to the applicant upon request, but no later  
20.27 than the time at which the policy is delivered.

20.28 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
20.29 offered, issued, or renewed on or after that date.

20.30 Sec. 12. Minnesota Statutes 2022, section 62A.31, subdivision 1u, is amended to read:

20.31 Subd. 1u. **Guaranteed issue for eligible persons.** (a)(1) Eligible persons are those  
20.32 individuals described in paragraph (b) who seek to enroll under the policy during the period  
20.33 specified in paragraph (c) and who submit evidence of the date of termination or

21.1 disenrollment described in paragraph (b), or of the date of Medicare Part D enrollment, with  
21.2 the application for a Medicare supplement policy.

21.3 (2) With respect to eligible persons, an issuer shall not: deny or condition the issuance  
21.4 or effectiveness of a Medicare supplement policy described in paragraph (c) that is offered  
21.5 and is available for issuance to new enrollees by the issuer; discriminate in the pricing of  
21.6 such a Medicare supplement policy because of health status, claims experience, receipt of  
21.7 health care, medical condition, or age; or impose an exclusion of benefits based upon a  
21.8 preexisting condition under such a Medicare supplement policy.

21.9 (b) An eligible person is an individual described in any of the following:

21.10 (1) the individual is enrolled under an employee welfare benefit plan that provides health  
21.11 benefits that supplement the benefits under Medicare; and the plan terminates, or the plan  
21.12 ceases to provide all such supplemental health benefits to the individual;

21.13 (2) the individual is enrolled with a Medicare Advantage organization under a Medicare  
21.14 Advantage plan under Medicare Part C, and any of the following circumstances apply, or  
21.15 the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive  
21.16 Care for the Elderly (PACE) provider under section 1894 of the federal Social Security Act,  
21.17 and there are circumstances similar to those described in this clause that would permit  
21.18 discontinuance of the individual's enrollment with the provider if the individual were enrolled  
21.19 in a Medicare Advantage plan:

21.20 (i) the organization's or plan's certification under Medicare Part C has been terminated  
21.21 or the organization has terminated or otherwise discontinued providing the plan in the area  
21.22 in which the individual resides;

21.23 (ii) the individual is no longer eligible to elect the plan because of a change in the  
21.24 individual's place of residence or other change in circumstances specified by the secretary,  
21.25 but not including termination of the individual's enrollment on the basis described in section  
21.26 1851(g)(3)(B) of the federal Social Security Act, United States Code, title 42, section  
21.27 1395w-21(g)(3)(b) (where the individual has not paid premiums on a timely basis or has  
21.28 engaged in disruptive behavior as specified in standards under section 1856 of the federal  
21.29 Social Security Act, United States Code, title 42, section 1395w-26), or the plan is terminated  
21.30 for all individuals within a residence area;

21.31 (iii) the individual demonstrates, in accordance with guidelines established by the  
21.32 Secretary, that:

22.1 (A) the organization offering the plan substantially violated a material provision of the  
22.2 organization's contract in relation to the individual, including the failure to provide an  
22.3 enrollee on a timely basis medically necessary care for which benefits are available under  
22.4 the plan or the failure to provide such covered care in accordance with applicable quality  
22.5 standards; or

22.6 (B) the organization, or agent or other entity acting on the organization's behalf, materially  
22.7 misrepresented the plan's provisions in marketing the plan to the individual; or

22.8 (iv) the individual meets such other exceptional conditions as the secretary may provide;

22.9 (3)(i) the individual is enrolled with:

22.10 (A) an eligible organization under a contract under section 1876 of the federal Social  
22.11 Security Act, United States Code, title 42, section 1395mm (Medicare cost);

22.12 (B) a similar organization operating under demonstration project authority, effective for  
22.13 periods before April 1, 1999;

22.14 (C) an organization under an agreement under section 1833(a)(1)(A) of the federal Social  
22.15 Security Act, United States Code, title 42, section 1395l(a)(1)(A) (health care prepayment  
22.16 plan); or

22.17 (D) an organization under a Medicare Select policy under section 62A.318 or the similar  
22.18 law of another state; and

22.19 (ii) the enrollment ceases under the same circumstances that would permit discontinuance  
22.20 of an individual's election of coverage under clause (2);

22.21 (4) the individual is enrolled under a Medicare supplement policy, and the enrollment  
22.22 ceases because:

22.23 (i)(A) of the insolvency of the issuer or bankruptcy of the nonissuer organization; or

22.24 (B) of other involuntary termination of coverage or enrollment under the policy;

22.25 (ii) the issuer of the policy substantially violated a material provision of the policy; or

22.26 (iii) the issuer, or an agent or other entity acting on the issuer's behalf, materially  
22.27 misrepresented the policy's provisions in marketing the policy to the individual;

22.28 (5)(i) the individual was enrolled under a Medicare supplement policy and terminates  
22.29 that enrollment and subsequently enrolls, for the first time, with any Medicare Advantage  
22.30 organization under a Medicare Advantage plan under Medicare Part C; any eligible  
22.31 organization under a contract under section 1876 of the federal Social Security Act, United

23.1 States Code, title 42, section 1395mm (Medicare cost); any similar organization operating  
23.2 under demonstration project authority; any PACE provider under section 1894 of the federal  
23.3 Social Security Act, or a Medicare Select policy under section 62A.318 or the similar law  
23.4 of another state; and

23.5 (ii) the subsequent enrollment under item (i) is terminated by the enrollee during any  
23.6 period within the first 12 months of the subsequent enrollment during which the enrollee  
23.7 is permitted to terminate the subsequent enrollment under section 1851(e) of the federal  
23.8 Social Security Act;

23.9 (6) the individual, upon first enrolling for benefits under Medicare Part B, enrolls in a  
23.10 Medicare Advantage plan under Medicare Part C, or with a PACE provider under section  
23.11 1894 of the federal Social Security Act, and disenrolls from the plan by not later than 12  
23.12 months after the effective date of enrollment; ~~or~~

23.13 (7) the individual enrolls in a Medicare Part D plan during the initial Part D enrollment  
23.14 period, as defined under United States Code, title 42, section 1395ss(v)(6)(D), and, at the  
23.15 time of enrollment in Part D, was enrolled under a Medicare supplement policy that covers  
23.16 outpatient prescription drugs and the individual terminates enrollment in the Medicare  
23.17 supplement policy and submits evidence of enrollment in Medicare Part D along with the  
23.18 application for a policy described in paragraph (e), clause (4); or

23.19 (8) the individual was enrolled in a state public program and is losing coverage due to  
23.20 the unwinding of the Medicaid continuous enrollment conditions, as provided by Code of  
23.21 Federal Regulations, title 45, section 155.420(d)(9) and (d)(1), and Public Law 117-328,  
23.22 section 5131 (2022).

23.23 (c)(1) In the case of an individual described in paragraph (b), clause (1), the guaranteed  
23.24 issue period begins on the later of: (i) the date the individual receives a notice of termination  
23.25 or cessation of all supplemental health benefits or, if a notice is not received, notice that a  
23.26 claim has been denied because of a termination or cessation; or (ii) the date that the applicable  
23.27 coverage terminates or ceases; and ends 63 days after the later of those two dates.

23.28 (2) In the case of an individual described in paragraph (b), clause (2), (3), (5), or (6),  
23.29 whose enrollment is terminated involuntarily, the guaranteed issue period begins on the  
23.30 date that the individual receives a notice of termination and ends 63 days after the date the  
23.31 applicable coverage is terminated.

23.32 (3) In the case of an individual described in paragraph (b), clause (4), item (i), the  
23.33 guaranteed issue period begins on the earlier of: (i) the date that the individual receives a  
23.34 notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar

24.1 notice if any; and (ii) the date that the applicable coverage is terminated, and ends on the  
24.2 date that is 63 days after the date the coverage is terminated.

24.3 (4) In the case of an individual described in paragraph (b), clause (2), (4), (5), or (6),  
24.4 who disenrolls voluntarily, the guaranteed issue period begins on the date that is 60 days  
24.5 before the effective date of the disenrollment and ends on the date that is 63 days after the  
24.6 effective date.

24.7 (5) In the case of an individual described in paragraph (b), clause (7), the guaranteed  
24.8 issue period begins on the date the individual receives notice pursuant to section  
24.9 1882(v)(2)(B) of the Social Security Act from the Medicare supplement issuer during the  
24.10 60-day period immediately preceding the initial Part D enrollment period and ends on the  
24.11 date that is 63 days after the effective date of the individual's coverage under Medicare Part  
24.12 D.

24.13 (6) In the case of an individual described in paragraph (b) but not described in this  
24.14 paragraph, the guaranteed issue period begins on the effective date of disenrollment and  
24.15 ends on the date that is 63 days after the effective date.

24.16 (7) For all individuals described in paragraph (b), the open enrollment period is a  
24.17 guaranteed issue period.

24.18 (d)(1) In the case of an individual described in paragraph (b), clause (5), or deemed to  
24.19 be so described, pursuant to this paragraph, whose enrollment with an organization or  
24.20 provider described in paragraph (b), clause (5), item (i), is involuntarily terminated within  
24.21 the first 12 months of enrollment, and who, without an intervening enrollment, enrolls with  
24.22 another such organization or provider, the subsequent enrollment is deemed to be an initial  
24.23 enrollment described in paragraph (b), clause (5).

24.24 (2) In the case of an individual described in paragraph (b), clause (6), or deemed to be  
24.25 so described, pursuant to this paragraph, whose enrollment with a plan or in a program  
24.26 described in paragraph (b), clause (6), is involuntarily terminated within the first 12 months  
24.27 of enrollment, and who, without an intervening enrollment, enrolls in another such plan or  
24.28 program, the subsequent enrollment is deemed to be an initial enrollment described in  
24.29 paragraph (b), clause (6).

24.30 (3) For purposes of paragraph (b), clauses (5) and (6), no enrollment of an individual  
24.31 with an organization or provider described in paragraph (b), clause (5), item (i), or with a  
24.32 plan or in a program described in paragraph (b), clause (6), may be deemed to be an initial  
24.33 enrollment under this paragraph after the two-year period beginning on the date on which  
24.34 the individual first enrolled with the organization, provider, plan, or program.



25.1 (e) The Medicare supplement policy to which eligible persons are entitled under:

25.2 (1) paragraph (b), clauses (1) to (4), is any Medicare supplement policy that has a benefit  
25.3 package consisting of the basic Medicare supplement plan described in section 62A.316,  
25.4 paragraph (a), plus any combination of the three optional riders described in section 62A.316,  
25.5 paragraph (b), clauses (1) to (3), offered by any issuer;

25.6 (2) paragraph (b), clause (5), is the same Medicare supplement policy in which the  
25.7 individual was most recently previously enrolled, if available from the same issuer, or, if  
25.8 not so available, any policy described in clause (1) offered by any issuer, except that after  
25.9 December 31, 2005, if the individual was most recently enrolled in a Medicare supplement  
25.10 policy with an outpatient prescription drug benefit, a Medicare supplement policy to which  
25.11 the individual is entitled under paragraph (b), clause (5), is:

25.12 (i) the policy available from the same issuer but modified to remove outpatient  
25.13 prescription drug coverage; or

25.14 (ii) at the election of the policyholder, a policy described in clause (4), except that the  
25.15 policy may be one that is offered and available for issuance to new enrollees that is offered  
25.16 by any issuer;

25.17 (3) paragraph (b), clause (6), is any Medicare supplement policy offered by any issuer;

25.18 (4) paragraph (b), clause (7), is a Medicare supplement policy that has a benefit package  
25.19 classified as a basic plan under section 62A.316 if the enrollee's existing Medicare  
25.20 supplement policy is a basic plan or, if the enrollee's existing Medicare supplement policy  
25.21 is an extended basic plan under section 62A.315, a basic or extended basic plan at the option  
25.22 of the enrollee, provided that the policy is offered and is available for issuance to new  
25.23 enrollees by the same issuer that issued the individual's Medicare supplement policy with  
25.24 outpatient prescription drug coverage. The issuer must permit the enrollee to retain all  
25.25 optional benefits contained in the enrollee's existing coverage, other than outpatient  
25.26 prescription drugs, subject to the provision that the coverage be offered and available for  
25.27 issuance to new enrollees by the same issuer.

25.28 (f)(1) At the time of an event described in paragraph (b), because of which an individual  
25.29 loses coverage or benefits due to the termination of a contract or agreement, policy, or plan,  
25.30 the organization that terminates the contract or agreement, the issuer terminating the policy,  
25.31 or the administrator of the plan being terminated, respectively, shall notify the individual  
25.32 of the individual's rights under this subdivision, and of the obligations of issuers of Medicare  
25.33 supplement policies under paragraph (a). The notice must be communicated  
25.34 contemporaneously with the notification of termination.

26.1 (2) At the time of an event described in paragraph (b), because of which an individual  
 26.2 ceases enrollment under a contract or agreement, policy, or plan, the organization that offers  
 26.3 the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer  
 26.4 offering the policy, or the administrator of the plan, respectively, shall notify the individual  
 26.5 of the individual's rights under this subdivision, and of the obligations of issuers of Medicare  
 26.6 supplement policies under paragraph (a). The notice must be communicated within ten  
 26.7 working days of the issuer receiving notification of disenrollment.

26.8 (g) Reference in this subdivision to a situation in which, or to a basis upon which, an  
 26.9 individual's coverage has been terminated does not provide authority under the laws of this  
 26.10 state for the termination in that situation or upon that basis.

26.11 (h) An individual's rights under this subdivision are in addition to, and do not modify  
 26.12 or limit, the individual's rights under subdivision 1h.

26.13 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
 26.14 offered, issued, or renewed on or after that date.

26.15 Sec. 13. Minnesota Statutes 2022, section 62A.31, is amended by adding a subdivision to  
 26.16 read:

26.17 Subd. 1w. **Open enrollment.** A medicare supplement policy or certificate must not be  
 26.18 sold or issued to an eligible individual outside of the time periods described in subdivision  
 26.19 1u.

26.20 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
 26.21 offered, issued, or renewed on or after that date.

26.22 Sec. 14. Minnesota Statutes 2022, section 62A.31, subdivision 4, is amended to read:

26.23 Subd. 4. **Prohibited policy provisions.** (a) A Medicare supplement policy or certificate  
 26.24 in force in the state shall not contain benefits that duplicate benefits provided by Medicare  
 26.25 or contain exclusions on coverage that are more restrictive than those of Medicare.  
 26.26 Duplication of benefits is permitted to the extent permitted under subdivision 1s, paragraph  
 26.27 (a), for benefits provided by Medicare Part D.

26.28 (b) No Medicare supplement policy or certificate may use waivers to exclude, limit, or  
 26.29 reduce coverage or benefits for specifically named or described preexisting diseases or  
 26.30 physical conditions, ~~except as permitted under subdivision 1b.~~

26.31 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
 26.32 offered, issued, or renewed on or after that date.

27.1 Sec. 15. Minnesota Statutes 2022, section 62A.44, subdivision 2, is amended to read:

27.2 Subd. 2. **Questions.** (a) Application forms shall include the following questions designed  
27.3 to elicit information as to whether, as of the date of the application, the applicant has another  
27.4 Medicare supplement or other health insurance policy or certificate in force or whether a  
27.5 Medicare supplement policy or certificate is intended to replace any other accident and  
27.6 sickness policy or certificate presently in force. A supplementary application or other form  
27.7 to be signed by the applicant and agent containing the questions and statements may be  
27.8 used.

27.9 "(1) You do not need more than one Medicare supplement policy or certificate.

27.10 (2) If you purchase this policy, you may want to evaluate your existing health coverage  
27.11 and decide if you need multiple coverages.

27.12 (3) You may be eligible for benefits under Medicaid and may not need a Medicare  
27.13 supplement policy or certificate.

27.14 (4) The benefits and premiums under your Medicare supplement policy or certificate  
27.15 can be suspended, if requested, during your entitlement to benefits under Medicaid for  
27.16 24 months. You must request this suspension within 90 days of becoming eligible for  
27.17 Medicaid. If you are no longer entitled to Medicaid, your policy or certificate will be  
27.18 reinstated if requested within 90 days of losing Medicaid eligibility.

27.19 (5) Counseling services may be available in Minnesota to provide advice concerning  
27.20 medical assistance through state Medicaid, Qualified Medicare Beneficiaries (QMBs),  
27.21 and Specified Low-Income Medicare Beneficiaries (SLMBs).

27.22 To the best of your knowledge:

27.23 (1) Do you have another Medicare supplement policy or certificate in force?

27.24 (a) If so, with which company?

27.25 (b) If so, do you intend to replace your current Medicare supplement policy with this  
27.26 policy or certificate?

27.27 (2) Do you have any other health insurance policies that provide benefits which this  
27.28 Medicare supplement policy or certificate would duplicate?

27.29 (a) If so, please name the company.

27.30 (b) What kind of policy?

28.1 (3) Are you covered for medical assistance through the state Medicaid program? If so,  
28.2 which of the following programs provides coverage for you?

28.3 (a) Specified Low-Income Medicare Beneficiary (SLMB),

28.4 (b) Qualified Medicare Beneficiary (QMB), or

28.5 (c) full Medicaid Beneficiary?"

28.6 (b) Agents shall list any other health insurance policies they have sold to the applicant.

28.7 (1) List policies sold that are still in force.

28.8 (2) List policies sold in the past five years that are no longer in force.

28.9 (c) In the case of a direct response issuer, a copy of the application or supplemental  
28.10 form, signed by the applicant, and acknowledged by the insurer, shall be returned to the  
28.11 applicant by the insurer on delivery of the policy or certificate.

28.12 (d) Upon determining that a sale will involve replacement of Medicare supplement  
28.13 coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the  
28.14 applicant, before issuance or delivery of the Medicare supplement policy or certificate, a  
28.15 notice regarding replacement of Medicare supplement coverage. One copy of the notice  
28.16 signed by the applicant and the agent, except where the coverage is sold without an agent,  
28.17 shall be provided to the applicant and an additional signed copy shall be retained by the  
28.18 issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of  
28.19 the policy or certificate the notice regarding replacement of Medicare supplement coverage.

28.20 (e) The notice required by paragraph (d) for an issuer shall be provided in substantially  
28.21 the following form in no less than 12-point type:

28.22 "NOTICE TO APPLICANT REGARDING REPLACEMENT

28.23 OF MEDICARE SUPPLEMENT INSURANCE

28.24 (Insurance company's name and address)

28.25 SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

28.26 According to (your application) (information you have furnished), you intend to terminate  
28.27 existing Medicare supplement insurance and replace it with a policy or certificate to be  
28.28 issued by (Company Name) Insurance Company. Your new policy or certificate will provide  
28.29 30 days within which you may decide without cost whether you desire to keep the policy  
28.30 or certificate.

29.1 You should review this new coverage carefully. Compare it with all accident and sickness  
 29.2 coverage you now have. If, after due consideration, you find that purchase of this Medicare  
 29.3 supplement coverage is a wise decision you should terminate your present Medicare  
 29.4 supplement policy. You should evaluate the need for other accident and sickness coverage  
 29.5 you have that may duplicate this policy.

29.6 STATEMENT TO APPLICANT BY ISSUER, AGENT, (BROKER OR OTHER  
 29.7 REPRESENTATIVE): I have reviewed your current medical or health insurance  
 29.8 coverage. To the best of my knowledge this Medicare supplement policy will not duplicate  
 29.9 your existing Medicare supplement policy because you intend to terminate the existing  
 29.10 Medicare supplement policy. The replacement policy or certificate is being purchased  
 29.11 for the following reason(s) (check one):

- 29.12 ..... Additional benefits
- 29.13 ..... No change in benefits, but lower premiums
- 29.14 ..... Fewer benefits and lower premiums
- 29.15 ..... Other (please specify)
- 29.16 .....
- 29.17 .....
- 29.18 .....

29.19 ~~(1) Health conditions which you may presently have (preexisting conditions) may not~~  
 29.20 ~~be immediately or fully covered under the new policy or certificate. This could result~~  
 29.21 ~~in denial or delay of a claim for benefits under the new policy or certificate, whereas a~~  
 29.22 ~~similar claim might have been payable under your present policy or certificate.~~

29.23 ~~(2) State law provides that your replacement policy or certificate may not contain new~~  
 29.24 ~~preexisting conditions, waiting periods, elimination periods, or probationary periods.~~  
 29.25 ~~The insurer will waive any time periods applicable to preexisting conditions, waiting~~  
 29.26 ~~periods, elimination periods, or probationary periods in the new policy (or coverage)~~  
 29.27 ~~for similar benefits to the extent the time was spent (depleted) under the original policy~~  
 29.28 ~~or certificate.~~

29.29 ~~(3) If you still wish to terminate your present policy or certificate and replace it with~~  
 29.30 ~~new coverage, be certain to truthfully and completely answer all questions on the~~  
 29.31 ~~application concerning your medical and health history. Failure to include all material~~  
 29.32 ~~medical information on an application may provide a basis for the company to deny any~~  
 29.33 ~~future claims and to refund your premium as though your policy or certificate had never~~  
 29.34 ~~been in force. After the application has been completed and before you sign it, review~~

30.1 ~~it carefully to be certain that all information has been properly recorded. (If the policy~~  
30.2 ~~or certificate is guaranteed issue, this paragraph need not appear.)~~

30.3 Do not cancel your present policy or certificate until you have received your new policy  
30.4 or certificate and you are sure that you want to keep it.

30.5 .....  
30.6 (Signature of Agent, Broker, or Other Representative)\*

30.7 .....  
30.8 (Typed Name and Address of Issuer, Agent, or Broker)

30.9 .....  
30.10 (Date)

30.11 .....  
30.12 (Applicant's Signature)

30.13 .....  
30.14 (Date)

30.15 \*Signature not required for direct response sales."

30.16 ~~(f) Paragraph (e), clauses (1) and (2), of the replacement notice (applicable to preexisting~~  
30.17 ~~conditions) may be deleted by an issuer if the replacement does not involve application of~~  
30.18 ~~a new preexisting condition limitation.~~

30.19 EFFECTIVE DATE. This section is effective August 1, 2025, and applies to policies  
30.20 offered, issued, or renewed on or after that date.

30.21 Sec. 16. Minnesota Statutes 2022, section 62D.02, is amended by adding a subdivision to  
30.22 read:

30.23 Subd. 17. Preventive items and services. "Preventive items and services" has the  
30.24 meaning given in section 62Q.46, subdivision 1, paragraph (a).

30.25 Sec. 17. Minnesota Statutes 2022, section 62D.095, subdivision 2, is amended to read:

30.26 Subd. 2. **Co-payments.** A health maintenance contract may impose a co-payment and  
30.27 coinsurance consistent with the provisions of the Affordable Care Act as defined under  
30.28 section 62A.011, subdivision 1a, and for items and services that are not preventive items  
30.29 and services.

31.1 Sec. 18. Minnesota Statutes 2022, section 62D.095, subdivision 3, is amended to read:

31.2 Subd. 3. **Deductibles.** A health maintenance contract ~~may~~ must not impose a deductible  
31.3 ~~consistent with the provisions of the Affordable Care Act as defined under section 62A.011,~~  
31.4 ~~subdivision 1a~~ for preventive items and services.

31.5 Sec. 19. Minnesota Statutes 2022, section 62D.095, subdivision 5, is amended to read:

31.6 Subd. 5. **Exceptions.** ~~No~~ Co-payments or deductibles ~~may~~ must not be imposed on  
31.7 preventive ~~health care~~ items and services ~~consistent with the provisions of the Affordable~~  
31.8 ~~Care Act as defined under section 62A.011, subdivision 1a.~~

31.9 Sec. 20. Minnesota Statutes 2022, section 62J.26, subdivision 1, is amended to read:

31.10 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
31.11 the meanings given unless the context otherwise requires:

31.12 (1) "commissioner" means the commissioner of commerce;

31.13 (2) "enrollee" has the meaning given in section 62Q.01, subdivision 2b;

31.14 (3) "health plan" means a health plan as defined in section 62A.011, subdivision 3, but  
31.15 includes coverage listed in clauses (7) and (10) of that definition;

31.16 (4) "mandated health benefit proposal" or "proposal" means a proposal that would  
31.17 statutorily require a health plan company to do the following:

31.18 (i) provide coverage or increase the amount of coverage for the treatment of a particular  
31.19 disease, condition, or other health care need;

31.20 (ii) provide coverage or increase the amount of coverage of a particular type of health  
31.21 care treatment or service or of equipment, supplies, or drugs used in connection with a health  
31.22 care treatment or service;

31.23 (iii) provide coverage for care delivered by a specific type of provider;

31.24 (iv) require a particular benefit design or impose conditions on cost-sharing for:

31.25 (A) the treatment of a particular disease, condition, or other health care need;

31.26 (B) a particular type of health care treatment or service; or

31.27 (C) the provision of medical equipment, supplies, or a prescription drug used in  
31.28 connection with treating a particular disease, condition, or other health care need; or

32.1 (v) impose limits or conditions on a contract between a health plan company and a health  
32.2 care provider.

32.3 (b) "Mandated health benefit proposal" does not include health benefit proposals;

32.4 (1) amending the scope of practice of a licensed health care professional; or

32.5 (2) that make state law consistent with federal law.

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

32.7 Sec. 21. Minnesota Statutes 2022, section 62J.26, subdivision 2, is amended to read:

32.8 Subd. 2. **Evaluation process and content.** (a) The commissioner, in consultation with  
32.9 the commissioners of health and management and budget, must evaluate all mandated health  
32.10 benefit proposals as provided under subdivision 3.

32.11 (b) The purpose of the evaluation is to provide the legislature with a complete and timely  
32.12 analysis of all ramifications of any mandated health benefit proposal. The evaluation must  
32.13 include, in addition to other relevant information, the following to the extent applicable:

32.14 (1) scientific and medical information on the mandated health benefit proposal, on the  
32.15 potential for harm or benefit to the patient, and on the comparative benefit or harm from  
32.16 alternative forms of treatment, and must include the results of at least one professionally  
32.17 accepted and controlled trial comparing the medical consequences of the proposed therapy,  
32.18 alternative therapy, and no therapy;

32.19 (2) public health, economic, and fiscal impacts of the mandated health benefit proposal  
32.20 on persons receiving health services in Minnesota, on the relative cost-effectiveness of the  
32.21 proposal, and on the health care system in general;

32.22 (3) the extent to which the treatment, service, equipment, or drug is generally utilized  
32.23 by a significant portion of the population;

32.24 (4) the extent to which insurance coverage for the mandated health benefit proposal is  
32.25 already generally available;

32.26 (5) the extent to which the mandated health benefit proposal, by health plan category,  
32.27 would apply to the benefits offered to the health plan's enrollees;

32.28 (6) the extent to which the mandated health benefit proposal will increase or decrease  
32.29 the cost of the treatment, service, equipment, or drug;

32.30 (7) the extent to which the mandated health benefit proposal may increase enrollee  
32.31 premiums; and



33.1 (8) if the proposal applies to a qualified health plan as defined in section 62A.011,  
 33.2 subdivision 7, the cost to the state to defray the cost of the mandated health benefit proposal  
 33.3 using commercial market reimbursement rates in accordance with Code of Federal  
 33.4 Regulations, title 45, section ~~155.70~~ 155.170.

33.5 (c) The commissioner shall consider actuarial analysis done by health plan companies  
 33.6 and any other proponent or opponent of the mandated health benefit proposal in determining  
 33.7 the cost of the proposal.

33.8 (d) The commissioner must summarize the nature and quality of available information  
 33.9 on these issues, and, if possible, must provide preliminary information to the public. The  
 33.10 commissioner may conduct research on these issues or may determine that existing research  
 33.11 is sufficient to meet the informational needs of the legislature. The commissioner may seek  
 33.12 the assistance and advice of researchers, community leaders, or other persons or organizations  
 33.13 with relevant expertise. The commissioner must provide the public with at least 45 days'  
 33.14 notice when requesting information pursuant to this section. The commissioner must notify  
 33.15 the chief authors of a bill when a request for information is issued.

33.16 (e) Information submitted to the commissioner pursuant to this section that meets the  
 33.17 definition of trade secret information, as defined in section 13.37, subdivision 1, paragraph  
 33.18 (b), is nonpublic data.

33.19 Sec. 22. [62J.841] DEFINITIONS.

33.20 Subdivision 1. Scope. For purposes of sections 62J.841 to 62J.845, the following  
 33.21 definitions apply.

33.22 Subd. 2. Consumer Price Index. "Consumer Price Index" means the Consumer Price  
 33.23 Index, Annual Average, for All Urban Consumers, CPI-U: U.S. City Average, All Items,  
 33.24 reported by the United States Department of Labor, Bureau of Labor Statistics, or its  
 33.25 successor or, if the index is discontinued, an equivalent index reported by a federal authority  
 33.26 or, if no such index is reported, "Consumer Price Index" means a comparable index chosen  
 33.27 by the Bureau of Labor Statistics.

33.28 Subd. 3. Generic or off-patent drug. "Generic or off-patent drug" means any prescription  
 33.29 drug for which any exclusive marketing rights granted under the Federal Food, Drug, and  
 33.30 Cosmetic Act, section 351 of the federal Public Health Service Act, and federal patent law  
 33.31 have expired, including any drug-device combination product for the delivery of a generic  
 33.32 drug.

34.1 Subd. 4. **Manufacturer.** "Manufacturer" has the meaning given in section 151.01,  
34.2 subdivision 14a, but does not include an entity that must be licensed solely because the  
34.3 entity repackages or relabels drugs.

34.4 Subd. 5. **Prescription drug.** "Prescription drug" means a drug for human use subject  
34.5 to United States Code, title 21, section 353(b)(1).

34.6 Subd. 6. **Wholesale acquisition cost.** "Wholesale acquisition cost" has the meaning  
34.7 provided in United States Code, title 42, section 1395w-3a.

34.8 Subd. 7. **Wholesale distributor.** "Wholesale distributor" has the meaning provided in  
34.9 section 151.441, subdivision 14.

34.10 **Sec. 23. [62J.842] EXCESSIVE PRICE INCREASES PROHIBITED.**

34.11 Subdivision 1. **Prohibition.** No manufacturer shall impose, or cause to be imposed, an  
34.12 excessive price increase, whether directly or through a wholesale distributor, pharmacy, or  
34.13 similar intermediary, on the sale of any generic or off-patent drug sold, dispensed, or  
34.14 delivered to any consumer in the state.

34.15 Subd. 2. **Excessive price increase.** A price increase is excessive for purposes of this  
34.16 section when:

34.17 (1) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds:

34.18 (i) 15 percent of the wholesale acquisition cost over the immediately preceding calendar  
34.19 year; or

34.20 (ii) 40 percent of the wholesale acquisition cost over the immediately preceding three  
34.21 calendar years; and

34.22 (2) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds  
34.23 \$30 for:

34.24 (i) a 30-day supply of the drug; or

34.25 (ii) a course of treatment lasting less than 30 days.

34.26 Subd. 3. **Exemption.** It is not a violation of this section for a wholesale distributor or  
34.27 pharmacy to increase the price of a generic or off-patent drug if the price increase is directly  
34.28 attributable to additional costs for the drug imposed on the wholesale distributor or pharmacy  
34.29 by the manufacturer of the drug.

35.1 Sec. 24. **[62J.843] REGISTERED AGENT AND OFFICE WITHIN THE STATE.**

35.2 Any manufacturer that sells, distributes, delivers, or offers for sale any generic or  
35.3 off-patent drug in the state must maintain a registered agent and office within the state.

35.4 Sec. 25. **[62J.844] ENFORCEMENT.**

35.5 Subdivision 1. Notification. (a) The commissioner of health shall notify the manufacturer  
35.6 of a generic or off-patent drug and the attorney general of any price increase that the  
35.7 commissioner believes may violate section 62J.842.

35.8 (b) The commissioner of management and budget and any other state agency that provides  
35.9 or purchases a pharmacy benefit except the Department of Human Services, and any entity  
35.10 under contract with a state agency to provide a pharmacy benefit other than an entity under  
35.11 contract with the Department of Human Services, may notify the manufacturer of a generic  
35.12 or off-patent drug and the attorney general of any price increase that the commissioner or  
35.13 entity believes may violate section 62J.842.

35.14 Subd. 2. Submission of drug cost statement and other information by manufacturer;  
35.15 investigation by attorney general. (a) Within 45 days of receiving a notice under subdivision  
35.16 1, the manufacturer of the generic or off-patent drug shall submit a drug cost statement to  
35.17 the attorney general. The statement must:

35.18 (1) itemize the cost components related to production of the drug;

35.19 (2) identify the circumstances and timing of any increase in materials or manufacturing  
35.20 costs that caused any increase during the preceding calendar year, or preceding three calendar  
35.21 years as applicable, in the price of the drug; and

35.22 (3) provide any other information that the manufacturer believes to be relevant to a  
35.23 determination of whether a violation of section 62J.842 has occurred.

35.24 (b) The attorney general may investigate whether a violation of section 62J.842 has  
35.25 occurred, in accordance with section 8.31, subdivision 2.

35.26 Subd. 3. Petition to court. (a) On petition of the attorney general, a court may issue an  
35.27 order:

35.28 (1) compelling the manufacturer of a generic or off-patent drug to:

35.29 (i) provide the drug cost statement required under subdivision 2, paragraph (a); and

35.30 (ii) answer interrogatories, produce records or documents, or be examined under oath,  
35.31 as required by the attorney general under subdivision 2, paragraph (b);

36.1 (2) restraining or enjoining a violation of sections 62J.841 to 62J.845, including issuing  
36.2 an order requiring that drug prices be restored to levels that comply with section 62J.842;

36.3 (3) requiring the manufacturer to provide an accounting to the attorney general of all  
36.4 revenues resulting from a violation of section 62J.842;

36.5 (4) requiring the manufacturer to repay to all Minnesota consumers, including any  
36.6 third-party payers, any money acquired as a result of a price increase that violates section  
36.7 62J.842;

36.8 (5) notwithstanding section 16A.151, requiring that all revenues generated from a  
36.9 violation of section 62J.842 be remitted to the state and deposited into a special fund, to be  
36.10 used for initiatives to reduce the cost to consumers of acquiring prescription drugs, if a  
36.11 manufacturer is unable to determine the individual transactions necessary to provide the  
36.12 repayments described in clause (4);

36.13 (6) imposing a civil penalty of up to \$10,000 per day for each violation of section 62J.842;

36.14 (7) providing for the attorney general's recovery of costs and disbursements incurred in  
36.15 bringing an action against a manufacturer found in violation of section 62J.842, including  
36.16 the costs of investigation and reasonable attorney's fees; and

36.17 (8) providing any other appropriate relief, including any other equitable relief as  
36.18 determined by the court.

36.19 (b) For purposes of paragraph (a), clause (6), every individual transaction in violation  
36.20 of section 62J.842 is considered a separate violation.

36.21 Subd. 4. **Private right of action.** Any action brought pursuant to section 8.31, subdivision  
36.22 3a, by a person injured by a violation of section 62J.842 is for the benefit of the public.

36.23 Sec. 26. **[62J.845] PROHIBITION ON WITHDRAWAL OF GENERIC OR**  
36.24 **OFF-PATENT DRUGS FOR SALE.**

36.25 Subdivision 1. **Prohibition.** A manufacturer of a generic or off-patent drug is prohibited  
36.26 from withdrawing that drug from sale or distribution within this state for the purpose of  
36.27 avoiding the prohibition on excessive price increases under section 62J.842.

36.28 Subd. 2. **Notice to board and attorney general.** Any manufacturer that intends to  
36.29 withdraw a generic or off-patent drug from sale or distribution within the state shall provide  
36.30 a written notice of withdrawal to the attorney general at least 90 days prior to the withdrawal.

37.1 Subd. 3. **Financial penalty.** The attorney general shall assess a penalty of \$500,000 on  
37.2 any manufacturer of a generic or off-patent drug that the attorney general determines has  
37.3 failed to comply with the requirements of this section.

37.4 Sec. 27. [62J.846] SEVERABILITY.

37.5 If any provision of sections 62J.841 to 62J.845 or the application thereof to any person  
37.6 or circumstance is held invalid for any reason in a court of competent jurisdiction, the  
37.7 invalidity does not affect other provisions or any other application of sections 62J.841 to  
37.8 62J.845 that can be given effect without the invalid provision or application.

37.9 Sec. 28. [62J.85] CITATION.

37.10 Sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."

37.11 Sec. 29. [62J.86] DEFINITIONS.

37.12 Subdivision 1. **Definitions.** For the purposes of sections 62J.85 to 62J.95, the following  
37.13 terms have the meanings given.

37.14 Subd. 2. **Advisory council.** "Advisory council" means the Prescription Drug Affordability  
37.15 Advisory Council established under section 62J.88.

37.16 Subd. 3. **Biologic.** "Biologic" means a drug that is produced or distributed in accordance  
37.17 with a biologics license application approved under Code of Federal Regulations, title 42,  
37.18 section 447.502.

37.19 Subd. 4. **Biosimilar.** "Biosimilar" has the meaning provided in section 62J.84, subdivision  
37.20 2, paragraph (b).

37.21 Subd. 5. **Board.** "Board" means the Prescription Drug Affordability Board established  
37.22 under section 62J.87.

37.23 Subd. 6. **Brand name drug.** "Brand name drug" means a drug that is produced or  
37.24 distributed pursuant to:

37.25 (1) a new drug application approved under United States Code, title 21, section 355(c),  
37.26 except for a generic drug as defined under Code of Federal Regulations, title 42, section  
37.27 447.502; or

37.28 (2) a biologics license application approved under United States Code, title 45, section  
37.29 262(a)(c).

38.1 Subd. 7. **Generic drug.** "Generic drug" has the meaning provided in section 62J.84,  
38.2 subdivision 2, paragraph (e).

38.3 Subd. 8. **Group purchaser.** "Group purchaser" has the meaning given in section 62J.03,  
38.4 subdivision 6, and includes pharmacy benefit managers, as defined in section 62W.02,  
38.5 subdivision 15.

38.6 Subd. 9. **Manufacturer.** "Manufacturer" means an entity that:

38.7 (1) engages in the manufacture of a prescription drug product or enters into a lease with  
38.8 another manufacturer to market and distribute a prescription drug product under the entity's  
38.9 own name; and

38.10 (2) sets or changes the wholesale acquisition cost of the prescription drug product it  
38.11 manufactures or markets.

38.12 Subd. 10. **Prescription drug product.** "Prescription drug product" means a brand name  
38.13 drug, a generic drug, a biologic, or a biosimilar.

38.14 Subd. 11. **Wholesale acquisition cost or WAC.** "Wholesale acquisition cost" or "WAC"  
38.15 has the meaning given in United States Code, title 42, section 1395W-3a(c)(6)(B).

38.16 Sec. 30. **[62J.87] PRESCRIPTION DRUG AFFORDABILITY BOARD.**

38.17 Subdivision 1. **Establishment.** The commissioner of commerce shall establish the  
38.18 Prescription Drug Affordability Board, which shall be governed as a board under section  
38.19 15.012, paragraph (a), to protect consumers, state and local governments, health plan  
38.20 companies, providers, pharmacies, and other health care system stakeholders from  
38.21 unaffordable costs of certain prescription drugs.

38.22 Subd. 2. **Membership.** (a) The Prescription Drug Affordability Board consists of nine  
38.23 members appointed as follows:

38.24 (1) seven voting members appointed by the governor;

38.25 (2) one nonvoting member appointed by the majority leader of the senate; and

38.26 (3) one nonvoting member appointed by the speaker of the house.

38.27 (b) All members appointed must have knowledge and demonstrated expertise in  
38.28 pharmaceutical economics and finance or health care economics and finance. A member  
38.29 must not be an employee of, a board member of, or a consultant to a manufacturer or trade  
38.30 association for manufacturers, or a pharmacy benefit manager or trade association for  
38.31 pharmacy benefit managers.

39.1 (c) Initial appointments must be made by January 1, 2024.

39.2 Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms, except that initial  
39.3 appointees shall serve staggered terms of two, three, or four years as determined by lot by  
39.4 the secretary of state. A board member shall serve no more than two consecutive terms.

39.5 (b) A board member may resign at any time by giving written notice to the board.

39.6 Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from  
39.7 the members appointed by the governor.

39.8 (b) The board shall elect a chair to replace the acting chair at the first meeting of the  
39.9 board by a majority of the members. The chair shall serve for one year.

39.10 (c) The board shall elect a vice-chair and other officers from its membership as it deems  
39.11 necessary.

39.12 Subd. 5. **Staff; technical assistance.** (a) The board shall hire an executive director and  
39.13 other staff, who shall serve in the unclassified service. The executive director must have  
39.14 knowledge and demonstrated expertise in pharmacoeconomics, pharmacology, health policy,  
39.15 health services research, medicine, or a related field or discipline.

39.16 (b) The commissioner of health shall provide technical assistance to the board. The board  
39.17 may also employ or contract for professional and technical assistance as the board deems  
39.18 necessary to perform the board's duties.

39.19 (c) The attorney general shall provide legal services to the board.

39.20 Subd. 6. **Compensation.** The board members shall not receive compensation but may  
39.21 receive reimbursement for expenses as authorized under section 15.059, subdivision 3.

39.22 Subd. 7. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall  
39.23 meet publicly at least every three months to review prescription drug product information  
39.24 submitted to the board under section 62J.90. If there are no pending submissions, the chair  
39.25 of the board may cancel or postpone the required meeting. The board may meet in closed  
39.26 session when reviewing proprietary information, as determined under the standards developed  
39.27 in accordance with section 62J.91, subdivision 3.

39.28 (b) The board shall announce each public meeting at least three weeks prior to the  
39.29 scheduled date of the meeting. Any materials for the meeting shall be made public at least  
39.30 two weeks prior to the scheduled date of the meeting.

40.1 (c) At each public meeting, the board shall provide the opportunity for comments from  
40.2 the public, including the opportunity for written comments to be submitted to the board  
40.3 prior to a decision by the board.

40.4 Sec. 31. **[62J.88] PRESCRIPTION DRUG AFFORDABILITY ADVISORY**  
40.5 **COUNCIL.**

40.6 Subdivision 1. **Establishment.** The governor shall appoint a 18-member stakeholder  
40.7 advisory council to provide advice to the board on drug cost issues and to represent  
40.8 stakeholders' views. The governor shall appoint the members of the advisory council based  
40.9 on the members' knowledge and demonstrated expertise in one or more of the following  
40.10 areas: the pharmaceutical business; practice of medicine; patient perspectives; health care  
40.11 cost trends and drivers; clinical and health services research; and the health care marketplace.

40.12 Subd. 2. **Membership.** The council's membership shall consist of the following:

40.13 (1) two members representing patients and health care consumers;

40.14 (2) two members representing health care providers;

40.15 (3) one member representing health plan companies;

40.16 (4) two members representing employers, with one member representing large employers  
40.17 and one member representing small employers;

40.18 (5) one member representing government employee benefit plans;

40.19 (6) one member representing pharmaceutical manufacturers;

40.20 (7) one member who is a health services clinical researcher;

40.21 (8) one member who is a pharmacologist;

40.22 (9) one member representing the commissioner of health with expertise in health  
40.23 economics;

40.24 (10) one member representing pharmaceutical wholesalers;

40.25 (11) one member representing pharmacy benefit managers;

40.26 (12) one member from the Rare Disease Advisory Council;

40.27 (13) one member representing generic drug manufacturers;

40.28 (14) one member representing pharmaceutical distributors; and

40.29 (15) one member who is an oncologist who is not employed by, under contract with, or  
40.30 otherwise affiliated with a hospital.



41.1 Subd. 3. **Terms.** (a) The initial appointments to the advisory council must be made by  
41.2 January 1, 2024. The initial appointed advisory council members shall serve staggered terms  
41.3 of two, three, or four years, determined by lot by the secretary of state. Following the initial  
41.4 appointments, the advisory council members shall serve four-year terms.

41.5 (b) Removal and vacancies of advisory council members shall be governed by section  
41.6 15.059.

41.7 Subd. 4. **Compensation.** Advisory council members may be compensated according to  
41.8 section 15.059, except that those advisory council members designated in subdivision 2,  
41.9 clauses (10) to (15), must not be compensated.

41.10 Subd. 5. **Meetings.** Meetings of the advisory council are subject to chapter 13D. The  
41.11 advisory council shall meet publicly at least every three months to advise the board on drug  
41.12 cost issues related to the prescription drug product information submitted to the board under  
41.13 section 62J.90.

41.14 Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council shall not  
41.15 expire.

41.16 Sec. 32. **[62J.89] CONFLICTS OF INTEREST.**

41.17 Subdivision 1. **Definition.** For purposes of this section, "conflict of interest" means a  
41.18 financial or personal association that has the potential to bias or have the appearance of  
41.19 biasing a person's decisions in matters related to the board, the advisory council, or in the  
41.20 conduct of the board's or council's activities. A conflict of interest includes any instance in  
41.21 which a person, a person's immediate family member, including a spouse, parent, child, or  
41.22 other legal dependent, or an in-law of any of the preceding individuals, has received or  
41.23 could receive a direct or indirect financial benefit of any amount deriving from the result  
41.24 or findings of a decision or determination of the board. For purposes of this section, a  
41.25 financial benefit includes honoraria, fees, stock, the value of the member's, immediate family  
41.26 member's, or in-law's stock holdings, and any direct financial benefit deriving from the  
41.27 finding of a review conducted under sections 62J.85 to 62J.95. Ownership of securities is  
41.28 not a conflict of interest if the securities are: (1) part of a diversified mutual or exchange  
41.29 traded fund; or (2) in a tax-deferred or tax-exempt retirement account that is administered  
41.30 by an independent trustee.

41.31 Subd. 2. **General.** (a) Prior to the acceptance of an appointment or employment, or prior  
41.32 to entering into a contractual agreement, a board or advisory council member, board staff  
41.33 member, or third-party contractor must disclose to the appointing authority or the board

42.1 any conflicts of interest. The information disclosed must include the type, nature, and  
 42.2 magnitude of the interests involved.

42.3 (b) A board member, board staff member, or third-party contractor with a conflict of  
 42.4 interest with regard to any prescription drug product under review must recuse themselves  
 42.5 from any discussion, review, decision, or determination made by the board relating to the  
 42.6 prescription drug product.

42.7 (c) Any conflict of interest must be disclosed in advance of the first meeting after the  
 42.8 conflict is identified or within five days after the conflict is identified, whichever is earlier.

42.9 Subd. 3. **Prohibitions.** Board members, board staff, or third-party contractors are  
 42.10 prohibited from accepting gifts, bequeaths, or donations of services or property that raise  
 42.11 the specter of a conflict of interest or have the appearance of injecting bias into the activities  
 42.12 of the board.

42.13 Sec. 33. **[62J.90] PRESCRIPTION DRUG PRICE INFORMATION; DECISION**  
 42.14 **TO CONDUCT COST REVIEW.**

42.15 Subdivision 1. **Drug price information from the commissioner of health and other**  
 42.16 **sources.** (a) The commissioner of health shall provide to the board the information reported  
 42.17 to the commissioner by drug manufacturers under section 62J.84, subdivisions 3, 4, and 5.  
 42.18 The commissioner shall provide this information to the board within 30 days of the date the  
 42.19 information is received from drug manufacturers.

42.20 (b) The board may subscribe to one or more prescription drug pricing files, such as  
 42.21 Medispan or FirstDatabank, or as otherwise determined by the board.

42.22 Subd. 2. **Identification of certain prescription drug products.** (a) The board, in  
 42.23 consultation with the advisory council, shall identify selected prescription drug products  
 42.24 based on the following criteria:

42.25 (1) brand name drugs or biologics for which the WAC increases by more than 15 percent  
 42.26 or by more than \$3,000 during any 12-month period or course of treatment if less than 12  
 42.27 months, after adjusting for changes in the consumer price index (CPI);

42.28 (2) brand name drugs or biologics with a WAC of \$60,000 or more per calendar year  
 42.29 or per course of treatment;

42.30 (3) biosimilar drugs that have a WAC that is not at least 20 percent lower than the  
 42.31 referenced brand name biologic at the time the biosimilar is introduced; and

42.32 (4) generic drugs for which the WAC:

43.1 (i) is \$100 or more, after adjusting for changes in the CPI, for:

43.2 (A) a 30-day supply;

43.3 (B) a course of treatment lasting less than 30 days; or

43.4 (C) one unit of the drug, if the labeling approved by the Food and Drug Administration  
43.5 does not recommend a finite dosage; and

43.6 (ii) increased by 200 percent or more during the immediate preceding 12-month period,  
43.7 as determined by the difference between the resulting WAC and the average WAC reported  
43.8 over the preceding 12 months, after adjusting for changes in the CPI.

43.9 The board is not required to identify all prescription drug products that meet the criteria in  
43.10 this paragraph.

43.11 (b) The board, in consultation with the advisory council and the commissioner of health,  
43.12 may identify prescription drug products not described in paragraph (a) that may impose  
43.13 costs that create significant affordability challenges for the state health care system or for  
43.14 patients, including but not limited to drugs to address public health emergencies.

43.15 (c) The board shall make available to the public the names and related price information  
43.16 of the prescription drug products identified under this subdivision, with the exception of  
43.17 information determined by the board to be proprietary under the standards developed by  
43.18 the board under section 62J.91, subdivision 3, and information provided by the commissioner  
43.19 of health classified as not public data under section 13.02, subdivision 8a, or as trade secret  
43.20 information under section 13.37, subdivision 1, paragraph (b), or as trade secret information  
43.21 under the Defend Trade Secrets Act of 2016, United States Code, title 18, section 1836, as  
43.22 amended.

43.23 Subd. 3. **Determination to proceed with review.** (a) The board may initiate a cost  
43.24 review of a prescription drug product identified by the board under this section.

43.25 (b) The board shall consider requests by the public for the board to proceed with a cost  
43.26 review of any prescription drug product identified under this section.

43.27 (c) If there is no consensus among the members of the board on whether to initiate a  
43.28 cost review of a prescription drug product, any member of the board may request a vote to  
43.29 determine whether to review the cost of the prescription drug product.

