

Senator moves to amend the delete-everything amendment (SCS2216A-6) to S.F. No. 2216 as follows:

Page 19, delete section 13, and insert:

"Sec. 13. APPLICATION OF MINNESOTA STATUTES, SECTION 65A.3025.

Minnesota Statutes, section 65A.3025, applies to policies issued or renewed on or after August 1, 2024. Minnesota Statutes, section 65A.3025, does not apply to policies issued or renewed prior to that date.

EFFECTIVE DATE. This section is effective retroactively to August 1, 2024."

Page 20, delete section 1 and insert:

"Section 1. Minnesota Statutes 2024, section 62A.31, subdivision 1r, is amended to read:

Subd. 1r. **Community rate.** (a) Each health maintenance organization, health service plan corporation, insurer, or fraternal benefit society that sells Medicare-related coverage shall establish a separate community rate for that coverage. Beginning January 1, 1993, no Medicare-related coverage may be offered, issued, sold, or renewed to a Minnesota resident, except at the community rate required by this subdivision. The same community rate must apply to newly issued coverage and to renewal coverage.

(b) For coverage that supplements Medicare and for the Part A rate calculation for plans governed by section 1833 of the federal Social Security Act, United States Code, title 42, section 1395, et seq., the community rate may take into account only the following factors:

(1) actuarially valid differences in benefit designs or provider networks;

(2) geographic variations in rates if preapproved by the commissioner of commerce;

~~and~~

(3) premium reductions in recognition of healthy lifestyle behaviors, including but not limited to, refraining from the use of tobacco. Premium reductions must be actuarially valid 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.

(c) The premium increase permitted under paragraph (b), clause (4), must not exceed ten percent for each late enrollment or reenrollment. The increase must only be applied as a flat percentage of premium for an individual who (1) enrolls in a Medicare supplement

policy outside of the individual's initial enrollment period in Medicare Part B, and (2) is not eligible for a guaranteed issue period under subdivision 1u. Each premium increase permitted under paragraph (b), clause (4), may be applied for more than one plan year, including to renewals and reenrollments.

(d) 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).

(e) 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 (d), clause (i) (1), may take the constraint into account in establishing its community rate.

(f) 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."

Page 34, lines 23 and 24, delete the new language

- 3.1 Page 63, line 25, after "application" insert "and payment of applicable fees"
- 3.2 Page 65, line 1, after "upon" insert "proper application and"
- 3.3 Page 77, line 8, delete "31" and insert "30"
- 3.4 Page 88, after line 12, insert:
- 3.5 "Amend the title accordingly"