

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2477

(SENATE AUTHORS: KLEIN)

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03/13/2025
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OFFICIAL STATUS

Introduction and first reading
Referred to Commerce and Consumer Protection
Comm report: To pass as amended and re-refer to Health and Human Services

- 1.1 A bill for an act
- 1.2 relating to insurance; modifying Medicare supplement benefits; modifying
- 1.3 provisions governing renewability and discontinuation of health plans; amending
- 1.4 Minnesota Statutes 2024, sections 62A.31, subdivisions 1r, 1w; 62A.65,
- 1.5 subdivisions 1, 2, by adding a subdivision; 62D.12, subdivisions 2, 2a; 62D.121,
- 1.6 subdivision 1.
- 1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.8 Section 1. Minnesota Statutes 2024, section 62A.31, subdivision 1r, is amended to read:
- 1.9 Subd. 1r. **Community rate.** (a) Each health maintenance organization, health service
- 1.10 plan corporation, insurer, or fraternal benefit society that sells Medicare-related coverage
- 1.11 shall establish a separate community rate for that coverage. Beginning January 1, 1993, no
- 1.12 Medicare-related coverage may be offered, issued, sold, or renewed to a Minnesota resident,
- 1.13 except at the community rate required by this subdivision. The same community rate must
- 1.14 apply to newly issued coverage and to renewal coverage.
- 1.15 (b) For coverage that supplements Medicare and for the Part A rate calculation for plans
- 1.16 governed by section 1833 of the federal Social Security Act, United States Code, title 42,
- 1.17 section 1395, et seq., the community rate may take into account only the following factors:
- 1.18 (1) actuarially valid differences in benefit designs or provider networks;
- 1.19 (2) geographic variations in rates if preapproved by the commissioner of commerce;
- 1.20 ~~and~~
- 1.21 (3) premium reductions in recognition of healthy lifestyle behaviors, including but not
- 1.22 limited to, refraining from the use of tobacco. Premium reductions must be actuarially valid
- 1.23 and must relate only to those healthy lifestyle behaviors that have a proven positive impact

on health. Factors used by the health carrier making this premium reduction must be filed with and approved by the commissioner of commerce; and

(4) premium increases in recognition of late enrollment or reenrollment. A premium increase of ten percent must be applied as a flat percentage of premium for an individual who (i) enrolls in a Medicare supplement policy outside of the individual's initial enrollment period in Medicare Part B, and (ii) is not eligible for a guaranteed issue period under subdivision 1u.

(c) For insureds not residing in Anoka, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, or Washington County, a health plan may, at the option of the health carrier, phase in compliance under the following timetable:

~~(i)~~ (1) a premium adjustment as of March 1, 1993, that consists of one-half of the difference between the community rate that would be applicable to the person as of March 1, 1993, and the premium rate that would be applicable to the person as of March 1, 1993, under the rate schedule permitted on December 31, 1992. A health plan may, at the option of the health carrier, implement the entire premium difference described in this clause for any person as of March 1, 1993, if the premium difference would be 15 percent or less of the premium rate that would be applicable to the person as of March 1, 1993, under the rate schedule permitted on December 31, 1992, if the health plan does so uniformly regardless of whether the premium difference causes premiums to rise or to fall. The premium difference described in this clause is in addition to any premium adjustment attributable to medical cost inflation or any other lawful factor and is intended to describe only the premium difference attributable to the transition to the community rate; and

~~(ii)~~ (2) with respect to any person whose premium adjustment was constrained under clause ~~(i)~~ (1), a premium adjustment as of January 1, 1994, that consists of the remaining one-half of the premium difference attributable to the transition to the community rate, as described in clause ~~(i)~~ (1).

(d) A health plan that initially follows the phase-in timetable may at any subsequent time comply on a more rapid timetable. A health plan that is in full compliance as of January 1, 1993, may not use the phase-in timetable and must remain in full compliance. Health plans that follow the phase-in timetable must charge the same premium rate for newly issued coverage that they charge for renewal coverage. A health plan whose premiums are constrained by paragraph (c), clause ~~(i)~~ (1), may take the constraint into account in establishing its community rate.

(e) From January 1, 1993 to February 28, 1993, a health plan may, at the health carrier's option, charge the community rate under this paragraph or may instead charge premiums permitted as of December 31, 1992.