43.30 Sec. 34. **[62J.91] PRESCRIPTION DRUG PRODUCT REVIEWS.**

43.31 Subdivision 1. **General.** Once a decision by the board has been made to proceed with  
43.32 a cost review of a prescription drug product, the board shall conduct the review and make

44.1 a determination as to whether appropriate utilization of the prescription drug under review,  
44.2 based on utilization that is consistent with the United States Food and Drug Administration  
44.3 (FDA) label or standard medical practice, has led or will lead to affordability challenges  
44.4 for the state health care system or for patients.

44.5 Subd. 2. **Review considerations.** In reviewing the cost of a prescription drug product,  
44.6 the board may consider the following factors:

44.7 (1) the price at which the prescription drug product has been and will be sold in the state;

44.8 (2) manufacturer monetary price concessions, discounts, or rebates, and drug-specific  
44.9 patient assistance;

44.10 (3) the price of therapeutic alternatives;

44.11 (4) the cost to group purchasers based on patient access consistent with the FDA-labeled  
44.12 indications and standard medical practice;

44.13 (5) measures of patient access, including cost-sharing and other metrics;

44.14 (6) the extent to which the attorney general or a court has determined that a price increase  
44.15 for a generic or off-patent prescription drug product was excessive under sections 62J.842  
44.16 and 62J.844;

44.17 (7) any information a manufacturer chooses to provide; and

44.18 (8) any other factors as determined by the board.

44.19 Subd. 3. **Public data; proprietary information.** (a) Any submission made to the board  
44.20 related to a drug cost review must be made available to the public with the exception of  
44.21 information determined by the board to be proprietary and information provided by the  
44.22 commissioner of health classified as not public data under section 13.02, subdivision 8a, or  
44.23 as trade secret information under section 13.37, subdivision 1, paragraph (b), or as trade  
44.24 secret information under the Defend Trade Secrets Act of 2016, United States Code, title  
44.25 18, section 1836, as amended.

44.26 (b) The board shall establish the standards for the information to be considered proprietary  
44.27 under paragraph (a) and section 62J.90, subdivision 2, including standards for heightened  
44.28 consideration of proprietary information for submissions for a cost review of a drug that is  
44.29 not yet approved by the FDA.

44.30 (c) Prior to the board establishing the standards under paragraph (b), the public shall be  
44.31 provided notice and the opportunity to submit comments.

45.1 (d) The establishment of standards under this subdivision is exempt from the rulemaking  
45.2 requirements under chapter 14, and section 14.386 does not apply.

45.3 **Sec. 35. [62J.92] DETERMINATIONS; COMPLIANCE; REMEDIES.**

45.4 Subdivision 1. **Upper payment limit.** (a) In the event the board finds that the spending  
45.5 on a prescription drug product reviewed under section 62J.91 creates an affordability  
45.6 challenge for the state health care system or for patients, the board shall establish an upper  
45.7 payment limit after considering:

45.8 (1) extraordinary supply costs, if applicable;

45.9 (2) the range of prices at which the drug is sold in the United States according to one or  
45.10 more pricing files accessed under section 62J.90, subdivision 1, and the range at which  
45.11 pharmacies are reimbursed in Canada; and

45.12 (3) any other relevant pricing and administrative cost information for the drug.

45.13 (b) An upper payment limit applies to all purchases of, and payer reimbursements for,  
45.14 a prescription drug that is dispensed or administered to individuals in the state in person,  
45.15 by mail, or by other means, and for which an upper payment limit has been established.

45.16 (c) In determining whether a drug creates an affordability challenge or determining an  
45.17 upper payment limit amount, the board may not use cost-effectiveness analyses that include  
45.18 the cost-per-quality adjusted life year or similar measure to identify subpopulations for  
45.19 which a treatment would be less cost-effective due to severity of illness, age, or pre-existing  
45.20 disability. For any treatment that extends life, if the board uses cost-effectiveness results,  
45.21 it must use results that weigh the value of all additional lifetime gained equally for all  
45.22 patients no matter their severity of illness, age, or pre-existing disability.

45.23 Subd. 2. **Implementation and administration of the upper payment limit.** (a) An  
45.24 upper payment limit may take effect no sooner than 120 days following the date of its public  
45.25 release by the board.

45.26 (b) When setting an upper payment limit for a drug subject to the Medicare maximum  
45.27 fair price under United States Code, title 42, section 1191(c), the board shall set the upper  
45.28 payment limit at the Medicare maximum fair price.

45.29 (c) Health plan companies and pharmacy benefit managers shall report annually to the  
45.30 board, in the form and manner specified by the board, on how cost savings resulting from  
45.31 the establishment of an upper payment limit have been used by the health plan company or

46.1 pharmacy benefit manager to benefit enrollees, including but not limited to reducing enrollee  
46.2 cost-sharing.

46.3 Subd. 3. **Noncompliance.** (a) The board shall, and other persons may, notify the Office  
46.4 of the Attorney General of a potential failure by an entity subject to an upper payment limit  
46.5 to comply with that limit.

46.6 (b) If the Office of the Attorney General finds that an entity was noncompliant with the  
46.7 upper payment limit requirements, the attorney general may pursue remedies consistent  
46.8 with chapter 8 or appropriate criminal charges if there is evidence of intentional profiteering.

46.9 (c) An entity who obtains price concessions from a drug manufacturer that result in a  
46.10 lower net cost to the stakeholder than the upper payment limit established by the board is  
46.11 not considered noncompliant.

46.12 (d) The Office of the Attorney General may provide guidance to stakeholders concerning  
46.13 activities that could be considered noncompliant.

46.14 Subd. 4. **Appeals.** (a) Persons affected by a decision of the board may request an appeal  
46.15 of the board's decision within 30 days of the date of the decision. The board shall hear the  
46.16 appeal and render a decision within 60 days of the hearing.

46.17 (b) All appeal decisions are subject to judicial review in accordance with chapter 14.

46.18 Sec. 36. **[62J.93] REPORTS.**

46.19 Beginning March 1, 2024, and each March 1 thereafter, the board shall submit a report  
46.20 to the governor and legislature on general price trends for prescription drug products and  
46.21 the number of prescription drug products that were subject to the board's cost review and  
46.22 analysis, including the result of any analysis as well as the number and disposition of appeals  
46.23 and judicial reviews.

46.24 Sec. 37. **[62J.94] ERISA PLANS AND MEDICARE DRUG PLANS.**

46.25 (a) Nothing in sections 62J.85 to 62J.95 shall be construed to require ERISA plans or  
46.26 Medicare Part D plans to comply with decisions of the board. ERISA plans or Medicare  
46.27 Part D plans are free to choose to exceed the upper payment limit established by the board  
46.28 under section 62J.92.

46.29 (b) Providers who dispense and administer drugs in the state must bill all payers no more  
46.30 than the upper payment limit without regard to whether an ERISA plan or Medicare Part

47.1 D plan chooses to reimburse the provider in an amount greater than the upper payment limit  
47.2 established by the board.

47.3 (c) For purposes of this section, an ERISA plan or group health plan is an employee  
47.4 welfare benefit plan established by or maintained by an employer or an employee  
47.5 organization, or both, that provides employer sponsored health coverage to employees and  
47.6 the employee's dependents and is subject to the Employee Retirement Income Security Act  
47.7 of 1974 (ERISA).

47.8 Sec. 38. [62J.95] SEVERABILITY.

47.9 If any provision of sections 62J.85 to 62J.94 or the application thereof to any person or  
47.10 circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity  
47.11 does not affect other provisions or any other application of sections 62J.85 to 62J.94 that  
47.12 can be given effect without the invalid provision or application.

47.13 Sec. 39. Minnesota Statutes 2022, section 62K.10, subdivision 4, is amended to read:

47.14 Subd. 4. **Network adequacy.** (a) Each designated provider network must include a  
47.15 sufficient number and type of providers, including providers that specialize in mental health  
47.16 and substance use disorder services, to ensure that covered services are available to all  
47.17 enrollees without unreasonable delay. In determining network adequacy, the commissioner  
47.18 of health shall consider availability of services, including the following:

47.19 (1) primary care physician services are available and accessible 24 hours per day, seven  
47.20 days per week, within the network area;

47.21 (2) a sufficient number of primary care physicians have hospital admitting privileges at  
47.22 one or more participating hospitals within the network area so that necessary admissions  
47.23 are made on a timely basis consistent with generally accepted practice parameters;

47.24 (3) specialty physician service is available through the network or contract arrangement;

47.25 (4) mental health and substance use disorder treatment providers, including but not  
47.26 limited to psychiatric residential treatment facilities, are available and accessible through  
47.27 the network or contract arrangement;

47.28 (5) to the extent that primary care services are provided through primary care providers  
47.29 other than physicians, and to the extent permitted under applicable scope of practice in state  
47.30 law for a given provider, these services shall be available and accessible; and

48.1 (6) the network has available, either directly or through arrangements, appropriate and  
 48.2 sufficient personnel, physical resources, and equipment to meet the projected needs of  
 48.3 enrollees for covered health care services.

48.4 (b) The commissioner must determine network sufficiency in a manner that is consistent  
 48.5 with the requirements of this section and may establish sufficiency by referencing any  
 48.6 reasonable criteria, which may include but is not limited to:

48.7 (1) provider-covered person ratios by specialty;

48.8 (2) primary care professional-covered person ratios;

48.9 (3) geographic accessibility of providers;

48.10 (4) geographic variation and population dispersion;

48.11 (5) waiting times for an appointment with participating providers;

48.12 (6) hours of operation;

48.13 (7) the ability of the network to meet the needs of covered persons, which may include:

48.14 (i) low-income persons;

48.15 (ii) children and adults with serious, chronic, or complex health conditions, physical  
 48.16 disabilities, or mental illness; or

48.17 (iii) persons with limited English proficiency and persons from underserved communities;

48.18 (8) other health care service delivery system options, including telemedicine or telehealth,  
 48.19 mobile clinics, centers of excellence, and other ways of delivering care; and

48.20 (9) the volume of technological and specialty care services available to serve the needs  
 48.21 of covered persons that need technologically advanced or specialty care services.

48.22 **EFFECTIVE DATE.** The amendment to paragraph (a) is effective July 1, 2023.

48.23 Paragraph (b) is effective January 1, 2025, and applies to health plans offered, issued, or  
 48.24 renewed on or after that date.

48.25 Sec. 40. Minnesota Statutes 2022, section 62Q.096, is amended to read:

48.26 **62Q.096 CREDENTIALING OF PROVIDERS.**

48.27 (a) If a health plan company has initially credentialed, as providers in its provider network,  
 48.28 individual providers employed by or under contract with an entity that:

48.29 (1) is authorized to bill under section 256B.0625, subdivision 5;



49.1 (2) is a mental health clinic certified under section 245I.20;

49.2 (3) is designated an essential community provider under section 62Q.19; and

49.3 (4) is under contract with the health plan company to provide mental health services,  
49.4 the health plan company must continue to credential at least the same number of providers  
49.5 from that entity, as long as those providers meet the health plan company's credentialing  
49.6 standards.

49.7 (b) In order to ensure timely access by patients to mental health services, between July  
49.8 1, 2023, and June 30, 2025, a health plan company must credential and enter into a contract  
49.9 for mental health services with any provider of mental health services that:

49.10 (1) meets the health plan company's credential requirements. For purposes of credentialing  
49.11 under this paragraph, a health plan company may waive credentialing requirements that are  
49.12 not directly related to quality of care in order to ensure patient access to providers from  
49.13 underserved communities or to providers in rural areas;

49.14 (2) seeks to receive a credential from the health plan company;

49.15 (3) agrees to the health plan company's contract terms. The contract shall include payment  
49.16 rates that are usual and customary for the services provided;

49.17 (4) is accepting new patients; and

49.18 (5) is not already under a contract with the health plan company under a separate tax  
49.19 identification number or, if already under a contract with the health plan company, has  
49.20 provided notice to the health plan company of termination of the existing contract.

49.21 (c) A health plan company shall not refuse to credential these providers on the grounds  
49.22 that their provider network has:

49.23 (1) a sufficient number of providers of that type, including but not limited to the provider  
49.24 types identified in paragraph (a); or

49.25 (2) a sufficient number of providers of mental health services in the aggregate.

49.26 Sec. 41. Minnesota Statutes 2022, section 62Q.19, subdivision 1, is amended to read:

49.27 Subdivision 1. **Designation.** (a) The commissioner shall designate essential community  
49.28 providers. The criteria for essential community provider designation shall be the following:

49.29 (1) a demonstrated ability to integrate applicable supportive and stabilizing services with  
49.30 medical care for uninsured persons and high-risk and special needs populations, underserved,  
49.31 and other special needs populations; and

50.1 (2) a commitment to serve low-income and underserved populations by meeting the  
50.2 following requirements:

50.3 (i) has nonprofit status in accordance with chapter 317A;

50.4 (ii) has tax-exempt status in accordance with the Internal Revenue Service Code, section  
50.5 501(c)(3);

50.6 (iii) charges for services on a sliding fee schedule based on current poverty income  
50.7 guidelines; and

50.8 (iv) does not restrict access or services because of a client's financial limitation;

50.9 (3) status as a local government unit as defined in section 62D.02, subdivision 11, a  
50.10 hospital district created or reorganized under sections 447.31 to 447.37, an Indian Tribal  
50.11 government, an Indian health service unit, or a community health board as defined in chapter  
50.12 145A;

50.13 (4) a former state hospital that specializes in the treatment of cerebral palsy, spina bifida,  
50.14 epilepsy, closed head injuries, specialized orthopedic problems, and other disabling  
50.15 conditions;

50.16 (5) a sole community hospital. For these rural hospitals, the essential community provider  
50.17 designation applies to all health services provided, including both inpatient and outpatient  
50.18 services. For purposes of this section, "sole community hospital" means a rural hospital  
50.19 that:

50.20 (i) is eligible to be classified as a sole community hospital according to Code of Federal  
50.21 Regulations, title 42, section 412.92, or is located in a community with a population of less  
50.22 than 5,000 and located more than 25 miles from a like hospital currently providing acute  
50.23 short-term services;

50.24 (ii) has experienced net operating income losses in two of the previous three most recent  
50.25 consecutive hospital fiscal years for which audited financial information is available; and

50.26 (iii) consists of 40 or fewer licensed beds;

50.27 (6) a birth center licensed under section 144.615; ~~or~~

50.28 (7) a hospital and affiliated specialty clinics that predominantly serve patients who are  
50.29 under 21 years of age and meet the following criteria:

50.30 (i) provide intensive specialty pediatric services that are routinely provided in fewer  
50.31 than five hospitals in the state; and

51.1 (ii) serve children from at least one-half of the counties in the state; or

51.2 (8) a psychiatric residential treatment facility, as defined in section 256B.0625,  
51.3 subdivision 45a, paragraph (b), that is certified by the commissioner of health and licensed  
51.4 by the commissioner of human services.

51.5 (b) Prior to designation, the commissioner shall publish the names of all applicants in  
51.6 the State Register. The public shall have 30 days from the date of publication to submit  
51.7 written comments to the commissioner on the application. No designation shall be made  
51.8 by the commissioner until the 30-day period has expired.

51.9 (c) The commissioner may designate an eligible provider as an essential community  
51.10 provider for all the services offered by that provider or for specific services designated by  
51.11 the commissioner.

51.12 (d) For the purpose of this subdivision, supportive and stabilizing services include at a  
51.13 minimum, transportation, child care, cultural, and linguistic services where appropriate.

51.14 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health  
51.15 plans offered, issued, or renewed on or after that date.

51.16 Sec. 42. Minnesota Statutes 2022, section 62Q.46, subdivision 1, is amended to read:

51.17 Subdivision 1. **Coverage for preventive items and services.** (a) "Preventive items and  
51.18 services" has the meaning specified in the Affordable Care Act. Preventive items and services  
51.19 includes:

51.20 (1) evidence-based items or services that have in effect a rating of A or B in the current  
51.21 recommendations of the United States Preventive Services Task Force with respect to the  
51.22 individual involved;

51.23 (2) immunizations for routine use in children, adolescents, and adults that have in effect  
51.24 a recommendation from the Advisory Committee on Immunization Practices of the Centers  
51.25 for Disease Control and Prevention with respect to the individual involved. For purposes  
51.26 of this clause, a recommendation from the Advisory Committee on Immunization Practices  
51.27 of the Centers for Disease Control and Prevention is considered in effect after the  
51.28 recommendation has been adopted by the Director of the Centers for Disease Control and  
51.29 Prevention, and a recommendation is considered to be for routine use if the recommendation  
51.30 is listed on the Immunization Schedules of the Centers for Disease Control and Prevention;

52.1 (3) with respect to infants, children, and adolescents, evidence-informed preventive care  
52.2 and screenings provided for in comprehensive guidelines supported by the Health Resources  
52.3 and Services Administration;

52.4 (4) with respect to women, additional preventive care and screenings that are not listed  
52.5 with a rating of A or B by the United States Preventive Services Task Force but that are  
52.6 provided for in comprehensive guidelines supported by the Health Resources and Services  
52.7 Administration;

52.8 (5) all contraceptive methods established in guidelines published by the United States  
52.9 Food and Drug Administration;

52.10 (6) screenings for human immunodeficiency virus for:

52.11 (i) all individuals at least 15 years of age but less than 65 years of age; and

52.12 (ii) all other individuals with increased risk of human immunodeficiency virus infection  
52.13 according to guidance from the Centers for Disease Control;

52.14 (7) all preexposure prophylaxis when used for the prevention or treatment of human  
52.15 immunodeficiency virus, including but not limited to all preexposure prophylaxis, as defined  
52.16 in any guidance by the United States Preventive Services Task Force or the Centers for  
52.17 Disease Control, including the June 11, 2019, Preexposure Prophylaxis for the Prevention  
52.18 of HIV Infection United States Preventive Services Task Force Recommendation Statement;  
52.19 and

52.20 (8) all postexposure prophylaxis when used for the prevention or treatment of human  
52.21 immunodeficiency virus, including but not limited to all postexposure prophylaxis as defined  
52.22 in any guidance by the United States Preventive Services Task Force or the Centers for  
52.23 Disease Control.

52.24 (b) A health plan company must provide coverage for preventive items and services at  
52.25 a participating provider without imposing cost-sharing requirements, including a deductible,  
52.26 coinsurance, or co-payment. Nothing in this section prohibits a health plan company that  
52.27 has a network of providers from excluding coverage or imposing cost-sharing requirements  
52.28 for preventive items or services that are delivered by an out-of-network provider.

52.29 (c) A health plan company is not required to provide coverage for any items or services  
52.30 specified in any recommendation or guideline described in paragraph (a) if the  
52.31 recommendation or guideline is no longer included as a preventive item or service as defined  
52.32 in paragraph (a). Annually, a health plan company must determine whether any additional

53.1 items or services must be covered without cost-sharing requirements or whether any items  
53.2 or services are no longer required to be covered.

53.3 (d) Nothing in this section prevents a health plan company from using reasonable medical  
53.4 management techniques to determine the frequency, method, treatment, or setting for a  
53.5 preventive item or service to the extent not specified in the recommendation or guideline.

53.6 (e) This section does not apply to grandfathered plans.

53.7 (f) This section does not apply to plans offered by the Minnesota Comprehensive Health  
53.8 Association.

53.9 Sec. 43. Minnesota Statutes 2022, section 62Q.46, subdivision 3, is amended to read:

53.10 Subd. 3. **Additional services not prohibited.** Nothing in this section prohibits a health  
53.11 plan company from providing coverage for preventive items and services in addition to  
53.12 those specified ~~in the Affordable Care Act~~ under subdivision 1, paragraph (a), or from  
53.13 denying coverage for preventive items and services that are not recommended as preventive  
53.14 items and services specified under the Affordable Care Act subdivision 1, paragraph (a). A  
53.15 health plan company may impose cost-sharing requirements for a treatment not described  
53.16 ~~in the Affordable Care Act~~ under subdivision 1, paragraph (a), even if the treatment results  
53.17 from a preventive item or service described ~~in the Affordable Care Act~~ under subdivision  
53.18 1, paragraph (a).

53.19 Sec. 44. **[62Q.465] MENTAL HEALTH PARITY AND SUBSTANCE ABUSE**  
53.20 **ACCOUNTABILITY OFFICE.**

53.21 (a) The Mental Health Parity and Substance Abuse Accountability Office is established  
53.22 within the Department of Commerce to create and execute effective strategies for  
53.23 implementing the requirements under:

53.24 (1) section 62Q.47;

53.25 (2) the federal Mental Health Parity Act of 1996, Public Law 104-204;

53.26 (3) the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction  
53.27 Equity Act of 2008, Public Law 110-343, division C, sections 511 and 512;

53.28 (4) the Affordable Care Act, as defined under section 62A.011, subdivision 1a; and

53.29 (5) amendments made to, and federal guidance or regulations issued or adopted under,  
53.30 the acts listed under clauses (2) to (4).

54.1 (b) The office may oversee compliance reviews, conduct and lead stakeholder  
54.2 engagement, review consumer and provider complaints, and serve as a resource for ensuring  
54.3 health plan compliance with mental health and substance abuse requirements.

54.4 Sec. 45. Minnesota Statutes 2022, section 62Q.47, is amended to read:

54.5 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**  
54.6 **SERVICES.**

54.7 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,  
54.8 mental health, or chemical dependency services, must comply with the requirements of this  
54.9 section.

54.10 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental  
54.11 health and outpatient chemical dependency and alcoholism services, except for persons  
54.12 placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to  
54.13 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more  
54.14 restrictive than those requirements and limitations for outpatient medical services.

54.15 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital  
54.16 mental health services, psychiatric residential treatment facility services, and inpatient  
54.17 hospital and residential chemical dependency and alcoholism services, except for persons  
54.18 placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to  
54.19 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more  
54.20 restrictive than those requirements and limitations for inpatient hospital medical services.

54.21 (d) A health plan company must not impose an NQTL with respect to mental health and  
54.22 substance use disorders in any classification of benefits unless, under the terms of the health  
54.23 plan as written and in operation, any processes, strategies, evidentiary standards, or other  
54.24 factors used in applying the NQTL to mental health and substance use disorders in the  
54.25 classification are comparable to, and are applied no more stringently than, the processes,  
54.26 strategies, evidentiary standards, or other factors used in applying the NQTL with respect  
54.27 to medical and surgical benefits in the same classification.

54.28 (e) All health plans must meet the requirements of the federal Mental Health Parity Act  
54.29 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and  
54.30 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal  
54.31 guidance or regulations issued under, those acts.

54.32 (f) The commissioner may require information from health plan companies to confirm  
54.33 that mental health parity is being implemented by the health plan company. Information

55.1 required may include comparisons between mental health and substance use disorder  
55.2 treatment and other medical conditions, including a comparison of prior authorization  
55.3 requirements, drug formulary design, claim denials, rehabilitation services, and other  
55.4 information the commissioner deems appropriate.

55.5 (g) Regardless of the health care provider's professional license, if the service provided  
55.6 is consistent with the provider's scope of practice and the health plan company's credentialing  
55.7 and contracting provisions, mental health therapy visits and medication maintenance visits  
55.8 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing  
55.9 requirements imposed under the enrollee's health plan.

55.10 (h) All health plan companies offering health plans that provide coverage for alcoholism,  
55.11 mental health, or chemical dependency benefits shall provide reimbursement for the benefits  
55.12 delivered through the psychiatric Collaborative Care Model, which must include the following  
55.13 Current Procedural Terminology or Healthcare Common Procedure Coding System billing  
55.14 codes:

55.15 (1) 99492;

55.16 (2) 99493;

55.17 (3) 99494;

55.18 (4) G2214; and

55.19 (5) G0512.

55.20 This paragraph does not apply to managed care plans or county-based purchasing plans  
55.21 when the plan provides coverage to public health care program enrollees under chapter  
55.22 256B or 256L.

55.23 (i) The commissioner of commerce shall update the list of codes in paragraph (h) if any  
55.24 alterations or additions to the billing codes for the psychiatric Collaborative Care Model  
55.25 are made.

55.26 (j) "Psychiatric Collaborative Care Model" means the evidence-based, integrated  
55.27 behavioral health service delivery method described at Federal Register, volume 81, page  
55.28 80230, which includes a formal collaborative arrangement among a primary care team  
55.29 consisting of a primary care provider, a care manager, and a psychiatric consultant, and  
55.30 includes but is not limited to the following elements:

55.31 (1) care directed by the primary care team;

55.32 (2) structured care management;

56.1 (3) regular assessments of clinical status using validated tools; and

56.2 (4) modification of treatment as appropriate.

56.3 ~~(h)~~ (k) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce,  
56.4 in consultation with the commissioner of health, shall submit a report on compliance and  
56.5 oversight to the chairs and ranking minority members of the legislative committees with  
56.6 jurisdiction over health and commerce. The report must:

56.7 (1) describe the commissioner's process for reviewing health plan company compliance  
56.8 with United States Code, title 42, section 18031(j), any federal regulations or guidance  
56.9 relating to compliance and oversight, and compliance with this section and section 62Q.53;

56.10 (2) identify any enforcement actions taken by either commissioner during the preceding  
56.11 12-month period regarding compliance with parity for mental health and substance use  
56.12 disorders benefits under state and federal law, summarizing the results of any market conduct  
56.13 examinations. The summary must include: (i) the number of formal enforcement actions  
56.14 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the  
56.15 subject matter of each enforcement action, including quantitative and nonquantitative  
56.16 treatment limitations;

56.17 (3) detail any corrective action taken by either commissioner to ensure health plan  
56.18 company compliance with this section, section 62Q.53, and United States Code, title 42,  
56.19 section 18031(j); and

56.20 (4) describe the information provided by either commissioner to the public about  
56.21 alcoholism, mental health, or chemical dependency parity protections under state and federal  
56.22 law.

56.23 The report must be written in nontechnical, readily understandable language and must be  
56.24 made available to the public by, among other means as the commissioners find appropriate,  
56.25 posting the report on department websites. Individually identifiable information must be  
56.26 excluded from the report, consistent with state and federal privacy protections.

56.27 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health  
56.28 plans offered, issued, or renewed on or after that date.

56.29 Sec. 46. **[62Q.481] COST-SHARING FOR PRESCRIPTION DRUGS AND RELATED**  
56.30 **MEDICAL SUPPLIES TO TREAT CHRONIC DISEASE.**

56.31 Subdivision 1. **Cost-sharing limits.** (a) A health plan must limit the amount of any  
56.32 enrollee cost-sharing for prescription drugs prescribed to treat a chronic disease to no more



57.1 than: (1) \$25 per one-month supply for each prescription drug, regardless of the amount or  
57.2 type of medication required to fill the prescription; and (2) \$50 per month in total for all  
57.3 related medical supplies. The cost-sharing limit for related medical supplies does not increase  
57.4 with the number of chronic diseases for which an enrollee is treated. Coverage under this  
57.5 section shall not be subject to any deductible.

57.6 (b) If application of this section before an enrollee has met the enrollee's plan deductible  
57.7 results in: (1) health savings account ineligibility under United States Code, title 26, section  
57.8 223; or (2) catastrophic health plan ineligibility under United States Code, title 42, section  
57.9 18022(e), this section applies to the specific prescription drug or related medical supply  
57.10 only after the enrollee has met the enrollee's plan deductible.

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

57.12 (b) "Chronic disease" means diabetes, asthma, and allergies requiring the use of  
57.13 epinephrine auto-injectors.

57.14 (c) "Cost-sharing" means co-payments and coinsurance.

57.15 (d) "Related medical supplies" means syringes, insulin pens, insulin pumps, test strips,  
57.16 glucometers, continuous glucose monitors, epinephrine auto-injectors, asthma inhalers, and  
57.17 other medical supply items necessary to effectively and appropriately treat a chronic disease  
57.18 or administer a prescription drug prescribed to treat a chronic disease.

57.19 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health  
57.20 plans offered, issued, or renewed on or after that date.

57.21 Sec. 47. Minnesota Statutes 2022, section 62Q.735, subdivision 1, is amended to read:

57.22 Subdivision 1. **Contract disclosure.** (a) Before requiring a health care provider to sign  
57.23 a contract, a health plan company shall give to the provider a complete copy of the proposed  
57.24 contract, including:

57.25 (1) all attachments and exhibits;

57.26 (2) operating manuals;

57.27 (3) a general description of the health plan company's health service coding guidelines  
57.28 and requirement for procedures and diagnoses with modifiers, and multiple procedures; and

57.29 (4) all guidelines and treatment parameters incorporated or referenced in the contract.

58.1 (b) The health plan company shall make available to the provider the fee schedule or a  
58.2 method or process that allows the provider to determine the fee schedule for each health  
58.3 care service to be provided under the contract.

58.4 (c) ~~Notwithstanding paragraph (b), a health plan company that is a dental plan~~  
58.5 ~~organization, as defined in section 62Q.76, shall disclose information related to the individual~~  
58.6 ~~contracted provider's expected reimbursement from the dental plan organization.~~ Nothing  
58.7 in this section requires a dental plan organization to disclose the plan's aggregate maximum  
58.8 allowable fee table used to determine other providers' fees. The contracted provider must  
58.9 not release this information in any way that would violate any state or federal antitrust law.

58.10 Sec. 48. Minnesota Statutes 2022, section 62Q.735, subdivision 5, is amended to read:

58.11 Subd. 5. **Fee schedules.** ~~(a)~~ A health plan company shall provide, upon request, any  
58.12 additional fees or fee schedules relevant to the particular provider's practice beyond those  
58.13 provided with the renewal documents for the next contract year to all participating providers,  
58.14 excluding claims paid under the pharmacy benefit. Health plan companies may fulfill the  
58.15 requirements of this section by making the full fee schedules available through a secure  
58.16 web portal for contracted providers.

58.17 ~~(b) A dental organization may satisfy paragraph (a) by complying with section 62Q.735,~~  
58.18 ~~subdivision 1, paragraph (e).~~

58.19 Sec. 49. Minnesota Statutes 2022, section 62Q.76, is amended by adding a subdivision to  
58.20 read:

58.21 Subd. 9. **Third party.** "Third party" means a person or entity that enters into a contract  
58.22 with a dental organization or with another third party to gain access to the dental care services  
58.23 or contractual discounts under a dental provider contract. Third party does not include an  
58.24 enrollee of a dental organization or an employer or other group for whom the dental  
58.25 organization provides administrative services.

58.26 Sec. 50. Minnesota Statutes 2022, section 62Q.78, is amended by adding a subdivision to  
58.27 read:

58.28 Subd. 7. **Method of payments.** A dental provider contract must include a method of  
58.29 payment for dental care services in which no fees associated with the method of payment,  
58.30 including credit card fees and fees related to payment in the form of digital or virtual  
58.31 currency, are incurred by the dentist or dental clinic. Any fees that may be incurred from a  
58.32 payment must be disclosed to a dentist prior to entering into or renewing a dental provider

59.1 contract. For purposes of this section, fees related to a provider's electronic claims processing  
59.2 vendor, financial institution, or other vendor used by a provider to facilitate the submission  
59.3 of claims are excluded.

59.4 Sec. 51. Minnesota Statutes 2022, section 62Q.78, is amended by adding a subdivision to  
59.5 read:

59.6 Subd. 8. **Network leasing.** (a) A dental organization may grant a third party access to  
59.7 a dental provider contract or a provider's dental care services or contractual discounts  
59.8 provided pursuant to a dental provider contract if, at the time the dental provider contract  
59.9 is entered into or renewed, the dental organization allows a dentist to choose not to participate  
59.10 in third-party access to the dental provider contract, without any penalty to the dentist. The  
59.11 third-party access provision of the dental provider contract must be clearly identified. A  
59.12 dental organization must not grant a third party access to the dental provider contract of any  
59.13 dentist who does not participate in third-party access to the dental provider contract.

59.14 (b) Notwithstanding paragraph (a), if a dental organization exists solely for the purpose  
59.15 of recruiting dentists for dental provider contracts that establish a network to be leased to  
59.16 third parties, the dentist waives the right to choose whether to participate in third-party  
59.17 access.

59.18 (c) A dental organization may grant a third party access to a dental provider contract,  
59.19 or a dentist's dental care services or contractual discounts under a dental provider contract,  
59.20 if the following requirements are met:

59.21 (1) the dental organization lists all third parties that may have access to the dental provider  
59.22 contract on the dental organization's website, which must be updated at least once every 90  
59.23 days;

59.24 (2) the dental provider contract states that the dental organization may enter into an  
59.25 agreement with a third party that would allow the third party to obtain the dental  
59.26 organization's rights and responsibilities as if the third party were the dental organization,  
59.27 and the dentist chose to participate in third-party access at the time the dental provider  
59.28 contract was entered into; and

59.29 (3) the third party accessing the dental provider contract agrees to comply with all  
59.30 applicable terms of the dental provider contract.

59.31 (d) A dentist is not bound by and is not required to perform dental care services under  
59.32 a dental provider contract granted to a third party in violation of this section.

59.33 (e) This subdivision does not apply when:

60.1 (1) the dental provider contract is for dental services provided under a public health plan  
60.2 program, including but not limited to medical assistance, MinnesotaCare, Medicare, or  
60.3 Medicare Advantage; or

60.4 (2) access to a dental provider contract is granted to a dental organization, an entity  
60.5 operating in accordance with the same brand licensee program as the dental organization  
60.6 or other entity, or to an entity that is an affiliate of the dental organization, provided the  
60.7 entity agrees to substantially similar terms and conditions as the originating dental provider  
60.8 contract between the dental organization and the dentist or dental clinic. A list of the dental  
60.9 organization's affiliates must be posted on the dental organization's website.

60.10 Sec. 52. Minnesota Statutes 2022, section 62Q.81, subdivision 4, is amended to read:

60.11 Subd. 4. **Essential health benefits; definition.** For purposes of this section, "essential  
60.12 health benefits" has the meaning given under section 1302(b) of the Affordable Care Act  
60.13 and includes:

60.14 (1) ambulatory patient services;

60.15 (2) emergency services;

60.16 (3) hospitalization;

60.17 (4) laboratory services;

60.18 (5) maternity and newborn care;

60.19 (6) mental health and substance use disorder services, including behavioral health  
60.20 treatment;

60.21 (7) pediatric services, including oral and vision care;

60.22 (8) prescription drugs;

60.23 (9) preventive and wellness services and chronic disease management;

60.24 (10) rehabilitative and habilitative services and devices; and

60.25 (11) additional essential health benefits included in the EHB-benchmark plan, as defined  
60.26 under the Affordable Care Act, and preventive items and services, as defined under section  
60.27 62Q.46, subdivision 1, paragraph (a).

61.1 Sec. 53. Minnesota Statutes 2022, section 62Q.81, is amended by adding a subdivision to  
61.2 read:

61.3 Subd. 7. **Standard plans.** (a) A health plan company that offers individual health plans  
61.4 must ensure that no less than one individual health plan at each level of coverage described  
61.5 in subdivision 1, paragraph (b), clause (3), that the health plan company offers in each  
61.6 geographic rating area the health plan company serves conforms to the standard plan  
61.7 parameters determined by the commissioner under paragraph (e).

61.8 (b) An individual health plan offered under this subdivision must be:

61.9 (1) clearly and appropriately labeled as standard plans to aid the purchaser in the selection  
61.10 process;

61.11 (2) marketed as standard plans and in the same manner as other individual health plans  
61.12 offered by the health plan company; and

61.13 (3) offered for purchase to any individual.

61.14 (c) This subdivision does not apply to catastrophic plans, grandfathered plans, small  
61.15 group health plans, large group health plans, health savings accounts, qualified high  
61.16 deductible health benefit plans, limited health benefit plans, or short-term limited-duration  
61.17 health insurance policies.

61.18 (d) Health plan companies must meet the requirements in this subdivision separately for  
61.19 plans offered through MNsure under chapter 62V and plans offered outside of MNsure.

61.20 (e) The commissioner of commerce, in consultation with the commissioner of health,  
61.21 must annually determine standard plan parameters, including but not limited to cost-sharing  
61.22 structure and covered benefits, that comprise a standard plan in Minnesota.

61.23 (f) Notwithstanding section 62A.65, subdivision 2, a health plan company may  
61.24 discontinue offering a health plan under this subdivision if, three years after the date the  
61.25 plan is initially offered, the plan has fewer than 75 enrollees. A health plan company  
61.26 discontinuing a health plan under this paragraph may discontinue a health plan that has  
61.27 fewer than 75 enrollees if it:

61.28 (1) provides notice of the plan's discontinuation in writing, in a form prescribed by the  
61.29 commissioner, to each enrollee of the plan at least 90 calendar days before the date the  
61.30 coverage is discontinued;

61.31 (2) offers on a guaranteed issue basis to each enrollee the option to purchase an individual  
61.32 health plan currently being offered by the health plan company for individuals in that

62.1 geographic rating area. An enrollee who does not select an option shall be automatically  
62.2 enrolled in the individual health plan closest in actuarial value to the enrollee's current plan;  
62.3 and

62.4 (3) acts uniformly without regard to any health status-related factor of an enrollee or an  
62.5 enrollee's dependents who may become eligible for coverage.

62.6 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to individual  
62.7 health plans offered, issued, or renewed on or after that date.

62.8 Sec. 54. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

62.9 Subdivision 1. **Definition.** (a) For purposes of this section, the following definition  
62.10 applies.

62.11 (b) "Clinician-administered drug" means an outpatient prescription drug other than a  
62.12 vaccine that:

62.13 (1) cannot reasonably be self-administered by the enrollee to whom the drug is prescribed  
62.14 or by an individual assisting the enrollee with self-administration; and

62.15 (2) is typically administered:

62.16 (i) by a health care provider authorized to administer the drug, including when acting  
62.17 under a physician's delegation and supervision; and

62.18 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

62.19 Subd. 2. **Safety and care requirements for clinician-administered drugs.** (a) A  
62.20 specialty pharmacy that ships a clinician-administered drug to a health care provider or  
62.21 pharmacy must:

62.22 (1) comply with all federal laws regulating the shipment of drugs, including but not  
62.23 limited to the U.S. Pharmacopeia General Chapter 800;

62.24 (2) in response to questions from a health care provider or pharmacy, provide access to  
62.25 a pharmacist or nurse employed by the specialty pharmacy 24 hours a day, 7 days a week;

62.26 (3) allow an enrollee and health care provider to request a refill of a clinician-administered  
62.27 drug on behalf of an enrollee, in accordance with the pharmacy benefit manager or health  
62.28 carrier's utilization review procedures; and

62.29 (4) adhere to the track and trace requirements, as defined by the federal Drug Supply  
62.30 Chain Security Act, United States Code, title 21, section 360eee, et seq., for a  
62.31 clinician-administered drug that needs to be compounded or manipulated.

63.1 (b) For any clinician-administered drug dispensed by a specialty pharmacy selected by  
63.2 the pharmacy benefit manager or health carrier, the requesting health care provider or their  
63.3 designee must provide the requested date, approximate time, and place of delivery of a  
63.4 clinician-administered drug at least five business days before the date of delivery. The  
63.5 specialty pharmacy must require a signature upon receipt of the shipment when shipped to  
63.6 a health care provider.

63.7 (c) A pharmacy benefit manager or health carrier who requires dispensing of a  
63.8 clinician-administered drug through a specialty pharmacy shall establish and disclose a  
63.9 process which allows the health care provider or pharmacy to appeal and have exceptions  
63.10 to the use of a specialty pharmacy when:

63.11 (1) a drug is not delivered as specified in paragraph (b); or

63.12 (2) an attending health care provider reasonably believes an enrollee may experience  
63.13 immediate and irreparable harm without the immediate, onetime use of clinician-administered  
63.14 drug that a health care provider or pharmacy has in stock.

63.15 (d) A pharmacy benefit manager or health carrier shall not require a specialty pharmacy  
63.16 to dispense a clinician-administered drug directly to an enrollee with the intention that the  
63.17 enrollee will transport the clinician-administered drug to a health care provider for  
63.18 administration.

63.19 (e) A pharmacy benefit manager, health carrier, health care provider, or pharmacist shall  
63.20 not require and may not deny the use of a home infusion or infusion site external to the  
63.21 enrollee's provider office or clinic to administer a clinician-administered drug when requested  
63.22 by an enrollee and such services are covered by the health plan and are available and  
63.23 clinically appropriate as determined by the health care provider and delivered in accordance  
63.24 with state law.

63.25 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to health  
63.26 plans offered, issued, or renewed on or after that date.

63.27 Sec. 55. **[65A.298] HOMEOWNER'S INSURANCE; FORTIFIED PROGRAM**  
63.28 **STANDARDS.**

63.29 Subdivision 1. **Definitions.** (a) For purposes of this section the following term has the  
63.30 meaning given.

63.31 (b) "Insurable property" means a residential property designated as meeting Fortified  
63.32 program standards that include a hail supplement as administered by the Insurance Institute  
63.33 for Business and Home Safety (IBHS).

64.1 Subd. 2. **Fortified new property.** (a) An insurer must provide a premium discount or  
64.2 an insurance rate reduction to an owner who builds or locates a new insurable property in  
64.3 Minnesota.

64.4 (b) An owner of insurable property claiming a premium discount or rate reduction under  
64.5 this subdivision must submit and maintain a certificate issued by IBHS showing proof of  
64.6 compliance with the Fortified program standards to the insurer prior to receiving the premium  
64.7 discount or rate reduction. At the time of policy renewal an insurer may require evidence  
64.8 that the issued certificate remains in good standing.

64.9 Subd. 3. **Fortified existing property.** (a) An insurer must provide a premium discount  
64.10 or insurance rate reduction to an owner who retrofits an existing property to meet the  
64.11 requirements to be an insurable property in Minnesota.

64.12 (b) An owner of insurable property claiming a premium discount or rate reduction under  
64.13 this subdivision must submit a certificate issued by IBHS showing proof of compliance  
64.14 with the Fortified program standards to the insurer prior to receiving the premium discount  
64.15 or rate reduction.

64.16 Subd. 4. **Insurers.** (a) A participating insurer must submit to the commissioner actuarially  
64.17 justified rates and a rating plan for a person who builds or locates a new insurable property  
64.18 in Minnesota.

64.19 (b) A participating insurer must submit to the commissioner actuarially justified rates  
64.20 and a rating plan for a person who retrofits an existing property to meet the requirements  
64.21 to be an insurable property.

64.22 (c) A participating insurer may offer, in addition to the premium discount and insurance  
64.23 rate reductions required under subdivisions 2 and 3, more generous mitigation adjustments  
64.24 to an owner of insurable property.

64.25 (d) Any premium discount, rate reduction, or mitigation adjustment offered by an insurer  
64.26 under this section applies only to policies that include wind coverage and may be applied  
64.27 to: (1) only the portion of the premium for wind coverage; or (2) the total premium, if the  
64.28 insurer does not separate the premium for wind coverage in the insurer's rate filing.

64.29 (e) A rate and rating plan submitted to the commissioner under this section must not be  
64.30 used until 60 days after the rate and rating plan has been filed with the commissioner, unless  
64.31 the commissioner approves the rate and rating plan before that time. A rating plan, rating  
64.32 classification, and territories applicable to insurance written by a participating insurer and



65.1 any related statistics are subject to chapter 70A. When the commissioner is evaluating rate  
 65.2 and rating plans submitted under this section, the commissioner must evaluate:

65.3 (i) evidence of cost savings directly attributable to the Fortified program standards as  
 65.4 administered by IBHS; and

65.5 (ii) whether the cost savings are passed along in full to qualified policyholders.

65.6 (f) A participating insurer must resubmit a rate and rating plan at least once every five  
 65.7 years following the initial submission under this section.

65.8 (g) The commissioner may annually publish the premium savings that policyholders  
 65.9 experience pursuant to this section.

65.10 (h) An insurer must provide the commissioner with all requested information necessary  
 65.11 for the commissioner to meet the requirements of this subdivision.

65.12 **Sec. 56. [65A.299] STRENGTHEN MINNESOTA HOMES PROGRAM.**

65.13 Subdivision 1. **Short title.** This section may be cited as the "Strengthen Minnesota  
 65.14 Homes Act."

65.15 Subd. 2. **Definitions.** (a) For purposes of this section, the terms in this subdivision have  
 65.16 the meanings given.

65.17 (b) "Insurable property" has the meaning given in section 65A.298, subdivision 1.

65.18 (c) "Program" means the Strengthen Minnesota Homes program established under this  
 65.19 section.

65.20 Subd. 3. **Program established; purpose, permitted activities.** The Strengthen Minnesota  
 65.21 Homes program is established within the Department of Commerce. The purpose of the  
 65.22 program is to provide grants to retrofit insurable property to resist loss due to common  
 65.23 perils, including but not limited to tornadoes or other catastrophic windstorm events.

65.24 Subd. 4. **Strengthen Minnesota homes account; appropriation.** (a) A strengthen  
 65.25 Minnesota homes account is created as a separate account in the special revenue fund of  
 65.26 the state treasury. The account consists of money provided by law and any other money  
 65.27 donated, allotted, transferred, or otherwise provided to the account. Earnings, including  
 65.28 interest, dividends, and any other earnings arising from assets of the account, must be  
 65.29 credited to the account. Money remaining in the account at the end of a fiscal year does not  
 65.30 cancel to the general fund and remains in the account until expended. The commissioner  
 65.31 must manage the account.

66.1 (b) Money in the account is appropriated to the commissioner to pay for (1) grants issued  
66.2 under the program, and (2) the reasonable costs incurred by the commissioner to administer  
66.3 the program.

66.4 Subd. 5. Use of grants. (a) A grant under this section must be used to retrofit an insurable  
66.5 property.

66.6 (b) Grant money provided under this section must not be used for maintenance or repairs,  
66.7 but may be used in conjunction with repairs or reconstruction necessitated by damage from  
66.8 wind or hail.

66.9 (c) A project funded by a grant under this section must be completed within three months  
66.10 of the date the grant is approved. Failure to complete the project in a timely manner may  
66.11 result in forfeiture of the grant.

66.12 Subd. 6. Applicant eligibility. The commissioner must develop (1) administrative  
66.13 procedures to implement this section, and (2) criteria used to determine whether an applicant  
66.14 is eligible for a grant under this section.

66.15 Subd. 7. Contractor eligibility; conflicts of interest. (a) To be eligible to work as a  
66.16 contractor on a project funded by a grant under this section, the contractor must meet all  
66.17 of the following program requirements and must maintain a current copy of all certificates,  
66.18 licenses, and proof of insurance coverage with the program office. The eligible contractor  
66.19 must:

66.20 (1) hold a valid residential building contractor and residential remodeler license issued  
66.21 by the commissioner of labor and industry;

66.22 (2) not be subject to disciplinary action by the commissioner of labor and industry;

66.23 (3) hold any other valid state or jurisdictional business license or work permits required  
66.24 by law;

66.25 (4) possess an in-force general liability policy with \$1,000,000 in liability coverage;

66.26 (5) possess an in-force workers compensation policy;

66.27 (6) possess a certificate of compliance from the commissioner of revenue;

66.28 (7) successfully complete the Fortified Roof for High Wind and Hail training provided  
66.29 by the IBHS and maintain an active certification. The training may be offered as separate  
66.30 courses;

67.1 (8) agree to the terms and successfully register as a vendor with the commissioner of  
67.2 management and budget and receive direct deposit of payment for mitigation work performed  
67.3 under the program;

67.4 (9) maintain Internet access and keep a valid email address on file with the program and  
67.5 remain active in the commissioner of management and budget's vendor and supplier portal  
67.6 while working on the program;

67.7 (10) maintain an active email address for the communication with the program;

67.8 (11) successfully complete the program training; and

67.9 (12) agree to follow program procedures and rules established under this section and by  
67.10 the commissioner.

67.11 (b) An eligible contractor must not have a financial interest, other than payment on  
67.12 behalf of the homeowner, in any project for which the eligible contractor performs work  
67.13 toward a fortified designation under the program. An eligible contractor is prohibited from  
67.14 acting as the evaluator for a fortified designation on any project funded by the program. An  
67.15 eligible contractor must report to the commissioner regarding any potential conflict of  
67.16 interest before work commences on any job funded by the program.

67.17 Subd. 8. **Evaluator eligibility; conflicts of interest.** (a) To be eligible to work on the  
67.18 program as an evaluator, the evaluator must meet all program eligibility requirements and  
67.19 must submit to the commissioner and maintain a copy of all current certificates and licenses.  
67.20 The evaluator must:

67.21 (1) be in good standing with IBHS and maintain an active certification as a fortified  
67.22 home evaluator for high wind and hail or a successor certification;

67.23 (2) possess a Minnesota business license and be registered with the secretary of state;  
67.24 and

67.25 (3) successfully complete the program training.

67.26 (b) An evaluator must not have a financial interest in any project that the evaluator  
67.27 inspects for designation purposes for the program. An evaluator must not be an eligible  
67.28 contractor or supplier of any material, product, or system installed in any home that the  
67.29 evaluator inspects for designation purposes for the program. An evaluator must not be a  
67.30 sales agent for any home being designated for the program. An evaluator must inform the  
67.31 commissioner of any potential conflict of interest impacting the evaluator's participation in  
67.32 the program.

68.1 Subd. 9. Grant approval; allocation. (a) The commissioner must review all applications  
68.2 for completeness and must perform appropriate audits to verify (1) the accuracy of the  
68.3 information on the application, and (2) that the applicant meets all eligibility rules. All  
68.4 verified applicants must be placed in the order the application was received. Grants must  
68.5 be awarded on a first-come, first-served basis, subject to availability of money for the  
68.6 program.

68.7 (b) When a grant is approved, an approval letter must be sent to the applicant.

68.8 (c) An eligible contractor is prohibited from beginning work until a grant is approved.

68.9 (d) In order to assure equitable distribution of grants in proportion to the income  
68.10 demographics in counties where the program is made available, grant applications must be  
68.11 accepted on a first-come, first-served basis. The commissioner may establish pilot projects  
68.12 as needed to establish a sustainable program distribution system in any geographic area  
68.13 within Minnesota.

68.14 Subd. 10. Grant award process; release of grant money. (a) After a grant application  
68.15 is approved, the eligible contractor selected by the homeowner may begin the mitigation  
68.16 work.

68.17 (b) Once the mitigation work is completed, the eligible contractor must submit a copy  
68.18 of the signed contract to the commissioner, along with an invoice seeking payment and an  
68.19 affidavit stating the fortified standards were met by the work.

