SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1201

(SENATE AUTHORS: KUNESH)

DATE	D-PG	OFFICIAL STATUS
02/10/2025	334	Introduction and first reading
		Referred to Education Finance
03/05/2026		Comm report: To pass as amended and re-refer to Commerce and Consumer Protection

A bill for an act

relating to health insurance; requiring a report on school district and charter school health insurance; appropriating money; amending Minnesota Statutes 2024, section 471.6161, by adding a subdivision.

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

Section 1. Minnesota Statutes 2024, section 471.6161, is amended by adding a subdivision to read:

Subd. 9. **School districts and charter schools; reports.** (a) For purposes of this subdivision, an entity offering or providing group health insurance includes both health plan companies and third-party administrators of health plans.

(b) By July 1, 2026, and each year thereafter, the Legislative Budget Office must send an annual survey regarding health insurance costs to all school districts and charter schools in this state.

(c) The annual survey must be completed by the school district or charter school using data from its most recent fiscal year, be returned to the Legislative Budget Office by September 1 of each year, and provide the following information:

(1) the total number of employees;

(2) for those participating in the group health insurance offered by the school district or charter school, the total number of people in each of the following categories:

(i) salaried employees;

(ii) nonsalaried or hourly employees; and

(iii) retirees and any other persons who continue to receive coverage through the school district's or charter school's health plan after separation from employment;

(3) the total number of employees not participating in the health plan;

(4) the total number of insured persons covered by the health plan;

(5) the total dollar amount the school district or charter school paid in health insurance premiums on behalf of all employees, not including employee contributions transmitted to an entity providing group health insurance coverage or payments made on behalf of former employees;

(6) if a school district or charter school funds an individual coverage health reimbursement arrangement, the total amount contributed by the school district or charter school;

(7) the total amount employees paid in health insurance premiums;

(8) an accounting of all forms of compensation, either direct or indirect, including but not limited to fees, commissions, incentives, or rewards of any kind paid to a broker or agent, regardless of whether it was billed as a flat fee, or percentage of premium and whether paid directly by the school district or charter school or through the entity offering group health insurance;

(9) the name of any entity providing group health insurance the school district or charter school has contracted with and the expiration date of the contract;

(10) for each type of health plan offered to employees of a school district or charter school:

(i) the name of the plan and its actuarial value, using the minimum value calculator information required in bid proposals per section 471.6161, subdivision 8, paragraph (d), clause (2), and described in the Code of Federal Regulations, title 45, section 156.145. The plan data must also delineate amounts for single, family, and two-party plans, if offered;

(ii) the monthly contribution by the school district or charter school for each employee group per plan, including contributions to individual coverage health reimbursement arrangements;

(iii) the amount per month an employee must pay in health insurance premiums for the plan; and

(iv) the plan design for each type of plan including:

(A) in-network deductibles;

(B) in-network out-of-pocket limits;

(C) out-of-network limits;

(D) co-payment;

(E) the employee's share of coinsurance; and

(F) the prescription annual out of pocket maximum, if separate from subitem (B);

(11) the dollar or percentage cost for all prescription levels, commonly generic or tier 1, formulary or tier 2, and nonformulary or tier 3;

(12) the total amount of annual contributions, per employee, paid by the school district or charter school to an individual coverage health reimbursement arrangement or health savings account, excluding amounts contributed solely to a health care retirement account; and

(13) the total amount assessed by the entity providing group health insurance as an administrative fee and the rate of the fee assessed.

(d) The Legislative Budget Office must compile information from the surveys described above and provide a report by December 1 of each year to the chairs and ranking minority members of the legislative committees with jurisdiction over education and health insurance. The Legislative Budget Office must post the report, including the executive summary and all underlying data received from school districts and charter schools, on its public website. Data posted on the Legislative Budget Office's website must be in a standardized format.

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

Sec. 2. **APPROPRIATION.**

$..... in fiscal year 2027 is appropriated from the general fund to the Legislative Budget Office to complete the annual report required by section 1. The base for this appropriation is $..... in fiscal year 2028 and later.