



2.1 60 days after receipt of an application, the application shall be deemed approved. If  
2.2 the commissioner requests additional information and does not act within 60 days of  
2.3 receiving additional information sufficient to evaluate the application, as determined by  
2.4 the commissioner, the application shall be deemed approved. The commissioner shall not  
2.5 deny any application unless the commissioner determines, using the criteria in paragraph  
2.6 (g), that: (1) the anticompetitive effects of the arrangement on the marketplace exceed  
2.7 the procompetitive effects or efficiencies, or that any price agreements included in the  
2.8 arrangement are not necessary to achieve the efficiencies that are expected to result from  
2.9 the arrangement; or (2) the applicant has not provided complete or sufficient information  
2.10 requested by the commissioner to evaluate the impact of the proposed arrangement on the  
2.11 health care marketplace.

2.12 (c) The commissioner may collect information from other parties, such as health  
2.13 plan companies or other health care providers operating in the same geographic area as the  
2.14 health care cooperative, to assist in evaluating the impact of the proposed arrangement  
2.15 on the health care marketplace. Data collected from health plan companies and health  
2.16 care providers under this paragraph are nonpublic data or private data on individuals, as  
2.17 defined in section 13.02.

2.18 (d) The commissioner may solicit public comment on the impact of the proposed  
2.19 arrangement.

2.20 (e) The commissioner may condition approval of a proposed arrangement on a  
2.21 modification of all or part of the arrangement to eliminate any restriction on competition  
2.22 that is not reasonably related to the goals of improving health care access or quality. The  
2.23 commissioner may also establish conditions for approval that are reasonably necessary  
2.24 to protect against abuses of private economic power and to ensure that the arrangement  
2.25 has oversight by the state.

2.26 (f) The commissioner shall monitor arrangements approved under this section to  
2.27 ensure that the arrangement remains in compliance with the conditions of approval. The  
2.28 commissioner may revoke an approval upon a finding that the arrangement is not in  
2.29 substantial compliance with the terms of the application or the conditions of approval.

2.30 (g) In evaluating applications received under this section, the commissioner shall  
2.31 consider whether:

2.32 (1) the arrangement is likely to produce significant efficiencies that benefit  
2.33 consumers, such as cost savings or improvements in quality of or access to care;

2.34 (2) the arrangement is likely to have any anticompetitive effects on the marketplace;  
2.35 and

3.1 (3) the potential anticompetitive effects outweigh the procompetitive efficiencies  
3.2 resulting from the arrangement.

3.3 Subd. 3. **Applications.** (a) Applications for approval under this section must  
3.4 include a detailed description of the proposed arrangement.

3.5 (b) The application must include:

3.6 (1) the identities of all the parties to the arrangement;

3.7 (2) the participation rules for the cooperative, including the terms and conditions  
3.8 under which participating providers may be members of the cooperative;

3.9 (3) a description of the geographic areas served by the cooperative and the products  
3.10 provided, and a list of competing providers that are not members of the cooperative;

3.11 (4) a description of any restriction on participating members of the cooperative  
3.12 entering into other contracts with payers; and

3.13 (5) a description of the increased efficiency, improved health care access, improved  
3.14 health care quality, or increased market competition that will result from the arrangement.

3.15 (c) Data on providers collected under this section are private data on individuals or  
3.16 nonpublic data, as defined in section 13.02.

3.17 Subd. 4. **Application fee.** When submitting an application to the commissioner, a  
3.18 health care cooperative shall pay a fee of \$2,000 for the commissioner's cost of reviewing  
3.19 and monitoring the arrangement. Revenue received by the commissioner under this section  
3.20 shall be appropriated to the commissioner for the purpose of administering this section.