68.20 (c) The IBHS evaluator must conduct all required evaluations, including a required  
68.21 interim inspection during construction and the final inspection, and must confirm that the  
68.22 work was completed according to the mitigation specifications.

68.23 (d) Grant money must be released on behalf of an approved applicant only after a fortified  
68.24 designation certificate has been issued for the home. The program or another designated  
68.25 entity must, on behalf of the homeowner, directly pay the eligible contractor that performed  
68.26 the mitigation work. The program or the program's designated entity must pay the eligible  
68.27 contractor the costs covered by the grant. The homeowner must pay the eligible contractor  
68.28 for the remaining cost after receiving an IBHS fortified certificate.

68.29 (e) The program must confirm that the homeowner's insurer provides the appropriate  
68.30 premium discount.

68.31 (f) The program must conduct random reinspections to detect any fraud and must submit  
68.32 any irregularities to the attorney general.

69.1 Subd. 11. **Limitations.** (a) This section does not create an entitlement for property  
69.2 owners or obligate the state of Minnesota to pay for residential property in Minnesota to be  
69.3 inspected or retrofitted. The program under this section is subject to legislative appropriations,  
69.4 the receipt of federal grants or money, or the receipt of other sources of grants or money.  
69.5 The department may obtain grants or other money from the federal government or other  
69.6 funding sources to support and enhance program activities.

69.7 (b) All mitigation under this section is contingent upon securing all required local permits  
69.8 and applicable inspections to comply with local building codes and applicable Fortified  
69.9 program standards. A mitigation project receiving a grant under this section is subject to  
69.10 random reinspection at a later date.

69.11 Sec. 57. **[65A.303] HOMEOWNER'S LIABILITY INSURANCE; DOGS.**

69.12 Subdivision 1. **Discrimination prohibited.** An insurer writing homeowner's insurance  
69.13 for property is prohibited from (1) refusing to issue or renew an insurance policy or contract,  
69.14 or (2) canceling an insurance policy or contract based solely on the fact that the homeowner  
69.15 harbors or owns one dog of a specific breed or mixture of breeds.

69.16 Subd. 2. **Exception.** (a) Subdivision 1 does not prohibit an insurer from (1) refusing to  
69.17 issue or renew an insurance policy or contract, (2) canceling an insurance policy or contract,  
69.18 or (3) imposing a reasonably increased premium or rate for an insurance policy or contract  
69.19 based on a dog meeting the criteria of a dangerous dog or potentially dangerous dog under  
69.20 section 347.50, or based on sound underwriting and actuarial principles that are reasonably  
69.21 related to actual or anticipated loss experience.

69.22 (b) Subdivision 1 does not prohibit an insurer from (1) refusing to issue or renew an  
69.23 insurance policy or contract, (2) canceling an insurance policy or contract, or (3) imposing  
69.24 a reasonably increased premium or rate for an insurance policy or contract if the dog has a  
69.25 history of causing bodily injury or if the dog owner has a history of owning other animals  
69.26 who caused bodily injury.

69.27 **EFFECTIVE DATE.** This section is effective April 1, 2024, and applies to insurance  
69.28 policies and contracts offered, issued, or sold after that date.

70.1 Sec. 58. Minnesota Statutes 2022, section 65B.49, is amended by adding a subdivision to  
70.2 read:

70.3 Subd. 10. **Time limitations.** (a) Unless expressly provided for in this chapter, a plan of  
70.4 reparation security must conform to the six-year time limitation provided under section  
70.5 541.05, subdivision 1, clause (1).

70.6 (b) The time limitation for commencing a cause of action relating to underinsured motorist  
70.7 coverage under subdivision 3a is four years from the date of accrual.

70.8 **EFFECTIVE DATE.** This section is effective August 1, 2023, and applies to contracts  
70.9 issued or renewed on or after that date.

70.10 Sec. 59. Minnesota Statutes 2022, section 151.071, subdivision 1, is amended to read:

70.11 Subdivision 1. **Forms of disciplinary action.** When the board finds that a licensee,  
70.12 registrant, or applicant has engaged in conduct prohibited under subdivision 2, it may do  
70.13 one or more of the following:

70.14 (1) deny the issuance of a license or registration;

70.15 (2) refuse to renew a license or registration;

70.16 (3) revoke the license or registration;

70.17 (4) suspend the license or registration;

70.18 (5) impose limitations, conditions, or both on the license or registration, including but  
70.19 not limited to: the limitation of practice to designated settings; the limitation of the scope  
70.20 of practice within designated settings; the imposition of retraining or rehabilitation  
70.21 requirements; the requirement of practice under supervision; the requirement of participation  
70.22 in a diversion program such as that established pursuant to section 214.31 or the conditioning  
70.23 of continued practice on demonstration of knowledge or skills by appropriate examination  
70.24 or other review of skill and competence;

70.25 (6) impose a civil penalty not exceeding \$10,000 for each separate violation, except that  
70.26 a civil penalty not exceeding \$25,000 may be imposed for each separate violation of section  
70.27 62J.842, the amount of the civil penalty to be fixed so as to deprive a licensee or registrant  
70.28 of any economic advantage gained by reason of the violation, to discourage similar violations  
70.29 by the licensee or registrant or any other licensee or registrant, or to reimburse the board  
70.30 for the cost of the investigation and proceeding, including but not limited to, fees paid for  
70.31 services provided by the Office of Administrative Hearings, legal and investigative services  
70.32 provided by the Office of the Attorney General, court reporters, witnesses, reproduction of

71.1 records, board members' per diem compensation, board staff time, and travel costs and  
71.2 expenses incurred by board staff and board members; and

71.3 (7) reprimand the licensee or registrant.

71.4 Sec. 60. Minnesota Statutes 2022, section 151.071, subdivision 2, is amended to read:

71.5 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is  
71.6 grounds for disciplinary action:

71.7 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or  
71.8 registration contained in this chapter or the rules of the board. The burden of proof is on  
71.9 the applicant to demonstrate such qualifications or satisfaction of such requirements;

71.10 (2) obtaining a license by fraud or by misleading the board in any way during the  
71.11 application process or obtaining a license by cheating, or attempting to subvert the licensing  
71.12 examination process. Conduct that subverts or attempts to subvert the licensing examination  
71.13 process includes, but is not limited to: (i) conduct that violates the security of the examination  
71.14 materials, such as removing examination materials from the examination room or having  
71.15 unauthorized possession of any portion of a future, current, or previously administered  
71.16 licensing examination; (ii) conduct that violates the standard of test administration, such as  
71.17 communicating with another examinee during administration of the examination, copying  
71.18 another examinee's answers, permitting another examinee to copy one's answers, or  
71.19 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an  
71.20 impersonator to take the examination on one's own behalf;

71.21 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist  
71.22 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,  
71.23 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used  
71.24 in this subdivision includes a conviction of an offense that if committed in this state would  
71.25 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding  
71.26 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either  
71.27 withheld or not entered thereon. The board may delay the issuance of a new license or  
71.28 registration if the applicant has been charged with a felony until the matter has been  
71.29 adjudicated;

71.30 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner  
71.31 or applicant is convicted of a felony reasonably related to the operation of the facility. The  
71.32 board may delay the issuance of a new license or registration if the owner or applicant has  
71.33 been charged with a felony until the matter has been adjudicated;

72.1 (5) for a controlled substance researcher, conviction of a felony reasonably related to  
72.2 controlled substances or to the practice of the researcher's profession. The board may delay  
72.3 the issuance of a registration if the applicant has been charged with a felony until the matter  
72.4 has been adjudicated;

72.5 (6) disciplinary action taken by another state or by one of this state's health licensing  
72.6 agencies:

72.7 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a  
72.8 license or registration in another state or jurisdiction, failure to report to the board that  
72.9 charges or allegations regarding the person's license or registration have been brought in  
72.10 another state or jurisdiction, or having been refused a license or registration by any other  
72.11 state or jurisdiction. The board may delay the issuance of a new license or registration if an  
72.12 investigation or disciplinary action is pending in another state or jurisdiction until the  
72.13 investigation or action has been dismissed or otherwise resolved; and

72.14 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a  
72.15 license or registration issued by another of this state's health licensing agencies, failure to  
72.16 report to the board that charges regarding the person's license or registration have been  
72.17 brought by another of this state's health licensing agencies, or having been refused a license  
72.18 or registration by another of this state's health licensing agencies. The board may delay the  
72.19 issuance of a new license or registration if a disciplinary action is pending before another  
72.20 of this state's health licensing agencies until the action has been dismissed or otherwise  
72.21 resolved;

72.22 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of  
72.23 any order of the board, of any of the provisions of this chapter or any rules of the board or  
72.24 violation of any federal, state, or local law or rule reasonably pertaining to the practice of  
72.25 pharmacy;

72.26 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order  
72.27 of the board, of any of the provisions of this chapter or the rules of the board or violation  
72.28 of any federal, state, or local law relating to the operation of the facility;

72.29 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the  
72.30 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of  
72.31 a patient; or pharmacy practice that is professionally incompetent, in that it may create  
72.32 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of  
72.33 actual injury need not be established;



73.1 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it  
73.2 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy  
73.3 technician or pharmacist intern if that person is performing duties allowed by this chapter  
73.4 or the rules of the board;

73.5 (11) for an individual licensed or registered by the board, adjudication as mentally ill  
73.6 or developmentally disabled, or as a chemically dependent person, a person dangerous to  
73.7 the public, a sexually dangerous person, or a person who has a sexual psychopathic  
73.8 personality, by a court of competent jurisdiction, within or without this state. Such  
73.9 adjudication shall automatically suspend a license for the duration thereof unless the board  
73.10 orders otherwise;

73.11 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified  
73.12 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in  
73.13 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist  
73.14 intern or performing duties specifically reserved for pharmacists under this chapter or the  
73.15 rules of the board;

73.16 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on  
73.17 duty except as allowed by a variance approved by the board;

73.18 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety  
73.19 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type  
73.20 of material or as a result of any mental or physical condition, including deterioration through  
73.21 the aging process or loss of motor skills. In the case of registered pharmacy technicians,  
73.22 pharmacist interns, or controlled substance researchers, the inability to carry out duties  
73.23 allowed under this chapter or the rules of the board with reasonable skill and safety to  
73.24 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type  
73.25 of material or as a result of any mental or physical condition, including deterioration through  
73.26 the aging process or loss of motor skills;

73.27 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas  
73.28 dispenser, or controlled substance researcher, revealing a privileged communication from  
73.29 or relating to a patient except when otherwise required or permitted by law;

73.30 (16) for a pharmacist or pharmacy, improper management of patient records, including  
73.31 failure to maintain adequate patient records, to comply with a patient's request made pursuant  
73.32 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

73.33 (17) fee splitting, including without limitation:

74.1 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,  
74.2 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

74.3 (ii) referring a patient to any health care provider as defined in sections 144.291 to  
74.4 144.298 in which the licensee or registrant has a financial or economic interest as defined  
74.5 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the  
74.6 licensee's or registrant's financial or economic interest in accordance with section 144.6521;  
74.7 and

74.8 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner  
74.9 does not have a significant ownership interest, fills a prescription drug order and the  
74.10 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price  
74.11 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy  
74.12 benefit manager, or other person paying for the prescription or, in the case of veterinary  
74.13 patients, the price for the filled prescription that is charged to the client or other person  
74.14 paying for the prescription, except that a veterinarian and a pharmacy may enter into such  
74.15 an arrangement provided that the client or other person paying for the prescription is notified,  
74.16 in writing and with each prescription dispensed, about the arrangement, unless such  
74.17 arrangement involves pharmacy services provided for livestock, poultry, and agricultural  
74.18 production systems, in which case client notification would not be required;

74.19 (18) engaging in abusive or fraudulent billing practices, including violations of the  
74.20 federal Medicare and Medicaid laws or state medical assistance laws or rules;

74.21 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted  
74.22 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning  
74.23 to a patient;

74.24 (20) failure to make reports as required by section 151.072 or to cooperate with an  
74.25 investigation of the board as required by section 151.074;

74.26 (21) knowingly providing false or misleading information that is directly related to the  
74.27 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and  
74.28 administration of a placebo;

74.29 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
74.30 established by any of the following:

74.31 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation  
74.32 of section 609.215, subdivision 1 or 2;

75.1 (ii) a copy of the record of a judgment of contempt of court for violating an injunction  
75.2 issued under section 609.215, subdivision 4;

75.3 (iii) a copy of the record of a judgment assessing damages under section 609.215,  
75.4 subdivision 5; or

75.5 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.  
75.6 The board must investigate any complaint of a violation of section 609.215, subdivision 1  
75.7 or 2;

75.8 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For  
75.9 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing  
75.10 duties permitted to such individuals by this chapter or the rules of the board under a lapsed  
75.11 or nonrenewed registration. For a facility required to be licensed under this chapter, operation  
75.12 of the facility under a lapsed or nonrenewed license or registration; ~~and~~

75.13 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge  
75.14 from the health professionals services program for reasons other than the satisfactory  
75.15 completion of the program; and

75.16 (25) for a manufacturer, a violation of section 62J.842 or 62J.845.

75.17 Sec. 61. Minnesota Statutes 2022, section 256B.0631, subdivision 1, is amended to read:

75.18 Subdivision 1. **Cost-sharing.** (a) Except as provided in subdivision 2, the medical  
75.19 assistance benefit plan shall include the following cost-sharing for all recipients, ~~effective~~  
75.20 ~~for services provided on or after September 1, 2011:~~

75.21 (1) \$3 per nonpreventive visit, except as provided in paragraph (b). For purposes of this  
75.22 subdivision, a visit means an episode of service which is required because of a recipient's  
75.23 symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting  
75.24 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced  
75.25 practice nurse, audiologist, optician, or optometrist;

75.26 (2) \$3.50 for nonemergency visits to a hospital-based emergency room, except that this  
75.27 co-payment shall be increased to \$20 upon federal approval;

75.28 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per  
75.29 prescription for a brand-name multisource drug listed in preferred status on the preferred  
75.30 drug list, subject to a \$12 per month maximum for prescription drug co-payments. No  
75.31 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness;

76.1 (4) a family deductible equal to \$2.75 per month per family and adjusted annually by  
76.2 the percentage increase in the medical care component of the CPI-U for the period of  
76.3 September to September of the preceding calendar year, rounded to the next higher five-cent  
76.4 increment; ~~and~~

76.5 (5) total monthly cost-sharing must not exceed five percent of family income. For  
76.6 purposes of this paragraph, family income is the total earned and unearned income of the  
76.7 individual and the individual's spouse, if the spouse is enrolled in medical assistance and  
76.8 also subject to the five percent limit on cost-sharing. This paragraph does not apply to  
76.9 premiums charged to individuals described under section 256B.057, subdivision 9-; and

76.10 (6) cost-sharing for prescription drugs and related medical supplies to treat chronic  
76.11 disease must comply with the requirements of section 62Q.481.

76.12 (b) Recipients of medical assistance are responsible for all co-payments and deductibles  
76.13 in this subdivision.

76.14 (c) Notwithstanding paragraph (b), the commissioner, through the contracting process  
76.15 under sections 256B.69 and 256B.692, may allow managed care plans and county-based  
76.16 purchasing plans to waive the family deductible under paragraph (a), clause (4). The value  
76.17 of the family deductible shall not be included in the capitation payment to managed care  
76.18 plans and county-based purchasing plans. Managed care plans and county-based purchasing  
76.19 plans shall certify annually to the commissioner the dollar value of the family deductible.

76.20 (d) Notwithstanding paragraph (b), the commissioner may waive the collection of the  
76.21 family deductible described under paragraph (a), clause (4), from individuals and allow  
76.22 long-term care and waived service providers to assume responsibility for payment.

76.23 (e) Notwithstanding paragraph (b), the commissioner, through the contracting process  
76.24 under section 256B.0756 shall allow the pilot program in Hennepin County to waive  
76.25 co-payments. The value of the co-payments shall not be included in the capitation payment  
76.26 amount to the integrated health care delivery networks under the pilot program.

76.27 **EFFECTIVE DATE.** This section is effective January 1, 2024.

76.28 Sec. 62. Minnesota Statutes 2022, section 256B.69, subdivision 5a, is amended to read:

76.29 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and  
76.30 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner  
76.31 may issue separate contracts with requirements specific to services to medical assistance  
76.32 recipients age 65 and older.

77.1 (b) A prepaid health plan providing covered health services for eligible persons pursuant  
77.2 to chapters 256B and 256L is responsible for complying with the terms of its contract with  
77.3 the commissioner. Requirements applicable to managed care programs under chapters 256B  
77.4 and 256L established after the effective date of a contract with the commissioner take effect  
77.5 when the contract is next issued or renewed.

77.6 (c) The commissioner shall withhold five percent of managed care plan payments under  
77.7 this section and county-based purchasing plan payments under section 256B.692 for the  
77.8 prepaid medical assistance program pending completion of performance targets. Each  
77.9 performance target must be quantifiable, objective, measurable, and reasonably attainable,  
77.10 except in the case of a performance target based on a federal or state law or rule. Criteria  
77.11 for assessment of each performance target must be outlined in writing prior to the contract  
77.12 effective date. Clinical or utilization performance targets and their related criteria must  
77.13 consider evidence-based research and reasonable interventions when available or applicable  
77.14 to the populations served, and must be developed with input from external clinical experts  
77.15 and stakeholders, including managed care plans, county-based purchasing plans, and  
77.16 providers. The managed care or county-based purchasing plan must demonstrate, to the  
77.17 commissioner's satisfaction, that the data submitted regarding attainment of the performance  
77.18 target is accurate. The commissioner shall periodically change the administrative measures  
77.19 used as performance targets in order to improve plan performance across a broader range  
77.20 of administrative services. The performance targets must include measurement of plan  
77.21 efforts to contain spending on health care services and administrative activities. The  
77.22 commissioner may adopt plan-specific performance targets that take into account factors  
77.23 affecting only one plan, including characteristics of the plan's enrollee population. The  
77.24 withheld funds must be returned no sooner than July of the following year if performance  
77.25 targets in the contract are achieved. The commissioner may exclude special demonstration  
77.26 projects under subdivision 23.

77.27 (d) The commissioner shall require that managed care plans:

77.28 (1) use the assessment and authorization processes, forms, timelines, standards,  
77.29 documentation, and data reporting requirements, protocols, billing processes, and policies  
77.30 consistent with medical assistance fee-for-service or the Department of Human Services  
77.31 contract requirements for all personal care assistance services under section 256B.0659 and  
77.32 community first services and supports under section 256B.85; and

77.33 (2) by January 30 of each year that follows a rate increase for any aspect of services  
77.34 under section 256B.0659 or 256B.85, inform the commissioner and the chairs and ranking  
77.35 minority members of the legislative committees with jurisdiction over rates determined

78.1 under section 256B.851 of the amount of the rate increase that is paid to each personal care  
78.2 assistance provider agency with which the plan has a contract; and

78.3 (3) use a six-month timely filing standard and provide an exemption to the timely filing  
78.4 timeliness for the resubmission of claims where there has been a denial, request for more  
78.5 information, or system issue.

78.6 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall  
78.7 include as part of the performance targets described in paragraph (c) a reduction in the health  
78.8 plan's emergency department utilization rate for medical assistance and MinnesotaCare  
78.9 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on  
78.10 the health plan's utilization in 2009. To earn the return of the withhold each subsequent  
78.11 year, the managed care plan or county-based purchasing plan must achieve a qualifying  
78.12 reduction of no less than ten percent of the plan's emergency department utilization rate for  
78.13 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described  
78.14 in subdivisions 23 and 28, compared to the previous measurement year until the final  
78.15 performance target is reached. When measuring performance, the commissioner must  
78.16 consider the difference in health risk in a managed care or county-based purchasing plan's  
78.17 membership in the baseline year compared to the measurement year, and work with the  
78.18 managed care or county-based purchasing plan to account for differences that they agree  
78.19 are significant.

78.20 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
78.21 the following calendar year if the managed care plan or county-based purchasing plan  
78.22 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate  
78.23 was achieved. The commissioner shall structure the withhold so that the commissioner  
78.24 returns a portion of the withheld funds in amounts commensurate with achieved reductions  
78.25 in utilization less than the targeted amount.

78.26 The withhold described in this paragraph shall continue for each consecutive contract  
78.27 period until the plan's emergency room utilization rate for state health care program enrollees  
78.28 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance  
78.29 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the  
78.30 health plans in meeting this performance target and shall accept payment withholds that  
78.31 may be returned to the hospitals if the performance target is achieved.

78.32 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall  
78.33 include as part of the performance targets described in paragraph (c) a reduction in the plan's  
78.34 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as

79.1 determined by the commissioner. To earn the return of the withhold each year, the managed  
79.2 care plan or county-based purchasing plan must achieve a qualifying reduction of no less  
79.3 than five percent of the plan's hospital admission rate for medical assistance and  
79.4 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and  
79.5 28, compared to the previous calendar year until the final performance target is reached.  
79.6 When measuring performance, the commissioner must consider the difference in health risk  
79.7 in a managed care or county-based purchasing plan's membership in the baseline year  
79.8 compared to the measurement year, and work with the managed care or county-based  
79.9 purchasing plan to account for differences that they agree are significant.

79.10 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
79.11 the following calendar year if the managed care plan or county-based purchasing plan  
79.12 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization  
79.13 rate was achieved. The commissioner shall structure the withhold so that the commissioner  
79.14 returns a portion of the withheld funds in amounts commensurate with achieved reductions  
79.15 in utilization less than the targeted amount.

79.16 The withhold described in this paragraph shall continue until there is a 25 percent  
79.17 reduction in the hospital admission rate compared to the hospital admission rates in calendar  
79.18 year 2011, as determined by the commissioner. The hospital admissions in this performance  
79.19 target do not include the admissions applicable to the subsequent hospital admission  
79.20 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting  
79.21 this performance target and shall accept payment withholds that may be returned to the  
79.22 hospitals if the performance target is achieved.

79.23 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall  
79.24 include as part of the performance targets described in paragraph (c) a reduction in the plan's  
79.25 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous  
79.26 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare  
79.27 enrollees, as determined by the commissioner. To earn the return of the withhold each year,  
79.28 the managed care plan or county-based purchasing plan must achieve a qualifying reduction  
79.29 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,  
79.30 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five  
79.31 percent compared to the previous calendar year until the final performance target is reached.

79.32 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
79.33 the following calendar year if the managed care plan or county-based purchasing plan  
79.34 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the  
79.35 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold

80.1 so that the commissioner returns a portion of the withheld funds in amounts commensurate  
80.2 with achieved reductions in utilization less than the targeted amount.

80.3 The withhold described in this paragraph must continue for each consecutive contract  
80.4 period until the plan's subsequent hospitalization rate for medical assistance and  
80.5 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and  
80.6 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year  
80.7 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall  
80.8 accept payment withholds that must be returned to the hospitals if the performance target  
80.9 is achieved.

80.10 (h) Effective for services rendered on or after January 1, 2013, through December 31,  
80.11 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under  
80.12 this section and county-based purchasing plan payments under section 256B.692 for the  
80.13 prepaid medical assistance program. The withheld funds must be returned no sooner than  
80.14 July 1 and no later than July 31 of the following year. The commissioner may exclude  
80.15 special demonstration projects under subdivision 23.

80.16 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall  
80.17 withhold three percent of managed care plan payments under this section and county-based  
80.18 purchasing plan payments under section 256B.692 for the prepaid medical assistance  
80.19 program. The withheld funds must be returned no sooner than July 1 and no later than July  
80.20 31 of the following year. The commissioner may exclude special demonstration projects  
80.21 under subdivision 23.

80.22 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may  
80.23 include as admitted assets under section 62D.044 any amount withheld under this section  
80.24 that is reasonably expected to be returned.

80.25 (k) Contracts between the commissioner and a prepaid health plan are exempt from the  
80.26 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and  
80.27 7.

80.28 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the  
80.29 requirements of paragraph (c).

80.30 (m) Managed care plans and county-based purchasing plans shall maintain current and  
80.31 fully executed agreements for all subcontractors, including bargaining groups, for  
80.32 administrative services that are expensed to the state's public health care programs.  
80.33 Subcontractor agreements determined to be material, as defined by the commissioner after  
80.34 taking into account state contracting and relevant statutory requirements, must be in the



81.1 form of a written instrument or electronic document containing the elements of offer,  
81.2 acceptance, consideration, payment terms, scope, duration of the contract, and how the  
81.3 subcontractor services relate to state public health care programs. Upon request, the  
81.4 commissioner shall have access to all subcontractor documentation under this paragraph.  
81.5 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant  
81.6 to section 13.02.

81.7 Sec. 63. Minnesota Statutes 2022, section 256L.03, subdivision 5, is amended to read:

81.8 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to  
81.9 children under the age of 21 and to American Indians as defined in Code of Federal  
81.10 Regulations, title 42, section 600.5.

81.11 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered  
81.12 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.  
81.13 The cost-sharing changes described in this paragraph do not apply to eligible recipients or  
81.14 services exempt from cost-sharing under state law. The cost-sharing changes described in  
81.15 this paragraph shall not be implemented prior to January 1, 2016.

81.16 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements  
81.17 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,  
81.18 title 42, sections 600.510 and 600.520.

81.19 (d) Cost-sharing for prescription drugs and related medical supplies to treat chronic  
81.20 disease must comply with the requirements of section 62Q.481.

81.21 **EFFECTIVE DATE.** This section is effective January 1, 2024.

81.22 Sec. 64. **AUTOMOTIVE SELF-INSURANCE; RULES AMENDMENT; EXPEDITED**  
81.23 **RULEMAKING.**

81.24 Subdivision 1. **Self-insurance working capital condition.** The commissioner of  
81.25 commerce must amend Minnesota Rules, part 2770.6500, subpart 2, item B, subitem (5),  
81.26 to require the commissioner's grant of self-insurance authority to an applicant to be based  
81.27 on the applicant's net working capital in lieu of the applicant's net funds flow.

81.28 Subd. 2. **Commissioner discretion to grant self-insurance authority.** The commissioner  
81.29 of commerce must amend Minnesota Rules, part 2770.6500, subpart 2, item D, to,  
81.30 notwithstanding any other provision of Minnesota Rules, part 2770.6500, permit the  
81.31 commissioner to grant self-insurance authority to an applicant that is not a political  
81.32 subdivision and that has not had positive net income or positive working capital in at least

82.1 three years of the last five-year period if the applicant's working capital, debt structure,  
 82.2 profitability, and overall financial integrity of the applicant and its parent company, if one  
 82.3 exists, demonstrate a continuing ability of the applicant to satisfy any financial obligations  
 82.4 that have been and might be incurred under the no-fault act.

82.5 Subd. 3. **Working capital.** The commissioner of commerce must define working capital  
 82.6 for the purposes of Minnesota Rules, part 2770.6500.

82.7 Subd. 4. **Commissioner discretion to revoke self-insurance authority.** The  
 82.8 commissioner of commerce must amend Minnesota Rules, part 2770.7300, to permit, in  
 82.9 lieu of require, the commissioner to revoke a self-insurer's authorization to self-insure based  
 82.10 on the commissioner's determinations under Minnesota Rules, part 2770.7300, items A and  
 82.11 B.

82.12 Subd. 5. **Expedited rulemaking authorized.** The commissioner of commerce may use  
 82.13 the expedited rulemaking process under Minnesota Statutes, section 14.389, to amend rules  
 82.14 under this section.

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

82.16 Sec. 65. **EVALUATION OF EXISTING STATUTORY HEALTH BENEFIT**  
 82.17 **MANDATES.**

82.18 Subdivision 1. **Evaluation process and content.** Beginning August 1, 2023, and annually  
 82.19 thereafter for the next five calendar years, the commissioner of commerce shall conduct an  
 82.20 evaluation of the economic cost and health benefits of one state-required benefit included  
 82.21 in Minnesota's EHB-benchmark plan, as defined in Code of Federal Regulations, title 45,  
 82.22 section 156.20. The mandated benefit to be studied each year must be chosen from a list  
 82.23 developed by the chairs of the house of representatives and senate commerce committees,  
 82.24 in consultation with the ranking minority members of the house of representatives and senate  
 82.25 commerce committees. The chairs and ranking minority members of the house of  
 82.26 representatives and senate commerce committees must agree upon and inform the  
 82.27 commissioner of at least one mandate to be reviewed for the period between August 1, 2023,  
 82.28 and August 1, 2024. The commissioner shall consult with the commissioner of health and  
 82.29 clinical and actuarial experts to assist in the evaluation and synthesis of available evidence.  
 82.30 The commissioner may obtain public input as part of the evaluation. At a minimum, the  
 82.31 evaluation must consider the following:

82.32 (1) cost for services;

83.1 (2) the share of Minnesotans' health insurance premiums that are tied to each current  
 83.2 mandated benefit;

83.3 (3) utilization of services;

83.4 (4) contribution to individual and public health;

83.5 (5) extent to which the mandate conforms with existing standards of care in terms of  
 83.6 appropriateness or evidence-based medicine;

83.7 (6) the historical context in which the mandate was enacted, including how the mandate  
 83.8 interacts with other required benefits; and

83.9 (7) other relevant criteria of effectiveness and efficacy as determined by the commissioner  
 83.10 in consultation with the commissioner of health.

83.11 Subd. 2. **Report to legislature.** The commissioner must submit a written report on the  
 83.12 evaluation to the chairs and ranking minority members of the legislative committees with  
 83.13 jurisdiction over health insurance policy and finance no later than 180 days after the  
 83.14 commissioner receives notification from a chair, as required under Minnesota Statutes,  
 83.15 section 62J.26, subdivision 3.

83.16 Sec. 66. **REPEALER.**

83.17 Minnesota Statutes 2022, section 62A.31, subdivisions 1b and 1i, are repealed.

83.18 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to policies  
 83.19 offered, issued, or renewed on or after that date.

## 83.20 **ARTICLE 3**

### 83.21 **FINANCIAL INSTITUTIONS**

83.22 Section 1. Minnesota Statutes 2022, section 46.131, subdivision 11, is amended to read:

83.23 Subd. 11. **Financial institutions account; appropriation.** (a) The financial institutions  
 83.24 account is created as a separate account in the special revenue fund. Earnings, including  
 83.25 interest, dividends, and any other earnings arising from account assets, must be credited to  
 83.26 the account.

83.27 (b) The account consists of funds received from assessments under subdivision 7,  
 83.28 examination fees under subdivision 8, and funds received pursuant to subdivision 10 and  
 83.29 the following provisions: sections 46.04; 46.041; 46.048, subdivision 1; 47.101; 47.54,  
 83.30 subdivision 1; 47.60, subdivision 3; 47.62, subdivision 4; 48.61, subdivision 7, paragraph  
 83.31 (b); 49.36, subdivision 1; 52.203; ~~53B.09; 53B.11, subdivision 1;~~ 53B.38; 53B.41; 53B.43;

84.1 53C.02; 56.02; 58.10; 58A.045, subdivision 2; 59A.03; 216C.437, subdivision 12; 332A.04;  
84.2 and 332B.04.

84.3 (c) Funds in the account are annually appropriated to the commissioner of commerce  
84.4 for activities under this section.

84.5 Sec. 2. Minnesota Statutes 2022, section 47.0153, subdivision 1, is amended to read:

84.6 Subdivision 1. **Emergency closings.** When the officers of a financial institution are of  
84.7 the opinion that an emergency exists, or is impending, which affects, or may affect, a  
84.8 financial institution's offices, they shall have the authority, in the reasonable exercise of  
84.9 their discretion, to determine not to open any of its offices on any business day or, if having  
84.10 opened, to close an office during the continuation of the emergency, even if the commissioner  
84.11 does not issue a proclamation of emergency. The office closed shall remain closed until the  
84.12 time that the officers determine the emergency has ended, and for the further time reasonably  
84.13 necessary to reopen. No financial institution office shall remain closed for more than 48  
84.14 consecutive hours in a Monday through Friday period, excluding other legal holidays,  
84.15 without the prior approval of the commissioner.

84.16 Sec. 3. Minnesota Statutes 2022, section 47.59, subdivision 2, is amended to read:

84.17 Subd. 2. **Application.** Extensions of credit or purchases of extensions of credit by  
84.18 financial institutions under sections 47.20, 47.21, 47.201, 47.204, 47.58, ~~47.60~~, 48.153,  
84.19 48.185, 48.195, 59A.01 to 59A.15, 334.01, 334.011, 334.012, 334.022, 334.06, and 334.061  
84.20 to 334.19 may, but need not, be made according to those sections in lieu of the authority  
84.21 set forth in this section to the extent those sections authorize the financial institution to make  
84.22 extensions of credit or purchase extensions of credit under those sections. If a financial  
84.23 institution elects to make an extension of credit or to purchase an extension of credit under  
84.24 those other sections, the extension of credit or the purchase of an extension of credit is  
84.25 subject to those sections and not this section, except this subdivision, and except as expressly  
84.26 provided in those sections. A financial institution may also charge an organization a rate of  
84.27 interest and any charges agreed to by the organization and may calculate and collect finance  
84.28 and other charges in any manner agreed to by that organization. Except for extensions of  
84.29 credit a financial institution elects to make under section 334.01, 334.011, 334.012, 334.022,  
84.30 334.06, or 334.061 to 334.19, chapter 334 does not apply to extensions of credit made  
84.31 according to this section or the sections listed in this subdivision. This subdivision does not  
84.32 authorize a financial institution to extend credit or purchase an extension of credit under  
84.33 any of the sections listed in this subdivision if the financial institution is not authorized to

85.1 do so under those sections. A financial institution extending credit under any of the sections  
85.2 listed in this subdivision shall specify in the promissory note, contract, or other loan document  
85.3 the section under which the extension of credit is made.

85.4 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
85.5 applies to consumer small loans and consumer short-term loans originated on or after that  
85.6 date.

85.7 Sec. 4. Minnesota Statutes 2022, section 47.60, subdivision 1, is amended to read:

85.8 Subdivision 1. **Definitions.** For purposes of this section, the terms defined have the  
85.9 meanings given them:

85.10 (a) "Consumer small loan" is a loan transaction in which cash is advanced to a borrower  
85.11 for the borrower's own personal, family, or household purpose. A consumer small loan is  
85.12 a short-term, unsecured loan to be repaid in a single installment. The cash advance of a  
85.13 consumer small loan is equal to or less than \$350. A consumer small loan includes an  
85.14 indebtedness evidenced by but not limited to a promissory note or agreement to defer the  
85.15 presentation of a personal check for a fee.

85.16 (b) "Consumer small loan lender" is a financial institution as defined in section 47.59  
85.17 or a business entity registered with the commissioner and engaged in the business of making  
85.18 consumer small loans.

85.19 (c) "Annual percentage rate" means a measure of the cost of credit, expressed as a yearly  
85.20 rate, that relates the amount and timing of value received by the consumer to the amount  
85.21 and timing of payments made. Annual percentage interest rate includes all interest, finance  
85.22 charges, and fees. The annual percentage rate must be determined in accordance with either  
85.23 the actuarial method or the United States Rule method.

85.24 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
85.25 applies to consumer small loans and consumer short-term loans originated on or after that  
85.26 date.

85.27 Sec. 5. Minnesota Statutes 2022, section 47.60, subdivision 2, is amended to read:

85.28 Subd. 2. **Authorization, terms, conditions, and prohibitions.** (a) ~~In lieu of the interest,~~  
85.29 ~~finance charges, or fees in any other law~~ connection with a consumer small loan, a consumer  
85.30 small loan lender may charge ~~the following:~~ an annual percentage rate of up to 50 percent.  
85.31 No other charges or payments are permitted or may be received by the lender in connection  
85.32 with a consumer small loan.

86.1 ~~(1) on any amount up to and including \$50, a charge of \$5.50 may be added;~~

86.2 ~~(2) on amounts in excess of \$50, but not more than \$100, a charge may be added equal~~  
86.3 ~~to ten percent of the loan proceeds plus a \$5 administrative fee;~~

86.4 ~~(3) on amounts in excess of \$100, but not more than \$250, a charge may be added equal~~  
86.5 ~~to seven percent of the loan proceeds with a minimum of \$10 plus a \$5 administrative fee;~~

86.6 ~~(4) for amounts in excess of \$250 and not greater than the maximum in subdivision 1,~~  
86.7 ~~paragraph (a), a charge may be added equal to six percent of the loan proceeds with a~~  
86.8 ~~minimum of \$17.50 plus a \$5 administrative fee.~~

86.9 (b) The term of a loan made under this section shall be for no more than 30 calendar  
86.10 days.

86.11 (c) After maturity, the contract rate must not exceed 2.75 percent per month of the  
86.12 remaining loan proceeds after the maturity date calculated at a rate of 1/30 of the monthly  
86.13 rate in the contract for each calendar day the balance is outstanding.

86.14 (d) No insurance charges or other charges must be permitted to be charged, collected,  
86.15 or imposed on a consumer small loan except as authorized in this section.

86.16 (e) On a loan transaction in which cash is advanced in exchange for a personal check,  
86.17 a return check charge may be charged as authorized by section 604.113, subdivision 2,  
86.18 paragraph (a). The civil penalty provisions of section 604.113, subdivision 2, paragraph  
86.19 (b), may not be demanded or assessed against the borrower.

86.20 (f) A loan made under this section must not be repaid by the proceeds of another loan  
86.21 made under this section by the same lender or related interest. The proceeds from a loan  
86.22 made under this section must not be applied to another loan from the same lender or related  
86.23 interest. No loan to a single borrower made pursuant to this section shall be split or divided  
86.24 and no single borrower shall have outstanding more than one loan with the result of collecting  
86.25 a higher charge than permitted by this section or in an aggregate amount of principal exceed  
86.26 at any one time the maximum of \$350.

86.27 (g) A loan made under this section with an annual percentage rate that exceeds 36 percent  
86.28 must comply with section 47.603.

86.29 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
86.30 applies to consumer small loans and consumer short-term loans originated on or after that  
86.31 date.

87.1 Sec. 6. Minnesota Statutes 2022, section 47.60, is amended by adding a subdivision to  
87.2 read:

87.3 Subd. 8. **No evasion.** (a) A person must not engage in any device, subterfuge, or pretense  
87.4 to evade the requirements of this section, including but not limited to:

87.5 (1) making loans disguised as a personal property sale and leaseback transaction;

87.6 (2) disguising loan proceeds as a cash rebate for the pretextual installment sale of goods  
87.7 or services; or

87.8 (3) making, offering, assisting, or arranging for a debtor to obtain a loan with a greater  
87.9 rate or amount of interest, consideration, charge, or payment than is permitted by this section  
87.10 through any method, including mail, telephone, Internet, or any electronic means, regardless  
87.11 of whether a person has a physical location in Minnesota.

87.12 (b) A person is a consumer small loan lender subject to the requirements of this section  
87.13 notwithstanding the fact that a person purports to act as an agent or service provider, or acts  
87.14 in another capacity for another person that is not subject to this section, if a person:

87.15 (1) directly or indirectly holds, acquires, or maintains the predominant economic interest,  
87.16 risk, or reward in a loan or lending business; or

87.17 (2) both: (i) markets, solicits, brokers, arranges, or facilitates a loan; and (ii) holds or  
87.18 holds the right, requirement, or first right of refusal to acquire loans, receivables, or other  
87.19 direct or interest in a loan.

87.20 (c) A person is a consumer small loan lender subject to the requirements of this section  
87.21 if the totality of the circumstances indicate that a person is a lender and the transaction is  
87.22 structured to evade the requirements of this section. Circumstances that weigh in favor of  
87.23 a person being a lender in a transaction include but are not limited to instances where a  
87.24 person:

87.25 (1) indemnifies, insures, or protects a person not subject to this section from any costs  
87.26 or risks related to a loan;

87.27 (2) predominantly designs, controls, or operates lending activity;

87.28 (3) holds the trademark or intellectual property rights in the brand, underwriting system,  
87.29 or other core aspects of a lending business; or

87.30 (4) purports to act as an agent or service provider, or acts in another capacity, for a person  
87.31 not subject to this section while acting directly as a lender in one or more states.

88.1 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
88.2 applies to consumer small loans and consumer short-term loans originated on or after that  
88.3 date.

88.4 Sec. 7. Minnesota Statutes 2022, section 47.601, subdivision 1, is amended to read:

88.5 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this  
88.6 subdivision have the meanings given.

88.7 (b) "Annual percentage rate" has the meaning given in section 47.60, subdivision 1.

88.8 ~~(b)~~ (c) "Borrower" means an individual who obtains a consumer short-term loan primarily  
88.9 for personal, family, or household purposes.

88.10 ~~(c)~~ (d) "Commissioner" means the commissioner of commerce.

88.11 ~~(d)~~ (e) "Consumer short-term loan" means a loan to a borrower which has a principal  
88.12 amount, or an advance on a credit limit, of ~~\$1,000~~ \$1,300 or less and requires a minimum  
88.13 payment within 60 days of loan origination or credit advance of more than 25 percent of  
88.14 the principal balance or credit advance. For the purposes of this section, each new advance  
88.15 of money to a borrower under a consumer short-term loan agreement constitutes a new  
88.16 consumer short-term loan. A "consumer short-term loan" does not include any transaction  
88.17 made under chapter 325J or a loan made by a consumer short-term lender where, in the  
88.18 event of default on the loan, the sole recourse for recovery of the amount owed, other than  
88.19 a lawsuit for damages for the debt, is to proceed against physical goods pledged by the  
88.20 borrower as collateral for the loan.

88.21 ~~(e)~~ (f) "Consumer short-term lender" means an individual or entity engaged in the business  
88.22 of making or arranging consumer short-term loans, other than a state or federally chartered  
88.23 bank, savings bank, or credit union. For the purposes of this paragraph, arranging consumer  
88.24 short-term loans includes but is not limited to any substantial involvement in facilitating,  
88.25 marketing, lead-generating, underwriting, servicing, or collecting consumer short-term  
88.26 loans.

88.27 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
88.28 applies to consumer small loans and consumer short-term loans originated on or after that  
88.29 date.



89.1 Sec. 8. Minnesota Statutes 2022, section 47.601, subdivision 2, is amended to read:

89.2 Subd. 2. **Consumer short-term loan contract.** (a) No contract or agreement between  
89.3 a consumer short-term loan lender and a borrower residing in Minnesota may contain the  
89.4 following:

89.5 (1) a provision selecting a law other than Minnesota law under which the contract is  
89.6 construed or enforced;

89.7 (2) a provision choosing a forum for dispute resolution other than the state of Minnesota;  
89.8 or

89.9 (3) a provision limiting class actions against a consumer short-term lender for violations  
89.10 of subdivision 3 or for making consumer short-term loans:

89.11 (i) without a required license issued by the commissioner; or

89.12 (ii) in which interest rates, fees, charges, or loan amounts exceed those allowable under  
89.13 section ~~47.59, subdivision 6, or 47.60, subdivision 2, other than by de minimis amounts if~~  
89.14 ~~no pattern or practice exists.~~

89.15 (b) Any provision prohibited by paragraph (a) is void and unenforceable.

89.16 (c) A consumer short-term loan lender must furnish a copy of the written loan contract  
89.17 to each borrower. The contract and disclosures must be written in the language in which  
89.18 the loan was negotiated with the borrower and must contain:

89.19 (1) the name; address, which may not be a post office box; and telephone number of the  
89.20 lender making the consumer short-term loan;

89.21 (2) the name and title of the individual employee or representative who signs the contract  
89.22 on behalf of the lender;

89.23 (3) an itemization of the fees and interest charges to be paid by the borrower;

89.24 (4) in bold, 24-point type, the annual percentage rate as computed under United States  
89.25 Code, chapter 15, section 1606; and

89.26 (5) a description of the borrower's payment obligations under the loan.

89.27 (d) The holder or assignee of a check or other instrument evidencing an obligation of a  
89.28 borrower in connection with a consumer short-term loan takes the instrument subject to all  
89.29 claims by and defenses of the borrower against the consumer short-term lender.

89.30 (e) In connection with a consumer short-term loan, a consumer short-term loan lender  
89.31 may charge an annual percentage rate of up to 50 percent. No other charges or payments

90.1 are permitted or may be received by the lender in connection with a consumer short-term  
90.2 loan.

90.3 (f) A loan made under this section with an annual percentage rate that exceeds 36 percent  
90.4 must comply with section 47.603.

90.5 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
90.6 applies to consumer small loans and consumer short-term loans originated on or after that  
90.7 date.

90.8 Sec. 9. Minnesota Statutes 2022, section 47.601, is amended by adding a subdivision to  
90.9 read:

90.10 Subd. 5a. **No evasion.** (a) A person must not engage in any device, subterfuge, or pretense  
90.11 to evade the requirements of this section, including but not limited to:

90.12 (1) making loans disguised as a personal property sale and leaseback transaction;

90.13 (2) disguising loan proceeds as a cash rebate for the pretextual installment sale of goods  
90.14 or services; or

90.15 (3) making, offering, assisting, or arranging for a debtor to obtain a loan with a greater  
90.16 rate or amount of interest, consideration, charge, or payment than is permitted by this section  
90.17 through any method, including mail, telephone, Internet, or any electronic means, regardless  
90.18 of whether a person has a physical location in Minnesota.

90.19 (b) A person is a consumer short-term loan lender subject to the requirements of this  
90.20 section notwithstanding the fact that a person purports to act as an agent or service provider,  
90.21 or acts in another capacity for another person that is not subject to this section, if a person:

90.22 (1) directly or indirectly holds, acquires, or maintains the predominant economic interest,  
90.23 risk, or reward in a loan or lending business; or

90.24 (2) both: (i) markets, solicits, brokers, arranges, or facilitates a loan; and (ii) holds or  
90.25 holds the right, requirement, or first right of refusal to acquire loans, receivables, or other  
90.26 direct or interest in a loan.

90.27 (c) A person is a consumer short-term loan lender subject to the requirements of this  
90.28 section if the totality of the circumstances indicate that a person is a lender and the transaction  
90.29 is structured to evade the requirements of this section. Circumstances that weigh in favor  
90.30 of a person being a lender in a transaction include but are not limited to instances where a  
90.31 person:

91.1 (1) indemnifies, insures, or protects a person not subject to this section from any costs  
 91.2 or risks related to a loan;

91.3 (2) predominantly designs, controls, or operates lending activity;

91.4 (3) holds the trademark or intellectual property rights in the brand, underwriting system,  
 91.5 or other core aspects of a lending business; or

91.6 (4) purports to act as an agent or service provider, or acts in another capacity, for a person  
 91.7 not subject to this section while acting directly as a lender in one or more states.

91.8 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
 91.9 applies to consumer small loans and consumer short-term loans originated on or after that  
 91.10 date.

91.11 Sec. 10. Minnesota Statutes 2022, section 47.601, subdivision 6, is amended to read:

91.12 Subd. 6. **Penalties for violation; private right of action.** (a) Except for a "bona fide  
 91.13 error" as set forth under United States Code, chapter 15, section 1640, subsection (c), an  
 91.14 individual or entity who violates subdivision 2 ~~or~~ 3, or 5a is liable to the borrower for:

91.15 (1) all money collected or received in connection with the loan;

91.16 (2) actual, incidental, and consequential damages;

91.17 (3) statutory damages of up to \$1,000 per violation;

91.18 (4) costs, disbursements, and reasonable attorney fees; and

91.19 (5) injunctive relief.

91.20 (b) In addition to the remedies provided in paragraph (a), a loan is void, and the borrower  
 91.21 is not obligated to pay any amounts owing if the loan is made:

91.22 (1) by a consumer short-term lender who has not obtained an applicable license from  
 91.23 the commissioner;

91.24 (2) in violation of any provision of subdivision 2 or 3; or

91.25 (3) in which interest, fees, charges, or loan amounts exceed the interest, fees, charges,  
 91.26 or loan amounts allowable under ~~sections 47.59, subdivision 6, and section 47.60~~, subdivision  
 91.27 2.

91.28 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
 91.29 applies to consumer small loans and consumer short-term loans originated on or after that  
 91.30 date.

92.1 Sec. 11. [47.603] ABILITY TO REPAY ANALYSIS.

92.2 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have  
92.3 the meanings given.

92.4 (b) "Annual percentage rate" has the meaning given in section 47.60, subdivision 1.

92.5 (c) "Basic living expenses" means expenditures, other than payments for major financial  
92.6 obligations, that a borrower makes for goods and services that are necessary to maintain:  
92.7 (1) the borrower's health, welfare, and ability to produce income; and (2) the health and  
92.8 welfare of the members of the borrower's household who are financially dependent on the  
92.9 borrower.

92.10 (d) "Borrower" means an individual who seeks to obtain a payday loan or a payday  
92.11 advance.

92.12 (e) "Consumer credit report" means a consumer report, as defined in section 603(d) of  
92.13 the Fair Credit Reporting Act, United States Code, title 15, section 1681a(d), obtained from  
92.14 a consumer reporting agency that compiles and maintains files on consumers on a nationwide  
92.15 basis, as defined in section 603(p) of the Fair Credit Reporting Act, United States Code,  
92.16 title 15, section 1681a(p).

92.17 (f) "Debt-to-income ratio" means the ratio, expressed as a percentage, comparing (1)  
92.18 the sum of the debt amounts that the lender projects will be payable by the borrower,  
92.19 including major financial obligations, outstanding loans other than the payday loan, the  
92.20 payday loan payment, all other debt obligations, and basic living expenses, to (2) the net  
92.21 income that the lender projects the borrower will receive during the loan period.

92.22 (g) "Major financial obligations" means the sum of:

92.23 (1) a borrower's housing expense;

92.24 (2) outstanding loans, including any other payday loans or payday advances; and

92.25 (3) all other debt obligations, including without limitation child support and alimony  
92.26 obligations.

92.27 (h) "Net income" means the total amount of income received by the borrower during  
92.28 the loan period, as demonstrated by documentation evidencing proof of income.

92.29 (i) "Payday lender" means a consumer small lender under section 47.60 or consumer  
92.30 short-term lender under section 47.601.

92.31 (j) "Payday loan" means a consumer small loan under section 47.60 or a consumer  
92.32 short-term loan under section 47.601.

93.1 (k) "Payday advance" means a consumer small loan under section 47.60 or a consumer  
93.2 short-term loan under section 47.601 that is offered under a line of credit.