Sec. 2. Minnesota Statutes 2024, section 62A.31, subdivision 1w, is amended to read:

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

Sec. 3. Minnesota Statutes 2024, section 62A.65, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** No health carrier, as defined in section 62A.011, shall offer, sell, issue, or renew any individual health plan, as defined in section 62A.011, to a Minnesota resident except in compliance with this section. ~~This section does not apply to the Comprehensive Health Association established in section 62E.10.~~

Sec. 4. Minnesota Statutes 2024, section 62A.65, subdivision 2, is amended to read:

Subd. 2. **Guaranteed renewal.** No individual health plan may be offered, sold, issued, or renewed to a Minnesota resident unless the health plan provides that the plan is guaranteed renewable at a premium rate that does not take into account the claims experience or any change in the health status of any covered person that occurred after the initial issuance of the health plan to the person. The premium rate upon renewal must also otherwise comply with this section. A health carrier ~~must not refuse~~ is prohibited from refusing to renew an a Minnesota resident's individual health plan, except for nonpayment of premiums, fraud, or misrepresentation, unless:

(1) the enrollee has failed to pay premiums in accordance with the health plan's terms, including any timeliness requirements;

(2) the enrollee has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the health plan's terms;

(3) the enrollee no longer lives in the area where the issuer is authorized to operate;

(4) a health carrier discontinues an individual health plan as provided under subdivision 2a; or

(5) a health carrier discontinues issuing new individual health plans and refuses to renew all of the health carrier's existing individual health plans issued in Minnesota as provided under subdivision 8.

Sec. 5. Minnesota Statutes 2024, section 62A.65, is amended by adding a subdivision to read:

Subd. 2a. **Discontinuing individual health plan.** (a) In order to discontinue a particular type of individual health plan in Minnesota for purposes of subdivision 2, clause (4), a health carrier must:

(1) provide written notice to the commissioner that approves the individual health plan's policy forms and filings, in the form and manner approved by the commissioner, regarding the health carrier's intent to discontinue a particular type of individual health plan in Minnesota. The notice must be provided no later than May 1 of the year before the date the individual health plan intends to discontinue the particular type of individual health plan;

(2) provide written notice to each individual enrolled in the individual health plan no later than 90 days before the date the coverage is discontinued;

(3) offer each individual covered by the individual health plan that the health carrier intends to discontinue the option to purchase on a guaranteed-issue basis any other individual health plan currently offered by the health carrier for individuals in that market; and

(4) act uniformly without regard to any factor relating to the health status factor of covered individuals or dependents of covered individuals who may become eligible for coverage.

(b) The commissioner may disapprove a health carrier discontinuing a particular type of individual health plan within 60 days after receiving notice under paragraph (a) if the commissioner determines discontinuing the plan is not in Minnesota policyholders' best interest. When making the determination under this paragraph, the commissioner may consider the size of plan enrollment, the availability of comparable individual health plan options offered by the health carrier in Minnesota, or any other factor the commissioner deems relevant.

(c) A health carrier may appeal the commissioner's determination under paragraph (b) to disapprove the health carrier's plan to discontinue a particular type of individual health plan in Minnesota. An appeal under this paragraph is subject to the contested case procedures under chapter 14 and must be made within 30 days of the date the commissioner makes a written determination under paragraph (b).

Sec. 6. Minnesota Statutes 2024, section 62D.12, subdivision 2, is amended to read:

Subd. 2. **Coverage cancellation; nonrenewal.** No health maintenance organization may cancel or fail to renew the coverage of an enrollee except for (1) failure to pay the charge

for health care coverage; (2) termination of the health care plan subject to section 62A.65, subdivisions 2 and 2a; (3) termination of the group plan; (4) enrollee moving out of the area served, subject to section 62A.17, subdivisions 1 and 6, and section 62D.104; (5) enrollee moving out of an eligible group, subject to section 62A.17, subdivisions 1 and 6, and section 62D.104; (6) failure to ~~make co-payments required by~~ pay premiums as provided by the terms of the health care plan, including timeliness requirements; (7) fraud or misrepresentation by the enrollee with respect to eligibility for coverage or any other material fact; or (8) other reasons established in rules promulgated by the commissioner of health.

Sec. 7. Minnesota Statutes 2024, section 62D.12, subdivision 2a, is amended to read:

Subd. 2a. **Cancellation or nonrenewal notice.** Enrollees shall be given 30 days' notice of any cancellation or nonrenewal, except that: (1) enrollees in a plan terminated under section 62A.65, subdivision 2, clause (4), and 2a, must receive the 90 days' notice required under section 62A.65, subdivision 2a, paragraph (a), clause (2); and (2) enrollees who are eligible to receive replacement coverage under section 62D.121, subdivision 1, shall receive 90 days' notice as provided under section 62D.121, subdivision 5.

Sec. 8. Minnesota Statutes 2024, section 62D.121, subdivision 1, is amended to read:

Subdivision 1. **Replacement coverage.** When membership of an enrollee who has individual health coverage is terminated by the health maintenance organization for a reason other than (a) failure to pay the charge for health care coverage; (b) failure to ~~make co-payments required by~~ pay premiums as provided by the terms of the health care plan, including timeliness requirements; (c) enrollee moving out of the area served; or (d) a materially false statement or misrepresentation by the enrollee in the application for membership, the health maintenance organization must offer or arrange to offer replacement coverage, without evidence of insurability, without preexisting condition exclusions, and without interruption of coverage.