

SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION

S.F. No. 5301

(SENATE AUTHORS: KLEIN)

DATE  
04/04/2024

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13374

OFFICIAL STATUS  
Introduction and first reading  
Referred to Commerce and Consumer Protection

1.1A bill for an act

1.2relating to commerce; modifying fees assessed by the Department of Commerce;

1.3amending Minnesota Statutes 2022, sections 45.0135, subdivision 7; 62Q.73,

1.4subdivision 3.

1.5BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6Section 1. Minnesota Statutes 2022, section 45.0135, subdivision 7, is amended to read:

1.7Subd. 7. **Assessment.** Each insurer authorized to sell insurance in the state of Minnesota,

1.8including surplus lines carriers, and having Minnesota earned premium the previous calendar

1.9year shall remit an assessment to the commissioner for deposit in the insurance fraud

1.10prevention account on or before June 1 of each year. The amount of the assessment shall

1.11be based on the insurer's total assets and on the insurer's total written Minnesota premium,

1.12for the preceding fiscal year, as reported pursuant to section 60A.13. ~~The assessment is~~

1.13~~calculated to be an amount up to the following~~ Beginning with the payment due on or before

1.14June 1, 2024, the assessment amount is:

1.15

Total AssetsAssessment

1.16

Less than \$100,000,000\$ 200 400

1.17

750

1.18

\$100,000,000 to \$1,000,000,000\$ 1,500

1.19

2,000

1.20

Over \$1,000,000,000\$ 4,000

1.21

Minnesota Written PremiumAssessment

1.22

Less than \$10,000,000\$ 200 400

2.1			750
2.2	\$10,000,000 to \$100,000,000	\$	<u>1,500</u>
2.3			2,000
2.4	Over \$100,000,000	\$	<u>4,000</u>

2.5 For purposes of this subdivision, the following entities are not considered to be insurers  
 2.6 authorized to sell insurance in the state of Minnesota: risk retention groups; or township  
 2.7 mutuals organized under chapter 67A.

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

2.9 Sec. 2. Minnesota Statutes 2022, section 62Q.73, subdivision 3, is amended to read:

2.10 Subd. 3. **Right to external review.** (a) Any enrollee or anyone acting on behalf of an  
 2.11 enrollee who has received an adverse determination may submit a written request for an  
 2.12 external review of the adverse determination, if applicable under section 62Q.68, subdivision  
 2.13 1, or 62M.06, to the commissioner of health if the request involves a health plan company  
 2.14 regulated by that commissioner or to the commissioner of commerce if the request involves  
 2.15 a health plan company regulated by that commissioner. Notification of the enrollee's right  
 2.16 to external review must accompany the denial issued by the insurer. ~~The written request~~  
 2.17 ~~must be accompanied by a filing fee of \$25. The fee may be waived by the commissioner~~  
 2.18 ~~of health or commerce in cases of financial hardship and must be refunded if the adverse~~  
 2.19 ~~determination is completely reversed. No enrollee may be subject to filing fees totaling~~  
 2.20 ~~more than \$75 during a plan year for group coverage or policy year for individual coverage.~~

2.21 (b) Nothing in this section requires the commissioner of health or commerce to  
 2.22 independently investigate an adverse determination referred for independent external review.

2.23 (c) If an enrollee requests an external review, the health plan company must participate  
 2.24 in the external review. The cost of the external review ~~in excess of the filing fee described~~  
 2.25 ~~in paragraph (a) shall~~ must be borne by the health plan company.

2.26 (d) The enrollee must request external review within six months from the date of the  
 2.27 adverse determination.