93.3 (l) "Payday loan payment" means the total payment due for the payday loan at the end  
93.4 of the payday loan period. Payday loan payment includes all principal, interest, charges,  
93.5 and fees.

93.6 Subd. 2. **Applicability.** This section applies to all payday loans with an annual percentage  
93.7 rate that exceeds 36 percent.

93.8 Subd. 3. **Ability to repay determination required.** A payday lender must not make a  
93.9 payday loan or permit a borrower to obtain a payday advance unless the lender first  
93.10 determines, based on an analysis that complies with subdivision 5, that the borrower has  
93.11 the ability to make the payday loan payment when the payday loan payment comes due at  
93.12 the end of the loan period. For purposes of this subdivision, each payday advance constitutes  
93.13 a new loan and requires a new ability to repay determination.

93.14 Subd. 4. **Ability to repay; borrower information determination required.** (a) To  
93.15 conduct an ability to repay analysis, a payday lender must first obtain commercially  
93.16 reasonable documented evidence of the borrower's net income, major financial obligations,  
93.17 and basic living expenses. To the extent documentation is not available for any of the  
93.18 borrower's basic living expenses, the lender may reasonably rely on a written, signed  
93.19 statement by the borrower indicating the specific basic living expenses.

93.20 (b) If the payday lender obtains a borrower's consumer credit report, there is a  
93.21 presumption that a payday lender has obtained commercially reasonable documented  
93.22 evidence of:

93.23 (1) outstanding loans other than the payday loan or payday advance; and

93.24 (2) all other debt obligations, without limitation, except for child support and alimony  
93.25 obligations.

93.26 (c) For a borrower's required payments under child support or alimony obligations, the  
93.27 lender must obtain a consumer credit report. If the report does not include a child support  
93.28 or spousal maintenance obligation, as applicable, the lender may reasonably rely on a written,  
93.29 signed statement by the borrower indicating the child support payment or spousal  
93.30 maintenance payments, as applicable.

93.31 Subd. 5. **Ability to pay analysis; determination of ability to pay.** (a) A payday lender's  
93.32 determination of a borrower's ability to repay a payday loan or payday advance must be  
93.33 based on the calculation of the borrower's debt-to-income ratio for the loan period.

94.1 (b) A payday lender's ability to repay determination is reasonable if, based on the  
94.2 calculated debt-to-income ratio for the loan period, the borrower can make payments for  
94.3 all major financial obligations, make all payments under the loan, and meet basic living  
94.4 expenses during the period ending 30 days after repayment of the loan.

94.5 Subd. 6. **Violations.** A payday lender that fails to comply with this section is subject to:  
94.6 (1) the penalties and enforcement under section 47.601, subdivisions 6 and 7; and (2)  
94.7 revocation of a filing or license, as provided under section 47.60, subdivision 3, or section  
94.8 45.027, subdivision 7.

94.9 **EFFECTIVE DATE; APPLICATION.** This section is effective January 1, 2024, and  
94.10 applies to payday loans and payday advances originated on or after that date.

94.11 Sec. 12. **[48.591] CLIMATE RISK DISCLOSURE SURVEY.**

94.12 Subdivision 1. **Requirement.** By July 30 each year, a banking institution with more  
94.13 than \$1,000,000,000 in assets must submit a completed climate risk disclosure survey to  
94.14 the commissioner. The commissioner must provide the form used to submit a climate risk  
94.15 disclosure survey.

94.16 Subd. 2. **Data.** Data submitted to the commissioner under this section are public, except  
94.17 that trade secret information is nonpublic under section 13.37.

94.18 Sec. 13. **[52.065] CLIMATE RISK DISCLOSURE SURVEY.**

94.19 Subdivision 1. **Requirement.** By July 30 each year, a credit union with more than  
94.20 \$1,000,000,000 in assets must submit a completed climate risk disclosure survey to the  
94.21 commissioner. The commissioner must provide the form used to submit a climate risk  
94.22 disclosure survey.

94.23 Subd. 2. **Data.** Data submitted to the commissioner under this section are public, except  
94.24 that trade secret information is nonpublic under section 13.37.

94.25 Sec. 14. Minnesota Statutes 2022, section 53.04, subdivision 3a, is amended to read:

94.26 Subd. 3a. **Loans.** (a) The right to make loans, secured or unsecured, at the rates and on  
94.27 the terms and other conditions permitted under chapters 47 and 334. Loans made under this  
94.28 authority must be in amounts in compliance with section 53.05, clause (7). A licensee making  
94.29 a loan under this chapter secured by a lien on real estate shall comply with the requirements  
94.30 of section 47.20, subdivision 8. A licensee making a loan that is a consumer small loan, as  
94.31 defined in section 47.60, subdivision 1, paragraph (a), must comply with section 47.60. A

95.1 licensee making a loan that is a consumer short-term loan, as defined in section 47.601,  
95.2 subdivision 1, paragraph (d), must comply with section 47.601.

95.3 (b) Loans made under this subdivision may be secured by real or personal property, or  
95.4 both. If the proceeds of a loan secured by a first lien on the borrower's primary residence  
95.5 are used to finance the purchase of the borrower's primary residence, the loan must comply  
95.6 with the provisions of section 47.20.

95.7 (c) An agency or instrumentality of the United States government or a corporation  
95.8 otherwise created by an act of the United States Congress or a lender approved or certified  
95.9 by the secretary of housing and urban development, or approved or certified by the  
95.10 administrator of veterans affairs, or approved or certified by the administrator of the Farmers  
95.11 Home Administration, or approved or certified by the Federal Home Loan Mortgage  
95.12 Corporation, or approved or certified by the Federal National Mortgage Association, that  
95.13 engages in the business of purchasing or taking assignments of mortgage loans and undertakes  
95.14 direct collection of payments from or enforcement of rights against borrowers arising from  
95.15 mortgage loans, is not required to obtain a certificate of authorization under this chapter in  
95.16 order to purchase or take assignments of mortgage loans from persons holding a certificate  
95.17 of authorization under this chapter.

95.18 (d) This subdivision does not authorize an industrial loan and thrift company to make  
95.19 loans under an overdraft checking plan.

95.20 **EFFECTIVE DATE; APPLICATION.** This section is effective August 1, 2023, and  
95.21 applies to consumer small loans and consumer short-term loans originated on or after that  
95.22 date.

95.23 Sec. 15. **[53B.28] DEFINITIONS.**

95.24 Subdivision 1. **Terms.** For the purposes of this chapter, the terms defined in this section  
95.25 have the meanings given them.

95.26 Subd. 2. **Acting in concert.** "Acting in concert" means persons knowingly acting together  
95.27 with a common goal of jointly acquiring control of a licensee, whether or not pursuant to  
95.28 an express agreement.

95.29 Subd. 3. **Authorized delegate.** "Authorized delegate" means a person a licensee  
95.30 designates to engage in money transmission on behalf of the licensee.

95.31 Subd. 4. **Average daily money transmission liability.** "Average daily money  
95.32 transmission liability" means the amount of the licensee's outstanding money transmission  
95.33 obligations in Minnesota at the end of each day in a given period of time, added together,

96.1 and divided by the total number of days in the given period of time. For purposes of  
96.2 calculating average daily money transmission liability under this chapter for any licensee  
96.3 required to do so, the given period of time shall be the quarters ending March 31, June 30,  
96.4 September 30, and December 31.

96.5 Subd. 5. **Bank Secrecy Act.** "Bank Secrecy Act" means the Bank Secrecy Act under  
96.6 United States Code, title 31, section 5311, et seq., and the Bank Secrecy Act's implementing  
96.7 regulations, as amended and recodified from time to time.

96.8 Subd. 6. **Closed loop stored value.** "Closed loop stored value" means stored value that  
96.9 is redeemable by the issuer only for a good or service provided by the issuer, the issuer's  
96.10 affiliate, the issuer's franchisees, or an affiliate of the issuer's franchisees, except to the  
96.11 extent required by applicable law to be redeemable in cash for the good or service's cash  
96.12 value.

96.13 Subd. 7. **Control.** "Control" means:

96.14 (1) the power to vote, directly or indirectly, at least 25 percent of the outstanding voting  
96.15 shares or voting interests of a licensee or person in control of a licensee;

96.16 (2) the power to elect or appoint a majority of key individuals or executive officers,  
96.17 managers, directors, trustees, or other persons exercising managerial authority of a person  
96.18 in control of a licensee; or

96.19 (3) the power to exercise, directly or indirectly, a controlling influence over the  
96.20 management or policies of a licensee or person in control of a licensee.

96.21 Subd. 8. **Eligible rating.** "Eligible rating" means a credit rating of any of the three highest  
96.22 rating categories provided by an eligible rating service, whereby each category may include  
96.23 rating category modifiers such as "plus" or "minus" or the equivalent for any other eligible  
96.24 rating service. Long-term credit ratings are deemed eligible if the rating is equal to A- or  
96.25 higher or the equivalent from any other eligible rating service. Short-term credit ratings are  
96.26 deemed eligible if the rating is equal to or higher than A-2 or SP-2 by S&P, or the equivalent  
96.27 from any other eligible rating service. In the event that ratings differ among eligible rating  
96.28 services, the highest rating shall apply when determining whether a security bears an eligible  
96.29 rating.

96.30 Subd. 9. **Eligible rating service.** "Eligible rating service" means any Nationally  
96.31 Recognized Statistical Rating Organization (NRSRO), as defined by the United States  
96.32 Securities and Exchange Commission and any other organization designated by the  
96.33 commissioner by rule or order.



97.1 Subd. 10. **Federally insured depository financial institution.** "Federally insured  
 97.2 depository financial institution" means a bank, credit union, savings and loan association,  
 97.3 trust company, savings association, savings bank, industrial bank, or industrial loan company  
 97.4 organized under the laws of the United States or any state of the United States, when the  
 97.5 bank, credit union, savings and loan association, trust company, savings association, savings  
 97.6 bank, industrial bank, or industrial loan company has federally insured deposits.

97.7 Subd. 11. **In Minnesota.** "In Minnesota" means at a physical location within the state  
 97.8 of Minnesota for a transaction requested in person. For a transaction requested electronically  
 97.9 or by telephone, the provider of money transmission may determine if the person requesting  
 97.10 the transaction is in Minnesota by relying on other information provided by the person  
 97.11 regarding the location of the individual's residential address or a business entity's principal  
 97.12 place of business or other physical address location, and any records associated with the  
 97.13 person that the provider of money transmission may have that indicate the location, including  
 97.14 but not limited to an address associated with an account.

97.15 Subd. 12. **Individual.** "Individual" means a natural person.

97.16 Subd. 13. **Key individual.** "Key individual" means any individual ultimately responsible  
 97.17 for establishing or directing policies and procedures of the licensee, including but not limited  
 97.18 to as an executive officer, manager, director, or trustee.

97.19 Subd. 14. **Licensee.** "Licensee" means a person licensed under this chapter.

97.20 Subd. 15. **Material litigation.** "Material litigation" means litigation that, according to  
 97.21 United States generally accepted accounting principles, is significant to a person's financial  
 97.22 health and would be required to be disclosed in the person's annual audited financial  
 97.23 statements, report to shareholders, or similar records.

97.24 Subd. 16. **Money.** "Money" means a medium of exchange that is authorized or adopted  
 97.25 by the United States or a foreign government. Money includes a monetary unit of account  
 97.26 established by an intergovernmental organization or by agreement between two or more  
 97.27 governments.

97.28 Subd. 17. **Monetary value.** "Monetary value" means a medium of exchange, whether  
 97.29 or not redeemable in money.

97.30 Subd. 18. **Money transmission.** (a) "Money transmission" means:

97.31 (1) selling or issuing payment instruments to a person located in this state;

97.32 (2) selling or issuing stored value to a person located in this state; or

98.1 (3) receiving money for transmission from a person located in this state.

98.2 (b) Money includes payroll processing services. Money does not include the provision  
98.3 solely of online or telecommunications services or network access.

98.4 Subd. 19. **Money services business accredited state or MSB accredited state.** "Money  
98.5 services businesses accredited state" or "MSB accredited state" means a state agency that  
98.6 is accredited by the Conference of State Bank Supervisors and Money Transmitter Regulators  
98.7 Association for money transmission licensing and supervision.

98.8 Subd. 20. **Multistate licensing process.** "Multistate licensing process" means any  
98.9 agreement entered into by and among state regulators relating to coordinated processing of  
98.10 applications for money transmission licenses, applications for the acquisition of control of  
98.11 a licensee, control determinations, or notice and information requirements for a change of  
98.12 key individuals.

98.13 Subd. 21. **NMLS.** "NMLS" means the Nationwide Multistate Licensing System and  
98.14 Registry developed by the Conference of State Bank Supervisors and the American  
98.15 Association of Residential Mortgage Regulators and owned and operated by the State  
98.16 Regulatory Registry, LLC, or any successor or affiliated entity, for the licensing and  
98.17 registration of persons in financial services industries.

98.18 Subd. 22. **Outstanding money transmission obligations.** (a) "Outstanding money  
98.19 transmission obligations" must be established and extinguished in accordance with applicable  
98.20 state law and means:

98.21 (1) any payment instrument or stored value issued or sold by the licensee to a person  
98.22 located in the United States or reported as sold by an authorized delegate of the licensee to  
98.23 a person that is located in the United States that has not yet been paid or refunded by or for  
98.24 the licensee, or escheated in accordance with applicable abandoned property laws; or

98.25 (2) any money received for transmission by the licensee or an authorized delegate in the  
98.26 United States from a person located in the United States that has not been received by the  
98.27 payee or refunded to the sender, or escheated in accordance with applicable abandoned  
98.28 property laws.

98.29 (b) For purposes of this subdivision, "in the United States" includes, to the extent  
98.30 applicable, a person in any state, territory, or possession of the United States; the District  
98.31 of Columbia; the Commonwealth of Puerto Rico; or a U.S. military installation that is  
98.32 located in a foreign country.

98.33 Subd. 23. **Passive investor.** "Passive investor" means a person that:

99.1 (1) does not have the power to elect a majority of key individuals or executive officers,  
99.2 managers, directors, trustees, or other persons exercising managerial authority of a person  
99.3 in control of a licensee;

99.4 (2) is not employed by and does not have any managerial duties of the licensee or person  
99.5 in control of a licensee;

99.6 (3) does not have the power to exercise, directly or indirectly, a controlling influence  
99.7 over the management or policies of a licensee or person in control of a licensee; and

99.8 (4) attests to clauses (1), (2), and (3), in a form and in a medium prescribed by the  
99.9 commissioner, or commits to the passivity characteristics under clauses (1), (2), and (3) in  
99.10 a written document.

99.11 Subd. 24. **Payment instrument.** (a) "Payment instrument" means a written or electronic  
99.12 check, draft, money order, traveler's check, or other written or electronic instrument for the  
99.13 transmission or payment of money or monetary value, whether or not negotiable.

99.14 (b) Payment instrument does not include stored value or any instrument that is: (1)  
99.15 redeemable by the issuer only for goods or services provided by the issuer, the issuer's  
99.16 affiliate, the issuer's franchisees, or an affiliate of the issuer's franchisees, except to the  
99.17 extent required by applicable law to be redeemable in cash for its cash value; or (2) not sold  
99.18 to the public but issued and distributed as part of a loyalty, rewards, or promotional program.

99.19 Subd. 25. **Payroll processing services.** "Payroll processing services" means receiving  
99.20 money for transmission pursuant to a contract with a person to deliver wages or salaries,  
99.21 make payment of payroll taxes to state and federal agencies, make payments relating to  
99.22 employee benefit plans, or make distributions of other authorized deductions from wages  
99.23 or salaries. The term payroll processing services does not include an employer performing  
99.24 payroll processing services on the employer's own behalf or on behalf of the employer's  
99.25 affiliate, or a professional employment organization subject to regulation under other  
99.26 applicable state law.

99.27 Subd. 26. **Person.** "Person" means any individual, general partnership, limited partnership,  
99.28 limited liability company, corporation, trust, association, joint stock corporation, or other  
99.29 corporate entity identified by the commissioner.

99.30 Subd. 27. **Receiving money for transmission or money received for**  
99.31 **transmission.** "Receiving money for transmission" or "money received for transmission"  
99.32 means receiving money or monetary value in the United States for transmission within or  
99.33 outside the United States by electronic or other means.

100.1 Subd. 28. **Stored value.** (a) "Stored value" means monetary value representing a claim  
100.2 against the issuer evidenced by an electronic or digital record, and that is intended and  
100.3 accepted for use as a means of redemption for money or monetary value, or payment for  
100.4 goods or services. Stored value includes but is not limited to prepaid access, as defined  
100.5 under Code of Federal Regulations, title 31, part 1010.100, as amended or recodified from  
100.6 time to time.

100.7 (b) Notwithstanding this subdivision, stored value does not include: (1) a payment  
100.8 instrument or closed loop stored value; or (2) stored value not sold to the public but issued  
100.9 and distributed as part of a loyalty, rewards, or promotional program.

100.10 Subd. 29. **Tangible net worth.** "Tangible net worth" means the aggregate assets of a  
100.11 licensee excluding all intangible assets, less liabilities, as determined in accordance with  
100.12 United States generally accepted accounting principles.

100.13 Sec. 16. **[53B.29] EXEMPTIONS.**

100.14 This chapter does not apply to:

100.15 (1) an operator of a payment system, to the extent the operator of a payment system  
100.16 provides processing, clearing, or settlement services between or among persons exempted  
100.17 by this section or licensees in connection with wire transfers, credit card transactions, debit  
100.18 card transactions, stored-value transactions, automated clearing house transfers, or similar  
100.19 funds transfers;

100.20 (2) a person appointed as an agent of a payee to collect and process a payment from a  
100.21 payor to the payee for goods or services, other than money transmission itself, provided to  
100.22 the payor by the payee, provided that:

100.23 (i) there exists a written agreement between the payee and the agent directing the agent  
100.24 to collect and process payments from payors on the payee's behalf;

100.25 (ii) the payee holds the agent out to the public as accepting payments for goods or services  
100.26 on the payee's behalf; and

100.27 (iii) payment for the goods and services is treated as received by the payee upon receipt  
100.28 by the agent so that the payor's obligation is extinguished and there is no risk of loss to the  
100.29 payor if the agent fails to remit the funds to the payee;

100.30 (3) a person that acts as an intermediary by processing payments between an entity that  
100.31 has directly incurred an outstanding money transmission obligation to a sender, and the  
100.32 sender's designated recipient, provided that the entity:

- 101.1 (i) is properly licensed or exempt from licensing requirements under this chapter;
- 101.2 (ii) provides a receipt, electronic record, or other written confirmation to the sender
- 101.3 identifying the entity as the provider of money transmission in the transaction; and
- 101.4 (iii) bears sole responsibility to satisfy the outstanding money transmission obligation
- 101.5 to the sender, including the obligation to make the sender whole in connection with any
- 101.6 failure to transmit the funds to the sender's designated recipient;
- 101.7 (4) the United States; a department, agency, or instrumentality of the United States; or
- 101.8 an agent of the United States;
- 101.9 (5) money transmission by the United States Postal Service or by an agent of the United
- 101.10 States Postal Service;
- 101.11 (6) a state; county; city; any other governmental agency, governmental subdivision, or
- 101.12 instrumentality of a state; or the state's agent;
- 101.13 (7) a federally insured depository financial institution; bank holding company; office of
- 101.14 an international banking corporation; foreign bank that establishes a federal branch pursuant
- 101.15 to the International Bank Act, United States Code, title 12, section 3102, as amended or
- 101.16 recodified from time to time; corporation organized pursuant to the Bank Service Corporation
- 101.17 Act, United States Code, title 12, sections 1861 to 1867, as amended or recodified from
- 101.18 time to time; or corporation organized under the Edge Act, United States Code, title 12,
- 101.19 sections 611 to 633, as amended or recodified from time to time;
- 101.20 (8) electronic funds transfer of governmental benefits for a federal, state, county, or
- 101.21 governmental agency by a contractor on behalf of the United States or a department, agency,
- 101.22 or instrumentality thereof, or on behalf of a state or governmental subdivision, agency, or
- 101.23 instrumentality thereof;
- 101.24 (9) a board of trade designated as a contract market under the federal Commodity
- 101.25 Exchange Act, United States Code, title 7, sections 1 to 25, as amended or recodified from
- 101.26 time to time; or a person that in the ordinary course of business provides clearance and
- 101.27 settlement services for a board of trade to the extent of its operation as or for a board;
- 101.28 (10) a registered futures commission merchant under the federal commodities laws, to
- 101.29 the extent of the registered futures commission merchant's operation as a merchant;
- 101.30 (11) a person registered as a securities broker-dealer under federal or state securities
- 101.31 laws, to the extent of the person's operation as a securities broker-dealer;

102.1 (12) an individual employed by a licensee, authorized delegate, or any person exempted  
102.2 from the licensing requirements under this chapter when acting within the scope of  
102.3 employment and under the supervision of the licensee, authorized delegate, or exempted  
102.4 person as an employee and not as an independent contractor;

102.5 (13) a person expressly appointed as a third-party service provider to or agent of an  
102.6 entity exempt under clause (7), solely to the extent that:

102.7 (i) the service provider or agent is engaging in money transmission on behalf of and  
102.8 pursuant to a written agreement with the exempt entity that sets forth the specific functions  
102.9 that the service provider or agent is to perform; and

102.10 (ii) the exempt entity assumes all risk of loss and all legal responsibility for satisfying  
102.11 the outstanding money transmission obligations owed to purchasers and holders of the  
102.12 outstanding money transmission obligations upon receipt of the purchaser's or holder's  
102.13 money or monetary value by the service provider or agent; or

102.14 (14) a person exempt by regulation or order if the commissioner finds that (i) the  
102.15 exemption is in the public interest, and (ii) the regulation of the person is not necessary for  
102.16 the purposes of this chapter.

102.17 **Sec. 17. [53B.30] AUTHORITY TO REQUIRE DEMONSTRATION OF**  
102.18 **EXEMPTION.**

102.19 The commissioner may require any person that claims to be exempt from licensing under  
102.20 section 53B.29 to provide to the commissioner information and documentation that  
102.21 demonstrates the person qualifies for any claimed exemption.

102.22 **Sec. 18. [53B.31] IMPLEMENTATION.**

102.23 Subdivision 1. **General authority.** In order to carry out the purposes of this chapter, the  
102.24 commissioner may, subject to section 53B.32, paragraphs (a) and (b):

102.25 (1) enter into agreements or relationships with other government officials or federal and  
102.26 state regulatory agencies and regulatory associations in order to (i) improve efficiencies  
102.27 and reduce regulatory burden by standardizing methods or procedures, and (ii) share  
102.28 resources, records, or related information obtained under this chapter;

102.29 (2) use, hire, contract, or employ analytical systems, methods, or software to examine  
102.30 or investigate any person subject to this chapter;

103.1 (3) accept from other state or federal government agencies or officials any licensing,  
103.2 examination, or investigation reports made by the other state or federal government agencies  
103.3 or officials; and

103.4 (4) accept audit reports made by an independent certified public accountant or other  
103.5 qualified third-party auditor for an applicant or licensee and incorporate the audit report in  
103.6 any report of examination or investigation.

103.7 Subd. 2. **Administrative authority.** The commissioner is granted broad administrative  
103.8 authority to: (1) administer, interpret, and enforce this chapter; (2) adopt regulations to  
103.9 implement this chapter; and (3) recover the costs incurred to administer and enforce this  
103.10 chapter by imposing and collecting proportionate and equitable fees and costs associated  
103.11 with applications, examinations, investigations, and other actions required to achieve the  
103.12 purpose of this chapter.

103.13 Sec. 19. **[53B.32] CONFIDENTIALITY.**

103.14 (a) All information or reports obtained by the commissioner contained in or related to  
103.15 an examination that is prepared by, on behalf of, or for the use of the commissioner are  
103.16 confidential and are not subject to disclosure under section 46.07.

103.17 (b) The commissioner may disclose information not otherwise subject to disclosure  
103.18 under paragraph (a) to representatives of state or federal agencies pursuant to section 53B.31,  
103.19 subdivision 1.

103.20 (c) This section does not prohibit the commissioner from disclosing to the public a list  
103.21 of all licensees or the aggregated financial or transactional data concerning those licensees.

103.22 Sec. 20. **[53B.33] SUPERVISION.**

103.23 (a) The commissioner may conduct an examination or investigation of a licensee or  
103.24 authorized delegate or otherwise take independent action authorized by this chapter, or by  
103.25 a rule adopted or order issued under this chapter, as reasonably necessary or appropriate to  
103.26 administer and enforce this chapter, rules implementing this chapter, and other applicable  
103.27 law, including the Bank Secrecy Act and the USA PATRIOT Act, Public Law 107-56. The  
103.28 commissioner may:

103.29 (1) conduct an examination either on site or off site as the commissioner may reasonably  
103.30 require;

104.1 (2) conduct an examination in conjunction with an examination conducted by  
104.2 representatives of other state agencies or agencies of another state or of the federal  
104.3 government;

104.4 (3) accept the examination report of another state agency or an agency of another state  
104.5 or of the federal government, or a report prepared by an independent accounting firm, which  
104.6 on being accepted is considered for all purposes as an official report of the commissioner;  
104.7 and

104.8 (4) summon and examine under oath a key individual or employee of a licensee or  
104.9 authorized delegate and require the person to produce records regarding any matter related  
104.10 to the condition and business of the licensee or authorized delegate.

104.11 (b) A licensee or authorized delegate must provide, and the commissioner has full and  
104.12 complete access to, all records the commissioner may reasonably require to conduct a  
104.13 complete examination. The records must be provided at the location and in the format  
104.14 specified by the commissioner. The commissioner may use multistate record production  
104.15 standards and examination procedures when the standards reasonably achieve the  
104.16 requirements of this paragraph.

104.17 (c) Unless otherwise directed by the commissioner, a licensee must pay all costs  
104.18 reasonably incurred in connection with an examination of the licensee or the licensee's  
104.19 authorized delegates.

104.20 **Sec. 21. [53B.34] NETWORKED SUPERVISION.**

104.21 (a) To efficiently and effectively administer and enforce this chapter and to minimize  
104.22 regulatory burden, the commissioner is authorized to participate in multistate supervisory  
104.23 processes established between states and coordinated through the Conference of State Bank  
104.24 Supervisors, the Money Transmitter Regulators Association, and the affiliates and successors  
104.25 of the Conference of State Bank Supervisors and the Money Transmitter Regulators  
104.26 Association for all licensees that hold licenses in this state and other states. As a participant  
104.27 in multistate supervision, the commissioner may:

104.28 (1) cooperate, coordinate, and share information with other state and federal regulators  
104.29 in accordance with section 53B.32;

104.30 (2) enter into written cooperation, coordination, or information-sharing contracts or  
104.31 agreements with organizations the membership of which is made up of state or federal  
104.32 governmental agencies; and



105.1 (3) cooperate, coordinate, and share information with organizations the membership of  
105.2 which is made up of state or federal governmental agencies, provided that the organizations  
105.3 agree in writing to maintain the confidentiality and security of the shared information in  
105.4 accordance with section 53B.32.

105.5 (b) The commissioner is prohibited from waiving, and nothing in this section constitutes  
105.6 a waiver of, the commissioner's authority to conduct an examination or investigation or  
105.7 otherwise take independent action authorized by this chapter, or a rule adopted or order  
105.8 issued under this chapter, to enforce compliance with applicable state or federal law.

105.9 (c) A joint examination or investigation, or acceptance of an examination or investigation  
105.10 report, does not waive an examination fee provided for in this chapter.

105.11 **Sec. 22. [53B.35] RELATIONSHIP TO FEDERAL LAW.**

105.12 (a) In the event state money transmission jurisdiction is conditioned on a federal law,  
105.13 any inconsistencies between a provision of this chapter and the federal law governing money  
105.14 transmission is governed by the applicable federal law to the extent of the inconsistency.

105.15 (b) In the event of any inconsistencies between this chapter and a federal law that governs  
105.16 pursuant to paragraph (a), the commissioner may provide interpretive guidance that:

105.17 (1) identifies the inconsistency; and

105.18 (2) identifies the appropriate means of compliance with federal law.

105.19 **Sec. 23. [53B.36] LICENSE REQUIRED.**

105.20 (a) A person is prohibited from engaging in the business of money transmission, or  
105.21 advertising, soliciting, or representing that the person provides money transmission, unless  
105.22 the person is licensed under this chapter.

105.23 (b) Paragraph (a) does not apply to:

105.24 (1) a person that is an authorized delegate of a person licensed under this chapter acting  
105.25 within the scope of authority conferred by a written contract with the licensee; or

105.26 (2) a person that is exempt under section 53B.29 and does not engage in money  
105.27 transmission outside the scope of the exemption.

105.28 (c) A license issued under section 53B.40 is not transferable or assignable.

106.1 Sec. 24. [53B.37] CONSISTENT STATE LICENSING.

106.2 (a) To establish consistent licensing between Minnesota and other states, the  
106.3 commissioner is authorized to:

106.4 (1) implement all licensing provisions of this chapter in a manner that is consistent with  
106.5 (i) other states that have adopted substantially similar licensing requirements, or (ii) multistate  
106.6 licensing processes; and

106.7 (2) participate in nationwide protocols for licensing cooperation and coordination among  
106.8 state regulators, provided that the protocols are consistent with this chapter.

106.9 (b) In order to fulfill the purposes of this chapter, the commissioner is authorized to  
106.10 establish relationships or contracts with NMLS or other entities designated by NMLS to  
106.11 enable the commissioner to:

106.12 (1) collect and maintain records;

106.13 (2) coordinate multistate licensing processes and supervision processes;

106.14 (3) process fees; and

106.15 (4) facilitate communication between the commissioner and licensees or other persons  
106.16 subject to this chapter.

106.17 (c) The commissioner is authorized to use NMLS for all aspects of licensing in accordance  
106.18 with this chapter, including but not limited to license applications, applications for  
106.19 acquisitions of control, surety bonds, reporting, criminal history background checks, credit  
106.20 checks, fee processing, and examinations.

106.21 (d) The commissioner is authorized to use NMLS forms, processes, and functions in  
106.22 accordance with this chapter. If NMLS does not provide functionality, forms, or processes  
106.23 for a requirement under this chapter, the commissioner is authorized to implement the  
106.24 requirements in a manner that facilitates uniformity with respect to licensing, supervision,  
106.25 reporting, and regulation of licensees which are licensed in multiple jurisdictions.

106.26 (e) For the purpose of participating in the NMLS registry, the commissioner is authorized  
106.27 to, by rule or order: (1) waive or modify, in whole or in part, any or all of the requirements;  
106.28 and (2) establish new requirements as reasonably necessary to participate in the NMLS  
106.29 registry.

107.1 Sec. 25. [53B.38] APPLICATION FOR LICENSE.

107.2 (a) An applicant for a license must apply in a form and in a medium as prescribed by  
107.3 the commissioner. The application must state or contain, as applicable:

107.4 (1) the legal name and residential and business addresses of the applicant and any  
107.5 fictitious or trade name used by the applicant in conducting business;

107.6 (2) a list of any criminal convictions of the applicant and any material litigation in which  
107.7 the applicant has been involved in the ten-year period next preceding the submission of the  
107.8 application;

107.9 (3) a description of any money transmission previously provided by the applicant and  
107.10 the money transmission that the applicant seeks to provide in this state;

107.11 (4) a list of the applicant's proposed authorized delegates and the locations in this state  
107.12 where the applicant and the applicant's authorized delegates propose to engage in money  
107.13 transmission;

107.14 (5) a list of other states in which the applicant is licensed to engage in money transmission  
107.15 and any license revocations, suspensions, or other disciplinary action taken against the  
107.16 applicant in another state;

107.17 (6) information concerning any bankruptcy or receivership proceedings affecting the  
107.18 licensee or a person in control of a licensee;

107.19 (7) a sample form of contract for authorized delegates, if applicable;

107.20 (8) a sample form of payment instrument or stored value, as applicable;

107.21 (9) the name and address of any federally insured depository financial institution through  
107.22 which the applicant plans to conduct money transmission; and

107.23 (10) any other information the commissioner or NMLS reasonably requires with respect  
107.24 to the applicant.

107.25 (b) If an applicant is a corporation, limited liability company, partnership, or other legal  
107.26 entity, the applicant must also provide:

107.27 (1) the date of the applicant's incorporation or formation and state or country of  
107.28 incorporation or formation;

107.29 (2) if applicable, a certificate of good standing from the state or country in which the  
107.30 applicant is incorporated or formed;

108.1 (3) a brief description of the structure or organization of the applicant, including any  
108.2 parents or subsidiaries of the applicant, and whether any parents or subsidiaries are publicly  
108.3 traded;

108.4 (4) the legal name, any fictitious or trade name, all business and residential addresses,  
108.5 and the employment, as applicable, in the ten-year period next preceding the submission of  
108.6 the application of each key individual and person in control of the applicant;

108.7 (5) a list of any criminal convictions and material litigation in which a person in control  
108.8 of the applicant that is not an individual has been involved in the ten-year period preceding  
108.9 the submission of the application;

108.10 (6) a copy of audited financial statements of the applicant for the most recent fiscal year  
108.11 and for the two-year period next preceding the submission of the application or, if the  
108.12 commissioner deems acceptable, certified unaudited financial statements for the most recent  
108.13 fiscal year or other period acceptable to the commissioner;

108.14 (7) a certified copy of unaudited financial statements of the applicant for the most recent  
108.15 fiscal quarter;

108.16 (8) if the applicant is a publicly traded corporation, a copy of the most recent report filed  
108.17 with the United States Securities and Exchange Commission under section 13 of the federal  
108.18 Securities Exchange Act of 1934, United States Code, title 15, section 78m, as amended or  
108.19 recodified from time to time;

108.20 (9) if the applicant is a wholly owned subsidiary of:

108.21 (i) a corporation publicly traded in the United States, a copy of audited financial  
108.22 statements for the parent corporation for the most recent fiscal year or a copy of the parent  
108.23 corporation's most recent report filed under section 13 of the Securities Exchange Act of  
108.24 1934, United States Code, title 15, section 78m, as amended or recodified from time to time;  
108.25 or

108.26 (ii) a corporation publicly traded outside the United States, a copy of similar  
108.27 documentation filed with the regulator of the parent corporation's domicile outside the  
108.28 United States;

108.29 (10) the name and address of the applicant's registered agent in this state; and

108.30 (11) any other information the commissioner reasonably requires with respect to the  
108.31 applicant.

109.1 (c) A nonrefundable application fee of \$4,000 must accompany an application for a  
109.2 license under this section.

109.3 (d) The commissioner may: (1) waive one or more requirements of paragraphs (a) and  
109.4 (b); or (2) permit an applicant to submit other information in lieu of the required information.

109.5 **Sec. 26. [53B.39] INFORMATION REQUIREMENTS; CERTAIN INDIVIDUALS.**

109.6 Subdivision 1. **Individuals with or seeking control.** Any individual in control of a  
109.7 licensee or applicant, any individual that seeks to acquire control of a licensee, and each  
109.8 key individual must furnish to the commissioner through NMLS:

109.9 (1) the individual's fingerprints for submission to the Federal Bureau of Investigation  
109.10 and the commissioner for a national criminal history background check, unless the person  
109.11 currently resides outside of the United States and has resided outside of the United States  
109.12 for the last ten years; and

109.13 (2) personal history and business experience in a form and in a medium prescribed by  
109.14 the commissioner, to obtain:

109.15 (i) an independent credit report from a consumer reporting agency;

109.16 (ii) information related to any criminal convictions or pending charges; and

109.17 (iii) information related to any regulatory or administrative action and any civil litigation  
109.18 involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach  
109.19 of fiduciary duty, or breach of contract.

109.20 Subd. 2. **Individuals having resided outside the United States.** (a) If an individual  
109.21 has resided outside of the United States at any time in the last ten years, the individual must  
109.22 also provide an investigative background report prepared by an independent search firm  
109.23 that meets the requirements of this subdivision.

109.24 (b) At a minimum, the search firm must:

109.25 (1) demonstrate that the search firm has sufficient knowledge, resources, and employs  
109.26 accepted and reasonable methodologies to conduct the research of the background report;  
109.27 and

109.28 (2) not be affiliated with or have an interest with the individual the search firm is  
109.29 researching.

109.30 (c) At a minimum, the investigative background report must be written in English and  
109.31 must contain:

110.1 (1) if available in the individual's current jurisdiction of residency, a comprehensive  
110.2 credit report, or any equivalent information obtained or generated by the independent search  
110.3 firm to accomplish a credit report, including a search of the court data in the countries,  
110.4 provinces, states, cities, towns, and contiguous areas where the individual resided and  
110.5 worked;

110.6 (2) criminal records information for the past ten years, including but not limited to  
110.7 felonies, misdemeanors, or similar convictions for violations of law in the countries,  
110.8 provinces, states, cities, towns, and contiguous areas where the individual resided and  
110.9 worked;

110.10 (3) employment history;

110.11 (4) media history, including an electronic search of national and local publications, wire  
110.12 services, and business applications; and

110.13 (5) financial services-related regulatory history, including but not limited to money  
110.14 transmission, securities, banking, consumer finance, insurance, and mortgage-related  
110.15 industries.

110.16 Sec. 27. **[53B.40] LICENSE ISSUANCE.**

110.17 (a) When an application for an original license under this chapter includes all of the  
110.18 items and addresses all of the matters that are required, the application is complete and the  
110.19 commissioner must promptly notify the applicant in a record of the date on which the  
110.20 application is determined to be complete.

110.21 (b) The commissioner's determination that an application is complete and accepted for  
110.22 processing means only that the application, on the application's face, appears to include all  
110.23 of the items, including the criminal background check response from the Federal Bureau  
110.24 of Investigation, and address all of the matters that are required. The commissioner's  
110.25 determination that an application is complete is not an assessment of the substance of the  
110.26 application or of the sufficiency of the information provided.

110.27 (c) When an application is filed and considered complete under this section, the  
110.28 commissioner must investigate the applicant's financial condition and responsibility, financial  
110.29 and business experience, character, and general fitness. The commissioner may conduct an  
110.30 investigation of the applicant, the reasonable cost of which the applicant must pay. The  
110.31 commissioner must issue a license to an applicant under this section if the commissioner  
110.32 finds:

110.33 (1) the applicant has complied with sections 53B.38 and 53B.39; and

111.1 (2) the financial condition and responsibility; financial and business experience,  
111.2 competence, character, and general fitness of the applicant; and the competence, experience,  
111.3 character, and general fitness of the key individuals and persons in control of the applicant  
111.4 indicate that it is in the interest of the public to permit the applicant to engage in money  
111.5 transmission.

111.6 (d) If an applicant avails itself of or is otherwise subject to a multistate licensing process:

111.7 (1) the commissioner is authorized to accept the investigation results of a lead  
111.8 investigative state for the purposes of paragraph (c); or

111.9 (2) if Minnesota is a lead investigative state, the commissioner is authorized to investigate  
111.10 the applicant pursuant to paragraph (c) and the time frames established by agreement through  
111.11 the multistate licensing process, provided that the time frame complies with the application  
111.12 review period provided under paragraph (e).

111.13 (e) The commissioner must approve or deny the application within 120 days after the  
111.14 date the application is deemed complete. If the application is not approved or denied within  
111.15 120 days after the completion date, the application is approved and the license takes effect  
111.16 on the first business day after the 120-day period expires.

111.17 (f) The commissioner must issue a formal written notice of the denial of a license  
111.18 application within 30 days of the date the decision to deny the application is made. The  
111.19 commissioner must set forth in the notice of denial the specific reasons for the denial of the  
111.20 application. An applicant whose application is denied by the commissioner under this  
111.21 paragraph may appeal within 30 days of the date the written notice of the denial is received.  
111.22 The commissioner must set a hearing date that is not later than 60 days after service of the  
111.23 response, unless a later date is set with the consent of the denied applicant.

111.24 (g) The initial license term begins on the day the application is approved. The license  
111.25 expires on December 31 of the year in which the license term began, unless the initial license  
111.26 date is between November 1 and December 31, in which case the initial license term runs  
111.27 through December 31 of the following year. If a license is approved between November 1  
111.28 and December 31, the applicant is subject to the renewal fee under section 53B.31, paragraph  
111.29 (a).

111.30 Sec. 28. [53B.41] LICENSE RENEWAL.

111.31 (a) A license under this chapter must be renewed annually. An annual renewal fee of  
111.32 \$2,500 must be paid no more than 60 days before the license expires. The renewal term is

112.1 a period of one year and begins on January 1 each year after the initial license term. The  
112.2 renewal term expires on December 31 of the year the renewal term begins.

112.3 (b) A licensee must submit a renewal report with the renewal fee, in a form and in a  
112.4 medium prescribed by the commissioner. The renewal report must state or contain a  
112.5 description of each material change in information submitted by the licensee in the licensee's  
112.6 original license application that has not been previously reported to the commissioner.

112.7 (c) The commissioner may grant an extension of the renewal date for good cause.

112.8 (d) The commissioner is authorized to use the NMLS to process license renewals,  
112.9 provided that the NMLS functionality is consistent with this section.

112.10 Sec. 29. **[53B.42] MAINTENANCE OF LICENSE.**

112.11 (a) If a licensee does not continue to meet the qualifications or satisfy the requirements  
112.12 that apply to an applicant for a new money transmission license, the commissioner may  
112.13 suspend or revoke the licensee's license in accordance with the procedures established by  
112.14 this chapter or other applicable state law for license suspension or revocation.

112.15 (b) An applicant for a money transmission license must demonstrate that the applicant  
112.16 meets or will meet, and a money transmission licensee must at all times meet, the  
112.17 requirements in sections 53B.59 to 53B.61.

112.18 Sec. 30. **[53B.43] ACQUISITION OF CONTROL.**

112.19 (a) Any person, or group of persons acting in concert, seeking to acquire control of a  
112.20 licensee must obtain the commissioner's written approval before acquiring control. An  
112.21 individual is not deemed to acquire control of a licensee and is not subject to these acquisition  
112.22 of control provisions when that individual becomes a key individual in the ordinary course  
112.23 of business.

112.24 (b) For the purpose of this section, a person is presumed to exercise a controlling influence  
112.25 when the person holds the power to vote, directly or indirectly, at least ten percent of the  
112.26 outstanding voting shares or voting interests of a licensee or person in control of a licensee.  
112.27 A person presumed to exercise a controlling influence as defined by this subdivision can  
112.28 rebut the presumption of control if the person is a passive investor.

112.29 (c) For purposes of determining the percentage of a person controlled by any other  
112.30 person, the person's interest must be aggregated with the interest of any other immediate  
112.31 family member, including the person's spouse, parents, children, siblings, mothers- and



113.1 fathers-in-law, sons- and daughters-in-law, brothers- and sisters-in-law, and any other person  
113.2 who shares the person's home.

113.3 (d) A person, or group of persons acting in concert, seeking to acquire control of a  
113.4 licensee must, in cooperation with the licensee:

113.5 (1) submit an application in a form and in a medium prescribed by the commissioner;  
113.6 and

113.7 (2) submit a nonrefundable fee of \$4,000 with the request for approval.

113.8 (e) Upon request, the commissioner may permit a licensee or the person, or group of  
113.9 persons acting in concert, to submit some or all information required by the commissioner  
113.10 pursuant to paragraph (d), clause (1), without using NMLS.

113.11 (f) The application required by paragraph (d), clause (1), must include information  
113.12 required by section 53B.39 for any new key individuals that have not previously completed  
113.13 the requirements of section 53B.39 for a licensee.

113.14 (g) When an application for acquisition of control under this section appears to include  
113.15 all of the items and address all of the matters that are required, the application is considered  
113.16 complete and the commissioner must promptly notify the applicant in a record of the date  
113.17 on which the application was determined to be complete.

113.18 (h) The commissioner must approve or deny the application within 60 days after the  
113.19 completion date. If the application is not approved or denied within 60 days after the  
113.20 completion date, the application is approved and the person, or group of persons acting in  
113.21 concert, are not prohibited from acquiring control. The commissioner may extend the  
113.22 application period for good cause.

113.23 (i) The commissioner's determination that an application is complete and is accepted for  
113.24 processing means only that the application, on the application's face, appears to include all  
113.25 of the items and address all of the matters that are required. The commissioner's determination  
113.26 that an application is complete is not an assessment of the application's substance or of the  
113.27 sufficiency of the information provided.

113.28 (j) When an application is filed and considered complete under paragraph (g), the  
113.29 commissioner must investigate the financial condition and responsibility; the financial and  
113.30 business experience; character; and the general fitness of the person, or group of persons  
113.31 acting in concert, seeking to acquire control. The commissioner must approve an acquisition  
113.32 of control under this section if the commissioner finds:

113.33 (1) the requirements of paragraphs (d) and (f) have been met, as applicable; and

114.1 (2) the financial condition and responsibility, financial and business experience,  
114.2 competence, character, and general fitness of the person, or group of persons acting in  
114.3 concert, seeking to acquire control; and the competence, experience, character, and general  
114.4 fitness of the key individuals and persons that control the licensee after the acquisition of  
114.5 control indicate that it is in the interest of the public to permit the person, or group of persons  
114.6 acting in concert, to control the licensee.

114.7 (k) If an applicant avails itself of or is otherwise subject to a multistate licensing process:

114.8 (1) the commissioner is authorized to accept the investigation results of a lead  
114.9 investigative state for the purposes of paragraph (j); or

114.10 (2) if Minnesota is a lead investigative state, the commissioner is authorized to investigate  
114.11 the applicant under paragraph (j) and consistent with the time frames established by  
114.12 agreement through the multistate licensing process.

114.13 (l) The commissioner must issue a formal written notice of the denial of an application  
114.14 to acquire control. The commissioner must set forth in the notice of denial the specific  
114.15 reasons the application was denied. An applicant whose application is denied by the  
114.16 commissioner under this paragraph may appeal the denial within 30 days of the date the  
114.17 written notice of the denial is received. Chapter 14 applies to appeals under this paragraph.

114.18 (m) Paragraphs (a) and (d) do not apply to:

114.19 (1) a person that acts as a proxy for the sole purpose of voting at a designated meeting  
114.20 of the shareholders or holders of voting shares or voting interests of a licensee or a person  
114.21 in control of a licensee;

114.22 (2) a person that acquires control of a licensee by devise or descent;

114.23 (3) a person that acquires control of a licensee as a personal representative, custodian,  
114.24 guardian, conservator, or trustee, or as an officer appointed by a court of competent  
114.25 jurisdiction or by operation of law;

114.26 (4) a person that is exempt under section 53B.29, clause (7);

114.27 (5) a person that the commissioner determines is not subject to paragraph (a), based on  
114.28 the public interest;

114.29 (6) a public offering of securities of a licensee or a person in control of a licensee; or

114.30 (7) an internal reorganization of a person controlling the licensee, where the ultimate  
114.31 person controlling the licensee remains the same.

115.1 (n) A person identified in paragraph (m), clause (2), (3), (4), or (6), that is cooperating  
115.2 with the licensee must notify the commissioner within 15 days of the date the acquisition  
115.3 of control occurs.

115.4 (o) Paragraphs (a) and (d) do not apply to a person that has complied with and received  
115.5 approval to engage in money transmission under this chapter, or that was identified as a  
115.6 person in control in a prior application filed with and approved by the commissioner or by  
115.7 another state pursuant to a multistate licensing process, provided that:

115.8 (1) the person has not had a license revoked or suspended or controlled a licensee that  
115.9 has had a license revoked or suspended while the person was in control of the licensee in  
115.10 the previous five years;

115.11 (2) if the person is a licensee, the person is well managed and has received at least a  
115.12 satisfactory rating for compliance at the person's most recent examination by an  
115.13 MSB-accredited state if a rating was given;

115.14 (3) the licensee to be acquired is projected to meet the requirements of sections 53B.59  
115.15 to 53B.61 after the acquisition of control is completed, and if the person acquiring control  
115.16 is a licensee, the acquiring licensee is also projected to meet the requirements of sections  
115.17 53B.59 to 53B.61 after the acquisition of control is completed;

115.18 (4) the licensee to be acquired does not implement any material changes to the acquired  
115.19 licensee's business plan as a result of the acquisition of control, and if the person acquiring  
115.20 control is a licensee, the acquiring licensee does not implement any material changes to the  
115.21 acquiring licensee's business plan as a result of the acquisition of control; and

115.22 (5) the person provides notice of the acquisition in cooperation with the licensee and  
115.23 attests to clauses (1), (2), (3), and (4) in a form and in a medium prescribed by the  
115.24 commissioner.

115.25 (p) If the notice under paragraph (o), clause (5), is not disapproved within 30 days after  
115.26 the date on which the notice was determined to be complete, the notice is deemed approved.

115.27 (q) Before filing an application for approval to acquire control of a licensee, a person  
115.28 may request in writing a determination from the commissioner as to whether the person  
115.29 would be considered a person in control of a licensee upon consummation of a proposed  
115.30 transaction. If the commissioner determines that the person would not be a person in control  
115.31 of a licensee, the proposed person and transaction is not subject to paragraphs (a) and (d).

115.32 (r) If a multistate licensing process includes a determination pursuant to paragraph (q)  
115.33 and an applicant avails itself or is otherwise subject to the multistate licensing process:

116.1 (1) the commissioner is authorized to accept the control determination of a lead  
116.2 investigative state with sufficient staffing, expertise, and minimum standards for the purposes  
116.3 of paragraph (q); or

116.4 (2) if Minnesota is a lead investigative state, the commissioner is authorized to investigate  
116.5 the applicant under paragraph (q) and consistent with the time frames established by  
116.6 agreement through the multistate licensing process.

116.7 **Sec. 31. [53B.44] CHANGE OF KEY INDIVIDUALS; NOTICE AND**  
116.8 **INFORMATION REQUIREMENTS.**

116.9 (a) A licensee that adds or replaces any key individual must:

116.10 (1) provide notice, in a manner prescribed by the commissioner, within 15 days after  
116.11 the effective date of the key individual's appointment; and

116.12 (2) provide the information required under section 53B.39 within 45 days of the effective  
116.13 date of the key individual's appointment.

