

1.1 Senator moves to amend S.F. No. 2477 as follows:

1.2 Page 3, delete section 4 and insert:

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

1.4 Subd. 2. **Guaranteed renewal.** (a) No individual health plan may be offered, sold,
1.5 issued, or renewed to a Minnesota resident unless the health plan provides that the plan is
1.6 guaranteed renewable at a premium rate that does not take into account the claims experience
1.7 or any change in the health status of any covered person that occurred after the initial issuance
1.8 of the health plan to the person. The premium rate upon renewal must also otherwise comply
1.9 with this section. A health carrier must not refuse to renew an individual health plan, except
1.10 for nonpayment of premiums, fraud, or intentional misrepresentation of a material fact.

1.11 (b) A health carrier may elect to discontinue health plan coverage of an individual in
1.12 the individual market only, in one or more of the following situations:

1.13 (1) the health carrier is ceasing to offer individual health plan coverage in the individual
1.14 market in accordance with section 62A.65, subdivision 8, section 62E.11, subdivision 9,
1.15 and federal law;

1.16 (2) for network plans, the individual no longer resides, lives, or works in the service
1.17 area of the health carrier, or the area for which the health carrier is authorized to do business,
1.18 but only if coverage is terminated uniformly without regard to any health status-related
1.19 factor of covered individuals; or

1.20 (3) a decision by the health carrier to discontinue offering a particular type of individual
1.21 health plan if it meets the following requirements:

1.22 (i) provides notice in writing to each individual provided coverage of that type of health
1.23 plan at least 90 days before the date the coverage will be discontinued;

1.24 (ii) provides notice to the department at least 30 business days before the issuer or health
1.25 carrier gives notice to the individuals;

1.26 (iii) offers to each covered individual, on a guaranteed issue basis, the option to purchase
1.27 any other individual health plan currently being offered by the health carrier or related health
1.28 carrier for individuals in that market; and

1.29 (iv) acts uniformly without regard to any health status-related factor of covered individuals
1.30 or dependents of covered individuals who may become eligible for coverage."

1.31 Page 4, delete section 5 and insert:

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

Subd. 2a. **Uniform modification of plan.** (a) Only at the time of coverage renewal may a health carrier modify the health plan for a product, as defined under Code of Federal Regulations, title 45, section 144.103, offered to an individual in the individual market if the modification is effective uniformly for all individuals with that product.

(b) For purposes of paragraph (a), modifications made uniformly and solely pursuant to applicable federal or state requirements are considered a uniform modification of coverage if:

(1) the modification is made within a reasonable time period after the imposition or modification of the federal or state requirement; and

(2) the modification is directly related to the imposition or modification of the federal or state requirement.

(c) Other types of modifications made uniformly are considered a uniform modification of coverage if the health plan for the product in the individual market meets all of the following criteria:

(1) the product is offered by the same health carrier;

(2) the product is offered as the same product network type, which includes but is not limited to a health maintenance organization, preferred provider organization, exclusive provider organization, point of service, or indemnity;

(3) the product continues to cover at least a majority of the same service area;

(4) within the product, each health plan has the same cost-sharing structure as before the modification, except for any variation in cost-sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal level, as defined under section 62K.06, subdivision 4; and

(5) the product provides the same covered benefits, except for any changes in benefits that cumulatively impact the plan-adjusted index rate as defined under Code of Federal Regulations, title 45, section 144.103, for any health plan within the product within an allowable variation of plus or minus two percentage points, not including changes pursuant to applicable federal or state requirements."

Amend the title accordingly