

(n) An immediately preceding former owner, except a former owner who is actively engaged in farming as defined in subdivision 2, paragraph (a), and who agrees to remain actively engaged in farming on a portion of the agricultural land or farm homestead for at least one year after accepting an offer under this subdivision, may not sell agricultural land acquired by accepting an offer under this subdivision if the arrangement of the sale was negotiated or agreed to prior to the former owner accepting the offer under this subdivision. A person who sells property in violation of this paragraph is liable for damages plus reasonable attorney fees to a person who is damaged by a sale in violation of this paragraph. There is a rebuttable presumption that a sale by an immediately preceding former owner is in violation of this paragraph if the sale takes place within 270 days of the former owner accepting the offer under this subdivision. This paragraph does not apply to a sale by an immediately preceding former owner to the owner's spouse, the owner's parents, the owner's sisters and brothers, the owner's spouse's sisters and brothers, or the owner's children.

Sec. 2. EFFECTIVE DATE; APPLICATION.

(a) Except as provided in paragraph (b), the amendments in section 1, paragraphs (e) and (g), are effective the day following final enactment and apply to the sale or lease of any property within the scope of that section, regardless of whether the right of first refusal expired under Minnesota Statutes 1990.

(b) Section 1, paragraphs (e) and (g), do not revive an expired right of first refusal if the state or federal agency, limited partnership, or corporation sold or executed an agreement to sell the land before their effective date.

(c) The amendment in section 1, paragraph (a), applies to extinguish the right of first refusal, regardless of when the loan was made.

Presented to the governor May 29, 1991

Signed by the governor June 1, 1991, 3:27 p.m.

CHAPTER 264—H.F.No. 20

An act relating to insurance; regulating the composition of the MCHA board and certain of its meetings; requiring insurers to furnish a summary of claims review findings; amending Minnesota Statutes 1990, sections 62E.10, subdivision 2; and 62E.11, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 72A.

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

Section 1. Minnesota Statutes 1990, section 62E.10, subdivision 2, is amended to read:

Subd. 2. BOARD OF DIRECTORS; ORGANIZATION. The board of

New language is indicated by underline, deletions by ~~strikeout~~.

directors of the association shall be made up of nine members as follows: five insurer directors selected by participating members, subject to approval by the commissioner; four public directors selected by the commissioner, at least two of whom must be plan enrollees. Public members may include licensed insurance agents. In determining voting rights at members' meetings, each member shall be entitled to vote in person or proxy. The vote shall be a weighted vote based upon the member's cost of self-insurance, accident and health insurance premium, subscriber contract charges, or health maintenance contract payment derived from or on behalf of Minnesota residents in the previous calendar year, as determined by the commissioner. In approving directors of the board, the commissioner shall consider, among other things, whether all types of members are fairly represented. Insurer directors may be reimbursed from the money of the association for expenses incurred by them as directors, but shall not otherwise be compensated by the association for their services. The costs of conducting meetings of the association and its board of directors shall be borne by members of the association.

Sec. 2. Minnesota Statutes 1990, section 62E.11, is amended by adding a subdivision to read:

Subd. 11. RATE INCREASE OR BENEFIT CHANGE. The association must hold a public meeting to hear public comment at least two weeks before filing a rate increase or benefit change with the commissioner. Notice of the public meeting to hear public comment must be mailed at least two weeks before the meeting to all plan enrollees.

Sec. 3. [72A.285] CLAIM FOR INSURANCE BENEFITS; RELEASE OF SUMMARY INFORMATION.

Notwithstanding section 145.64, when a review organization, as defined in section 145.61, has conducted a review of health services given or proposed to be given to an insured or claimant in connection with or in anticipation of a claim for insurance benefits, a complete summary of the review findings must be furnished by the insurer to the provider who requested the review or to the insured or claimant, upon that person's request.

The summary must list the qualifications of the reviewer, including any license, certification, or specialty designation. The summary must also describe the relationship between the insured's or claimant's diagnosis and the review criteria used as a basis for the claim decision, including the specific rationale for the reviewer's decision.

Nothing in this section requires the disclosure of the identity of the person conducting the review.

Presented to the governor May 29, 1991

Signed by the governor June 1, 1991, 3:28 p.m.

New language is indicated by underline, deletions by ~~strikeout~~.