116.14 (b) Within 90 days of the date on which the notice provided under section 53B.44,  
116.15 paragraph (a), was determined to be complete, the commissioner may issue a notice of  
116.16 disapproval of a key individual if the commissioner finds that the competence, business  
116.17 experience, character, or integrity of the individual is not in the best interests of the public  
116.18 or the customers of the licensee.

116.19 (c) A notice of disapproval must contain a statement of the basis for disapproval and  
116.20 must be sent to the licensee and the disapproved individual. A licensee may appeal a notice  
116.21 of disapproval pursuant to chapter 14 within 30 days of the date the notice of disapproval  
116.22 is received.

116.23 (d) If the notice provided under paragraph (a) is not disapproved within 90 days after  
116.24 the date on which the notice was determined to be complete, the key individual is deemed  
116.25 approved.

116.26 (e) If a multistate licensing process includes a key individual notice review and  
116.27 disapproval process under this section and the licensee avails itself of or is otherwise subject  
116.28 to the multistate licensing process:

116.29 (1) the commissioner is authorized to accept the determination of another state if the  
116.30 investigating state has sufficient staffing, expertise, and minimum standards for the purposes  
116.31 of this section; or

117.1 (2) if Minnesota is a lead investigative state, the commissioner is authorized to investigate  
117.2 the applicant under paragraph (b) and the time frames established by agreement through  
117.3 the multistate licensing process.

117.4 Sec. 32. **[53B.45] REPORT OF CONDITION.**

117.5 (a) Each licensee must submit a report of condition within 45 days of the end of the  
117.6 calendar quarter, or within any extended time the commissioner prescribes.

117.7 (b) The report of condition must include:

117.8 (1) financial information at the licensee level;

117.9 (2) nationwide and state-specific money transmission transaction information in every  
117.10 jurisdiction in the United States where the licensee is licensed to engage in money  
117.11 transmission;

117.12 (3) a permissible investments report;

117.13 (4) transaction destination country reporting for money received for transmission, if  
117.14 applicable; and

117.15 (5) any other information the commissioner reasonably requires with respect to the  
117.16 licensee.

117.17 (c) The commissioner is authorized to use NMLS to submit the report required under  
117.18 paragraph (a).

117.19 (d) The information required by paragraph (b), clause (4), must only be included in a  
117.20 report of condition submitted within 45 days of the end of the fourth calendar quarter.

117.21 Sec. 33. **[53B.46] AUDITED FINANCIAL STATEMENTS.**

117.22 (a) Each licensee must, within 90 days after the end of each fiscal year, or within any  
117.23 extended time the commissioner prescribes, file with the commissioner:

117.24 (1) an audited financial statement of the licensee for the fiscal year prepared in accordance  
117.25 with United States generally accepted accounting principles; and

117.26 (2) any other information the commissioner may reasonably require.

117.27 (b) The audited financial statements must be prepared by an independent certified public  
117.28 accountant or independent public accountant who is satisfactory to the commissioner.

117.29 (c) The audited financial statements must include or be accompanied by a certificate of  
117.30 opinion prepared by the independent certified public accountant or independent public

118.1 accountant that is satisfactory in form and content to the commissioner. If the certificate or  
118.2 opinion is qualified, the commissioner may order the licensee to take any action the  
118.3 commissioner finds necessary to enable the independent or certified public accountant or  
118.4 independent public accountant to remove the qualification.

118.5 Sec. 34. **[53B.47] AUTHORIZED DELEGATE REPORTING.**

118.6 (a) Each licensee must submit a report of authorized delegates within 45 days of the end  
118.7 of the calendar quarter. The commissioner is authorized to use NMLS to submit the report  
118.8 required by this paragraph, provided that the functionality is consistent with the requirements  
118.9 of this section.

118.10 (b) The authorized delegate report must include, at a minimum, each authorized delegate's:

118.11 (1) company legal name;

118.12 (2) taxpayer employer identification number;

118.13 (3) principal provider identifier;

118.14 (4) physical address;

118.15 (5) mailing address;

118.16 (6) any business conducted in other states;

118.17 (7) any fictitious or trade name;

118.18 (8) contact person name, telephone number, and email;

118.19 (9) start date as the licensee's authorized delegate;

118.20 (10) end date acting as the licensee's authorized delegate, if applicable;

118.21 (11) court orders under section 53B.53; and

118.22 (12) any other information the commissioner reasonably requires with respect to the  
118.23 authorized delegate.

118.24 Sec. 35. **[53B.48] REPORTS OF CERTAIN EVENTS.**

118.25 (a) A licensee must file a report with the commissioner within ten business days after  
118.26 the licensee has reason to know any of the following events has occurred:

118.27 (1) a petition by or against the licensee under the United States Bankruptcy Code, United  
118.28 States Code, title 11, sections 101 to 110, as amended or recodified from time to time, for  
118.29 bankruptcy or reorganization has been filed;

119.1 (2) a petition by or against the licensee for receivership, the commencement of any other  
119.2 judicial or administrative proceeding for the licensee's dissolution or reorganization, or the  
119.3 making of a general assignment for the benefit of the licensee's creditors has been filed; or

119.4 (3) a proceeding to revoke or suspend the licensee's license in a state or country in which  
119.5 the licensee engages in business or is licensed has been commenced.

119.6 (b) A licensee must file a report with the commissioner within ten business days after  
119.7 the licensee has reason to know any of the following events has occurred:

119.8 (1) the licensee or a key individual or person in control of the licensee is charged with  
119.9 or convicted of a felony related to money transmission activities; or

119.10 (2) an authorized delegate is charged with or convicted of a felony related to money  
119.11 transmission activities.

119.12 **Sec. 36. [53B.49] BANK SECRECY ACT REPORTS.**

119.13 A licensee and an authorized delegate must file all reports required by federal currency  
119.14 reporting, record keeping, and suspicious activity reporting requirements as set forth in the  
119.15 Bank Secrecy Act and other federal and state laws pertaining to money laundering. A licensee  
119.16 and authorized delegate that timely files with the appropriate federal agency a complete and  
119.17 accurate report required under this section is deemed to comply with the requirements of  
119.18 this section.

119.19 **Sec. 37. [53B.50] RECORDS.**

119.20 (a) A licensee must maintain the following records, for purposes of determining the  
119.21 licensee's compliance with this chapter, for at least three years:

119.22 (1) a record of each outstanding money transmission obligation sold;

119.23 (2) a general ledger posted at least monthly containing all asset, liability, capital, income,  
119.24 and expense accounts;

119.25 (3) bank statements and bank reconciliation records;

119.26 (4) records of outstanding money transmission obligations;

119.27 (5) records of each outstanding money transmission obligation paid within the three-year  
119.28 period;

119.29 (6) a list of the last known names and addresses of all of the licensee's authorized  
119.30 delegates; and

120.1 (7) any other records the commissioner reasonably requires by administrative rule.

120.2 (b) The items specified in paragraph (a) may be maintained in any form of record.

120.3 (c) The records specified in paragraph (a) may be maintained outside of Minnesota if  
 120.4 the records are made accessible to the commissioner upon seven business-days' notice that  
 120.5 is sent in a record.

120.6 (d) All records maintained by the licensee as required under paragraphs (a) to (c) are  
 120.7 open to inspection by the commissioner under section 53B.33, paragraph (a).

120.8 **Sec. 38. [53B.51] RELATIONSHIP BETWEEN LICENSEE AND AUTHORIZED**  
 120.9 **DELEGATE.**

120.10 (a) For purposes of this section, "remit" means to make direct payments of money to (1)  
 120.11 a licensee, or (2) a licensee's representative authorized to receive money or to deposit money  
 120.12 in a bank in an account specified by the licensee.

120.13 (b) Before a licensee is authorized to conduct business through an authorized delegate  
 120.14 or allows a person to act as the licensee's authorized delegate, the licensee must:

120.15 (1) adopt, and update as necessary, written policies and procedures reasonably designed  
 120.16 to ensure that the licensee's authorized delegates comply with applicable state and federal  
 120.17 law;

120.18 (2) enter into a written contract that complies with paragraph (d); and

120.19 (3) conduct a reasonable risk-based background investigation sufficient for the licensee  
 120.20 to determine whether the authorized delegate has complied and will likely comply with  
 120.21 applicable state and federal law.

120.22 (c) An authorized delegate must operate in full compliance with this chapter.

120.23 (d) The written contract required by paragraph (b) must be signed by the licensee and  
 120.24 the authorized delegate. The written contract must, at a minimum:

120.25 (1) appoint the person signing the contract as the licensee's authorized delegate with the  
 120.26 authority to conduct money transmission on behalf of the licensee;

120.27 (2) set forth the nature and scope of the relationship between the licensee and the  
 120.28 authorized delegate and the respective rights and responsibilities of the parties;

120.29 (3) require the authorized delegate to agree to fully comply with all applicable state and  
 120.30 federal laws, rules, and regulations pertaining to money transmission, including this chapter



121.1 and regulations implementing this chapter, relevant provisions of the Bank Secrecy Act and  
121.2 the USA PATRIOT Act, Public Law 107-56;

121.3 (4) require the authorized delegate to remit and handle money and monetary value in  
121.4 accordance with the terms of the contract between the licensee and the authorized delegate;

121.5 (5) impose a trust on money and monetary value net of fees received for money  
121.6 transmission for the benefit of the licensee;

121.7 (6) require the authorized delegate to prepare and maintain records as required by this  
121.8 chapter or administrative rules implementing this chapter, or as reasonably requested by  
121.9 the commissioner;

121.10 (7) acknowledge that the authorized delegate consents to examination or investigation  
121.11 by the commissioner;

121.12 (8) state that the licensee is subject to regulation by the commissioner and that as part  
121.13 of that regulation the commissioner may (1) suspend or revoke an authorized delegate  
121.14 designation, or (2) require the licensee to terminate an authorized delegate designation; and

121.15 (9) acknowledge receipt of the written policies and procedures required under paragraph  
121.16 (b), clause (1).

121.17 (e) If the licensee's license is suspended, revoked, surrendered, or expired, within five  
121.18 business days the licensee must provide documentation to the commissioner that the licensee  
121.19 has notified all applicable authorized delegates of the licensee whose names are in a record  
121.20 filed with the commissioner of the suspension, revocation, surrender, or expiration of a  
121.21 license. Upon suspension, revocation, surrender, or expiration of a license, applicable  
121.22 authorized delegates must immediately cease to provide money transmission as an authorized  
121.23 delegate of the licensee.

121.24 (f) An authorized delegate of a licensee holds in trust for the benefit of the licensee all  
121.25 money net of fees received from money transmission. If an authorized delegate commingles  
121.26 any funds received from money transmission with other funds or property owned or  
121.27 controlled by the authorized delegate, all commingled funds and other property are considered  
121.28 held in trust in favor of the licensee in an amount equal to the amount of money net of fees  
121.29 received from money transmission.

121.30 (g) An authorized delegate is prohibited from using a subdelegate to conduct money  
121.31 transmission on behalf of a licensee.

122.1 Sec. 39. **[53B.52] UNAUTHORIZED ACTIVITIES.**

122.2 A person is prohibited from engaging in the business of money transmission on behalf  
122.3 of a person not licensed under this chapter or not exempt under sections 53B.29 and 53B.30.  
122.4 A person that engages in the business of money transmission on behalf of a person that is  
122.5 not licensed under this chapter or not exempt under sections 53B.29 and 53B.30 provides  
122.6 money transmission to the same extent as if the person were a licensee, and is jointly and  
122.7 severally liable with the unlicensed or nonexempt person.

122.8 Sec. 40. **[53B.53] PROHIBITED AUTHORIZED DELEGATES.**

122.9 (a) The district court in an action brought by a licensee has jurisdiction to grant  
122.10 appropriate equitable or legal relief, including without limitation prohibiting the authorized  
122.11 delegate from directly or indirectly acting as an authorized delegate for any licensee in  
122.12 Minnesota and the payment of restitution, damages, or other monetary relief, if the district  
122.13 court finds that an authorized delegate failed to remit money in accordance with the written  
122.14 contract required by section 53B.51, paragraph (b), or as otherwise directed by the licensee  
122.15 or required by law.

122.16 (b) If the district court issues an order prohibiting a person from acting as an authorized  
122.17 delegate for any licensee under paragraph (a), the licensee that brought the action must  
122.18 report the order to the commissioner within 30 days of the date of the order and must report  
122.19 the order through NMLS within 90 days of the date of the order.

122.20 Sec. 41. **[53B.54] TIMELY TRANSMISSION.**

122.21 (a) Every licensee must forward all money received for transmission in accordance with  
122.22 the terms of the agreement between the licensee and the sender, unless the licensee has a  
122.23 reasonable belief or a reasonable basis to believe that the sender may be a victim of fraud  
122.24 or that a crime or violation of law, rule, or regulation has occurred, is occurring, or may  
122.25 occur.

122.26 (b) If a licensee fails to forward money received for transmission as provided under this  
122.27 section, the licensee must respond to inquiries by the sender with the reason for the failure,  
122.28 unless providing a response would violate a state or federal law, rule, or regulation.

122.29 Sec. 42. **[53B.55] REFUNDS.**

122.30 (a) This section does not apply to:

123.1 (1) money received for transmission that is subject to the federal remittance rule under  
123.2 Code of Federal Regulations, title 12, part 1005, subpart B, as amended or recodified from  
123.3 time to time; or

123.4 (2) money received for transmission pursuant to a written agreement between the licensee  
123.5 and payee to process payments for goods or services provided by the payee.

123.6 (b) A licensee must refund to the sender within ten days of the date the licensee receives  
123.7 the sender's written request for a refund of any and all money received for transmission,  
123.8 unless:

123.9 (1) the money has been forwarded within ten days of the date on which the money was  
123.10 received for transmission;

123.11 (2) instructions have been given committing an equivalent amount of money to the  
123.12 person designated by the sender within ten days of the date on which the money was received  
123.13 for transmission;

123.14 (3) the agreement between the licensee and the sender instructs the licensee to forward  
123.15 the money at a time that is beyond ten days of the date on which the money was received  
123.16 for transmission. If money has not been forwarded in accordance with the terms of the  
123.17 agreement between the licensee and the sender, the licensee must issue a refund in accordance  
123.18 with the other provisions of this section; or

123.19 (4) the refund is requested for a transaction that the licensee has not completed based  
123.20 on a reasonable belief or a reasonable basis to believe that a crime or violation of law, rule,  
123.21 or regulation has occurred, is occurring, or may occur.

123.22 (c) A refund request does not enable the licensee to identify:

123.23 (1) the sender's name and address or telephone number; or

123.24 (2) the particular transaction to be refunded in the event the sender has multiple  
123.25 transactions outstanding.

123.26 Sec. 43. [53B.56] RECEIPTS.

123.27 Subdivision 1. **Definition.** For purposes of this section, "receipt" means a paper receipt,  
123.28 electronic record, or other written confirmation.

123.29 Subd. 2. **Exemption.** This section does not apply to:

124.1 (1) money received for transmission that is subject to the federal remittance rule under  
124.2 Code of Federal Regulations, title 12, part 1005, subpart B, as amended or recodified from  
124.3 time to time;

124.4 (2) money received for transmission that is not primarily for personal, family, or  
124.5 household purposes;

124.6 (3) money received for transmission pursuant to a written agreement between the licensee  
124.7 and payee to process payments for goods or services provided by the payee; or

124.8 (4) payroll processing services.

124.9 Subd. 3. **Transaction types; receipts form.** For a transaction conducted in person, the  
124.10 receipt may be provided electronically if the sender requests or agrees to receive an electronic  
124.11 receipt. For a transaction conducted electronically or by telephone, a receipt may be provided  
124.12 electronically. All electronic receipts must be provided in a retainable form.

124.13 Subd. 4. **Receipts required.** (a) Every licensee or the licensee's authorized delegate  
124.14 must provide the sender a receipt for money received for transmission.

124.15 (b) The receipt must contain, as applicable:

124.16 (1) the name of the sender;

124.17 (2) the name of the designated recipient;

124.18 (3) the date of the transaction;

124.19 (4) the unique transaction or identification number;

124.20 (5) the name of the licensee, NMLS Unique ID, the licensee's business address, and the  
124.21 licensee's customer service telephone number;

124.22 (6) the transaction amount, expressed in United States dollars;

124.23 (7) any fee the licensee charges the sender for the transaction; and

124.24 (8) any taxes the licensee collects from the sender for the transaction.

124.25 (c) The receipt required by this section must be provided in (1) English, and (2) the  
124.26 language principally used by the licensee or authorized delegate to advertise, solicit, or  
124.27 negotiate, either orally or in writing, for a transaction conducted in person, electronically,  
124.28 or by telephone, if the language principally used is a language other than English.

125.1 Sec. 44. **[53B.57] NOTICE.**

125.2 Every licensee or authorized delegate must include on a receipt or disclose on the  
125.3 licensee's website or mobile application the name and telephone number of the department  
125.4 and a statement that the licensee's customers can contact the department with questions or  
125.5 complaints about the licensee's money transmission services.

125.6 Sec. 45. **[53B.58] PAYROLL PROCESSING SERVICES; DISCLOSURES.**

125.7 (a) A licensee that provides payroll processing services must:

125.8 (1) issue reports to clients detailing client payroll obligations in advance of the payroll  
125.9 funds being deducted from an account; and

125.10 (2) make available worker pay stubs or an equivalent statement to workers.

125.11 (b) Paragraph (a) does not apply to a licensee providing payroll processing services if  
125.12 the licensee's client designates the intended recipients to the licensee and is responsible for  
125.13 providing the disclosures required by paragraph (a), clause (2).

125.14 Sec. 46. **[53B.59] NET WORTH.**

125.15 (a) A licensee under this chapter must maintain at all times a tangible net worth that is  
125.16 the greater of: (1) \$100,000; or (2) three percent of total assets for the first \$100,000,000;  
125.17 two percent of additional assets between \$100,000,000 to \$1,000,000,000; and one-half  
125.18 percent of additional assets over \$1,000,000,000.

125.19 (b) Tangible net worth must be demonstrated in the initial application by the applicant's  
125.20 most recent audited or unaudited financial statements under section 53B.38, paragraph (b),  
125.21 clause (6).

125.22 (c) Notwithstanding paragraphs (a) and (b), the commissioner has the authority, for good  
125.23 cause shown, to exempt any applicant or licensee in-part or in whole from the requirements  
125.24 of this section.

125.25 Sec. 47. **[53B.60] SURETY BOND.**

125.26 (a) An applicant for a money transmission license must provide, and a licensee must at  
125.27 all times maintain (1) security consisting of a surety bond in a form satisfactory to the  
125.28 commissioner, or (2) with the commissioner's approval, a deposit instead of a bond in  
125.29 accordance with this section.

125.30 (b) The amount of the required security under this section is:

126.1 (1) the greater of (i) \$100,000, or (ii) an amount equal to one hundred percent of the  
126.2 licensee's average daily money transmission liability in Minnesota, calculated for the most  
126.3 recently completed three-month period, up to a maximum of \$500,000; or

126.4 (2) in the event that the licensee's tangible net worth exceeds ten percent of total assets,  
126.5 the licensee must maintain a surety bond of \$100,000.

126.6 (c) A licensee that maintains a bond in the maximum amount provided for in paragraph  
126.7 (b), clause (1) or (2), as applicable, is not required to calculate the licensee's average daily  
126.8 money transmission liability in Minnesota for purposes of this section.

126.9 (d) A licensee may exceed the maximum required bond amount pursuant to section  
126.10 53B.62, paragraph (a), clause (5).

126.11 (e) The security device remains effective until cancellation, which may occur only after  
126.12 30 days' written notice to the commissioner. Cancellation does not affect the rights of any  
126.13 claimant for any liability incurred or accrued during the period for which the bond was in  
126.14 force.

126.15 (f) The security device must remain in place for no longer than five years after the  
126.16 licensee ceases money transmission operations in Minnesota. Notwithstanding this paragraph,  
126.17 the commissioner may permit the security device to be reduced or eliminated before that  
126.18 time to the extent that the amount of the licensee's payment instruments outstanding in  
126.19 Minnesota are reduced. The commissioner may also permit a licensee to substitute a letter  
126.20 of credit or other form of security device acceptable to the commissioner for the security  
126.21 device in place at the time the licensee ceases money transmission operations in Minnesota.

126.22 **Sec. 48. [53B.61] MAINTENANCE OF PERMISSIBLE INVESTMENTS.**

126.23 (a) A licensee must maintain at all times permissible investments that have a market  
126.24 value computed in accordance with United States generally accepted accounting principles  
126.25 of not less than the aggregate amount of all of the licensee's outstanding money transmission  
126.26 obligations.

126.27 (b) Except for permissible investments enumerated in section 53B.62, paragraph (a),  
126.28 the commissioner may by administrative rule or order, with respect to any licensee, limit  
126.29 the extent to which a specific investment maintained by a licensee within a class of  
126.30 permissible investments may be considered a permissible investment, if the specific  
126.31 investment represents undue risk to customers not reflected in the market value of  
126.32 investments.

127.1 (c) Permissible investments, even if commingled with other assets of the licensee, are  
127.2 held in trust for the benefit of the purchasers and holders of the licensee's outstanding money  
127.3 transmission obligations in the event of insolvency; the filing of a petition by or against the  
127.4 licensee under the United States Bankruptcy Code, United States Code, title 11, sections  
127.5 101 to 110, as amended or recodified from time to time, for bankruptcy or reorganization;  
127.6 the filing of a petition by or against the licensee for receivership; the commencement of any  
127.7 other judicial or administrative proceeding for the licensee's dissolution or reorganization;  
127.8 or in the event of an action by a creditor against the licensee who is not a beneficiary of this  
127.9 statutory trust. No permissible investments impressed with a trust pursuant to this paragraph  
127.10 are subject to attachment, levy of execution, or sequestration by order of any court, except  
127.11 for a beneficiary of the statutory trust.

127.12 (d) Upon the establishment of a statutory trust in accordance with paragraph (c), or when  
127.13 any funds are drawn on a letter of credit pursuant to section 53B.62, paragraph (a), clause  
127.14 (4), the commissioner must notify the applicable regulator of each state in which the licensee  
127.15 is licensed to engage in money transmission, if any, of the establishment of the trust or the  
127.16 funds drawn on the letter of credit, as applicable. Notice is deemed satisfied if performed  
127.17 pursuant to a multistate agreement or through NMLS. Funds drawn on a letter of credit, and  
127.18 any other permissible investments held in trust for the benefit of the purchasers and holders  
127.19 of the licensee's outstanding money transmission obligations, are deemed held in trust for  
127.20 the benefit of the purchasers and holders of the licensee's outstanding money transmission  
127.21 obligations on a pro rata and equitable basis in accordance with statutes pursuant to which  
127.22 permissible investments are required to be held in Minnesota and other states, as defined  
127.23 by a substantially similar statute in the other state. Any statutory trust established under this  
127.24 section terminates upon extinguishment of all of the licensee's outstanding money  
127.25 transmission obligations.

127.26 (e) The commissioner may by rule or by order allow other types of investments that the  
127.27 commissioner determines are of sufficient liquidity and quality to be a permissible  
127.28 investment. The commissioner is authorized to participate in efforts with other state regulators  
127.29 to determine that other types of investments are of sufficient liquidity and quality to be a  
127.30 permissible investment.

127.31 **Sec. 49. [53B.62] PERMISSIBLE INVESTMENTS.**

127.32 Subdivision 1. **Certain investments permissible.** The following investments are  
127.33 permissible under section 53B.61:

128.1 (1) cash, including demand deposits, savings deposits, and funds in accounts held for  
128.2 the benefit of the licensee's customers in a federally insured depository financial institution;  
128.3 and cash equivalents, including ACH items in transit to the licensee and ACH items or  
128.4 international wires in transit to a payee, cash in transit via armored car, cash in smart safes,  
128.5 cash in licensee-owned locations, debit card or credit card funded transmission receivables  
128.6 owed by any bank, or money market mutual funds rated AAA or the equivalent from any  
128.7 eligible rating service;

128.8 (2) certificates of deposit or senior debt obligations of an insured depository institution,  
128.9 as defined in section 3 of the Federal Deposit Insurance Act, United States Code, title 12,  
128.10 section 1813, as amended or recodified from time to time, or as defined under the federal  
128.11 Credit Union Act, United States Code, title 12, section 1781, as amended or recodified from  
128.12 time to time;

128.13 (3) an obligation of the United States or a commission, agency, or instrumentality thereof;  
128.14 an obligation that is guaranteed fully as to principal and interest by the United States; or an  
128.15 obligation of a state or a governmental subdivision, agency, or instrumentality thereof;

128.16 (4) the full drawable amount of an irrevocable standby letter of credit, for which the  
128.17 stated beneficiary is the commissioner, that stipulates that the beneficiary need only draw  
128.18 a sight draft under the letter of credit and present the sight draft to obtain funds up to the  
128.19 letter of credit amount within seven days of presentation of the items required by subdivision  
128.20 2, paragraph (c); and

128.21 (5) one hundred percent of the surety bond or deposit provided for under section 53B.60  
128.22 that exceeds the average daily money transmission liability in Minnesota.

128.23 Subd. 2. **Letter of credit; requirements.** (a) A letter of credit under subdivision 1,  
128.24 clause (4), must:

128.25 (1) be issued by a federally insured depository financial institution, a foreign bank that  
128.26 is authorized under federal law to maintain a federal agency or federal branch office in a  
128.27 state or states, or a foreign bank that is authorized under state law to maintain a branch in  
128.28 a state that: (i) bears an eligible rating or whose parent company bears an eligible rating;  
128.29 and (ii) is regulated, supervised, and examined by United States federal or state authorities  
128.30 having regulatory authority over banks, credit unions, and trust companies;

128.31 (2) be irrevocable, unconditional, and indicate that it is not subject to any condition or  
128.32 qualifications outside of the letter of credit;



129.1 (3) not contain reference to any other agreements, documents, or entities, or otherwise  
129.2 provide for any security interest in the licensee; and

129.3 (4) contain an issue date and expiration date, and expressly provide for automatic  
129.4 extension without a written amendment, for an additional period of one year from the present  
129.5 or each future expiration date, unless the issuer of the letter of credit notifies the  
129.6 commissioner in writing by certified or registered mail or courier mail or other receipted  
129.7 means, at least 60 days before any expiration date, that the irrevocable letter of credit will  
129.8 not be extended.

129.9 (b) In the event of any notice of expiration or nonextension of a letter of credit issued  
129.10 under paragraph (a), clause (4), the licensee must demonstrate to the satisfaction of the  
129.11 commissioner, 15 days before the letter or credit's expiration, that the licensee maintains  
129.12 and will maintain permissible investments in accordance with section 53B.61, paragraph  
129.13 (a), upon the expiration of the letter of credit. If the licensee is not able to do so, the  
129.14 commissioner may draw on the letter of credit in an amount up to the amount necessary to  
129.15 meet the licensee's requirements to maintain permissible investments in accordance with  
129.16 section 53B.61, paragraph (a). Any draw under this paragraph must be offset against the  
129.17 licensee's outstanding money transmission obligations. The drawn funds must be held in  
129.18 trust by the commissioner or the commissioner's designated agent, to the extent authorized  
129.19 by law, as agent for the benefit of the purchasers and holders of the licensee's outstanding  
129.20 money transmission obligations.

129.21 (c) The letter of credit must provide that the issuer of the letter of credit must honor, at  
129.22 sight, a presentation made by the beneficiary to the issuer of the following documents on  
129.23 or before the expiration date of the letter of credit:

129.24 (1) the original letter of credit, including any amendments; and

129.25 (2) a written statement from the beneficiary stating that any of the following events have  
129.26 occurred:

129.27 (i) the filing of a petition by or against the licensee under the United States Bankruptcy  
129.28 Code, United States Code, title 11, sections 101 to 110, as amended or recodified from time  
129.29 to time, for bankruptcy or reorganization;

129.30 (ii) the filing of a petition by or against the licensee for receivership, or the  
129.31 commencement of any other judicial or administrative proceeding for the licensee's  
129.32 dissolution or reorganization;

130.1 (iii) the seizure of assets of a licensee by a commissioner of any other state pursuant to  
130.2 an emergency order issued in accordance with applicable law, on the basis of an action,  
130.3 violation, or condition that has caused or is likely to cause the insolvency of the licensee;  
130.4 or

130.5 (iv) the beneficiary has received notice of expiration or nonextension of a letter of credit  
130.6 and the licensee failed to demonstrate to the satisfaction of the beneficiary that the licensee  
130.7 will maintain permissible investments in accordance with section 53B.61, paragraph (a),  
130.8 upon the expiration or nonextension of the letter of credit.

130.9 (d) The commissioner may designate an agent to serve on the commissioner's behalf as  
130.10 beneficiary to a letter of credit, provided the agent and letter of credit meet requirements  
130.11 the commissioner establishes. The commissioner's agent may serve as agent for multiple  
130.12 licensing authorities for a single irrevocable letter of credit if the proceeds of the drawable  
130.13 amount for the purposes of subdivision 1, clause (4), and this subdivision are assigned to  
130.14 the commissioner.

130.15 (e) The commissioner is authorized to participate in multistate processes designed to  
130.16 facilitate the issuance and administration of letters of credit, including but not limited to  
130.17 services provided by the NMLS and State Regulatory Registry, LLC.

130.18 Subd. 3. **Other permissible investments.** Unless the commissioner by administrative  
130.19 rule or order otherwise permits an investment to exceed the limit set forth in this subdivision,  
130.20 the following investments are permissible under section 53B.61 to the extent specified:

130.21 (1) receivables that are payable to a licensee from its authorized delegates in the ordinary  
130.22 course of business that are less than seven days old, up to 50 percent of the aggregate value  
130.23 of the licensee's total permissible investments;

130.24 (2) of the receivables permissible under clause (1), receivables that are payable to a  
130.25 licensee from a single authorized delegate in the ordinary course of business may not exceed  
130.26 ten percent of the aggregate value of the licensee's total permissible investments;

130.27 (3) the following investments are permissible up to 20 percent per category and combined  
130.28 up to 50 percent of the aggregate value of the licensee's total permissible investments:

130.29 (i) a short-term investment of up to six months bearing an eligible rating;

130.30 (ii) commercial paper bearing an eligible rating;

130.31 (iii) a bill, note, bond, or debenture bearing an eligible rating;

131.1 (iv) United States tri-party repurchase agreements collateralized at 100 percent or more  
131.2 with United States government or agency securities, municipal bonds, or other securities  
131.3 bearing an eligible rating;

131.4 (v) money market mutual funds rated less than "AAA" and equal to or higher than "A-"  
131.5 by S&P, or the equivalent from any other eligible rating service; and

131.6 (vi) a mutual fund or other investment fund composed solely and exclusively of one or  
131.7 more permissible investments listed in subdivision 1, clauses (1) to (3); and

131.8 (4) cash, including demand deposits, savings deposits, and funds in accounts held for  
131.9 the benefit of the licensee's customers, at foreign depository institutions are permissible up  
131.10 to ten percent of the aggregate value of the licensee's total permissible investments, if the  
131.11 licensee has received a satisfactory rating in the licensee's most recent examination and the  
131.12 foreign depository institution:

131.13 (i) has an eligible rating;

131.14 (ii) is registered under the Foreign Account Tax Compliance Act, Public Law 111-147;

131.15 (iii) is not located in any country subject to sanctions from the Office of Foreign Asset  
131.16 Control; and

131.17 (iv) is not located in a high-risk or noncooperative jurisdiction, as designated by the  
131.18 Financial Action Task Force.

131.19 **Sec. 50. [53B.63] SUSPENSION; REVOCATION.**

131.20 (a) The commissioner may suspend or revoke a license or order a licensee to revoke the  
131.21 designation of an authorized delegate if:

131.22 (1) the licensee violates this chapter, or an administrative rule adopted or an order issued  
131.23 under this chapter;

131.24 (2) the licensee does not cooperate with an examination or investigation conducted by  
131.25 the commissioner;

131.26 (3) the licensee engages in fraud, intentional misrepresentation, or gross negligence;

131.27 (4) an authorized delegate is convicted of a violation of a state or federal statute  
131.28 prohibiting money laundering, or violates an administrative rule adopted or an order issued  
131.29 under this chapter, as a result of the licensee's willful misconduct or willful blindness;

131.30 (5) the competence, experience, character, or general fitness of the licensee, authorized  
131.31 delegate, person in control of a licensee, key individual, or responsible person of the

132.1 authorized delegate indicates that it is not in the public interest to permit the person to  
 132.2 provide money transmission;

132.3 (6) the licensee engages in an unsafe or unsound practice;

132.4 (7) the licensee is insolvent, suspends payment of the licensee's obligations, or makes a  
 132.5 general assignment for the benefit of the licensee's creditors; or

132.6 (8) the licensee does not remove an authorized delegate after the commissioner issues  
 132.7 and serves upon the licensee a final order that includes a finding that the authorized delegate  
 132.8 has violated this chapter.

132.9 (b) When determining whether a licensee is engaging in an unsafe or unsound practice,  
 132.10 the commissioner may consider the size and condition of the licensee's money transmission,  
 132.11 the magnitude of the loss, the gravity of the violation of this chapter, and the previous  
 132.12 conduct of the person involved.

132.13 **Sec. 51. [53B.64] AUTHORIZED DELEGATES; SUSPENSION AND**  
 132.14 **REVOCAATION.**

132.15 (a) The commissioner may issue an order suspending or revoking the designation of an  
 132.16 authorized delegate if the commissioner finds:

132.17 (1) the authorized delegate violated this chapter, or an administrative rule adopted or an  
 132.18 order issued under this chapter;

132.19 (2) the authorized delegate did not cooperate with an examination or investigation  
 132.20 conducted by the commissioner;

132.21 (3) the authorized delegate engaged in fraud, intentional misrepresentation, or gross  
 132.22 negligence;

132.23 (4) the authorized delegate is convicted of a violation of a state or federal anti-money  
 132.24 laundering statute;

132.25 (5) the competence, experience, character, or general fitness of the authorized delegate  
 132.26 or a person in control of the authorized delegate indicates that it is not in the public interest  
 132.27 to permit the authorized delegate to provide money transmission; or

132.28 (6) the authorized delegate is engaging in an unsafe or unsound practice.

132.29 (b) When determining whether an authorized delegate is engaging in an unsafe or unsound  
 132.30 practice, the commissioner may consider the size and condition of the authorized delegate's  
 132.31 provision of money transmission, the magnitude of the loss, the gravity of the violation of

133.1 this chapter, or an administrative rule adopted or order issued under this chapter, and the  
133.2 previous conduct of the authorized delegate.

133.3 (c) An authorized delegate may apply for relief from a suspension or revocation of  
133.4 designation as an authorized delegate in the same manner as a licensee.

133.5 Sec. 52. **[53B.65] ENFORCEMENT.**

133.6 Section 45.027 applies to this chapter.

133.7 Sec. 53. **[53B.66] CRIMINAL PENALTIES.**

133.8 (a) A person who intentionally makes a false statement, misrepresentation, or false  
133.9 certification in a record filed or required to be maintained under this chapter or that  
133.10 intentionally makes a false entry or omits a material entry in a record filed or required to  
133.11 be maintained under this chapter is guilty of a felony.

133.12 (b) A person who knowingly engages in an activity for which a license is required under  
133.13 this chapter without being licensed under this chapter, and who receives more than \$1,000  
133.14 in compensation within a 30-day period from the activity, is guilty of a felony.

133.15 (c) A person who knowingly engages in an activity for which a license is required under  
133.16 this chapter without being licensed under this chapter, and who receives more than \$500  
133.17 but less than \$1,000 in compensation within a 30-day period from the activity, is guilty of  
133.18 a gross misdemeanor.

133.19 (d) A person who knowingly engages in an activity for which a license is required under  
133.20 this chapter without being licensed under this chapter, and who receives no more than \$500  
133.21 in compensation within a 30-day period from the activity, is guilty of a misdemeanor.

133.22 Sec. 54. **[53B.67] SEVERABILITY.**

133.23 If any provision of this chapter or the chapter's application to any person or circumstance  
133.24 is held invalid, the invalidity does not affect other provisions or applications of this chapter  
133.25 that can be given effect without the invalid provision or application.

133.26 Sec. 55. **[53B.68] TRANSITION PERIOD.**

133.27 (a) A person licensed in Minnesota to engage in the business of money transmission is  
133.28 not subject to the provisions of this chapter to the extent that this chapter's provisions conflict  
133.29 with current law or establish new requirements not imposed under current law until the

134.1 licensee renews the licensee's current license or for five months after the effective date of  
134.2 this chapter, whichever is later.

134.3 (b) Notwithstanding paragraph (a), a licensee is only required to amend the licensee's  
134.4 authorized delegate contracts for contracts entered into or amended after the effective date  
134.5 or the completion of any transition period contemplated under paragraph (a). Nothing in  
134.6 this section limits an authorized delegate's obligations to operate in full compliance with  
134.7 this chapter, as required under section 53B.51, paragraph (c).

134.8 Sec. 56. **[53B.69] DEFINITIONS.**

134.9 Subdivision 1. **Terms.** For purposes of sections 53B.70 to 53B.74, the following terms  
134.10 have the meaning given them.

134.11 Subd. 2. **Control of virtual currency.** "Control of virtual currency," when used in  
134.12 reference to a transaction or relationship involving virtual currency, means the power to  
134.13 execute unilaterally or prevent indefinitely a virtual currency transaction.

134.14 Subd. 3. **Exchange.** "Exchange," used as a verb, means to assume control of virtual  
134.15 currency from or on behalf of a person, at least momentarily, to sell, trade, or convert:

134.16 (1) virtual currency for money, bank credit, or one or more forms of virtual currency;  
134.17 or

134.18 (2) money or bank credit for one or more forms of virtual currency.

134.19 Subd. 4. **Transfer.** "Transfer" means to assume control of virtual currency from or on  
134.20 behalf of a person and to:

134.21 (1) credit the virtual currency to the account of another person;

134.22 (2) move the virtual currency from one account of a person to another account of the  
134.23 same person; or

134.24 (3) relinquish control of virtual currency to another person.

134.25 Subd. 5. **United States dollar equivalent of virtual currency.** "United States dollar  
134.26 equivalent of virtual currency" means the equivalent value of a particular virtual currency  
134.27 in United States dollars shown on a virtual-currency exchange based in the United States  
134.28 for a particular date or period specified in this chapter.

134.29 Subd. 6. **Virtual currency.** (a) "Virtual currency" means a digital representation of value  
134.30 that:

134.31 (1) is used as a medium of exchange, unit of account, or store of value; and

135.1 (2) is not money, whether or not denominated in money.

135.2 (b) Virtual currency does not include:

135.3 (1) a transaction in which a merchant grants, as part of an affinity or rewards program,  
135.4 value that cannot be taken from or exchanged with the merchant for money, bank credit, or  
135.5 virtual currency; or

135.6 (2) a digital representation of value issued by or on behalf of a publisher and used solely  
135.7 within an online game, game platform, or family of games sold by the same publisher or  
135.8 offered on the same game platform.

135.9 Subd. 7. **Virtual-currency administration.** "Virtual-currency administration" means  
135.10 issuing virtual currency with the authority to redeem the currency for money, bank credit,  
135.11 or other virtual currency.

135.12 Subd. 8. **Virtual-currency business activity.** "Virtual-currency business activity" means:

135.13 (1) exchanging, transferring, or storing virtual currency or engaging in virtual-currency  
135.14 administration, whether directly or through an agreement with a virtual-currency  
135.15 control-services vendor;

135.16 (2) holding electronic precious metals or electronic certificates representing interests in  
135.17 precious metals on behalf of another person or issuing shares or electronic certificates  
135.18 representing interests in precious metals; or

135.19 (3) exchanging one or more digital representations of value used within one or more  
135.20 online games, game platforms, or family of games for:

135.21 (i) virtual currency offered by or on behalf of the same publisher from which the original  
135.22 digital representation of value was received; or

135.23 (ii) money or bank credit outside the online game, game platform, or family of games  
135.24 offered by or on behalf of the same publisher from which the original digital representation  
135.25 of value was received.

135.26 Subd. 9. **Virtual-currency control-services vendor.** "Virtual-currency control-services  
135.27 vendor" means a person that has control of virtual currency solely under an agreement with  
135.28 a person that, on behalf of another person, assumes control of virtual currency.

135.29 Sec. 57. **[53B.70] SCOPE.**

135.30 (a) Sections 53B.71 to 53B.74 do not apply to the exchange, transfer, or storage of virtual  
135.31 currency or to virtual-currency administration to the extent the Electronic Fund Transfer

136.1 Act of 1978, United States Code, title 15, sections 1693 to 1693r, as amended or recodified  
 136.2 from time to time; the Securities Exchange Act of 1934, United States Code, title 15, sections  
 136.3 78a to 78oo, as amended or recodified from time to time; the Commodities Exchange Act  
 136.4 of 1936, United States Code, title 7, sections 1 to 27f, as amended or recodified from time  
 136.5 to time; or chapter 80A govern the activity.

136.6 (b) Sections 53B.71 to 53B.74 do not apply to activity by:

136.7 (1) a person that:

136.8 (i) contributes only connectivity software or computing power to a decentralized virtual  
 136.9 currency, or to a protocol governing transfer of the digital representation of value;

136.10 (ii) provides only data storage or security services for a business engaged in  
 136.11 virtual-currency business activity and does not otherwise engage in virtual-currency business  
 136.12 activity on behalf of another person; or

136.13 (iii) provides only to a person otherwise exempt from this chapter virtual currency as  
 136.14 one or more enterprise solutions used solely among each other and has no agreement or  
 136.15 relationship with a person that is an end-user of virtual currency;

136.16 (2) a person using virtual currency, including creating, investing, buying or selling, or  
 136.17 obtaining virtual currency as payment for the purchase or sale of goods or services, solely:

136.18 (i) on the person's own behalf;

136.19 (ii) for personal, family, or household purposes; or

136.20 (iii) for academic purposes;

136.21 (3) a person whose virtual-currency business activity with or on behalf of persons is  
 136.22 reasonably expected to be valued, in the aggregate, on an annual basis at \$5,000 or less,  
 136.23 measured by the United States dollar equivalent of virtual currency;

136.24 (4) an attorney to the extent of providing escrow services to a person;

136.25 (5) a title insurance company to the extent of providing escrow services to a person; or

136.26 (6) a securities intermediary, as defined under section 336.8-102(14), or a commodity  
 136.27 intermediary, as defined under section 336.9-102(17), that:

136.28 (i) does not engage in the ordinary course of business in virtual-currency business activity  
 136.29 with or on behalf of a person in addition to maintaining securities accounts or commodities  
 136.30 accounts and is regulated as a securities intermediary or commodity intermediary under  
 136.31 federal law, law of Minnesota other than this chapter, or law of another state; and



137.1 (ii) affords a person protections comparable to those set forth under section 53B.37.

137.2 (c) Sections 53B.71 to 53B.74 do not apply to a secured creditor, as defined under  
137.3 sections 336.9-101 to 336.9-809 or to a creditor with a judicial lien or lien arising by  
137.4 operation of law on collateral that is virtual currency, if the virtual-currency business activity  
137.5 of the creditor is limited to enforcement of the security interest in compliance with sections  
137.6 336.9-101 to 336.9-809 or lien in compliance with the law applicable to the lien.

137.7 (d) Sections 53B.71 to 53B.74 do not apply to a virtual-currency control-services vendor.

137.8 (e) Sections 53B.71 to 53B.74 do not apply to a person that:

137.9 (1) does not receive compensation from a person to:

137.10 (i) provide virtual-currency products or services; or

137.11 (ii) conduct virtual-currency business activity; or

137.12 (2) is engaged in testing products or services with the person's own money.

137.13 (f) The commissioner may determine that a person or class of persons, given facts  
137.14 particular to the person or class, should be exempt from this chapter, whether the person or  
137.15 class is covered by requirements imposed under federal law on a money-service business.

137.16 **Sec. 58. [53B.71] VIRTUAL CURRENCY BUSINESS ACTIVITY; CONDITIONS**  
137.17 **PRECEDENT.**

137.18 (a) A person may not engage in virtual-currency business activity, or hold itself out as  
137.19 being able to engage in virtual-currency business activity, with or on behalf of another  
137.20 person unless the person is:

137.21 (1) licensed in Minnesota by the commissioner under section 53B.40; or

137.22 (2) exempt from licensing under section 53B.29.

137.23 (b) A person that is licensed to engage in virtual-currency business activity is engaged  
137.24 in the business of money transmission and is subject to the requirements of this chapter.

137.25 **Sec. 59. [53B.72] REQUIRED DISCLOSURES.**

137.26 (a) A licensee that engages in virtual currency business activity must provide to a person  
137.27 who uses the licensee's products or services the disclosures required by paragraph (b) and  
137.28 any additional disclosure the commissioner by administrative rule determines reasonably  
137.29 necessary to protect persons. The commissioner must determine by administrative rule the  
137.30 time and form required for disclosure. A disclosure required by this section must be made

138.1 separately from any other information provided by the licensee and in a clear and conspicuous  
138.2 manner in a record the person may keep. A licensee may propose for the commissioner's  
138.3 approval alternate disclosures as more appropriate for the licensee's virtual-currency business  
138.4 activity with or on behalf of persons.

138.5 (b) Before establishing a relationship with a person, a licensee must disclose, to the  
138.6 extent applicable to the virtual-currency business activity the licensee undertakes with the  
138.7 person:

138.8 (1) a schedule of fees and charges the licensee may assess, the manner by which fees  
138.9 and charges are calculated if the fees and charges are not set in advance and disclosed, and  
138.10 the timing of the fees and charges;

138.11 (2) whether the product or service provided by the licensee is covered by:

138.12 (i) a form of insurance or is otherwise guaranteed against loss by an agency of the United  
138.13 States:

138.14 (A) up to the full United States dollar equivalent of virtual currency purchased from the  
138.15 licensee or for control of virtual currency by the licensee as of the date of the placement or  
138.16 purchase, including the maximum amount provided by insurance under the Federal Deposit  
138.17 Insurance Corporation or otherwise available from the Securities Investor Protection  
138.18 Corporation; or

138.19 (B) if not provided at the full United States dollar equivalent of virtual currency purchased  
138.20 from the licensee or for control of virtual currency by the licensee, the maximum amount  
138.21 of coverage for each person expressed in the United States dollar equivalent of the virtual  
138.22 currency; or

138.23 (ii) private insurance against theft or loss, including cyber theft or theft by other means;

138.24 (3) the irrevocability of a transfer or exchange and any exception to irrevocability;

138.25 (4) a description of:

138.26 (i) liability for an unauthorized, mistaken, or accidental transfer or exchange;

138.27 (ii) the person's responsibility to provide notice to the licensee of the transfer or exchange;

138.28 (iii) the basis for any recovery by the person from the licensee;

138.29 (iv) general error-resolution rights applicable to the transfer or exchange; and

138.30 (v) the method for the person to update the person's contact information with the licensee;

139.1 (5) that the date or time when the transfer or exchange is made and the person's account  
139.2 is debited may differ from the date or time when the person initiates the instruction to make  
139.3 the transfer or exchange;

139.4 (6) whether the person has a right to stop a preauthorized payment or revoke authorization  
139.5 for a transfer, and the procedure to initiate a stop-payment order or revoke authorization  
139.6 for a subsequent transfer;

139.7 (7) the person's right to receive a receipt, trade ticket, or other evidence of the transfer  
139.8 or exchange;

139.9 (8) the person's right to at least 30 days' prior notice of a change in the licensee's fee  
139.10 schedule, other terms and conditions of operating the licensee's virtual-currency business  
139.11 activity with the person, and the policies applicable to the person's account; and

139.12 (9) that virtual currency is not money.

139.13 (c) Except as otherwise provided in paragraph (d), at the conclusion of a virtual-currency  
139.14 transaction with or on behalf of a person, a licensee must provide the person a confirmation  
139.15 in a record. The record must contain:

139.16 (1) the name and contact information of the licensee, including information the person  
139.17 may need to ask a question or file a complaint;

139.18 (2) the type, value, date, precise time, and amount of the transaction; and

139.19 (3) the fee charged for the transaction, including any charge for conversion of virtual  
139.20 currency to money, bank credit, or other virtual currency.

139.21 (d) If a licensee discloses that it provides a daily confirmation in the initial disclosure  
139.22 under paragraph (c), the licensee may elect to provide a single, daily confirmation for all  
139.23 transactions with or on behalf of a person on that day instead of a per-transaction  
139.24 confirmation.

139.25 Sec. 60. **[53B.73] PROPERTY INTERESTS AND ENTITLEMENTS TO VIRTUAL**  
139.26 **CURRENCY.**

139.27 (a) A licensee that has control of virtual currency for one or more persons must maintain  
139.28 control of virtual currency in each type of virtual currency sufficient to satisfy the aggregate  
139.29 entitlements of the persons to the type of virtual currency.

139.30 (b) If a licensee violates paragraph (a), the property interests of the persons in the virtual  
139.31 currency are pro rata property interests in the type of virtual currency to which the persons

140.1 are entitled, without regard to the time the persons became entitled to the virtual currency  
140.2 or the licensee obtained control of the virtual currency.

140.3 (c) The virtual currency referred to in this section is:

140.4 (1) held for the persons entitled to the virtual currency;

140.5 (2) not property of the licensee;

140.6 (3) not subject to the claims of creditors of the licensee; and

140.7 (4) a permissible investment under this chapter.

140.8 **Sec. 61. [53B.74] VIRTUAL CURRENCY BUSINESS ACTIVITIES; ADDITIONAL**  
140.9 **REQUIREMENTS.**

140.10 (a) A licensee engaged in virtual currency business activities may include virtual currency  
140.11 in the licensee's calculation of tangible net worth, by measuring the average value of the  
140.12 virtual currency in United States dollar equivalent over the prior six months, excluding  
140.13 control of virtual currency for a person entitled to the protections under section 53B.73.

140.14 (b) A licensee must maintain, for all virtual-currency business activity with or on behalf  
140.15 of a person five years after the date of the activity, a record of:

140.16 (1) each of the licensee's transactions with or on behalf of the person, or for the licensee's  
140.17 account in Minnesota, including:

140.18 (i) the identity of the person;

140.19 (ii) the form of the transaction;

140.20 (iii) the amount, date, and payment instructions given by the person; and

140.21 (iv) the account number, name, and United States Postal Service address of the person,  
140.22 and, to the extent feasible, other parties to the transaction;

140.23 (2) the aggregate number of transactions and aggregate value of transactions by the  
140.24 licensee with or on behalf of the person and for the licensee's account in this state, expressed  
140.25 in the United States dollar equivalent of the virtual currency for the previous 12 calendar  
140.26 months;

140.27 (3) each transaction in which the licensee exchanges one form of virtual currency for  
140.28 money or another form of virtual currency with or on behalf of the person;

140.29 (4) a general ledger posted at least monthly that lists all of the licensee's assets, liabilities,  
140.30 capital, income, and expenses;

141.1 (5) each business-call report the licensee is required to create or provide to the department  
141.2 or NMLS;

141.3 (6) bank statements and bank reconciliation records for the licensee and the name,  
141.4 account number, and United States Postal Service address of each bank the licensee uses  
141.5 to conduct virtual-currency business activity with or on behalf of the person;

141.6 (7) a report of any dispute with the person; and

141.7 (8) a report of any virtual-currency business activity transaction with or on behalf of a  
141.8 person which the licensee was unable to complete.

141.9 (c) A licensee must maintain records required by paragraph (b) in a form that enables  
141.10 the commissioner to determine whether the licensee is in compliance with this chapter, any  
141.11 court order, and law of Minnesota other than this chapter.

141.12 Sec. 62. Minnesota Statutes 2022, section 56.131, subdivision 1, is amended to read:

141.13 Subdivision 1. **Interest rates and charges.** (a) On any loan in a principal amount not  
141.14 exceeding \$100,000 or 15 percent of a Minnesota corporate licensee's capital stock and  
141.15 surplus as defined in section 53.015, if greater, a licensee may contract for and receive  
141.16 interest, finance charges, and other charges as provided in section 47.59.

141.17 (b) A licensee making a loan that is a consumer small loan, as defined in section 47.60,  
141.18 subdivision 1, paragraph (a), must comply with section 47.60. A licensee making a loan  
141.19 that is a consumer short-term loan, as defined in section 47.601, subdivision 1, paragraph  
141.20 (d), must comply with section 47.601.

141.21 ~~(b)~~ (c) With respect to a loan secured by an interest in real estate, and having a maturity  
141.22 of more than 60 months, the original schedule of installment payments must fully amortize  
141.23 the principal and interest on the loan. The original schedule of installment payments for any  
141.24 other loan secured by an interest in real estate must provide for payment amounts that are  
141.25 sufficient to pay all interest scheduled to be due on the loan.

141.26 ~~(e)~~ (d) A licensee may contract for and collect a delinquency charge as provided for in  
141.27 section 47.59, subdivision 6, paragraph (a), clause (4).

141.28 ~~(d)~~ (e) A licensee may grant extensions, deferments, or conversions to interest-bearing  
141.29 as provided in section 47.59, subdivision 5.

141.30 **EFFECTIVE DATE; APPLICATION.** This section is effective August 1, 2023, and  
141.31 applies to consumer small loans and consumer short-term loans originated on or after that  
141.32 date.

142.1 Sec. 63. **[58.20] DEFINITIONS.**

142.2 **Subdivision 1. Scope.** For purposes of this section to section 58.23, the terms defined  
142.3 in this section have the meanings given.

142.4 **Subd. 2. Allowable assets for liquidity.** "Allowable assets for liquidity" means assets  
142.5 that may be used to satisfy the liquidity requirements under section 58.22, including:

142.6 (1) unrestricted cash and cash equivalents; and

142.7 (2) unencumbered investment grade assets held for sale or trade, including agency  
142.8 mortgage-backed securities, obligations of government-sponsored enterprises, and United  
142.9 States Treasury obligations.

142.10 **Subd. 3. Board of directors.** "Board of directors" means the formal body established  
142.11 by a covered institution that is responsible for corporate governance and compliance with  
142.12 sections 58.21 to 58.23.

142.13 **Subd. 4. Corporate governance.** "Corporate governance" means the structure of the  
142.14 covered institution and how the covered institution is managed, including the corporate  
142.15 rules, policies, processes, and practices used to oversee and manage the covered institution.

142.16 **Subd. 5. Covered institution.** "Covered institution" means a mortgage servicer that  
142.17 services or subservices for others at least 2,000 or more residential mortgage loans in the  
142.18 United States, excluding whole loans owned, and loans being interim serviced prior to sale  
142.19 as of the most recent calendar year end, reported on the NMLS mortgage call report.

142.20 **Subd. 6. External audit.** "External audit" means the formal report, prepared by an  
142.21 independent certified public accountant, expressing an opinion on whether the financial  
142.22 statements are:

142.23 (1) presented fairly, in all material aspects, in accordance with the applicable financial  
142.24 reporting framework; and

142.25 (2) inclusive of an evaluation of the adequacy of a company's internal control structure.

142.26 **Subd. 7. Government-sponsored enterprises.** "Government-sponsored enterprises"  
142.27 means the Federal National Mortgage Association, and the Federal Home Loan Mortgage  
142.28 Corporation.

142.29 **Subd. 8. Interim serviced prior to sale.** "Interim serviced prior to sale" means the  
142.30 collection of a limited number of contractual mortgage payments immediately after  
142.31 origination on loans held for sale but no longer than a period of ninety days prior to the  
142.32 loans being sold into the secondary market.

143.1 Subd. 9. **Internal audit.** "Internal audit" means the internal activity of performing  
143.2 independent and objective assurance and consulting to evaluate and improve the effectiveness  
143.3 of company operations, risk management, internal controls, and governance processes.

143.4 Subd. 10. **Mortgage-backed security.** "Mortgage-backed security" means a financial  
143.5 instrument, often debt securities, collateralized by residential mortgages.

143.6 Subd. 11. **Mortgage call report.** "Mortgage call report" means the quarterly or annual  
143.7 report of residential real estate loan origination, servicing, and financial information  
143.8 completed by companies licensed in NMLS.

143.9 Subd. 12. **Mortgage servicing rights.** "Mortgage servicing rights" means the contractual  
143.10 right to service a residential mortgage loan on behalf of the owner of the associated mortgage  
143.11 in exchange for compensation specified in the servicing contract.

143.12 Subd. 13. **Mortgage servicing rights investor.** "Mortgage servicing rights investor" or  
143.13 "master servicer" means an entity that (1) invests in and owns mortgage servicing rights;  
143.14 and (2) relies on subservicers to administer the loans on the mortgage servicing rights  
143.15 investor's behalf.

143.16 Subd. 14. **Nationwide Multistate Licensing System.** "Nationwide Multistate Licensing  
143.17 System" or "NMLS" has the meaning given in section 58A.02, subdivision 8.

143.18 Subd. 15. **Operating liquidity.** "Operating liquidity" means the money necessary for  
143.19 an entity to perform normal business operations, including payment of rent, salaries, interest  
143.20 expenses, and other typical expenses associated with operating the entity.

143.21 Subd. 16. **Residential mortgage loans serviced.** "Residential mortgage loans serviced"  
143.22 means the specific portfolio or portfolios of residential mortgage loans for which a licensee  
143.23 is contractually responsible to the owner or owners of the mortgage loans for the defined  
143.24 servicing activities.

143.25 Subd. 17. **Reverse mortgage.** "Reverse mortgage" has the meaning given in section  
143.26 47.58, subdivision 1, paragraph (a).

143.27 Subd. 18. **Risk management assessment.** "Risk management assessment" means the  
143.28 functional evaluations performed under the risk management program and the reports  
143.29 provided to the board of directors under the relevant governance protocol.

143.30 Subd. 19. **Risk management program.** "Risk management program" means the policies  
143.31 and procedures designed to identify, measure, monitor, and mitigate risk commensurate  
143.32 with the covered institution's size and complexity.

144.1 Subd. 20. **Servicer.** "Servicer" has the meaning given in section 58.02, subdivision 20.

144.2 Subd. 21. **Servicing liquidity.** "Servicing liquidity" or "liquidity" means the financial  
144.3 resources necessary to manage liquidity risk arising from servicing functions required in  
144.4 acquiring and financing mortgage servicing rights; hedging costs, including margin calls,  
144.5 associated with the mortgage servicing rights asset and financing facilities; and advances  
144.6 or costs of advance financing for principal, interest, taxes, insurance, and any other servicing  
144.7 related advances.

144.8 Subd. 22. **Subservicer.** "Subservicer" means the entity performing routine administration  
144.9 of residential mortgage loans as the agent of a servicer or mortgage servicing rights investor  
144.10 under the terms of a subservicing contract.

144.11 Subd. 23. **Subservicing for others.** "Subservicing for others" means the contractual  
144.12 activities performed by subservicers on behalf of a servicer or mortgage servicing rights  
144.13 investor.

144.14 Subd. 24. **Tangible net worth.** "Tangible net worth" means total equity less receivables  
144.15 due from related entities, less goodwill and other intangibles, less pledged assets.

144.16 Subd. 25. **Whole loans.** "Whole loans" means a loan where a mortgage and the underlying  
144.17 credit risk is owned and held on a balance sheet of the entity possessing all ownership rights.

144.18 Sec. 64. **[58.21] APPLICABILITY; EXCLUSIONS.**

144.19 Subdivision 1. **Applicability.** Sections 58.20 to 58.23 apply to covered institutions. For  
144.20 entities within a holding company or an affiliated group of companies, sections 58.20 to  
144.21 58.23 apply at the covered institution level.

144.22 Subd. 2. **Exclusions.** (a) Sections 58.20 to 58.23 do not apply to (1) persons exempt  
144.23 from licensing under sections 58.04 and 58.05, and (2) an institution of the Farm Credit  
144.24 System established and authorized in accordance with the Farm Credit Act of 1971, as  
144.25 amended, United States Code, title 12, section 2001 et seq.

144.26 (b) Section 58.22 does not apply to (1) servicers that solely own or conduct reverse  
144.27 mortgage servicing, or (2) the reverse mortgage portfolio administered by a covered  
144.28 institution.

144.29 Sec. 65. **[58.22] FINANCIAL CONDITION.**

144.30 Subdivision 1. **Compliance required.** A covered institution must maintain capital and  
144.31 liquidity in compliance with this section.



145.1 Subd. 2. **Generally accepted accounting principles.** For the purposes of complying  
145.2 with the capital and liquidity requirements of this section, all financial data must be  
145.3 determined in accordance with generally accepted accounting principles.

145.4 Subd. 3. **Federal Housing Finance Agency eligibility requirements; policies and**  
145.5 **procedures.** (a) A covered institution that meets the Federal Housing Finance Agency  
145.6 eligibility requirements for enterprise single-family sellers and servicers with respect to  
145.7 capital, net worth ratio, and liquidity meets the requirements of subdivisions 1 and 2,  
145.8 regardless of whether the servicer is approved for government-sponsored enterprise servicing.

145.9 (b) A covered institution must maintain written policies and procedures that implement  
145.10 the capital and servicing liquidity requirements of this section. The policies and procedures  
145.11 implemented pursuant to this paragraph must include a sustainable written methodology to  
145.12 satisfy the requirements of paragraph (a) and must be made available to the commissioner  
145.13 upon request.

145.14 Subd. 4. **Operating liquidity.** (a) A covered institution must maintain sufficient allowable  
145.15 assets for liquidity, in addition to the amounts required for servicing liquidity, to cover  
145.16 normal business operations.

145.17 (b) Covered institutions must have sound cash management and business operating plans  
145.18 that (1) match the complexity of the institution; and (2) ensure normal business operations.

145.19 (c) Management must develop, establish, and implement plans, policies, and procedures  
145.20 to maintain operating liquidity sufficient for the ongoing needs of the covered institution.  
145.21 Plans, policies, and procedures implemented pursuant to this paragraph must contain  
145.22 sustainable, written methodologies to maintain sufficient operating liquidity and must be  
145.23 made available to the commissioner upon request.

145.24 Sec. 66. **[58.23] CORPORATE GOVERNANCE.**

145.25 Subdivision 1. **Board of directors required.** A covered institution must establish and  
145.26 maintain a board of directors that is responsible for oversight of the covered institution.

145.27 Subd. 2. **Board of directors; alternative.** If a covered institution has not received  
145.28 approval to service loans by a government-sponsored enterprise or the Government National  
145.29 Mortgage Association, or if a government-sponsored enterprise or the Government National  
145.30 Mortgage Association has granted approval for a board of directors alternative, the covered  
145.31 institution may establish a similar body constituted to exercise oversight and fulfill the  
145.32 responsibilities specified under subdivision 3.

145.33 Subd. 3. **Board of directors; responsibilities.** The board of directors must:

146.1 (1) establish a written corporate governance framework, including appropriate internal  
146.2 controls designed to monitor corporate governance and assess compliance with the corporate  
146.3 governance framework, and must make the corporate governance framework available to  
146.4 the commissioner upon request;

146.5 (2) monitor and ensure the covered institution complies with (i) the corporate governance  
146.6 framework; and (ii) sections 58.20 to this section; and

146.7 (3) perform accurate and timely regulatory reporting, including filing the mortgage call  
146.8 report.

146.9 Subd. 4. **Internal audit.** The board of directors must establish internal audit requirements  
146.10 that (1) are appropriate for the size, complexity, and risk profile of the servicer; and (2)  
146.11 ensure appropriate independence to provide a reliable evaluation of the servicer's internal  
146.12 control structure, risk management, and governance. The board-established internal audit  
146.13 requirements and the results of internal audits must be made available to the commissioner  
146.14 upon request.

146.15 Subd. 5. **External audit.** (a) A covered institution must receive an external audit,  
146.16 including audited financial statements and audit reports, that is conducted by an independent  
146.17 public accountant annually. The external audit must be made available to the commissioner  
146.18 upon request.

146.19 (b) The external audit must include, at a minimum:

146.20 (1) annual financial statements, including (i) a balance sheet; (ii) a statement of operations  
146.21 and income statement; and (iii) cash flows, including notes and supplemental schedules  
146.22 prepared in accordance with generally accepted accounting principles;

146.23 (2) an assessment of the internal control structure;

146.24 (3) a computation of tangible net worth;

146.25 (4) validation of mortgage servicing rights valuation and reserve methodology, if  
146.26 applicable;

146.27 (5) verification of adequate fidelity and errors and omissions insurance; and

146.28 (6) testing of controls related to risk management activities, including compliance and  
146.29 stress testing, if applicable.

146.30 Subd. 6. **Risk management.** (a) Under oversight by the board of directors, a covered  
146.31 institution must establish a risk management program that identifies, measures, monitors,  
146.32 and controls risk commensurate with the covered institution's size and complexity. The risk

147.1 management program must have appropriate processes and models in place to measure,  
147.2 monitor, and mitigate financial risks and changes to the servicer's risk profile and assets  
147.3 being serviced.

147.4 (b) The risk management program must be scaled to the size and complexity of the  
147.5 organization, including but not limited to:

147.6 (1) the potential that a borrower or counterparty fails to perform on an obligation;

147.7 (2) the potential that the servicer (i) is unable to meet the servicer's obligations as the  
147.8 obligations come due as a result of an inability to liquidate assets or obtain adequate funding;  
147.9 or (ii) cannot easily unwind or offset specific exposures;

147.10 (3) the risk resulting from (i) inadequate or failed internal processes, people, and systems;  
147.11 or (ii) external events;

147.12 (4) the risk to the servicer's condition resulting from adverse movements in market rates  
147.13 or prices;

147.14 (5) the risk of regulatory sanctions, fines, penalties, or losses resulting from the failure  
147.15 to comply with laws, rules, regulations, or other supervisory requirements that apply to the  
147.16 servicer;

147.17 (6) the potential that legal proceedings against the institution resulting in unenforceable  
147.18 contracts, lawsuits, legal sanctions, or adverse judgments can disrupt or otherwise negatively  
147.19 affect the servicer's operations or condition; and

147.20 (7) the risk to earnings and capital arising from negative publicity regarding the servicer's  
147.21 business practices.

147.22 Subd. 7. **Risk management assessment.** A covered institution must conduct a risk  
147.23 management assessment on an annual basis. The risk management assessment must conclude  
147.24 with a formal report to the board of directors and must be made available to the commissioner  
147.25 upon request. A covered institution must maintain evidence of risk management activities  
147.26 throughout the year and must include the evidence of risk management activities as part of  
147.27 the report. The risk management assessment must include issue findings and the response  
147.28 or action taken to address the issue findings.

147.29 Sec. 67. [58B.011] STUDENT LOAN ADVOCATE.

147.30 Subdivision 1. **Designation of a student loan advocate.** The commissioner of commerce  
147.31 must designate a student loan advocate within the Department of Commerce to provide  
147.32 timely assistance to borrowers and to effectuate this chapter.

148.1 Subd. 2. **Duties.** The student loan advocate has the following duties:

148.2 (1) receive, review, and attempt to resolve complaints from borrowers, including but  
148.3 not limited to attempts to resolve borrower complaints in collaboration with institutions of  
148.4 higher education, student loan servicers, and any other participants in student loan lending;

148.5 (2) compile and analyze data on borrower complaints received under clause (1);

148.6 (3) help borrowers understand the rights and responsibilities under the terms of student  
148.7 loans;

148.8 (4) provide information to the public, state agencies, legislators, and relevant stakeholders  
148.9 regarding the problems and concerns of borrowers;

148.10 (5) make recommendations to resolve the problems of borrowers;

148.11 (6) analyze and monitor the development and implementation of federal, state, and local  
148.12 laws, regulations, and policies relating to borrowers, and recommend any changes deemed  
148.13 necessary;

148.14 (7) review the complete student loan history for any borrower who has provided written  
148.15 consent to conduct the review;

148.16 (8) increase public awareness that the advocate is available to assist in resolving the  
148.17 student loan servicing concerns of potential and actual borrowers, institutions of higher  
148.18 education, student loan servicers, and any other participant in student loan lending; and

148.19 (9) take other actions as necessary to fulfill the duties of the advocate, as provided under  
148.20 this section.

148.21 Subd. 3. **Student loan education course.** The advocate must establish and maintain a  
148.22 borrower education course. The course must include educational presentations and materials  
148.23 regarding important topics in student loans, including but not limited to:

148.24 (1) the meaning of important terminology used in student lending;

148.25 (2) documentation requirements;

148.26 (3) monthly payment obligations;

148.27 (4) income-based repayment options;

148.28 (5) the availability of state and federal loan forgiveness programs; and

148.29 (6) disclosure requirements.

149.1 Subd. 4. **Reporting.** By January 15 of each odd-numbered year, the advocate must report  
149.2 to the legislative committees with primary jurisdiction over commerce and higher education.  
149.3 The report must describe the advocate's implementation of this section, the outcomes achieved  
149.4 by the advocate during the previous two years, and recommendations to improve the  
149.5 regulation of student loan servicers.

149.6 Sec. 68. Minnesota Statutes 2022, section 80A.50, is amended to read:

149.7 **80A.50 SECTION 302; FEDERAL COVERED SECURITIES; SMALL**  
149.8 **CORPORATE OFFERING REGISTRATION.**

149.9 **(a) Federal covered securities.**

149.10 **(1) Required filing of records.** With respect to a federal covered security, as defined  
149.11 in Section 18(b)(2) of the Securities Act of 1933 (15 U.S.C. Section 77r(b)(2)), that is not  
149.12 otherwise exempt under sections 80A.45 through 80A.47, a rule adopted or order issued  
149.13 under this chapter may require the filing of any or all of the following records:

149.14 (A) before the initial offer of a federal covered security in this state, all records that are  
149.15 part of a federal registration statement filed with the Securities and Exchange Commission  
149.16 under the Securities Act of 1933 and a consent to service of process complying with section  
149.17 80A.88 signed by the issuer;

149.18 (B) after the initial offer of the federal covered security in this state, all records that are  
149.19 part of an amendment to a federal registration statement filed with the Securities and  
149.20 Exchange Commission under the Securities Act of 1933; and

149.21 (C) to the extent necessary or appropriate to compute fees, a report of the value of the  
149.22 federal covered securities sold or offered to persons present in this state, if the sales data  
149.23 are not included in records filed with the Securities and Exchange Commission.

149.24 **(2) Notice filing effectiveness and renewal.** A notice filing under subsection (a) is  
149.25 effective for one year commencing on the later of the notice filing or the effectiveness of  
149.26 the offering filed with the Securities and Exchange Commission. On or before expiration,  
149.27 the issuer may renew a notice filing by filing a copy of those records filed by the issuer with  
149.28 the Securities and Exchange Commission that are required by rule or order under this chapter  
149.29 to be filed. A previously filed consent to service of process complying with section 80A.88  
149.30 may be incorporated by reference in a renewal. A renewed notice filing becomes effective  
149.31 upon the expiration of the filing being renewed.

149.32 **(3) Notice filings for federal covered securities under section 18(b)(4)(D).** With  
149.33 respect to a security that is a federal covered security under Section 18(b)(4)(D) of the

150.1 Securities Act of 1933 (15 U.S.C. Section 77r(b)(4)(D)), a rule under this chapter may  
150.2 require a notice filing by or on behalf of an issuer to include a copy of Form D, including  
150.3 the Appendix, as promulgated by the Securities and Exchange Commission, and a consent  
150.4 to service of process complying with section 80A.88 signed by the issuer not later than 15  
150.5 days after the first sale of the federal covered security in this state.

150.6 (4) **Stop orders.** Except with respect to a federal security under Section 18(b)(1) of the  
150.7 Securities Act of 1933 (15 U.S.C. Section 77r(b)(1)), if the administrator finds that there is  
150.8 a failure to comply with a notice or fee requirement of this section, the administrator may  
150.9 issue a stop order suspending the offer and sale of a federal covered security in this state.  
150.10 If the deficiency is corrected, the stop order is void as of the time of its issuance and no  
150.11 penalty may be imposed by the administrator.

150.12 (b) **Small corporation offering registration.**

150.13 (1) **Registration required.** A security meeting the conditions set forth in this section  
150.14 may be registered as set forth in this section.

150.15 (2) **Availability.** Registration under this section is available only to the issuer of securities  
150.16 and not to an affiliate of the issuer or to any other person for resale of the issuer's securities.  
150.17 The issuer must be organized under the laws of one of the states or possessions of the United  
150.18 States. The securities offered must be exempt from registration under the Securities Act of  
150.19 1933 pursuant to Rule 504 of Regulation D (15 U.S.C. Section 77c).

150.20 (3) **Disqualification.** Registration under this section is not available to any of the  
150.21 following issuers:

150.22 (A) an issuer subject to the reporting requirements of Section 13 or 15(d) of the Securities  
150.23 Exchange Act of 1934;

150.24 (B) an investment company;

150.25 (C) a development stage company that either has no specific business plan or purpose  
150.26 or has indicated that its business plan is to engage in a merger or acquisition with an  
150.27 unidentified company or companies or other entity or person;

150.28 (D) an issuer if the issuer or any of its predecessors, officers, directors, governors,  
150.29 partners, ten percent stock or equity holders, promoters, or any selling agents of the securities  
150.30 to be offered, or any officer, director, governor, or partner of the selling agent:

150.31 (i) has filed a registration statement that is the subject of a currently effective registration  
150.32 stop order entered under a federal or state securities law within five years before the filing  
150.33 of the small corporate offering registration application;

151.1 (ii) has been convicted within five years before the filing of the small corporate offering  
151.2 registration application of a felony or misdemeanor in connection with the offer, purchase,  
151.3 or sale of a security or a felony involving fraud or deceit, including, but not limited to,  
151.4 forgery, embezzlement, obtaining money under false pretenses, larceny, or conspiracy to  
151.5 defraud;

151.6 (iii) is currently subject to a state administrative enforcement order or judgment entered  
151.7 by a state securities administrator or the Securities and Exchange Commission within five  
151.8 years before the filing of the small corporate offering registration application, or is subject  
151.9 to a federal or state administrative enforcement order or judgment in which fraud or deceit,  
151.10 including, but not limited to, making untrue statements of material facts or omitting to state  
151.11 material facts, was found and the order or judgment was entered within five years before  
151.12 the filing of the small corporate offering registration application;

151.13 (iv) is currently subject to an order, judgment, or decree of a court of competent  
151.14 jurisdiction temporarily restraining or enjoining, or is subject to an order, judgment, or  
151.15 decree of a court of competent jurisdiction permanently restraining or enjoining the party  
151.16 from engaging in or continuing any conduct or practice in connection with the purchase or  
151.17 sale of any security or involving the making of a false filing with a state or with the Securities  
151.18 and Exchange Commission entered within five years before the filing of the small corporate  
151.19 offering registration application; or

151.20 (v) is subject to a state's administrative enforcement order, or judgment that prohibits,  
151.21 denies, or revokes the use of an exemption for registration in connection with the offer,  
151.22 purchase, or sale of securities,

151.23 (I) except that clauses (i) to (iv) do not apply if the person subject to the disqualification  
151.24 is duly licensed or registered to conduct securities-related business in the state in which the  
151.25 administrative order or judgment was entered against the person or if the dealer employing  
151.26 the party is licensed or registered in this state and the form BD filed in this state discloses  
151.27 the order, conviction, judgment, or decree relating to the person, and

151.28 (II) except that the disqualification under this subdivision is automatically waived if the  
151.29 state securities administrator or federal agency that created the basis for disqualification  
151.30 determines upon a showing of good cause that it is not necessary under the circumstances  
151.31 to deny the registration.

151.32 (4) **Filing and effectiveness of registration statement.** A small corporate offering  
151.33 registration statement must be filed with the administrator. If no stop order is in effect and  
151.34 no proceeding is pending under section 80A.54, such registration statement shall become

152.1 effective automatically at the close of business on the 20th day after filing of the registration  
152.2 statement or the last amendment of the registration statement or at such earlier time as the  
152.3 administrator may designate by rule or order. For the purposes of a nonissuer transaction,  
152.4 other than by an affiliate of the issuer, all outstanding securities of the same class identified  
152.5 in the small corporate offering registration statement as a security registered under this  
152.6 chapter are considered to be registered while the small corporate offering registration  
152.7 statement is effective. A small corporate offering registration statement is effective for one  
152.8 year after its effective date or for any longer period designated in an order under this chapter.  
152.9 A small corporate offering registration statement may be withdrawn only with the approval  
152.10 of the administrator.

152.11 **(5) Contents of registration statement.** A small corporate offering registration statement  
152.12 under this section shall be on Form U-7, including exhibits required by the instructions  
152.13 thereto, as adopted by the North American Securities Administrators Association, or such  
152.14 alternative form as may be designated by the administrator by rule or order and must include:

152.15 (A) a consent to service of process complying with section 80A.88;

152.16 (B) a statement of the type and amount of securities to be offered and the amount of  
152.17 securities to be offered in this state;

152.18 (C) a specimen or copy of the security being registered, unless the security is  
152.19 uncertificated, a copy of the issuer's articles of incorporation and bylaws or their substantial  
152.20 equivalents in effect, and a copy of any indenture or other instrument covering the security  
152.21 to be registered;

152.22 (D) a signed or conformed copy of an opinion of counsel concerning the legality of the  
152.23 securities being registered which states whether the securities, when sold, will be validly  
152.24 issued, fully paid, and nonassessable and, if debt securities, binding obligations of the issuer;

152.25 (E) the states (i) in which the securities are proposed to be offered; (ii) in which a  
152.26 registration statement or similar filing has been made in connection with the offering  
152.27 including information as to effectiveness of each such filing; and (iii) in which a stop order  
152.28 or similar proceeding has been entered or in which proceedings or actions seeking such an  
152.29 order are pending;

152.30 (F) a copy of the offering document proposed to be delivered to offerees; and

152.31 (G) a copy of any other pamphlet, circular, form letter, advertisement, or other sales  
152.32 literature intended as of the effective date to be used in connection with the offering and  
152.33 any solicitation of interest used in compliance with section 80A.46(17)(B).



153.1 (6) **Copy to purchaser.** A copy of the offering document as filed with the administrator  
153.2 must be delivered to each person purchasing the securities prior to sale of the securities to  
153.3 such person.

153.4 (c) **Offering limit.** Offers and sales of securities under a small corporate offering  
153.5 registration as set forth in this section are allowed up to the limit prescribed by Code of  
153.6 Federal Regulations, title 17, part 230.504(b)(2), as amended.

153.7 Sec. 69. **[332.71] DEFINITIONS.**

153.8 Subdivision 1. **Scope.** For the purposes of sections 332.71 to 332.75, the definitions in  
153.9 this section have the meanings given them.

153.10 Subd. 2. **Coerced debt.** (a) "Coerced debt" means all or a portion of debt in a debtor's  
153.11 name that has been incurred as a result of:

153.12 (1) the use of the debtor's personal information without the debtor's knowledge,  
153.13 authorization, or consent;

153.14 (2) the use or threat of force, intimidation, undue influence, harassment, fraud, deception,  
153.15 coercion, or other similar means against the debtor; or

153.16 (3) economic abuse perpetrated against the debtor.

153.17 (b) Coerced debt does not include secured debt.

153.18 Subd. 3. **Creditor.** "Creditor" means a person, or the person's successor, assignee, or  
153.19 agent, claiming to own or have the right to collect a debt owed by the debtor.

153.20 Subd. 4. **Debtor.** "Debtor" means a person who (1) is a victim of domestic abuse,  
153.21 harassment, or sex or labor trafficking, and (2) owes coerced debt.

153.22 Subd. 5. **Documentation.** "Documentation" means a writing that identifies a debt or a  
153.23 portion of a debt as coerced debt, describes the circumstances under which the coerced debt  
153.24 was incurred, and takes the form of:

153.25 (1) a police report;

153.26 (2) a Federal Trade Commission identity theft report;

153.27 (3) an order in a dissolution proceeding under chapter 518 that declares that one or more  
153.28 debts are coerced; or

153.29 (4) a sworn written certification.

154.1 Subd. 6. **Domestic abuse.** "Domestic abuse" has the meaning given in section 518B.01,  
154.2 subdivision 2.

154.3 Subd. 7. **Economic abuse.** "Economic abuse" means behavior in the context of a domestic  
154.4 relationship that controls, restrains, restricts, impairs, or interferes with the ability of a victim  
154.5 of domestic abuse, harassment, or sex or labor trafficking to acquire, use, or maintain  
154.6 economic resources, including but not limited to:

154.7 (1) withholding or restricting access to, or the acquisition of, money, assets, credit, or  
154.8 financial information;

154.9 (2) interfering with the victim's ability to work and earn wages; or

154.10 (3) exerting undue influence over a person's financial and economic behavior or decisions.

154.11 Subd. 8. **Harassment.** "Harassment" has the meaning given in section 609.748.

154.12 Subd. 9. **Labor trafficking.** "Labor trafficking" has the meaning given in section 609.281,  
154.13 subdivision 5.

154.14 Subd. 10. **Qualified third-party professional.** "Qualified third-party professional"  
154.15 means:

154.16 (1) a domestic abuse advocate, as defined under section 595.02, subdivision 1, paragraph  
154.17 (l);

154.18 (2) a sexual assault counselor, as defined under section 595.02, subdivision 1, paragraph  
154.19 (k);

154.20 (3) a licensed health care provider, mental health care provider, social worker, or marriage  
154.21 and family therapist; or

154.22 (4) a nonprofit organization in Minnesota that provides direct assistance to victims of  
154.23 domestic abuse, sexual assault, or sex or labor trafficking.

154.24 Subd. 11. **Sex trafficking.** "Sex trafficking" has the meaning given in section 609.321,  
154.25 subdivision 7a.

154.26 Subd. 12. **Sworn written certification.** "Sworn written certification" means a statement  
154.27 by a qualified third-party professional in the following form:

154.28 CERTIFICATION OF QUALIFIED THIRD-PARTY PROFESSIONAL

154.29 I, ..... (name of qualified third-party professional), do hereby certify under  
154.30 penalty of perjury as follows:

155.1 1. I am a licensed health care provider, mental health care provider, social worker,  
 155.2 marriage and family therapist, domestic abuse advocate, as that term is defined in Minnesota  
 155.3 Statutes, section 595.02, subdivision 1, paragraph (l), or sexual assault counselor, as that  
 155.4 term is defined in Minnesota Statutes, section 595.02, subdivision 1, paragraph (k), or a  
 155.5 staff member of a nonprofit organization that provides direct assistance to victims of domestic  
 155.6 abuse, sexual assault, or sex or labor trafficking, who has had in-person contact or  
 155.7 face-to-face contact through an electronic medium with ..... (name of debtor).

155.8 2. Based on my professional interactions with the debtor and information presented to  
 155.9 me in my professional capacity, I have a reasonable basis to believe ..... (name of  
 155.10 debtor) is a victim of domestic abuse, harassment, sex trafficking or labor trafficking and  
 155.11 has incurred all or a portion of debt that is coerced debt, as that term is defined in Minnesota  
 155.12 Statutes, section 332.71, subdivision 2.

155.13 3. Based on my professional interactions with the debtor and on information presented  
 155.14 to me, I have reason to believe that the circumstances under which the coerced debt was  
 155.15 incurred are as follows:

155.16 4. The following debts or portions of the debts have been identified to me as coerced:

155.17 I attest that the foregoing is true and correct.

155.18 (Printed name of qualified third party)

155.19 (Signature of qualified third party)

155.20 (Business address and business telephone)

155.21 (Date)

155.22 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to all debts  
 155.23 incurred on or after that date.

155.24 Sec. 70. **[332.72] COERCED DEBT PROHIBITED.**

155.25 A person is prohibited from causing another person to incur coerced debt.

155.26 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to all debts  
 155.27 incurred on or after that date.

155.28 Sec. 71. **[332.73] NOTICE TO CREDITOR OF COERCED DEBT.**

155.29 Subdivision 1. **Notification.** (a) Before taking an affirmative action under section 332.74,  
 155.30 a debtor must, by certified mail, notify a creditor that the debt or a portion of a debt on

156.1 which the creditor demands payment is coerced debt and request that the creditor cease all  
156.2 collection activity on the coerced debt. The notification and request must be in writing and  
156.3 include documentation. The creditor, within 30 days of the date the notification and request  
156.4 is received, must notify the debtor in writing of the creditor's decision to either immediately  
156.5 cease all collection activity or continue to pursue collection.

156.6 (b) If a creditor ceases collection but subsequently decides to resume collection activity,  
156.7 the creditor must notify the debtor ten days prior to the date the collection activity resumes.

156.8 (c) A debtor must not proceed with an action under section 332.74 until the 30-day  
156.9 period provided under paragraph (a) has expired.

156.10 Subd. 2. **Sale or assignment of coerced debt.** A creditor may sell or assign a debt for  
156.11 which the creditor has been notified is coerced debt to another party if the creditor selling  
156.12 or assigning the debt includes notification to the buyer or assignee that the debtor has asserted  
156.13 the debt is coerced debt.

156.14 Subd. 3. **No inference upon cessation of collection activity.** The fact that a creditor  
156.15 ceases collection activity under this section or section 332.74 does not create an inference  
156.16 or presumption regarding the validity or invalidity of a debt for which a debtor is liable or  
156.17 not liable. The exercise or nonexercise of rights under this section is not a waiver of any  
156.18 other debtor or creditor rights or defenses.

156.19 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to all debts  
156.20 incurred on or after that date.

156.21 Sec. 72. **[332.74] DEBTOR REMEDIES.**

156.22 Subdivision 1. **Right to petition for declaration and injunction.** A debtor alleging  
156.23 violation of section 332.72 may petition for equitable relief in the district court in the county  
156.24 where the debtor lives or where the coerced debt was incurred. The petition must include:

156.25 (1) the notice to the creditor required under section 332.73, subdivision 1;

156.26 (2) consistent with Rule 11 of the Minnesota Rules of General Practice, information  
156.27 identifying (i) the account or accounts associated with the coerced debt, and (ii) the person  
156.28 in whose name the debt was incurred; and

156.29 (3) the identity and, if known, contact information of the person who caused the debtor  
156.30 to incur coerced debt, unless the debtor signs a sworn statement that disclosing the  
156.31 information is likely to result in domestic abuse or other harm to the debtor, the debtor's  
156.32 children, parents, other relatives, or a family pet.

157.1 Subd. 2. **Procedural safeguards.** The court must take appropriate steps necessary to  
157.2 prevent abuse of the debtor or to the debtor, the debtor's children, parents, other relatives,  
157.3 or a family pet. For purposes of this subdivision, appropriate steps include but are not limited  
157.4 to sealing the file, marking the file as confidential, redacting personally identifiable  
157.5 information about the debtor, and directing that any deposition or evidentiary hearing be  
157.6 conducted remotely.

157.7 Subd. 3. **Relief.** (a) If a debtor shows by a preponderance of the evidence that the debtor  
157.8 has been aggrieved by a violation of section 332.72 and the debtor has incurred coerced  
157.9 debt, the debtor is entitled to one or more of the following:

157.10 (1) a declaratory judgment that the debt or portion of a debt is coerced debt;

157.11 (2) an injunction prohibiting the creditor from (i) holding or attempting to hold the debtor  
157.12 liable for the debt or portion of a debt, or (ii) enforcing a judgment related to the coerced  
157.13 debt; and

157.14 (3) an order dismissing any cause of action brought by the creditor to enforce or collect  
157.15 the coerced debt from the debtor or, if only a portion of the debt is established as coerced  
157.16 debt, an order directing that the judgment, if any, in the action be amended to reflect only  
157.17 the portion of the debt that is not coerced debt.

157.18 (b) If the court orders relief for the debtor under paragraph (a), the court, after the  
157.19 creditor's motion has been served by United States mail to the last known address of the  
157.20 person who violated section 332.72, shall issue a judgment in favor of the creditor against  
157.21 the person in the amount of the debt or a portion thereof.

157.22 (c) This subdivision applies regardless of the judicial district in which the creditor's  
157.23 action or the debtor's petition was filed.

157.24 Subd. 4. **Affirmative defense.** In an action against a debtor to satisfy a debt, it is an  
157.25 affirmative defense that the debtor incurred coerced debt.

157.26 Subd. 5. **Burden.** In any affirmative action taken under subdivision 1 or any affirmative  
157.27 defense asserted in subdivision 4, the debtor bears the burden to show by a preponderance  
157.28 of the evidence that the debtor incurred coerced debt. There is a presumption that the debtor  
157.29 has incurred coerced debt if the person alleged to have caused the debtor to incur the coerced  
157.30 debt has been criminally convicted, entered a guilty plea, or entered an Alford plea under  
157.31 section 609.27, 609.282, 609.322, or 609.527.

157.32 Subd. 6. **Statute of limitations tolled.** (a) The statute of limitations under section 541.05  
157.33 is tolled during the pendency of a proceeding instituted under this section.

158.1 (b) A creditor is prohibited from filing a collection action regarding a debt that is the  
158.2 subject of a proceeding instituted under this section while the proceeding is pending.

158.3 (c) If a debtor commences a proceeding under this section while a collection action is  
158.4 pending against the debtor regarding a debt that is subject to the proceeding, the court must  
158.5 immediately stay the collection action pending the disposition of the proceeding under this  
158.6 section.

158.7 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to all debts  
158.8 incurred on or after that date.

158.9 **Sec. 73. [332.75] CREDITOR REMEDIES.**

158.10 Nothing in sections 332.71 to 332.74 diminishes the rights of a creditor to seek payment  
158.11 recovery for a coerced debt from the person who caused the debtor to incur the coerced  
158.12 debt.

158.13 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to all debts  
158.14 incurred on or after that date.

158.15 **Sec. 74. UNAUDITED FINANCIAL STATEMENTS; RULEMAKING.**

158.16 The commissioner of commerce shall amend Minnesota Rules, part 2876.3021, subpart  
158.17 2, to remove the prohibition on use of unaudited financial statements if the aggregate amount  
158.18 of all previous sales of securities by the applicant, exclusive of debt financing with banks  
158.19 and similar commercial lenders, exceeds \$1,000,000. The commissioner of commerce may  
158.20 use the good cause exemption under Minnesota Statutes, section 14.388, subdivision 1,  
158.21 clause (3), to amend the rule under this section, and Minnesota Statutes, section 14.386,  
158.22 does not apply except as provided under Minnesota Statutes, section 14.388.

158.23 **Sec. 75. MINNESOTA COUNCIL ON ECONOMIC EDUCATION; GRANTS.**

158.24 (a) The grants provided under article 1, section 3, to the Minnesota Council on Economic  
158.25 Education must be used by the council to:

158.26 (1) provide professional development to Minnesota teachers of courses or content related  
158.27 to personal finance or consumer protection for students in grades 9 through 12;

158.28 (2) support the direct-to-student ancillary personal finance programs that Minnesota  
158.29 teachers supervise and coach or that the Minnesota Council on Economic Education delivers  
158.30 directly to students; and

159.1 (3) provide support to geographically diverse affiliated higher education-based centers  
159.2 for economic education engaged in financial literacy education as it pertains to financial  
159.3 literacy education initiatives, including those based at Minnesota State University Mankato,  
159.4 St. Cloud State University, and St. Catherine University, as their work relates to activities  
159.5 in clauses (1) and (2).

159.6 (b) The Minnesota Council on Economic Education must prepare and submit reports to  
159.7 the commissioner of education in the form and manner prescribed by the commissioner  
159.8 that:

159.9 (1) describe the number and type of in-person and online teacher professional  
159.10 development opportunities provided by the Minnesota Council on Economic Education or  
159.11 its affiliated state centers;

159.12 (2) list the content, length, and location of the programs;

159.13 (3) identify the number of preservice and licensed teachers receiving professional  
159.14 development through each of these opportunities;

159.15 (4) summarize evaluations of professional opportunities for teachers; and

159.16 (5) list the number, types, and summary evaluations of the direct-to-student ancillary  
159.17 personal finance programs that are supported with funds from the grant.

159.18 (c) By February 15 of each year following the receipt of a grant, the Minnesota Council  
159.19 on Economic Education must provide a mid-year report to the commissioner of education  
159.20 and, on August 15 of each year following receipt of a grant, the Minnesota Council on  
159.21 Economic Education must prepare a year-end report according to the requirements of  
159.22 paragraph (b). The reports must be prepared and filed according to Minnesota Statutes,  
159.23 section 3.195. The commissioner may request additional information as necessary.

159.24 **Sec. 76. REPEALER.**

159.25 (a) Minnesota Statutes 2022, sections 53B.01; 53B.02; 53B.03; 53B.04; 53B.05; 53B.06;  
159.26 53B.07; 53B.08; 53B.09; 53B.10; 53B.11; 53B.12; 53B.13; 53B.14; 53B.15; 53B.16;  
159.27 53B.17; 53B.18; 53B.19; 53B.20; 53B.21; 53B.22; 53B.23; 53B.24; 53B.25; 53B.26; and  
159.28 53B.27, subdivisions 1, 2, 5, 6, and 7, are repealed.

159.29 (b) Minnesota Statutes 2022, section 48.10, is repealed.

159.30 (c) Minnesota Rules, parts 2675.2610, subparts 1, 3, and 4; 2675.2620, subparts 1, 2, 3,  
159.31 4, and 5; and 2675.2630, subpart 3, are repealed.

160.1

**ARTICLE 4**

160.2

**COMMERCIAL REGULATION AND CONSUMER PROTECTION**

160.3

Section 1. Minnesota Statutes 2022, section 53C.01, is amended by adding a subdivision

160.4

to read:

160.5

Subd. 4a. **Global positioning system starter interrupt device.** "Global positioning

160.6

system starter interrupt device" or "GPS starter interrupt device" means a device installed

160.7

on a motor vehicle by a motor vehicle dealer that enables an individual who is not in

160.8

possession of the motor vehicle to remotely disable the motor vehicle's ignition. GPS starter

160.9

interrupt device includes a device commonly referred to as a fuel or ignition kill switch.

160.10

Sec. 2. Minnesota Statutes 2022, section 53C.01, subdivision 12c, is amended to read:

160.11

Subd. 12c. **Theft deterrent device.** "Theft deterrent device" means the following devices:

160.12

(1) a vehicle alarm system;

160.13

(2) a window etch product;

160.14

(3) a body part marking product;

160.15

(4) a steering lock; or

160.16

(5) a pedal or ignition lock; ~~or~~

160.17

~~(6) a fuel or ignition kill switch.~~

160.18

Sec. 3. Minnesota Statutes 2022, section 53C.08, subdivision 1a, is amended to read:

160.19

Subd. 1a. **Disclosures required.** Prior to the execution of a retail installment contract,

160.20

the seller shall provide to a buyer, and obtain the buyer's signature on, a written disclosure

160.21

that sets forth the following information:

160.22

(1) a description and the total price of all items sold in the following categories if the

160.23

contract includes a charge for the item:

160.24

(i) a service contract;

160.25

(ii) an insurance product;

160.26

(iii) a debt cancellation agreement;

160.27

(iv) a theft deterrent device; or

160.28

(v) a surface protection product;



161.1 (2) whether a GPS starter interrupt device is installed on the motor vehicle, regardless  
 161.2 of whether the contract includes a charge for the GPS starter interrupt device;

161.3 (3) the amount that would be calculated under the contract as the regular installment  
 161.4 payment if charges for the items referenced under clause (1) are not included in the contract;

161.5 ~~(3)~~ (4) the amount that would be calculated under the contract as the regular installment  
 161.6 payment if charges for the items referenced under clause (1) are included in the contract;  
 161.7 and

161.8 ~~(4)~~ (5) the disclosures required under this subdivision must be in at least ten-point type  
 161.9 and must be contained in a single document that is separate from the retail installment  
 161.10 contract and any other vehicle purchase documents.

161.11 Sec. 4. Minnesota Statutes 2022, section 80E.041, subdivision 4, is amended to read:

161.12 Subd. 4. **Retail rate for labor.** (a) Compensation for warranty labor must equal the  
 161.13 dealer's effective nonwarranty labor rate multiplied by the time ~~allowances recognized by~~  
 161.14 ~~the manufacturer to compensate its dealers for warranty work~~ guide used by the dealer for  
 161.15 nonwarranty customer-paid service repair orders. If no time guide exists for a warranty  
 161.16 repair, compensation for warranty labor must equal the dealer's effective nonwarranty labor  
 161.17 rate multiplied by the time actually spent to complete the repair order and must not be less  
 161.18 than the time charged to retail customers for the same or similar work performed. The  
 161.19 effective nonwarranty labor rate is determined by dividing the total customer labor charges  
 161.20 for qualifying nonwarranty repairs in the repair orders submitted under subdivision 2 by  
 161.21 the total number of labor hours that generated those sales. Compensation for warranty labor  
 161.22 must include ~~reasonable~~ all diagnostic time for repairs performed under this section, including  
 161.23 but not limited to all time spent communicating with the manufacturer's technical assistance  
 161.24 or external manufacturer source in order to provide a warranty repair, and must not be less  
 161.25 than the time charged to retail customers for the same or similar work performed.

161.26 (b) A manufacturer may disapprove a dealer's effective nonwarranty labor rate if:

161.27 (1) the disapproval is provided to the dealer in writing;

161.28 (2) the disapproval is sent to the dealer within 30 days of the submission of the effective  
 161.29 nonwarranty labor rate by the dealer to the manufacturer;

161.30 (3) the disapproval includes a reasonable substantiation that the effective nonwarranty  
 161.31 labor rate submission is inaccurate, incomplete, or unreasonable in light of a comparison  
 161.32 to the retail rate charged by other similarly situated franchised motor vehicle dealers in a  
 161.33 comparable geographic area in the state offering the same line-make vehicles; and

162.1 (4) the manufacturer proposes an adjustment of the effective nonwarranty labor rate.

162.2 (c) If a manufacturer fails to approve or disapprove the rate within this time period, the  
162.3 rate is approved. If a manufacturer disapproves a dealer's effective nonwarranty labor rate,  
162.4 and the dealer does not agree to the manufacturer's proposed adjustment, the parties shall  
162.5 use the manufacturer's internal dispute resolution procedure, if any, within a reasonable  
162.6 time after the dealer notifies the manufacturer of their failure to agree. If the manufacturer's  
162.7 internal dispute resolution procedure is unsuccessful, or if the procedure is not implemented  
162.8 within a reasonable time after the dealer notifies the manufacturer of their failure to agree,  
162.9 the dealer may use the civil remedies available under section 80E.17. A dealer must file a  
162.10 civil suit under section 80E.17, as permitted by this subdivision, within 60 days of receiving  
162.11 the manufacturer's proposed adjustment to the effective nonwarranty labor rate, or the  
162.12 conclusion of the manufacturer's internal dispute resolution procedure, whichever is later.

162.13 **EFFECTIVE DATE.** This section is effective October 1, 2023.

162.14 Sec. 5. Minnesota Statutes 2022, section 325D.01, subdivision 5, is amended to read:

162.15 Subd. 5. **Cost.** The term "cost," as applied to the wholesale or retail vendor, means:

162.16 (1) the actual current delivered invoice or replacement cost, whichever is lower, without  
162.17 deducting customary cash discounts, plus any excise or sales taxes imposed on such  
162.18 commodity, goods, wares or merchandise subsequent to the purchase thereof and prior to  
162.19 the resale thereof, plus the cost of doing business at that location by the vendor;

162.20 (2) where a manufacturer publishes a list price and discounts, in determining such "cost"  
162.21 the manufacturer's published list price then currently in effect, less the published trade  
162.22 discount but without deducting the customary cash discount, plus any excise or sales taxes  
162.23 imposed on such commodity, goods, wares or merchandise subsequent to the purchase  
162.24 thereof and prior to the resale thereof, plus the cost of doing business by the vendor shall  
162.25 be prima facie evidence of "cost"; and

162.26 (3) for purposes of gasoline offered for sale by way of posted price or indicating meter  
162.27 by a retailer, at a retail location where gasoline is dispensed into passenger automobiles and  
162.28 trucks by the consumer, "cost" means either:

162.29 (i) the average terminal price on the day, at the terminal from which the most recent  
162.30 supply of gasoline delivered to the retail location was acquired, plus all applicable state and  
162.31 federal excise taxes and fees; or

163.1 (ii) the actual current delivered invoice or replacement cost of the gasoline, whichever  
163.2 is lower, plus all applicable state and federal excise taxes and fees, plus the lesser of six  
163.3 percent or eight cents.

163.4 Sec. 6. Minnesota Statutes 2022, section 325D.44, subdivision 1, is amended to read:

163.5 Subdivision 1. **Acts constituting.** A person engages in a deceptive trade practice when,  
163.6 in the course of business, vocation, or occupation, the person:

163.7 (1) passes off goods or services as those of another;

163.8 (2) causes likelihood of confusion or of misunderstanding as to the source, sponsorship,  
163.9 approval, or certification of goods or services;

163.10 (3) causes likelihood of confusion or of misunderstanding as to affiliation, connection,  
163.11 or association with, or certification by, another;

163.12 (4) uses deceptive representations or designations of geographic origin in connection  
163.13 with goods or services;

163.14 (5) represents that goods or services have sponsorship, approval, characteristics,  
163.15 ingredients, uses, benefits, or quantities that they do not have or that a person has a  
163.16 sponsorship, approval, status, affiliation, or connection that the person does not have;

163.17 (6) represents that goods are original or new if they are deteriorated, altered,  
163.18 reconditioned, reclaimed, used, or secondhand;

163.19 (7) represents that goods or services are of a particular standard, quality, or grade, or  
163.20 that goods are of a particular style or model, if they are of another;

163.21 (8) disparages the goods, services, or business of another by false or misleading  
163.22 representation of fact;

163.23 (9) advertises goods or services with intent not to sell them as advertised;

163.24 (10) advertises goods or services with intent not to supply reasonably expectable public  
163.25 demand, unless the advertisement discloses a limitation of quantity;

163.26 (11) makes false or misleading statements of fact concerning the reasons for, existence  
163.27 of, or amounts of price reductions;

163.28 (12) in attempting to collect delinquent accounts, implies or suggests that health care  
163.29 services will be withheld in an emergency situation; ~~or~~

163.30 (13) engages in (i) unfair methods of competition, or (ii) unfair or unconscionable acts  
163.31 or practices; or

164.1 ~~(13)~~ (14) engages in any other conduct which similarly creates a likelihood of confusion  
164.2 or of misunderstanding.

164.3 Sec. 7. Minnesota Statutes 2022, section 325D.44, subdivision 2, is amended to read:

164.4 Subd. 2. **Proof.** (a) In order to prevail in an action under sections 325D.43 to 325D.48,  
164.5 a complainant need not prove competition between the parties or actual confusion or  
164.6 misunderstanding.

164.7 (b) For purposes of subdivision 1, clause (13), the standard of proof provided under  
164.8 section 325F.69, subdivision 8, applies.

164.9 Sec. 8. Minnesota Statutes 2022, section 325D.71, is amended to read:

164.10 **325D.71 UNLAWFUL GASOLINE SALES.**

164.11 (a) Any offer for sale of gasoline by a retailer by way of posted price or indicating meter  
164.12 that is below cost, as defined by section 325D.01, subdivision 5, clause (3), is a violation  
164.13 of section 325D.04, except that the criminal penalties in section 325D.071 do not apply. In  
164.14 addition to the penalties for violations and the remedies provided for injured parties set forth  
164.15 elsewhere in this chapter, the commissioner of commerce may use the authority under  
164.16 section 45.027 for the purpose of preventing violations of this section. A retailer who sells  
164.17 gasoline at the same or higher legally posted price of a competitor in the same market area,  
164.18 on the same day, is not in violation of this section.

164.19 (b) A retailer who offers gasoline for sale at a price below cost as part of a promotion  
164.20 at an individual location for no more than three days in any calendar quarter is not in violation  
164.21 of this section.

164.22 (c) A retailer who offers gasoline for sale at a price below cost through the use of coupons,  
164.23 loyalty programs, membership-based pricing programs, or promotions or programs of similar  
164.24 import is not in violation of this section.

164.25 Sec. 9. Minnesota Statutes 2022, section 325E.31, is amended to read:

164.26 **325E.31 REMEDIES.**

164.27 (a) A person who is found to have violated sections 325E.27 to 325E.30 is subject to  
164.28 the penalties and remedies, including a private right of action to recover damages, as provided  
164.29 in section 8.31.

164.30 (b) In addition to the penalties and remedies under paragraph (a), the attorney general  
164.31 is entitled to sue for and recover on behalf of the state a civil penalty from a person found

165.1 to have violated sections 325E.27 to 325E.30. The court must determine the civil penalty  
165.2 amount, which must not exceed \$50,000.

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

165.4 Sec. 10. **[325E.67] POST-LOSS ASSIGNMENT OF BENEFITS.**

165.5 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms in this subdivision  
165.6 have the meanings given.

165.7 (b) "Residential contractor" means a residential roofer, as defined in section 326B.802,  
165.8 subdivision 14; a residential building contractor, as defined in section 326B.802, subdivision  
165.9 11; or a residential remodeler, as defined in section 326B.802, subdivision 12.

165.10 (c) "Residential real estate" means a new or existing building, including appurtenant  
165.11 structures, constructed for habitation by at least one family but no more than four families.

165.12 Subd. 2. **Post-loss assignment.** A post-loss assignment of rights or benefits to a residential  
165.13 contractor under a property and casualty insurance policy insuring residential real estate  
165.14 must comply with the following:

165.15 (1) the assignment must only authorize a residential contractor to be named as a copayee  
165.16 for the payment of benefits under a property and casualty insurance policy covering  
165.17 residential real estate;

165.18 (2) the assignment must include all of the following:

165.19 (i) an itemized description of the work to be performed;

165.20 (ii) an itemized description of materials, labor, and fees for the work to be performed;

165.21 and

165.22 (iii) a total itemized amount to be paid for the work to be performed;

165.23 (3) the assignment must include a statement that the residential contractor has made no  
165.24 assurances that the claimed loss is fully covered by an insurance contract and must include  
165.25 the following notice in capitalized 14-point type:

165.26 "YOU ARE AGREEING TO ASSIGN CERTAIN RIGHTS YOU HAVE UNDER  
165.27 YOUR INSURANCE POLICY. THE ITEMIZED DESCRIPTION OF THE WORK  
165.28 PERFORMED, AS SET FORTH IN THIS ASSIGNMENT FORM, HAS NOT BEEN  
165.29 AGREED TO BY THE INSURER. PLEASE READ AND UNDERSTAND THIS  
165.30 DOCUMENT BEFORE SIGNING. THE INSURER MAY ONLY PAY FOR THE

166.1 REASONABLE COST TO REPAIR OR REPLACE DAMAGED PROPERTY CAUSED  
166.2 BY A COVERED PERIL, SUBJECT TO THE TERMS OF THE POLICY.";

166.3 (4) the named insured has the right to cancel the assignment within ten business days  
166.4 after receipt of the scope of work by the insurance company. The cancellation must be made  
166.5 in writing or a comparable digital format. Within ten business days of the date of the written  
166.6 cancellation, the residential contractor must tender to the named insured, the landowner, or  
166.7 the possessor of the real estate any payments, partial payments, or deposits that have been  
166.8 made by that person;

166.9 (5) the assignment must include the following notice in capitalized 14-point type, located  
166.10 in the immediate proximity of the space reserved in the assignment for the signature of the  
166.11 named insured:

166.12 "YOU MAY CANCEL THIS ASSIGNMENT WITHOUT PENALTY WITHIN TEN  
166.13 (10) BUSINESS DAYS FROM THE LATER OF THE DATE THE ASSIGNMENT IS  
166.14 EXECUTED OR THE DATE ON WHICH YOU RECEIVE A COPY OF THE EXECUTED  
166.15 ASSIGNMENT. YOU MUST CANCEL THE ASSIGNMENT IN WRITING AND THE  
166.16 CANCELLATION MUST BE DELIVERED TO [insert the name and address of residential  
166.17 contractor as provided by the residential contractor]. IF MAILED, THE CANCELLATION  
166.18 MUST BE POSTMARKED ON OR BEFORE THE TEN (10) BUSINESS DAY  
166.19 DEADLINE. IF YOU CANCEL THIS ASSIGNMENT, THE RESIDENTIAL  
166.20 CONTRACTOR HAS UP TO TEN (10) BUSINESS DAYS TO RETURN ANY  
166.21 PAYMENTS OR DEPOSITS YOU HAVE MADE.";

166.22 (6) the assignment must not impair the interests of a mortgagee or other parties with any  
166.23 legal interests listed on the declarations page of the property and casualty insurance policy  
166.24 that is the subject of the assignment; and

166.25 (7) the assignment must not prevent or inhibit an insurer from communicating with the  
166.26 named insured or mortgagee listed on the declarations page of the property and casualty  
166.27 insurance policy that is the subject of the assignment.

166.28 Subd. 3. **Other requirements.** A residential contractor receiving the assignment described  
166.29 in subdivision 2 must:

166.30 (1) deliver a copy of the assignment to the insurer of the residential real estate within  
166.31 five business days of the date the assignment is executed;

167.1 (2) cooperate with the insurer of the residential real estate in an investigation into the  
167.2 claim by providing documents and records requested by the insurer and complying with the  
167.3 post-loss duties under the insurance policy; and

167.4 (3) comply with section 325E.66.

167.5 Subd. 4. **Certain assignments void.** A post-loss assignment of benefits entered into  
167.6 with a residential contractor that violates any provision of the federal Insured Homeowner's  
167.7 Protection Act of 1998, Public Law 105-216, as amended, is void.

167.8 Sec. 11. **[325E.72] DIGITAL FAIR REPAIR.**

167.9 Subdivision 1. **Short title.** This act may be cited as the "Digital Fair Repair Act."

167.10 Subd. 2. **Definitions.** (a) For the purposes of this section, the following terms have the  
167.11 meanings given.

167.12 (b) "Authorized repair provider" means an individual or business who is unaffiliated  
167.13 with an original equipment manufacturer and who has: (1) an arrangement with the original  
167.14 equipment manufacturer, for a definite or indefinite period, under which the original  
167.15 equipment manufacturer grants to the individual or business a license to use a trade name,  
167.16 service mark, or other proprietary identifier to offer diagnostic, maintenance, or repair  
167.17 services for digital electronic equipment under the name of the original equipment  
167.18 manufacturer; or (2) an arrangement with the original equipment manufacturer to offer  
167.19 diagnostic, maintenance, or repair services for digital electronic equipment on behalf of the  
167.20 original equipment manufacturer. An original equipment manufacturer that offers diagnostic,  
167.21 maintenance, or repair services for the original equipment manufacturer's digital electronic  
167.22 equipment is considered an authorized repair provider with respect to the digital electronic  
167.23 equipment if the original equipment manufacturer does not have an arrangement described  
167.24 in this paragraph with an unaffiliated individual or business.

167.25 (c) "Contractor" has the meaning given in section 326B.31, subdivision 14.

167.26 (d) "Cybersecurity" means the practice of protecting networks, devices, and data from  
167.27 unauthorized access or criminal use and the practice of ensuring the confidentiality, integrity,  
167.28 and availability of information.

167.29 (e) "Digital electronic equipment" or "equipment" means any hardware product that  
167.30 depends, in whole or in part, on digital electronics embedded in or attached to the product  
167.31 in order for the product to function, for which the original equipment manufacturer makes  
167.32 available tools, parts, or documentation to authorized repair providers.

168.1 (f) "Documentation" means a manual, diagram, reporting output, service code description,  
168.2 schematic diagram, or similar information made available by an original equipment  
168.3 manufacturer to an authorized repair provider to facilitate diagnostic, maintenance, or repair  
168.4 services for digital electronic equipment.

168.5 (g) "Embedded software" means any programmable instructions provided on firmware  
168.6 delivered with digital electronic equipment, or with a part for the equipment, in order to  
168.7 operate the equipment. Embedded software includes all relevant patches and fixes made by  
168.8 the manufacturer of the equipment or part in order to operate the equipment.

168.9 (h) "Fair and reasonable terms" means, with respect to:

168.10 (1) parts for digital electronic equipment offered by an original equipment manufacturer:

168.11 (i) costs that are fair to both parties; and

168.12 (ii) terms under which an original equipment manufacturer offers the part to an authorized  
168.13 repair provider and which:

168.14 (A) is not conditioned on or imposing a substantial obligation to use or restrict the use  
168.15 of the part to diagnose, maintain, or repair digital electronic equipment sold, leased, or  
168.16 otherwise supplied by the original equipment manufacturer, including a condition that the  
168.17 owner or independent repair provider become an authorized repair provider of the original  
168.18 equipment manufacturer; or

168.19 (B) a requirement that a part be registered, paired with, or approved by the original  
168.20 equipment manufacturer or an authorized repair provider before the part is operational or  
168.21 prohibit an original equipment manufacturer from imposing any additional cost or burden  
168.22 that is not reasonably necessary or is designed to be an impediment on the owner or  
168.23 independent repair provider;

168.24 (2) tools, software, and documentation for digital electronic equipment offered by an  
168.25 original equipment manufacturer:

168.26 (i) costs that are equivalent to the lowest actual cost for which the original equipment  
168.27 manufacturer offers the tool, software, or documentation to an authorized repair provider,  
168.28 including any discount, rebate, or other financial incentive offered to an authorized repair  
168.29 provider; and

168.30 (ii) terms that are equivalent to the most favorable terms under which an original  
168.31 equipment manufacturer offers the tool, software, or documentation to an authorized repair  
168.32 provider, including the methods and timeliness of delivery of the tool, software, or  
168.33 documentation, do not impose on an owner or an independent repair provider:



169.1 (A) a substantial obligation to use or restrict the use of the tool, software, or  
169.2 documentation to diagnose, maintain, or repair digital electronic equipment sold, leased, or  
169.3 otherwise supplied by the original equipment manufacturer, including a condition that the  
169.4 owner or independent repair provider become an authorized repair provider of the original  
169.5 equipment manufacturer; or

169.6 (B) a requirement that a tool be registered, paired with, or approved by the original  
169.7 equipment manufacturer or an authorized repair provider before the part or tool is operational;  
169.8 and

169.9 (3) documentation offered by an original equipment manufacturer: that the documentation  
169.10 is made available by the original equipment manufacturer at no charge, except that when  
169.11 the documentation is requested in physical printed form, a charge may be included for the  
169.12 reasonable actual costs of preparing and sending the copy.

169.13 (i) "Independent repair provider" means an individual or business operating in Minnesota  
169.14 that: (1) does not have an arrangement described in paragraph (b) with an original equipment  
169.15 manufacturer; (2) is not affiliated with any individual or business that has an arrangement  
169.16 described in paragraph (b); and (3) is engaged in providing diagnostic, maintenance, or  
169.17 repair services for digital electronic equipment. An original equipment manufacturer or,  
169.18 with respect to the original equipment manufacturer, an individual or business that has an  
169.19 arrangement with the original equipment manufacturer or is affiliated with an individual or  
169.20 business that has an arrangement with that original equipment manufacturer, is considered  
169.21 an independent repair provider for purposes of the instances the original equipment  
169.22 manufacturer engages in diagnostic, maintenance, or repair services for digital electronic  
169.23 equipment that is not manufactured by or sold under the name of the original equipment  
169.24 manufacturer.

169.25 (j) "Manufacturer of motor vehicle equipment" means a business engaged in the business  
169.26 of manufacturing or supplying components used to manufacture, maintain, or repair a motor  
169.27 vehicle.

169.28 (k) "Motor vehicle" means a vehicle that is: (1) designed to transport persons or property  
169.29 on a street or highway; and (2) certified by the manufacturer under (i) all applicable federal  
169.30 safety and emissions standards, and (ii) all requirements for distribution and sale in the  
169.31 United States. Motor vehicle does not include a recreational vehicle or an auto home equipped  
169.32 for habitation.

169.33 (l) "Motor vehicle dealer" means an individual or business that, in the ordinary course  
169.34 of business: (1) is engaged in the business of selling or leasing new motor vehicles to an

170.1 individual or business pursuant to a franchise agreement; (2) has obtained a license under  
170.2 section 168.27; and (3) is engaged in providing diagnostic, maintenance, or repair services  
170.3 for motor vehicles or motor vehicle engines pursuant to a franchise agreement.

170.4 (m) "Motor vehicle manufacturer" means a business engaged in the business of  
170.5 manufacturing or assembling new motor vehicles.

170.6 (n) "Original equipment manufacturer" means any individual or business that, in the  
170.7 normal course of business, is engaged in the business of selling or leasing to any individual  
170.8 or business new digital electronic equipment manufactured by or on behalf of the original  
170.9 equipment manufacturer.

170.10 (o) "Owner" means an individual or business that owns or leases digital electronic  
170.11 equipment purchased or used in Minnesota.

170.12 (p) "Part" means any replacement part or assembly of parts, either new or used, made  
170.13 available by an original equipment manufacturer to authorized repair providers to facilitate  
170.14 the maintenance or repair of digital electronic equipment manufactured or sold by the original  
170.15 equipment manufacturer.

170.16 (q) "Personally identifiable information" means any representation of information that  
170.17 permits the identity of an individual to whom the information applies to be reasonably  
170.18 inferred by either direct or indirect means.

170.19 (r) "Tool" means any software program, hardware implement, or other apparatus used  
170.20 for diagnosis, maintenance, or repair of digital electronic equipment, including software or  
170.21 other mechanisms that provide, program, pair a part, calibrate functionality, or perform any  
170.22 other function required to repair the original equipment or part back to fully functional  
170.23 condition, including updates.

170.24 (s) "Trade secret" has the meaning given in section 325C.01, subdivision 5.

170.25 (t) "Video game console" means a computing device, such as a console machine, a  
170.26 handheld console device, or another device or system, and its components and peripherals,  
170.27 that is primarily used by consumers for playing video games but which is neither a general  
170.28 nor an all-purpose computer. A general or all-purpose computer includes but is not limited  
170.29 to a desktop computer, laptop, tablet, or cell phone.

170.30 Subd. 3. **Requirements.** (a) For digital electronic equipment and parts for the equipment  
170.31 sold or used in Minnesota, an original equipment manufacturer must make available to any  
170.32 independent repair provider or to the owner of digital electronic equipment manufactured  
170.33 by or on behalf of, or sold by, the original equipment manufacturer, on fair and reasonable

171.1 terms, documentation, parts, and tools, inclusive of any updates to information or embedded  
171.2 software, for diagnostic, maintenance, or repair purposes. Nothing in this section requires  
171.3 an original equipment manufacturer to make available a part, tools, or documentation if it  
171.4 is no longer available to the original equipment manufacturer.

171.5 (b) Such parts, tools, and documentation shall be made available within 60 days after  
171.6 the first sale of the digital electronic equipment in Minnesota.

171.7 Subd. 4. **Enforcement by attorney general.** A violation of this section is an unlawful  
171.8 practice under section 325D.44. All remedies, penalties, and authority granted to the attorney  
171.9 general under section 8.31 are available to the attorney general to enforce this section.

171.10 Subd. 5. **Limitations.** (a) Nothing in this section requires an original equipment  
171.11 manufacturer to divulge a trade secret or license any intellectual property to an owner or  
171.12 an independent service provider, except as necessary to provide documentation, parts, and  
171.13 tools on fair and reasonable terms.

171.14 (b) Nothing in this section alters the terms of any arrangement described in subdivision  
171.15 2, paragraph (b), including but not limited to the performance or provision of warranty or  
171.16 recall repair work by an authorized repair provider on behalf of an original equipment  
171.17 manufacturer pursuant to the arrangement, in force between an authorized repair provider  
171.18 and an original equipment manufacturer. A provision in the terms of an arrangement  
171.19 described in subdivision 2, paragraph (b), that purports to waive, avoid, restrict, or limit the  
171.20 original equipment manufacturer's obligations to comply with this section is void and  
171.21 unenforceable.

171.22 (c) Nothing in this section requires an original equipment manufacturer or an authorized  
171.23 repair provider to provide to an owner or independent repair provider access to information,  
171.24 other than documentation, that is provided by the original equipment manufacturer to an  
171.25 authorized repair provider pursuant to the terms of an arrangement described in subdivision  
171.26 2, paragraph (b).

171.27 (d) Nothing in this section requires an original equipment manufacturer or authorized  
171.28 repair provider to make available any parts, tools, or documentation for the purpose of  
171.29 making modifications to any digital electronic equipment.

171.30 (e) Nothing in this section shall be construed to require the original equipment  
171.31 manufacturer to sell service parts if the service parts are no longer provided by the original  
171.32 equipment manufacturer or made available to authorized repair providers of the original  
171.33 equipment manufacturer.

172.1 (f) Nothing in this section shall require an original manufacturer to make available special  
172.2 documentation, tools, and parts that would disable or override antitheft security measures  
172.3 set by the owner of the equipment without the owner's authorization.

172.4 (g) Nothing in this section shall apply if the original equipment manufacturer provides  
172.5 equivalent or better, readily available replacement equipment at no charge to the customer.

172.6 (h) Nothing in this section requires the original manufacturer to provide access to parts,  
172.7 tools, or documentation for work that is required to be done or supervised by an individual  
172.8 or contractor licensed under chapter 326B or with any individual or contractor who does  
172.9 not possess the relevant license required for that work.

172.10 Subd. 6. Exclusions. (a) Nothing in this section applies to: (1) a motor vehicle  
172.11 manufacturer, manufacturer of motor vehicle equipment, or motor vehicle dealer acting in  
172.12 that capacity; or (2) any product or service of a motor vehicle manufacturer, manufacturer  
172.13 of motor vehicle equipment, or motor vehicle dealer acting in that capacity.

172.14 (b) Nothing in this section applies to manufacturers or distributors of a medical device  
172.15 as defined in the Federal Food, Drug, and Cosmetic Act, United States Code, title 21, section  
172.16 301 et seq., or a digital electronic product or software manufactured for use in a medical  
172.17 setting including diagnostic, monitoring, or control equipment or any product or service  
172.18 that the manufacturer or distributor of a medical device offers.

172.19 (c) Nothing in this section applies to manufacturers, distributors, importers, or dealers  
172.20 of any off-road or nonroad equipment, including without limitation farm and utility tractors;  
172.21 farm implements; farm machinery; forestry equipment; industrial equipment; utility  
172.22 equipment; construction equipment; compact construction equipment; road-building  
172.23 equipment; electronic vehicle charging infrastructure equipment; mining equipment; turf,  
172.24 yard, and garden equipment; outdoor power equipment; portable generators; marine,  
172.25 all-terrain sports, and recreational vehicles, including without limitation racing vehicles;  
172.26 stand-alone or integrated stationary or mobile internal combustion engines; generator sets  
172.27 and fuel cell power; power tools; and any tools, technology, attachments, accessories,  
172.28 components, and repair parts for any of the foregoing.

172.29 (d) Nothing in this section shall be construed to require any original equipment  
172.30 manufacturer or authorized repair provider to make available any parts, tools, or  
172.31 documentation required for the diagnosis, maintenance, or repair of a video game console  
172.32 and its components and peripherals.

172.33 (e) Nothing in this section applies to an energy storage system, as defined in section  
172.34 216B.2422, subdivision 1, paragraph (f).

173.1 (f) Nothing in this section requires an original equipment manufacturer to make available  
173.2 parts, documentation, or tools related to cybersecurity, except as necessary for the repair or  
173.3 maintenance of equipment. Notwithstanding anything in this section to the contrary, an  
173.4 original equipment manufacturer is not required to make available parts, documentation,  
173.5 or tools related to cybersecurity which: (1) could reasonably give a recipient or third-party  
173.6 access to trade secret or personally identifiable information owned or possessed by an  
173.7 original equipment manufacturer for itself or on behalf of another person; (2) is protected  
173.8 from disclosure under other laws of this state; or (3) could reasonably be used to compromise  
173.9 cybersecurity or cybersecurity equipment.

173.10 (g) Nothing in this section applies to information technology equipment that is intended  
173.11 for use in critical infrastructure, as defined in United States Code, title 42, section 5195c(e).

173.12 Subd. 7. **Liability, defenses, and warranties.** No original equipment manufacturer or  
173.13 authorized repair provider shall be liable for any damage or injury caused to any digital  
173.14 electronic equipment, person, or property that occurs as a result of repair, diagnosis,  
173.15 maintenance, or modification performed by an independent repair provider or owner,  
173.16 including but not limited to any indirect, incidental, special, or consequential damages; any  
173.17 loss of data, privacy, or profits; or an inability to use, or reduced functionality of, the digital  
173.18 electronic equipment.

173.19 Subd. 8. **Applicability.** This section applies to equipment sold on or after July 1, 2021.

173.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

173.21 Sec. 12. **[325E.80] ABNORMAL MARKET DISRUPTIONS; UNCONSCIONABLY**  
173.22 **EXCESSIVE PRICES.**

173.23 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms in this subdivision  
173.24 have the meanings given.

173.25 (b) "Essential consumer good or service" means a good or service that is vital and  
173.26 necessary for the health, safety, and welfare of the public, including without limitation:  
173.27 food; water; fuel; gasoline; shelter; construction materials; transportation; health care  
173.28 services; pharmaceuticals; and medical, personal hygiene, sanitation, and cleaning supplies.

173.29 (c) "Seller" means a manufacturer, supplier, wholesaler, distributor, or retail seller of  
173.30 goods and services.

173.31 (d) "Unconscionably excessive price" means a price that represents a gross disparity  
173.32 compared to the seller's average price of an essential good or service, offered for sale or  
173.33 sold in the usual course of business, in the 60-day period before an abnormal market

174.1 disruption is declared under subdivision 2. None of the following is an unconscionably  
174.2 excessive price:

174.3 (1) a price that is substantially related to an increase in the cost of manufacturing,  
174.4 obtaining, replacing, providing, or selling a good or service;

174.5 (2) a price that is no more than 25 percent above the seller's average price during the  
174.6 60-day period before an abnormal market disruption is declared under subdivision 2;

174.7 (3) a price that is consistent with the fluctuations in applicable commodity markets or  
174.8 seasonal fluctuations; or

174.9 (4) a contract price, or the results of a price formula, that was established before an  
174.10 abnormal market disruption is declared under subdivision 2.

174.11 Subd. 2. **Abnormal market disruption.** (a) The governor may by executive order declare  
174.12 an abnormal market disruption if, in the governor's sole determination, there has been or is  
174.13 likely to be a substantial and atypical change in the market for an essential consumer good  
174.14 or service caused by an event or circumstances that result in a declaration of a state of  
174.15 emergency by the governor. The governor may specify an effective period for a declaration  
174.16 under this section that is shorter than the effective period for the state of emergency  
174.17 declaration.

174.18 (b) The governor's abnormal market disruption declaration must state that the declaration  
174.19 is activating this section and must specify the geographic area of Minnesota to which the  
174.20 declaration applies.

174.21 (c) Unless an earlier date is specified by the governor, an abnormal market disruption  
174.22 declaration under this subdivision terminates 30 days after the date that the state of emergency  
174.23 for which it was activated ends.

174.24 Subd. 3. **Notice.** Upon the implementation, renewal, limitation, or termination of an  
174.25 abnormal market disruption declaration made under subdivision 2: (1) the governor must  
174.26 immediately post notice on applicable government websites and provide notice to the media;  
174.27 and (2) the commissioner of commerce must provide notice directly to sellers by any practical  
174.28 means.

174.29 Subd. 4. **Prohibition.** If the governor declares an abnormal market disruption, a person  
174.30 is prohibited from selling or offering to sell an essential consumer good or service for an  
174.31 amount that represents an unconscionably excessive price during the period in which the  
174.32 abnormal market disruption declaration is effective.

175.1 Subd. 5. **Prices and rates.** Upon the occurrence of a weather event classified as a severe  
175.2 thunderstorm pursuant to the criteria established by the National Oceanic and Atmospheric  
175.3 Administration, a residential building contractor operating within the geographic region  
175.4 impacted by the weather event and repairing damage caused by the weather event shall not:

175.5 (1) charge an unconscionably excessive price for labor in comparison to the market price  
175.6 charged for comparable services in the geographic region impacted by the weather event;  
175.7 or

175.8 (2) charge an insurance company a rate that exceeds what the residential building  
175.9 contractor otherwise charges members of the general public.

175.10 Subd. 6. **Civil penalty.** A person who is found to have violated this section is subject  
175.11 to a civil penalty of not more than \$1,000 per sale or transaction, with a maximum penalty  
175.12 of \$25,000 per day. No other penalties may be imposed for the same conduct regulated  
175.13 under this section.

175.14 Subd. 7. **Enforcement authority.** (a) The attorney general may investigate and bring  
175.15 an action against a seller or residential building contractor for an alleged violation of this  
175.16 section.

175.17 (b) Nothing in this section creates a private cause of action in favor of a person injured  
175.18 by a violation of this section.

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

175.20 Sec. 13. Minnesota Statutes 2022, section 325F.662, subdivision 2, is amended to read:

175.21 Subd. 2. **Written warranty required.** (a) Every used motor vehicle sold by a dealer is  
175.22 covered by an express warranty which the dealer shall provide to the consumer in writing.  
175.23 At a minimum, the express warranty applies for the following terms:

175.24 (1) if the used motor vehicle has less than 36,000 miles, the warranty must remain in  
175.25 effect for at least 60 days or 2,500 miles, whichever comes first;

175.26 (2) if the used motor vehicle has 36,000 miles or more, but less than 75,000 miles, the  
175.27 warranty must remain in effect for at least 30 days or 1,000 miles, whichever comes first;  
175.28 and

175.29 (3) unless the vehicle is sold by a new motor vehicle dealer, as defined in section 168.27,  
175.30 subdivision 2, if the used motor vehicle has 75,000 miles or more, but less than 200,000  
175.31 miles, the warranty must remain in effect for at least 15 days or 500 miles, whichever comes  
175.32 first.

176.1 (b) The express warranty must require the dealer, in the event of a malfunction, defect,  
176.2 or failure in a covered part, to repair or replace the covered part, or at the dealer's election,  
176.3 to accept return of the used motor vehicle from the consumer and provide a refund to the  
176.4 consumer.

176.5 (c) For used motor vehicles with less than 36,000 miles, the dealer's express warranty  
176.6 shall cover, at minimum, the following parts:

176.7 (1) with respect to the engine, all lubricated parts, intake manifolds, engine block, cylinder  
176.8 head, rotary engine housings, and ring gear;

176.9 (2) with respect to the transmission, the automatic transmission case, internal parts, and  
176.10 the torque converter; or, the manual transmission case, and the internal parts;

176.11 (3) with respect to the drive axle, the axle housings and internal parts, axle shafts, drive  
176.12 shafts and output shafts, and universal joints; but excluding the secondary drive axle on  
176.13 vehicles, other than passenger vans, mounted on a truck chassis;

176.14 (4) with respect to the brakes, the master cylinder, vacuum assist booster, wheel cylinders,  
176.15 hydraulic lines and fittings, and disc brakes calipers;

176.16 (5) with respect to the steering, the steering gear housing and all internal parts, power  
176.17 steering pump, valve body, piston, and rack;

176.18 (6) the water pump;

176.19 (7) the externally mounted mechanical fuel pump;

176.20 (8) the radiator;

176.21 (9) the alternator, generator, and starter.

176.22 (d) For used motor vehicles with 36,000 miles or more, but less than ~~75,000~~ 200,000  
176.23 miles, the dealer's express warranty shall cover, at minimum, the following parts:

176.24 (1) with respect to the engine, all lubricated parts, intake manifolds, engine block, cylinder  
176.25 head, rotary engine housings, and ring gear;

176.26 (2) with respect to the transmission, the automatic transmission case, internal parts, and  
176.27 the torque converter; or, the manual transmission case, and internal parts;

176.28 (3) with respect to the drive axle, the axle housings and internal parts, axle shafts, drive  
176.29 shafts and output shafts, and universal joints; but excluding the secondary drive axle on  
176.30 vehicles, other than passenger vans, mounted on a truck chassis;



177.1 (4) with respect to the brakes, the master cylinder, vacuum assist booster, wheel cylinders,  
177.2 hydraulic lines and fittings, and disc brake calipers;

177.3 (5) with respect to the steering, the steering gear housing and all internal parts, power  
177.4 steering pump, valve body, and piston;

177.5 (6) the water pump;

177.6 (7) the externally mounted mechanical fuel pump.

177.7 (e)(1) A dealer's obligations under the express warranty remain in effect notwithstanding  
177.8 the fact that the warranty period has expired, if the consumer promptly notified the dealer  
177.9 of the malfunction, defect, or failure in the covered part within the specified warranty period  
177.10 and, within a reasonable time after notification, brings the vehicle or arranges with the dealer  
177.11 to have the vehicle brought to the dealer for inspection and repair.

177.12 (2) If a dealer does not have a repair facility, the dealer shall designate where the vehicle  
177.13 must be taken for inspection and repair.

177.14 (3) In the event the malfunction, defect, or failure in the covered part occurs at a location  
177.15 which makes it impossible or unreasonable to return the vehicle to the selling dealer, the  
177.16 consumer may have the repairs completed elsewhere with the consent of the selling dealer,  
177.17 which consent may not be unreasonably withheld.

177.18 (4) Notwithstanding the provisions of this paragraph, a consumer may have nonwarranty  
177.19 maintenance and nonwarranty repairs performed other than by the selling dealer and without  
177.20 the selling dealer's consent.

177.21 (f) Nothing in this section diminishes the obligations of a manufacturer under an express  
177.22 warranty issued by the manufacturer. The express warranties created by this section do not  
177.23 require a dealer to repair or replace a covered part if the repair or replacement is covered  
177.24 by a manufacturer's new car warranty, or the manufacturer otherwise agrees to repair or  
177.25 replace the part.

177.26 (g) The express warranties created by this section do not cover defects or repair problems  
177.27 which result from collision, abuse, negligence, or lack of adequate maintenance following  
177.28 sale to the consumer.

177.29 (h) The terms of the express warranty, including the duration of the warranty and the  
177.30 parts covered, must be fully, accurately, and conspicuously disclosed by the dealer on the  
177.31 front of the Buyers Guide.

178.1 Sec. 14. Minnesota Statutes 2022, section 325F.662, subdivision 3, is amended to read:

178.2 Subd. 3. **Exclusions.** Notwithstanding the provisions of subdivision 2, a dealer is not  
178.3 required to provide an express warranty for a used motor vehicle:

178.4 (1) except for a used motor vehicle described in subdivision 2, paragraph (a), clause (3),  
178.5 sold for a total cash sale price of less than \$3,000, including the trade-in value of any vehicle  
178.6 traded in by the consumer, but excluding tax, license fees, registration fees, and finance  
178.7 charges;

178.8 (2) with an engine designed to use diesel fuel;

178.9 (3) with a gross weight, as defined in section 168.002, subdivision 13, in excess of 9,000  
178.10 pounds;

178.11 (4) that has been custom-built or modified for show or for racing;

178.12 (5) except for a used motor vehicle described in subdivision 2, paragraph (a), clause (3),  
178.13 that is eight years of age or older, as calculated from the first day in January of the designated  
178.14 model year of the vehicle;

178.15 (6) that has been produced by a manufacturer which has never manufactured more than  
178.16 10,000 motor vehicles in any one year;

178.17 (7) that has ~~75,000~~ 200,000 miles or more at time of sale;

178.18 (8) that has not been manufactured in compliance with applicable federal emission  
178.19 standards in force at the time of manufacture as provided by the Clean Air Act, United  
178.20 States Code, title 42, sections 7401 through 7642, and regulations adopted pursuant thereto,  
178.21 and safety standards as provided by the National Traffic and Motor Safety Act, United  
178.22 States Code, title 15, sections 1381 through 1431, and regulations adopted pursuant thereto;  
178.23 or

178.24 (9) that has been issued a certificate of title that bears a "salvage" brand or stamp under  
178.25 section 168A.151.

178.26 Sec. 15. Minnesota Statutes 2022, section 325F.6641, subdivision 2, is amended to read:

178.27 Subd. 2. **Disclosure requirements.** (a) If a motor vehicle dealer licensed under section  
178.28 168.27 offers a vehicle for sale in the course of a sales presentation to any prospective buyer  
178.29 the dealer must provide a written disclosure; and ~~an oral disclosure,~~ except for sales  
178.30 performed online, an oral disclosure of:

178.31 (1) prior vehicle damage as required under subdivision 1;

179.1 (2) the existence or requirement of any title brand under section 168A.05, subdivision  
179.2 3, 168A.151, 325F.6642, or 325F.665, subdivision 14, if the dealer has actual knowledge  
179.3 of the brand; and

179.4 (3) if a motor vehicle, which is part of a licensed motor vehicle dealer's inventory, has  
179.5 been submerged or flooded above the bottom dashboard while parked on the dealer's lot.

179.6 (b) If a person receives a flood disclosure as described in paragraph (a), clause (3),  
179.7 whether from a motor vehicle dealer or another seller, and subsequently offers that vehicle  
179.8 for sale, the person must provide the same disclosure to any prospective subsequent buyer.

179.9 (c) Written disclosure under this subdivision must be signed by the buyer and maintained  
179.10 in the motor vehicle dealer's sales file in the manner prescribed by the registrar of motor  
179.11 vehicles.

179.12 (d) The disclosure required in subdivision 1 must be made in substantially the following  
179.13 form: "To the best of my knowledge, this vehicle has ..... has not ..... sustained damage in  
179.14 excess of 80 percent actual cash value."

179.15 Sec. 16. Minnesota Statutes 2022, section 325F.69, subdivision 1, is amended to read:

179.16 Subdivision 1. **Fraud, misrepresentation, deceptive or unfair practices.** The act, use,  
179.17 or employment by any person of any fraud, unfair or unconscionable practice, false pretense,  
179.18 false promise, misrepresentation, misleading statement or deceptive practice, with the intent  
179.19 that others rely thereon in connection with the sale of any merchandise, whether or not any  
179.20 person has in fact been misled, deceived, or damaged thereby, is enjoined as provided in  
179.21 section 325F.70.

179.22 Sec. 17. Minnesota Statutes 2022, section 325F.69, is amended by adding a subdivision  
179.23 to read:

179.24 **Subd. 8. Unfair or unconscionable acts or practices; standard of proof.** For purposes  
179.25 of this section, an unfair method of competition or an unfair or unconscionable act or practice  
179.26 is any method of competition, act, or practice that: (1) offends public policy as established  
179.27 by the statutes, rules, or common law of Minnesota; (2) is unethical, oppressive, or  
179.28 unscrupulous; or (3) is substantially injurious to consumers.

179.29 Sec. 18. **[325F.995] GENETIC INFORMATION PRIVACY ACT.**

179.30 **Subdivision 1. Definitions.** (a) For purposes of this section, the following terms have  
179.31 the meanings given.

180.1 (b) "Biological sample" means any material part of a human, discharge from a material  
180.2 part of a human, or derivative from a material part of a human, including but not limited to  
180.3 tissue, blood, urine, or saliva, that is known to contain deoxyribonucleic acid (DNA).

180.4 (c) "Consumer" means an individual who is a Minnesota resident.

180.5 (d) "Deidentified data" means data that cannot reasonably be used to infer information  
180.6 about, or otherwise be linked to, an identifiable consumer and that is subject to:

180.7 (1) administrative and technical measures to ensure the data cannot be associated with  
180.8 a particular consumer;

180.9 (2) public commitment by the company to (i) maintain and use data in deidentified form,  
180.10 and (ii) not attempt to reidentify the data; and

180.11 (3) legally enforceable contractual obligations that prohibit any recipients of the data  
180.12 from attempting to reidentify the data.

180.13 (e) "Direct-to-consumer genetic testing company" or "company" means an entity that:  
180.14 (1) offers consumer genetic testing products or services directly to consumers; or (2) collects,  
180.15 uses, or analyzes genetic data that was (i) collected via a direct-to-consumer genetic testing  
180.16 product or service, and (ii) provided to the company by a consumer. Direct-to-consumer  
180.17 genetic testing company does not include an entity that collects, uses, or analyzes genetic  
180.18 data or biological samples only in the context of research, as defined in Code of Federal  
180.19 Regulations, title 45, section 164.501, that is conducted in a manner that complies with the  
180.20 federal policy for the protection of human research subjects under Code of Federal  
180.21 Regulations, title 45, part 46; the Good Clinical Practice Guideline issued by the International  
180.22 Council for Harmonisation; or the United States Food and Drug Administration Policy for  
180.23 the Protection of Human Subjects under Code of Federal Regulations, title 21, parts 50 and  
180.24 56.

180.25 (f) "Express consent" means a consumer's affirmative written response to a clear,  
180.26 meaningful, and prominent written notice regarding the collection, use, or disclosure of  
180.27 genetic data for a specific purpose. Written notices and responses may be presented and  
180.28 captured electronically.

180.29 (g) "Genetic data" means any data, regardless of the data's format, that concerns a  
180.30 consumer's genetic characteristics. Genetic data includes but is not limited to:

180.31 (1) raw sequence data that results from sequencing a consumer's complete extracted  
180.32 DNA or a portion of the extracted DNA;

181.1 (2) genotypic and phenotypic information that results from analyzing the raw sequence  
181.2 data; and

181.3 (3) self-reported health information that a consumer submits to a company regarding  
181.4 the consumer's health conditions and that is (i) used for scientific research or product  
181.5 development, and (ii) analyzed in connection with the consumer's raw sequence data.

181.6 Genetic data does not include deidentified data.

181.7 (h) "Genetic testing" means any laboratory test of a consumer's complete DNA, regions  
181.8 of a consumer's DNA, chromosomes, genes, or gene products to determine the presence of  
181.9 genetic characteristics.

181.10 (i) "Person" means an individual, partnership, corporation, association, business, business  
181.11 trust, sole proprietorship, other entity, or representative of an organization.

181.12 (j) "Service provider" means a person that is involved in the collection, transportation,  
181.13 analysis of, or any other service in connection with a consumer's biological sample, extracted  
181.14 genetic material, or genetic data on behalf of the direct-to-consumer genetic testing company,  
181.15 or on behalf of any other person that collects, uses, maintains, or discloses biological samples,  
181.16 extracted genetic material, or genetic data collected or derived from a direct-to-consumer  
181.17 genetic testing product or service, or is directly provided by a consumer, or the delivery of  
181.18 the results of the analysis of the biological sample, extracted genetic material, or genetic  
181.19 data.

181.20 Subd. 2. **Disclosure and consent requirements.** (a) To safeguard the privacy,  
181.21 confidentiality, security, and integrity of a consumer's genetic data, a direct-to-consumer  
181.22 genetic testing company must:

181.23 (1) provide easily accessible, clear, and complete information regarding the company's  
181.24 policies and procedures governing the collection, use, maintenance, and disclosure of genetic  
181.25 data by making available to a consumer all of the following written in plain language:

181.26 (i) a high-level privacy policy overview that includes basic, essential information about  
181.27 the company's collection, use, or disclosure of genetic data;

181.28 (ii) a prominent, publicly available privacy notice that includes at a minimum information  
181.29 about the company's data collection, consent, use, access, disclosure, maintenance, transfer,  
181.30 security, retention, and deletion practices of genetic data; and

181.31 (iii) information that clearly describes how to file a complaint alleging a violation of  
181.32 this section, pursuant to section 45.027;

182.1 (2) obtain a consumer's express consent to collect, use, and disclose the consumer's  
182.2 genetic data, including at a minimum:

182.3 (i) initial express consent that clearly (A) describes the uses of the genetic data collected  
182.4 through the genetic testing product service, and (B) specifies who has access to the test  
182.5 results and how the genetic data may be shared;

182.6 (ii) separate express consent, which must include the name of the person receiving the  
182.7 information, for each transfer or disclosure of the consumer's genetic data or biological  
182.8 sample to any person other than the company's vendors and service providers;

182.9 (iii) separate express consent for each use of genetic data or the biological sample that  
182.10 is beyond the primary purpose of the genetic testing product or service and inherent  
182.11 contextual uses;

182.12 (iv) separate express consent to retain any biological sample provided by the consumer  
182.13 following completion of the initial testing service requested by the consumer;

182.14 (v) informed consent in compliance with federal policy for the protection of human  
182.15 research subjects under Code of Federal Regulations, title 45, part 46, to transfer or disclose  
182.16 the consumer's genetic data to a third-party person for research purposes or research  
182.17 conducted under the control of the company for publication or generalizable knowledge  
182.18 purposes; and

182.19 (vi) express consent for marketing by (A) the direct-to-consumer genetic testing company  
182.20 to a consumer based on the consumer's genetic data, or (B) a third party to a consumer based  
182.21 on the consumer having ordered or purchased a genetic testing product or service. For  
182.22 purposes of this clause, "marketing" does not include customized content or offers provided  
182.23 on the websites or through the applications or services provided by the direct-to-consumer  
182.24 genetic testing company with the first-party relationship to the customer;

182.25 (3) not disclose genetic data to law enforcement or any other governmental agency  
182.26 without a consumer's express written consent, unless the disclosure is made pursuant to a  
182.27 valid search warrant or court order;

182.28 (4) develop, implement, and maintain a comprehensive security program and measures  
182.29 to protect a consumer's genetic data against unauthorized access, use, or disclosure; and

182.30 (5) provide a process for a consumer to:

182.31 (i) access the consumer's genetic data;

182.32 (ii) delete the consumer's account and genetic data; and

183.1 (iii) request and obtain the destruction of the consumer's biological sample.

183.2 (b) Notwithstanding any other provisions in this section, a direct-to-consumer genetic  
183.3 testing company is prohibited from disclosing a consumer's genetic data without the  
183.4 consumer's written consent to: (1) any entity offering health insurance, life insurance,  
183.5 disability insurance, or long-term care insurance; or (2) any employer of the consumer. Any  
183.6 consent under this paragraph must clearly identify the recipient of the consumer's genetic  
183.7 data proposed to be disclosed.

183.8 (c) A company that is subject to the requirements described in paragraph (a), clause (2),  
183.9 shall provide effective mechanisms, without any unnecessary steps, for a consumer to revoke  
183.10 any consent of the consumer or all of the consumer's consents after a consent is given,  
183.11 including at least one mechanism which utilizes the primary medium through which the  
183.12 company communicates to the consumer. If a consumer revokes consent provided pursuant  
183.13 to paragraph (a), clause (2), the company shall honor the consumer's consent revocation as  
183.14 soon as practicable, but not later than 30 days after the consumer revokes consent. The  
183.15 company shall destroy a consumer's biological sample within 30 days of receipt of revocation  
183.16 of consent to store the sample.

183.17 (d) A direct-to-consumer genetic testing company must provide a clear and complete  
183.18 notice to a consumer that the consumer's deidentified data may be shared with or disclosed  
183.19 to third parties for research purposes in accordance with Code of Federal Regulations, title  
183.20 45, part 46.

183.21 Subd. 3. **Service provider agreements.** (a) A contract between the company and a  
183.22 service provider must prohibit the service provider from retaining, using, or disclosing any  
183.23 biological sample, extracted genetic material, genetic data, or information regarding the  
183.24 identity of the consumer, including whether that consumer has solicited or received genetic  
183.25 testing, as applicable, for any purpose other than for the specific purpose of performing the  
183.26 services specified in the service contract. The mandatory prohibition set forth in this  
183.27 subdivision requires a service contract to include, at minimum, the following provisions:

183.28 (1) a provision prohibiting the service provider from retaining, using, or disclosing the  
183.29 biological sample, extracted genetic material, genetic data, or any information regarding  
183.30 the identity of the consumer, including whether the consumer has solicited or received  
183.31 genetic testing, as applicable, for any purpose other than providing the services specified  
183.32 in the service contract; and

183.33 (2) a provision prohibiting the service provider from associating or combining the  
183.34 biological sample, extracted genetic material, genetic data, or any information regarding

184.1 the identity of the consumer, including whether that consumer has solicited or received  
184.2 genetic testing, as applicable, with information the service provider has received from or  
184.3 on behalf of another person or persons, or has collected from the service provider's own  
184.4 interaction with consumers or as required by law.

184.5 (b) A service provider subject to this subdivision is subject to the same confidentiality  
184.6 obligations as a direct-to-consumer genetic testing company with respect to all biological  
184.7 samples, extracted genetic materials, and genetic material, or any information regarding the  
184.8 identity of any consumer in the service provider's possession.

184.9 Subd. 4. **Enforcement.** The commissioner of commerce may enforce this section under  
184.10 section 45.027.

184.11 Subd. 5. **Limitations.** This section does not apply to:

184.12 (1) protected health information that is collected by a covered entity or business associate,  
184.13 as those terms are defined in Code of Federal Regulations, title 45, parts 160 and 164;

184.14 (2) a public or private institution of higher education; or

184.15 (3) an entity owned or operated by a public or private institution of higher education.

184.16 Subd. 6. **Construction.** This section does not supersede the requirements and rights  
184.17 described in section 13.386 or the remedies available under chapter 13 for violations of  
184.18 section 13.386.

184.19 Sec. 19. Minnesota Statutes 2022, section 325G.051, subdivision 1, is amended to read:

184.20 Subdivision 1. **Limitation; prohibition.** (a) A seller or lessor of goods or services doing  
184.21 business in Minnesota may impose a surcharge on transactions in Minnesota with a purchaser  
184.22 customer who elects to use a credit or charge card in lieu of payment by cash, check, or  
184.23 similar means, provided:

184.24 (1) if the sale or lease of goods or services is processed in person, the seller or lessor  
184.25 informs the purchaser customer of the surcharge both orally at the time of sale and by a sign  
184.26 conspicuously posted on the seller's or lessor's premises;

184.27 (2) if the sale or lease of goods or services is processed through a website or mobile  
184.28 device, the seller or lessor informs the customer of the surcharge by conspicuously posting  
184.29 a surcharge notice during the sale, at the point of sale, on the customer order summary, or  
184.30 on the checkout page of the website;

184.31 (3) if the sale or lease of services is processed over the telephone, the seller or lessor  
184.32 informs the customer of the surcharge orally; and



185.1 ~~(2)~~ (4) the surcharge does not exceed five percent of the purchase price.

185.2 (b) A seller or lessor of goods or services that establishes and is responsible for ~~its~~ the  
 185.3 seller or lessor's own customer credit or charge card may not impose a surcharge on a  
 185.4 ~~purchaser~~ customer who elects to use that credit or charge card in lieu of payment by cash,  
 185.5 check, or similar means.

185.6 (c) For purposes of this section "surcharge" means a fee or charge imposed by a seller  
 185.7 or lessor upon a ~~buyer~~ customer that increases the price of goods or services to the ~~buyer~~  
 185.8 customer because the ~~buyer~~ customer uses a credit or charge card to purchase or lease the  
 185.9 goods or services. The term does not include a discount offered by a seller or lessor to a  
 185.10 ~~buyer~~ customer who makes payment for goods or services by cash, check, or similar means  
 185.11 not involving a credit or charge card if the discount is offered to all prospective ~~buyers~~  
 185.12 customers and its availability is clearly and conspicuously disclosed to all prospective ~~buyers~~  
 185.13 customers.

185.14 (d) This subdivision applies to an agent of a seller or lessor.

## 185.15 ARTICLE 5

### 185.16 MISCELLANEOUS COMMERCE POLICY

185.17 Section 1. Minnesota Statutes 2022, section 103G.291, subdivision 4, is amended to read:

185.18 Subd. 4. **Demand reduction measures.** (a) For the purposes of this section, "demand  
 185.19 reduction measures" means measures that reduce water demand, water losses, peak water  
 185.20 demands, and nonessential water uses. Demand reduction measures must include a  
 185.21 conservation rate structure, or a uniform rate structure with a conservation program that  
 185.22 achieves demand reduction. A "conservation rate structure" means a rate structure that  
 185.23 encourages conservation and may include increasing block rates, seasonal rates, time of use  
 185.24 rates, individualized goal rates, or excess use rates. If a conservation rate is applied to  
 185.25 multifamily dwellings or a manufactured home park, as defined in section 327C.015,  
 185.26 subdivision 8, the rate structure must consider each residential unit as an individual user.

185.27 (b) To encourage conservation, a public water supplier serving more than 1,000 people  
 185.28 must implement demand reduction measures by January 1, 2015.

185.29 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to a billing  
 185.30 period that begins on or after that date.

186.1 Sec. 2. Minnesota Statutes 2022, section 237.066, is amended to read:

186.2 **237.066 STATE GOVERNMENT PRICING PLANS.**

186.3 Subdivision 1. **Purpose.** A state government or Tribal government telecommunications  
186.4 pricing plan is authorized and found to be in the public interest as it will:

186.5 (1) provide and ensure availability of high-quality, technologically advanced  
186.6 telecommunications services at a reasonable cost to the state or Tribal government; and

186.7 (2) further the state telecommunications goals as set forth in section 237.011.

186.8 Subd. 2. **Program participation.** A state government or Tribal government  
186.9 telecommunications pricing plan may be available to serve individually or collectively:  
186.10 state agencies; Tribal governments; educational institutions, including public schools and  
186.11 Tribal schools complying with section 120A.05, subdivision 9, 11, 13, or 17, and nonpublic  
186.12 schools complying with sections 120A.22, 120A.24, and 120A.41; private colleges; public  
186.13 corporations; and political subdivisions of the state or a Tribal Nation. Plans shall be available  
186.14 to carry out the commissioner of administration's duties under sections 16E.17 and 16E.18  
186.15 and shall also be available to those entities not using the commissioner for contracting for  
186.16 telecommunications services.

186.17 Subd. 3. **Rates.** Notwithstanding section 237.09, 237.14, 237.60, subdivision 3, or  
186.18 237.74, a telephone company or a telecommunications carrier may, individually or in  
186.19 cooperation with other telephone companies or telecommunications carriers, develop and  
186.20 offer basic or advanced telecommunications services at discounted or reduced rates as a  
186.21 state government or Tribal government telecommunications pricing plan. Any  
186.22 telecommunications services provided under any state government or Tribal government  
186.23 telecommunications pricing plan shall be used exclusively by ~~those~~ the entities described  
186.24 in subdivision 2 subject to the plan solely for ~~their~~ the entities' own use and shall not be  
186.25 made available to any other entities by resale, sublease, or in any other way.

186.26 Subd. 4. **Applicability to other customers.** A telephone company or telecommunications  
186.27 carrier providing telecommunications services under a state government or Tribal government  
186.28 telecommunications pricing plan is not required to provide any other person or entity those  
186.29 services at the rates made available to the state or Tribal government.

186.30 Subd. 5. **Commission review.** (a) The terms and conditions of any state government or  
186.31 Tribal government telecommunications pricing plan must be submitted to the commission  
186.32 for ~~its~~ review and approval within 90 days before implementation to:

187.1 (1) ensure that the terms and conditions benefit the state or Tribal Nation and not any  
187.2 private entity;

187.3 (2) ensure that the rates for any telecommunications service in any state government or  
187.4 Tribal government telecommunications pricing plan are at or below any applicable tariffed  
187.5 rates; and

187.6 (3) ensure that the state telecommunications or Tribal government pricing plan meets  
187.7 the requirements of this section and is in the public interest.

187.8 (b) The commission shall reject any state government or Tribal government  
187.9 telecommunications pricing plan that does not meet these the criteria in paragraph (a).

187.10 Sec. 3. Minnesota Statutes 2022, section 239.791, subdivision 8, is amended to read:

187.11 Subd. 8. **Disclosure; reporting.** (a) A refinery or terminal, shall provide, at the time  
187.12 gasoline is sold or transferred from the refinery or terminal, a bill of lading or shipping  
187.13 manifest to the person who receives the gasoline. For oxygenated gasoline, the bill of lading  
187.14 or shipping manifest must include the identity and the volume percentage or gallons of  
187.15 oxygenate included in the gasoline, and it must state: "This fuel contains an oxygenate. Do  
187.16 not blend this fuel with ethanol or with any other oxygenate." For nonoxygenated gasoline  
187.17 ~~sold or transferred after September 30, 1997,~~ the bill or manifest must state: "This fuel is  
187.18 not oxygenated. It must not be sold at retail in Minnesota." This subdivision does not apply  
187.19 to sales or transfers of gasoline between refineries, between terminals, or between a refinery  
187.20 and a terminal.

187.21 (b) A delivery ticket required under section 239.092 for biofuel blended with gasoline  
187.22 must state the volume percentage of biofuel blended into gasoline delivered through a meter  
187.23 into a storage tank used for dispensing by persons not exempt under subdivisions 10 to 14  
187.24 and 16.

187.25 (c) On or before the 23rd day of each month, a person responsible for the product must  
187.26 report to the department, in the form prescribed by the commissioner, the gross number of  
187.27 gallons of intermediate blends sold at retail by the person during the preceding calendar  
187.28 month. The report must identify the number of gallons by blend type. For purposes of this  
187.29 subdivision, "intermediate blends" means blends of gasoline and biofuel in which the biofuel  
187.30 content, exclusive of denaturants and other permitted components, is greater than ten percent  
187.31 and no more than 50 percent by volume. This paragraph only applies to a person who is  
187.32 responsible for selling intermediate blends at retail at more than ten locations. A person

188.1 responsible for the product at fewer than ten locations is not precluded from reporting the  
188.2 gross number of intermediate blends if a report is available.

188.3 (d) All reports provided pursuant to paragraph (c) are nonpublic data, as defined in  
188.4 section 13.02, subdivision 9.

188.5 **EFFECTIVE DATE.** This section is effective July 1, 2023.

188.6 Sec. 4. Minnesota Statutes 2022, section 327C.015, is amended by adding a subdivision  
188.7 to read:

188.8 Subd. 3a. **Commodity rate.** "Commodity rate" means the per unit price for utility service  
188.9 that varies directly with the volume of a resident's consumption of utility service and that  
188.10 is established or approved by the Minnesota Public Utilities Commission or a municipal  
188.11 public utilities commission, an electric cooperative association, or a municipality and charged  
188.12 to a user of the service.

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

188.14 Sec. 5. Minnesota Statutes 2022, section 327C.015, is amended by adding a subdivision  
188.15 to read:

188.16 Subd. 11a. **Public utility.** "Public utility" has the meaning given in section 216B.02,  
188.17 subdivision 4.

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

188.19 Sec. 6. Minnesota Statutes 2022, section 327C.015, subdivision 17, is amended to read:

188.20 Subd. 17. **Substantial modification.** "Substantial modification" means any change in  
188.21 a rule which: (a) significantly diminishes or eliminates any material obligation of the park  
188.22 owner; (b) significantly diminishes or eliminates any material right, privilege or freedom  
188.23 of action of a resident; or (c) involves a significant new expense for a resident. The  
188.24 installation of water and sewer meters and the subsequent metering of and billing for water  
188.25 and sewer service is not a substantial modification of the lease, provided the park owner  
188.26 complies with section 327C.04, subdivision 6.

188.27 **EFFECTIVE DATE.** This section is effective for meter installations initiated on or  
188.28 after August 1, 2023.

189.1 Sec. 7. Minnesota Statutes 2022, section 327C.015, is amended by adding a subdivision  
189.2 to read:

189.3 Subd. 17a. **Utility provider.** "Utility provider" means a public utility, an electric  
189.4 cooperative association, or a municipal utility.

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

189.6 Sec. 8. Minnesota Statutes 2022, section 327C.04, subdivision 1, is amended to read:

189.7 Subdivision 1. **Billing permitted.** A park owner who either provides utility service  
189.8 directly to residents or who redistributes to residents utility service provided to the park  
189.9 owner by a utility provider may charge the residents for that service, only if the charges  
189.10 comply with this section.

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

189.12 Sec. 9. Minnesota Statutes 2022, section 327C.04, subdivision 2, is amended to read:

189.13 Subd. 2. **Metering required.** A park owner who charges residents for a utility service  
189.14 must charge each household the same amount, unless the park owner has installed measuring  
189.15 devices which accurately meter each household's use of the utility. Utility measuring devices  
189.16 installed by the park owner must be installed or repaired only by a licensed plumber, licensed  
189.17 electrician, or licensed manufactured home installer.

189.18 **EFFECTIVE DATE.** This section is effective August 1, 2023, and applies to meters  
189.19 installed or repaired on or after that date.

189.20 Sec. 10. Minnesota Statutes 2022, section 327C.04, is amended by adding a subdivision  
189.21 to read:

189.22 Subd. 5. **Utility charge for metered service.** (a) A park owner who redistributes utility  
189.23 service may not charge a resident a commodity rate that exceeds the commodity rate at  
189.24 which the park owner purchases utility service from a utility provider. Before billing residents  
189.25 for redistributed utility service, a park owner must deduct utility service used exclusively  
189.26 or primarily for the park owner's purposes.

189.27 (b) If a utility bill that a park owner receives from a utility provider separates from  
189.28 variable consumption charges a fixed service or meter charge or fee, taxes, surcharges, or  
189.29 other miscellaneous charges, the park owner must deduct the park owner's pro rata share  
189.30 of these separately itemized charges and apportion the remaining fixed portion of the bill  
189.31 equally among residents based on the total number of occupied units in the park.

190.1 (c) A park owner may not charge to or collect from residents any administrative, capital,  
190.2 or other expenses associated with the distribution of utility services, including but not limited  
190.3 to disconnection, reconnection, and late payment fees.

190.4 **EFFECTIVE DATE.** This section is effective July 1, 2023.

190.5 Sec. 11. Minnesota Statutes 2022, section 327C.04, is amended by adding a subdivision  
190.6 to read:

190.7 Subd. 6. **Rent increases following the installation of water meters.** A park owner may  
190.8 not increase lot rents for 13 months following the commencement of utility bills for a resident  
190.9 whose lease included water and sewer service. In each of the three months prior to  
190.10 commencement of utility billing, a park owner must provide the resident with a sample bill  
190.11 for water and sewer service.

190.12 **EFFECTIVE DATE.** This section is effective August 1, 2023, and applies to meter  
190.13 installations initiated on or after that date.

190.14 Sec. 12. Minnesota Statutes 2022, section 515B.3-102, is amended to read:

190.15 **515B.3-102 POWERS OF UNIT OWNERS' ASSOCIATION.**

190.16 (a) Except as provided in subsections (b), (c), (d), ~~and (e)~~, and (f) and subject to the  
190.17 provisions of the declaration or bylaws, the association shall have the power to:

190.18 (1) adopt, amend and revoke rules and regulations not inconsistent with the articles of  
190.19 incorporation, bylaws and declaration, as follows: (i) regulating the use of the common  
190.20 elements; (ii) regulating the use of the units, and conduct of unit occupants, which may  
190.21 jeopardize the health, safety or welfare of other occupants, which involves noise or other  
190.22 disturbing activity, or which may damage the common elements or other units; (iii) regulating  
190.23 or prohibiting animals; (iv) regulating changes in the appearance of the common elements  
190.24 and conduct which may damage the common interest community; (v) regulating the exterior  
190.25 appearance of the common interest community, including, for example, balconies and patios,  
190.26 window treatments, and signs and other displays, regardless of whether inside a unit; (vi)  
190.27 implementing the articles of incorporation, declaration and bylaws, and exercising the  
190.28 powers granted by this section; and (vii) otherwise facilitating the operation of the common  
190.29 interest community;

190.30 (2) adopt and amend budgets for revenues, expenditures and reserves, and levy and  
190.31 collect assessments for common expenses from unit owners;

191.1 (3) hire and discharge managing agents and other employees, agents, and independent  
191.2 contractors;

191.3 (4) institute, defend, or intervene in litigation or administrative proceedings (i) in its  
191.4 own name on behalf of itself or two or more unit owners on matters affecting the common  
191.5 elements or other matters affecting the common interest community or, (ii) with the consent  
191.6 of the owners of the affected units on matters affecting only those units;

191.7 (5) make contracts and incur liabilities;

191.8 (6) regulate the use, maintenance, repair, replacement, and modification of the common  
191.9 elements and the units;

191.10 (7) cause improvements to be made as a part of the common elements, and, in the case  
191.11 of a cooperative, the units;

191.12 (8) acquire, hold, encumber, and convey in its own name any right, title, or interest to  
191.13 real estate or personal property, but (i) common elements in a condominium or planned  
191.14 community may be conveyed or subjected to a security interest only pursuant to section  
191.15 515B.3-112, or (ii) part of a cooperative may be conveyed, or all or part of a cooperative  
191.16 may be subjected to a security interest, only pursuant to section 515B.3-112;

191.17 (9) grant or amend easements for public utilities, public rights-of-way or other public  
191.18 purposes, and cable television or other communications, through, over or under the common  
191.19 elements; grant or amend easements, leases, or licenses to unit owners for purposes authorized  
191.20 by the declaration; and, subject to approval by a vote of unit owners other than declarant  
191.21 or its affiliates, grant or amend other easements, leases, and licenses through, over or under  
191.22 the common elements;

191.23 (10) impose and receive any payments, fees, or charges for the use, rental, or operation  
191.24 of the common elements, other than limited common elements, and for services provided  
191.25 to unit owners;

191.26 (11) impose interest and late charges for late payment of assessments and, after notice  
191.27 and an opportunity to be heard before the board or a committee appointed by it, levy  
191.28 reasonable fines for violations of the declaration, bylaws, and rules and regulations of the  
191.29 association, provided that attorney fees and costs must not be charged or collected from a  
191.30 unit owner who disputes a fine or assessment and, if after the homeowner requests a hearing  
191.31 and a hearing is held by the board or a committee of the board, the board does not adopt a  
191.32 resolution levying the fine or upholding the assessment against the unit owner or owner's  
191.33 unit;

192.1 (12) impose reasonable charges for the review, preparation and recordation of  
192.2 amendments to the declaration, resale certificates required by section 515B.4-107, statements  
192.3 of unpaid assessments, or furnishing copies of association records;

192.4 (13) provide for the indemnification of its officers and directors, and maintain directors'  
192.5 and officers' liability insurance;

192.6 (14) provide for reasonable procedures governing the conduct of meetings and election  
192.7 of directors;

192.8 (15) exercise any other powers conferred by law, or by the declaration, articles of  
192.9 incorporation or bylaws; and

192.10 (16) exercise any other powers necessary and proper for the governance and operation  
192.11 of the association.

192.12 (b) Notwithstanding subsection (a) the declaration or bylaws may not impose limitations  
192.13 on the power of the association to deal with the declarant which are more restrictive than  
192.14 the limitations imposed on the power of the association to deal with other persons.

192.15 (c) An association that levies a fine pursuant to subsection (a)(11), or an assessment  
192.16 pursuant to section 515B.3-115(g), or 515B.3-1151(g), must provide a dated, written notice  
192.17 to a unit owner that:

192.18 (1) states the amount and reason for the fine or assessment;

192.19 (2) for fines levied under section 515B.3-102(a)(11), specifies: (i) the violation for which  
192.20 a fine is being levied and the date of the levy; and (ii) the specific section of the declaration,  
192.21 bylaws, rules, or regulations allegedly violated;

192.22 (3) for assessments levied under section 515B.3-115(g) or 515B.3-1151(g), identifies:  
192.23 (i) the damage caused; and (ii) the act or omission alleged to have caused the damage;

192.24 (4) states that all unpaid fines and assessments are liens which, if not satisfied, could  
192.25 lead to foreclosure of the lien against the owner's unit;

192.26 (5) describes the unit owner's right to be heard by the board or a committee appointed  
192.27 by the board;

192.28 (6) states that if the assessment, fine, late fees, and other allowable charges are not paid,  
192.29 the amount may increase as a result of the imposition of attorney fees and other collection  
192.30 costs; and

192.31 (7) informs the unit owner that homeownership assistance is available from the Minnesota  
192.32 Homeownership Center.



193.1 ~~(e)~~(d) Notwithstanding subsection (a), powers exercised under this section must comply  
193.2 with section 500.215.

193.3 ~~(d)~~(e) Notwithstanding subsection (a)(4) or any other provision of this chapter, the  
193.4 association, before instituting litigation or arbitration involving construction defect claims  
193.5 against a development party, shall:

193.6 (1) mail or deliver written notice of the anticipated commencement of the action to each  
193.7 unit owner at the addresses, if any, established for notices to owners in the declaration and,  
193.8 if the declaration does not state how notices are to be given to owners, to the owner's last  
193.9 known address. The notice shall specify the nature of the construction defect claims to be  
193.10 alleged, the relief sought, and the manner in which the association proposes to fund the cost  
193.11 of pursuing the construction defect claims; and

193.12 (2) obtain the approval of owners of units to which a majority of the total votes in the  
193.13 association are allocated. Votes allocated to units owned by the declarant, an affiliate of the  
193.14 declarant, or a mortgagee who obtained ownership of the unit through a foreclosure sale  
193.15 are excluded. The association may obtain the required approval by a vote at an annual or  
193.16 special meeting of the members or, if authorized by the statute under which the association  
193.17 is created and taken in compliance with that statute, by a vote of the members taken by  
193.18 electronic means or mailed ballots. If the association holds a meeting and voting by electronic  
193.19 means or mailed ballots is authorized by that statute, the association shall also provide for  
193.20 voting by those methods. Section 515B.3-110(c) applies to votes taken by electronic means  
193.21 or mailed ballots, except that the votes must be used in combination with the vote taken at  
193.22 a meeting and are not in lieu of holding a meeting, if a meeting is held, and are considered  
193.23 for purposes of determining whether a quorum was present. Proxies may not be used for a  
193.24 vote taken under this paragraph unless the unit owner executes the proxy after receipt of  
193.25 the notice required under subsection ~~(d)(1)~~(e)(1) and the proxy expressly references this  
193.26 notice.

193.27 ~~(e)~~(f) The association may intervene in a litigation or arbitration involving a construction  
193.28 defect claim or assert a construction defect claim as a counterclaim, crossclaim, or third-party  
193.29 claim before complying with subsections ~~(d)(1)~~(e)(1) and ~~(d)(2)~~(e)(2) but the association's  
193.30 complaint in an intervention, counterclaim, crossclaim, or third-party claim shall be dismissed  
193.31 without prejudice unless the association has complied with the requirements of subsection  
193.32 ~~(d)~~(e) within 90 days of the association's commencement of the complaint in an intervention  
193.33 or the assertion of the counterclaim, crossclaim, or third-party claim.

194.1 **EFFECTIVE DATE.** This section is effective January 1, 2024, for fines and assessments  
194.2 levied on or after that date.

194.3 Sec. 13. Minnesota Statutes 2022, section 515B.3-115, is amended to read:

194.4 **515B.3-115 ASSESSMENTS FOR COMMON EXPENSES; CIC CREATED**  
194.5 **BEFORE AUGUST 1, 2010.**

194.6 (a) The obligation of a unit owner to pay common expense assessments shall be as  
194.7 follows:

194.8 (1) If a common expense assessment has not been levied, the declarant shall pay all  
194.9 operating expenses of the common interest community, and shall fund the replacement  
194.10 reserve component of the common expenses as required by subsection (b).

194.11 (2) If a common expense assessment has been levied, all unit owners, including the  
194.12 declarant, shall pay the assessments allocated to their units, subject to the following:

194.13 (i) If the declaration so provides, a declarant's liability, and the assessment lien, for the  
194.14 common expense assessments, exclusive of replacement reserves, on any unit owned by  
194.15 the declarant may be limited to 25 percent or more of any assessment, exclusive of  
194.16 replacement reserves, until the unit or any building located in the unit is substantially  
194.17 completed. Substantial completion shall be evidenced by a certificate of occupancy in any  
194.18 jurisdiction that issues the certificate.

194.19 (ii) If the declaration provides for a reduced assessment pursuant to paragraph (2)(i),  
194.20 the declarant shall be obligated, within 60 days following the termination of the period of  
194.21 declarant control, to make up any operating deficit incurred by the association during the  
194.22 period of declarant control. The existence and amount, if any, of the operating deficit shall  
194.23 be determined using the accrual basis of accounting applied as of the date of termination  
194.24 of the period of declarant control, regardless of the accounting methodology previously  
194.25 used by the association to maintain its accounts.

194.26 (b) The replacement reserve component of the common expenses shall be funded for  
194.27 each unit in accordance with the projected annual budget required by section  
194.28 515B.4-102(a)(23) provided that the funding of replacement reserves with respect to a unit  
194.29 shall commence no later than the date that the unit or any building located within the unit  
194.30 boundaries is substantially completed. Substantial completion shall be evidenced by a  
194.31 certificate of occupancy in any jurisdiction that issues the certificate.

194.32 (c) After an assessment has been levied by the association, assessments shall be levied  
194.33 at least annually, based upon a budget approved at least annually by the association.

195.1 (d) Except as modified by subsections (a)(1) and (2), (e), (f), and (g), all common  
195.2 expenses shall be assessed against all the units in accordance with the allocations established  
195.3 by the declaration pursuant to section 515B.2-108.

195.4 (e) Unless otherwise required by the declaration:

195.5 (1) any common expense associated with the maintenance, repair, or replacement of a  
195.6 limited common element shall be assessed against the units to which that limited common  
195.7 element is assigned, equally, or in any other proportion the declaration provides;

195.8 (2) any common expense or portion thereof benefiting fewer than all of the units may  
195.9 be assessed exclusively against the units benefited, equally, or in any other proportion the  
195.10 declaration provides;

195.11 (3) the costs of insurance may be assessed in proportion to risk or coverage, and the  
195.12 costs of utilities may be assessed in proportion to usage;

195.13 (4) subject to section 515B.3-102(a)(11), reasonable ~~attorneys~~ attorney fees and costs  
195.14 incurred by the association in connection with (i) the collection of assessments against a  
195.15 unit owner, and; (ii) the enforcement of this chapter, the articles, bylaws, declaration, or  
195.16 rules and regulations, against a unit owner, may be assessed against the unit owner's unit  
195.17 subject to section 515B.3-116(h); and

195.18 (5) fees, charges, late charges, fines and interest may be assessed as provided in section  
195.19 515B.3-116(a).

195.20 (f) Assessments levied under section 515B.3-116 to pay a judgment against the association  
195.21 may be levied only against the units in the common interest community at the time the  
195.22 judgment was entered, in proportion to their common expense liabilities.

195.23 (g) If any damage to the common elements or another unit is caused by the act or omission  
195.24 of any unit owner, or occupant of a unit, or their invitees, the association may assess the  
195.25 costs of repairing the damage exclusively against the unit owner's unit to the extent not  
195.26 covered by insurance.

195.27 (h) Subject to any shorter period specified by the declaration or bylaws, if any installment  
195.28 of an assessment becomes more than 60 days past due, then the association may, upon ten  
195.29 days' written notice to the unit owner, declare the entire amount of the assessment  
195.30 immediately due and payable in full, except that any portion of the assessment that represents  
195.31 installments that are not due and payable without acceleration as of the date of reinstatement  
195.32 must not be included in the amount that a unit owner must pay to reinstate under section  
195.33 580.30 or chapter 581.

196.1 (i) If common expense liabilities are reallocated for any purpose authorized by this  
196.2 chapter, common expense assessments and any installment thereof not yet due shall be  
196.3 recalculated in accordance with the reallocated common expense liabilities.

196.4 (j) An assessment against fewer than all of the units must be levied within three years  
196.5 after the event or circumstances forming the basis for the assessment, or shall be barred.

196.6 (k) This section applies only to common interest communities created before August 1,  
196.7 2010.

196.8 **EFFECTIVE DATE.** This section is effective August 1, 2023.

196.9 Sec. 14. Minnesota Statutes 2022, section 515B.3-1151, is amended to read:

196.10 **515B.3-1151 ASSESSMENTS FOR COMMON EXPENSES; CIC CREATED ON**  
196.11 **OR AFTER AUGUST 1, 2010.**

196.12 (a) The association shall approve an annual budget of common expenses at or prior to  
196.13 the conveyance of the first unit in the common interest community to a purchaser and  
196.14 annually thereafter. The annual budget shall include all customary and necessary operating  
196.15 expenses and replacement reserves for the common interest community, consistent with  
196.16 this section and section 515B.3-114. For purposes of replacement reserves under subsection  
196.17 (b), until an annual budget has been approved, the reserves shall be paid based upon the  
196.18 budget contained in the disclosure statement required by section 515B.4-102. The obligation  
196.19 of a unit owner to pay common expenses shall be as follows:

196.20 (1) If a common expense assessment has not been levied by the association, the declarant  
196.21 shall pay all common expenses of the common interest community, including the payment  
196.22 of the replacement reserve component of the common expenses for all units in compliance  
196.23 with subsection (b).

196.24 (2) If a common expense assessment has been levied by the association, all unit owners,  
196.25 including the declarant, shall pay the assessments levied against their units, except as follows:

196.26 (i) The declaration may provide for an alternate common expense plan whereby the  
196.27 declarant's common expense liability, and the corresponding assessment lien against the  
196.28 units owned by the declarant, is limited to: (A) paying when due, in compliance with  
196.29 subsection (b), an amount equal to the full share of the replacement reserves allocated to  
196.30 units owned by the declarant, as set forth in the association's annual budget approved as  
196.31 provided in this subsection; and (B) paying when due all accrued expenses of the common  
196.32 interest community in excess of the aggregate assessments payable with respect to units  
196.33 owned by persons other than a declarant; provided, that the alternate common expense plan

197.1 shall not affect a declarant's obligation to make up any operating deficit pursuant to item  
197.2 (iv), and shall terminate upon the termination of any period of declarant control unless  
197.3 terminated earlier pursuant to item (iii).

197.4 (ii) The alternate common expense plan may be authorized only by including in the  
197.5 declaration and the disclosure statement required by section 515B.4-102 provisions  
197.6 authorizing and disclosing the alternate common expense plan as described in item (i), and  
197.7 including in the disclosure statement either (A) a statement that the alternate common  
197.8 expense plan will have no effect on the level of services or amenities anticipated by the  
197.9 association's budget contained in the disclosure statement, or (B) a statement describing  
197.10 how the services or amenities may be affected.

197.11 (iii) A declarant shall give notice to the association of its intent to utilize the alternate  
197.12 common expense plan and a commencement date after the date the notice is given. The  
197.13 alternate common expense plan shall be valid only for periods after the notice is given. A  
197.14 declarant may terminate its right to utilize the alternate common expense plan prior to the  
197.15 termination of the period of declarant control only by giving notice to the association and  
197.16 the unit owners at least 30 days prior to a selected termination date set forth in the notice.

197.17 (iv) If a declarant utilizes an alternate common expense plan, that declarant shall cause  
197.18 to be prepared and delivered to the association, at the declarant's expense, within 90 days  
197.19 after the termination of the period of declarant control, an audited balance sheet and profit  
197.20 and loss statement certified to the association and prepared by an accountant having the  
197.21 qualifications set forth in section 515B.3-121(b). The audit shall be binding on the declarant  
197.22 and the association.

197.23 (v) If the audited profit and loss statement shows an accumulated operating deficit, the  
197.24 declarant shall be obligated to make up the deficit within 15 days after delivery of the audit  
197.25 to the association, and the association shall have a claim against the declarant for an amount  
197.26 equal to the deficit until paid. A declarant who does not utilize an alternate common expense  
197.27 plan is not liable to make up any operating deficit. If more than one declarant utilizes an  
197.28 alternate common expense plan, all declarants who utilize the plan are jointly and severally  
197.29 liable to the association for any operating deficit.

197.30 (vi) The existence and amount, if any, of the operating deficit shall be determined using  
197.31 the accrual method of accounting applied as of the date of termination of the period of  
197.32 declarant control, regardless of the accounting methodology previously used by the  
197.33 association to maintain its accounts.

198.1 (vii) Unless approved by a vote of the unit owners other than the declarant and its  
198.2 affiliates, the operating deficit shall not be made up, prior to the election by the unit owners  
198.3 of a board of directors pursuant to section 515B.3-103(d), through the use of a special  
198.4 assessment described in subsection (c) or by assessments described in subsections (e), (f),  
198.5 and (g).

198.6 (viii) The use by a declarant of an alternate common expense plan shall not affect the  
198.7 obligations of the declarant or the association as provided in the declaration, the bylaws, or  
198.8 this chapter, or as represented in the disclosure statement required by section 515B.4-102,  
198.9 except as to matters authorized by this chapter.

198.10 (b) The replacement reserves required by section 515B.3-114 shall be paid to the  
198.11 association by each unit owner for each unit owned by that unit owner in accordance with  
198.12 the association's annual budget approved pursuant to subsection (a), regardless of whether  
198.13 an annual assessment has been levied or whether the declarant has utilized an alternate  
198.14 common expense plan under subsection (a)(2). Replacement reserves shall be paid with  
198.15 respect to a unit commencing as of the later of (1) the date of creation of the common interest  
198.16 community or (2) the date that the structure and exterior of the building containing the unit,  
198.17 or the structure and exterior of any building located within the unit boundaries, but excluding  
198.18 the interior finishing of the structure itself, are substantially completed. If the association  
198.19 has not approved an annual budget as of the commencement date for the payment of  
198.20 replacement reserves, then the reserves shall be paid based upon the budget contained in  
198.21 the disclosure statement required by section 515B.4-102.

198.22 (c) After an assessment has been levied by the association, assessments shall be levied  
198.23 at least annually, based upon an annual budget approved by the association. In addition to  
198.24 and not in lieu of annual assessments, an association may, if so provided in the declaration,  
198.25 levy special assessments against all units in the common interest community based upon  
198.26 the same formula required by the declaration for levying annual assessments. Special  
198.27 assessments may be levied only (1) to cover expenditures of an emergency nature, (2) to  
198.28 replenish underfunded replacement reserves, (3) to cover unbudgeted capital expenditures  
198.29 or operating expenses, or (4) to replace certain components of the common interest  
198.30 community described in section 515B.3-114(a), if such alternative method of funding is  
198.31 approved under section 515B.3-114(a)(5). The association may also levy assessments against  
198.32 fewer than all units as provided in subsections (e), (f), and (g). An assessment under  
198.33 subsection (e)(2) for replacement reserves is subject to the requirements of section  
198.34 515B.3-1141(a)(5).

199.1 (d) Except as modified by subsections (a), clauses (1) and (2), (e), (f), and (g), all common  
199.2 expenses shall be assessed against all the units in accordance with the allocations established  
199.3 by the declaration pursuant to section 515B.2-108.

199.4 (e) Unless otherwise required by the declaration:

199.5 (1) any common expense associated with the maintenance, repair, or replacement of a  
199.6 limited common element shall be assessed against the units to which that limited common  
199.7 element is assigned, equally, or in any other proportion the declaration provides;

199.8 (2) any common expense or portion thereof benefiting fewer than all of the units may  
199.9 be assessed exclusively against the units benefited, equally, or in any other proportion the  
199.10 declaration provides;

199.11 (3) the costs of insurance may be assessed in proportion to risk or coverage, and the  
199.12 costs of utilities may be assessed in proportion to usage;

199.13 (4) subject to section 515B.3-102(a)(11), reasonable attorney fees and costs incurred by  
199.14 the association in connection with (i) the collection of assessments, and (ii) the enforcement  
199.15 of this chapter, the articles, bylaws, declaration, or rules and regulations, against a unit  
199.16 owner, may be assessed against the unit owner's unit, subject to section 515B.3-116(h); and

199.17 (5) fees, charges, late charges, fines, and interest may be assessed as provided in section  
199.18 515B.3-116(a).

199.19 (f) Assessments levied under section 515B.3-116 to pay a judgment against the association  
199.20 may be levied only against the units in the common interest community at the time the  
199.21 judgment was entered, in proportion to their common expense liabilities.

199.22 (g) If any damage to the common elements or another unit is caused by the act or omission  
199.23 of any unit owner, or occupant of a unit, or their invitees, the association may assess the  
199.24 costs of repairing the damage exclusively against the unit owner's unit to the extent not  
199.25 covered by insurance.

199.26 (h) Subject to any shorter period specified by the declaration or bylaws, if any installment  
199.27 of an assessment becomes more than 60 days past due, then the association may, upon ten  
199.28 days' written notice to the unit owner, declare the entire amount of the assessment  
199.29 immediately due and payable in full, except that any portion of the assessment that represents  
199.30 installments that are not due and payable without acceleration as of the date of reinstatement  
199.31 must not be included in the amount that a unit owner must pay to reinstate under section  
199.32 580.30 or chapter 581.

200.1 (i) If common expense liabilities are reallocated for any purpose authorized by this  
200.2 chapter, common expense assessments and any installment thereof not yet due shall be  
200.3 recalculated in accordance with the reallocated common expense liabilities.

200.4 (j) An assessment against fewer than all of the units must be levied within three years  
200.5 after the event or circumstances forming the basis for the assessment, or shall be barred.

200.6 (k) This section applies only to common interest communities created on or after August  
200.7 1, 2010.

200.8 **EFFECTIVE DATE.** This section is effective August 1, 2023.

200.9 Sec. 15. Minnesota Statutes 2022, section 515B.3-116, is amended to read:

200.10 **515B.3-116 LIEN FOR ASSESSMENTS.**

200.11 (a) The association has a lien on a unit for any assessment levied against that unit from  
200.12 the time the assessment becomes due. If an assessment is payable in installments, the full  
200.13 amount of the assessment is a lien from the time the first installment thereof becomes due.  
200.14 Unless the declaration otherwise provides, fees, charges, late charges, fines and interest  
200.15 charges pursuant to section 515B.3-102(a)(10), (11) and (12) are liens, and are enforceable  
200.16 as assessments, under this section. Recording of the declaration constitutes record notice  
200.17 and perfection of any assessment lien under this section, and no further recording of any  
200.18 notice of or claim for the lien is required.

200.19 (b) Subject to subsection (c), a lien under this section is prior to all other liens and  
200.20 encumbrances on a unit except (i) liens and encumbrances recorded before the declaration  
200.21 and, in a cooperative, liens and encumbrances which the association creates, assumes, or  
200.22 takes subject to, (ii) any first mortgage encumbering the fee simple interest in the unit, or,  
200.23 in a cooperative, any first security interest encumbering only the unit owner's interest in the  
200.24 unit, (iii) liens for real estate taxes and other governmental assessments or charges against  
200.25 the unit, and (iv) a master association lien under section 515B.2-121(h). This subsection  
200.26 shall not affect the priority of mechanic's liens.

200.27 (c) If a first mortgage on a unit is foreclosed, the first mortgage was recorded after June  
200.28 1, 1994, and no owner or person who acquires the owner's interest in the unit redeems  
200.29 pursuant to chapter 580, 581, or 582, the holder of the sheriff's certificate of sale from the  
200.30 foreclosure of the first mortgage or any person who acquires title to the unit by redemption  
200.31 as a junior creditor shall take title to the unit subject to a lien in favor of the association for  
200.32 unpaid assessments for common expenses levied pursuant to section 515B.3-115(a), (e)(1)  
200.33 to (3), (f), and (i) which became due, without acceleration, during the six months immediately



201.1 preceding the end of the owner's period of redemption. The common expenses shall be  
201.2 based upon the association's then current annual budget, notwithstanding the use of an  
201.3 alternate common expense plan under section 515B.3-115(a)(2). If a first security interest  
201.4 encumbering a unit owner's interest in a cooperative unit which is personal property is  
201.5 foreclosed, the secured party or the purchaser at the sale shall take title to the unit subject  
201.6 to unpaid assessments for common expenses levied pursuant to section 515B.3-115(a),  
201.7 (e)(1) to (3), (f), and (i) which became due, without acceleration, during the six months  
201.8 immediately preceding the first day following either the disposition date pursuant to section  
201.9 336.9-610 or the date on which the obligation of the unit owner is discharged pursuant to  
201.10 section 336.9-622.

201.11 (d) Proceedings to enforce an assessment lien shall be instituted within three years after  
201.12 the last installment of the assessment becomes payable, or shall be barred.

201.13 (e) The unit owner of a unit at the time an assessment is due shall be personally liable  
201.14 to the association for payment of the assessment levied against the unit. If there are multiple  
201.15 owners of the unit, they shall be jointly and severally liable.

201.16 (f) This section does not prohibit actions to recover sums for which subsection (a) creates  
201.17 a lien nor prohibit an association from taking a deed in lieu of foreclosure.

201.18 (g) The association shall furnish to a unit owner or the owner's authorized agent upon  
201.19 written request of the unit owner or the authorized agent a statement setting forth the amount  
201.20 of unpaid assessments currently levied against the owner's unit. If the unit owner's interest  
201.21 is real estate, the statement shall be in recordable form. The statement shall be furnished  
201.22 within ten business days after receipt of the request and is binding on the association and  
201.23 every unit owner.

201.24 (h) The association's lien may be foreclosed as provided in this subsection.

201.25 (1) In a condominium or planned community, the association's lien may be foreclosed  
201.26 in a like manner as a mortgage containing a power of sale pursuant to chapter 580, or by  
201.27 action pursuant to chapter 581. The association shall have a power of sale to foreclose the  
201.28 lien pursuant to chapter 580, except that any portion of the assessment that represents  
201.29 attorney fees or costs shall not be included in the amount a unit owner must pay to reinstate  
201.30 under section 580.30 or chapter 581.

201.31 (2) In a cooperative whose unit owners' interests are real estate, the association's lien  
201.32 shall be foreclosed in a like manner as a mortgage on real estate as provided in paragraph  
201.33 (1).

202.1 (3) In a cooperative whose unit owners' interests in the units are personal property, the  
202.2 association's lien shall be foreclosed in a like manner as a security interest under article 9  
202.3 of chapter 336. In any disposition pursuant to section 336.9-610 or retention pursuant to  
202.4 sections 336.9-620 to 336.9-622, the rights of the parties shall be the same as those provided  
202.5 by law, except (i) notice of sale, disposition, or retention shall be served on the unit owner  
202.6 90 days prior to sale, disposition, or retention, (ii) the association shall be entitled to its  
202.7 reasonable costs and attorney fees not exceeding the amount provided by section 582.01,  
202.8 subdivision 1a, (iii) the amount of the association's lien shall be deemed to be adequate  
202.9 consideration for the unit subject to disposition or retention, notwithstanding the value of  
202.10 the unit, and (iv) the notice of sale, disposition, or retention shall contain the following  
202.11 statement in capital letters with the name of the association or secured party filled in:

202.12 "THIS IS TO INFORM YOU THAT BY THIS NOTICE (fill in name of association or  
202.13 secured party) HAS BEGUN PROCEEDINGS UNDER MINNESOTA STATUTES,  
202.14 CHAPTER 515B, TO FORECLOSE ON YOUR INTEREST IN YOUR UNIT FOR THE  
202.15 REASON SPECIFIED IN THIS NOTICE. YOUR INTEREST IN YOUR UNIT WILL  
202.16 TERMINATE 90 DAYS AFTER SERVICE OF THIS NOTICE ON YOU UNLESS  
202.17 BEFORE THEN:

202.18 (a) THE PERSON AUTHORIZED BY (fill in the name of association or secured party)  
202.19 AND DESCRIBED IN THIS NOTICE TO RECEIVE PAYMENTS RECEIVES FROM  
202.20 YOU:

202.21 (1) THE AMOUNT THIS NOTICE SAYS YOU OWE; PLUS

202.22 (2) THE COSTS INCURRED TO SERVE THIS NOTICE ON YOU; PLUS

202.23 (3) \$500 TO APPLY TO ~~ATTORNEYS~~ ATTORNEY FEES ACTUALLY EXPENDED  
202.24 OR INCURRED; PLUS

202.25 (4) ANY ADDITIONAL AMOUNTS FOR YOUR UNIT BECOMING DUE TO (fill  
202.26 in name of association or secured party) AFTER THE DATE OF THIS NOTICE; OR

202.27 (b) YOU SECURE FROM A DISTRICT COURT AN ORDER THAT THE  
202.28 FORECLOSURE OF YOUR RIGHTS TO YOUR UNIT BE SUSPENDED UNTIL YOUR  
202.29 CLAIMS OR DEFENSES ARE FINALLY DISPOSED OF BY TRIAL, HEARING, OR  
202.30 SETTLEMENT. YOUR ACTION MUST SPECIFICALLY STATE THOSE FACTS AND  
202.31 GROUNDS THAT DEMONSTRATE YOUR CLAIMS OR DEFENSES.

202.32 IF YOU DO NOT DO ONE OR THE OTHER OF THE ABOVE THINGS WITHIN  
202.33 THE TIME PERIOD SPECIFIED IN THIS NOTICE, YOUR OWNERSHIP RIGHTS IN

203.1 YOUR UNIT WILL TERMINATE AT THE END OF THE PERIOD, YOU WILL LOSE  
 203.2 ALL THE MONEY YOU HAVE PAID FOR YOUR UNIT, YOU WILL LOSE YOUR  
 203.3 RIGHT TO POSSESSION OF YOUR UNIT, YOU MAY LOSE YOUR RIGHT TO  
 203.4 ASSERT ANY CLAIMS OR DEFENSES THAT YOU MIGHT HAVE, AND YOU WILL  
 203.5 BE EVICTED. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, CONTACT  
 203.6 AN ATTORNEY IMMEDIATELY."

203.7 (4) In any foreclosure pursuant to chapter 580, 581, or 582, the rights of the parties shall  
 203.8 be the same as those provided by law, except (i) the period of redemption for unit owners  
 203.9 shall be six months from the date of sale or a lesser period authorized by law, (ii) in a  
 203.10 foreclosure by advertisement under chapter 580, the foreclosing party shall be entitled to  
 203.11 costs and disbursements of foreclosure and ~~attorneys~~ attorney fees authorized by the  
 203.12 declaration or bylaws, notwithstanding the provisions of section 582.01, subdivisions 1 and  
 203.13 1a, (iii) in a foreclosure by action under chapter 581, the foreclosing party shall be entitled  
 203.14 to costs and disbursements of foreclosure and ~~attorneys~~ attorney fees as the court shall  
 203.15 determine, and (iv) the amount of the association's lien shall be deemed to be adequate  
 203.16 consideration for the unit subject to foreclosure, notwithstanding the value of the unit.

203.17 (i) If a holder of a sheriff's certificate of sale, prior to the expiration of the period of  
 203.18 redemption, pays any past due or current assessments, or any other charges lienable as  
 203.19 assessments, with respect to the unit described in the sheriff's certificate, then the amount  
 203.20 paid shall be a part of the sum required to be paid to redeem under section 582.03.

203.21 (j) In a cooperative, if the unit owner fails to redeem before the expiration of the  
 203.22 redemption period in a foreclosure of the association's assessment lien, the association may  
 203.23 bring an action for eviction against the unit owner and any persons in possession of the unit,  
 203.24 and in that case section 504B.291 shall not apply.

203.25 (k) An association may assign its lien rights in the same manner as any other secured  
 203.26 party.

203.27 **EFFECTIVE DATE.** This section is effective August 1, 2023, and applies to foreclosures  
 203.28 initiated on or after that date.

203.29 Sec. 16. Laws 2023, chapter 24, section 3, is amended to read:

203.30 Sec. 3. **APPROPRIATION TRANSFER.**

203.31 (a) \$115,000,000 in fiscal year 2023 is ~~appropriated~~ transferred from the general fund  
 203.32 to the ~~commissioner of commerce for the purposes of~~ state competitiveness fund account

204.1 under Minnesota Statutes, section 216C.391. This is a onetime ~~appropriation~~ transfer. Of  
 204.2 this amount:

204.3 (1) \$100,000,000 is for grant awards made under Minnesota Statutes, section 216C.391,  
 204.4 subdivision 3, of which at least \$75,000,000 is for grant awards of less than \$1,000,000;

204.5 (2) \$6,000,000 is for grant awards made under Minnesota Statutes, section 216C.391,  
 204.6 subdivision 4;

204.7 (3) \$750,000 is for the reports and audits under Minnesota Statutes, section 216C.391,  
 204.8 subdivision 7;

204.9 (4) \$1,500,000 is for information system development improvements necessary to carry  
 204.10 out Minnesota Statutes, section 216C.391, and to improve digital access and reporting;

204.11 (5) \$6,750,000 is for technical assistance to applicants and administration of Minnesota  
 204.12 Statutes, section 216C.391, by the Department of Commerce; and

204.13 (6) the commissioner may transfer money from clause (2) to clause (1) if less than 75  
 204.14 percent of the money in clause (2) has been awarded by June 30, 2028.

204.15 (b) To the extent that federal funds for energy projects under the Infrastructure Investment  
 204.16 and Jobs Act, Public Law 117-58, or the Inflation Reduction Act of 2022, Public Law  
 204.17 117-169, become permanently unavailable to be matched with funds appropriated under  
 204.18 this section, the commissioner of management and budget must certify the proportional  
 204.19 amount of unencumbered funds remaining in the account established under Minnesota  
 204.20 Statutes, section 216C.391, and those unencumbered funds cancel to the general fund.

204.21 **EFFECTIVE DATE.** This section is effective retroactively from April 19, 2023.

204.22 Sec. 17. **REPEALER.**

204.23 Minnesota Statutes 2022, section 327C.04, subdivision 4, is repealed.

204.24 **EFFECTIVE DATE.** This section is effective July 1, 2023."

204.25 Delete the title and insert:

204.26 "A bill for an act

204.27 relating to commerce; establishing a biennial budget for Department of Commerce  
 204.28 and related activities; adding and modifying various provisions governing health,  
 204.29 property, life, homeowner's, and automobile insurance; regulating financial  
 204.30 institutions; modifying provisions governing financial institutions; providing for  
 204.31 certain consumer protections and privacy; modifying provisions governing  
 204.32 commerce; making technical changes; establishing civil and criminal penalties;  
 204.33 authorizing administrative rulemaking; requiring reports; appropriating and  
 204.34 transferring money; amending Minnesota Statutes 2022, sections 46.131,  
 204.35 subdivision 11; 47.0153, subdivision 1; 47.59, subdivision 2; 47.60, subdivisions

205.1 1, 2, by adding a subdivision; 47.601, subdivisions 1, 2, 6, by adding a subdivision;  
205.2 53.04, subdivision 3a; 53C.01, subdivision 12c, by adding a subdivision; 53C.08,  
205.3 subdivision 1a; 56.131, subdivision 1; 60A.08, subdivision 15; 60A.14, subdivision  
205.4 1; 61A.031; 61A.60, subdivision 3; 62A.152, subdivision 3; 62A.3099, by adding  
205.5 a subdivision; 62A.31, subdivisions 1, 1f, 1h, 1p, 1u, 4, by adding a subdivision;  
205.6 62A.44, subdivision 2; 62D.02, by adding a subdivision; 62D.095, subdivisions  
205.7 2, 3, 5; 62J.26, subdivisions 1, 2; 62K.10, subdivision 4; 62Q.096; 62Q.19,  
205.8 subdivision 1; 62Q.46, subdivisions 1, 3; 62Q.47; 62Q.735, subdivisions 1, 5;  
205.9 62Q.76, by adding a subdivision; 62Q.78, by adding subdivisions; 62Q.81,  
205.10 subdivision 4, by adding a subdivision; 65B.49, by adding a subdivision; 80A.50;  
205.11 80E.041, subdivision 4; 103G.291, subdivision 4; 151.071, subdivisions 1, 2;  
205.12 237.066; 239.791, subdivision 8; 256B.0631, subdivision 1; 256B.69, subdivision  
205.13 5a; 256L.03, subdivision 5; 325D.01, subdivision 5; 325D.44, subdivisions 1, 2;  
205.14 325D.71; 325E.31; 325F.662, subdivisions 2, 3; 325F.6641, subdivision 2; 325F.69,  
205.15 subdivision 1, by adding a subdivision; 325G.051, subdivision 1; 327C.015,  
205.16 subdivision 17, by adding subdivisions; 327C.04, subdivisions 1, 2, by adding  
205.17 subdivisions; 515B.3-102; 515B.3-115; 515B.3-1151; 515B.3-116; Laws 2022,  
205.18 chapter 93, article 1, section 2, subdivision 5; Laws 2023, chapter 24, section 3;  
205.19 proposing coding for new law in Minnesota Statutes, chapters 47; 48; 52; 53B;  
205.20 58; 58B; 60A; 62J; 62Q; 62W; 65A; 325E; 325F; 332; repealing Minnesota Statutes  
205.21 2022, sections 48.10; 53B.01; 53B.02; 53B.03; 53B.04; 53B.05; 53B.06; 53B.07;  
205.22 53B.08; 53B.09; 53B.10; 53B.11; 53B.12; 53B.13; 53B.14; 53B.15; 53B.16;  
205.23 53B.17; 53B.18; 53B.19; 53B.20; 53B.21; 53B.22; 53B.23; 53B.24; 53B.25;  
205.24 53B.26; 53B.27, subdivisions 1, 2, 5, 6, 7; 62A.31, subdivisions 1b, 1i; 327C.04,  
205.25 subdivision 4; Minnesota Rules, parts 2675.2610, subparts 1, 3, 4; 2675.2620,  
205.26 subparts 1, 2, 3, 4, 5; 2675.2630, subpart 3."