

a valid license issued by the securities and real estate division of the department of commerce authorizing the person to sell or offer for sale contracts on a variable basis shall be issued a license by the commissioner of insurance upon application therefor and payment of a \$2 fee, which license shall expire on May 31, 1970, unless renewed by an insurer as provided in paragraph (a).

sell life insurance and annuity contracts may solicit and sell contracts on a variable basis without acquiring a license under this subdivision if the contract is based on an account which is excluded from the definition of investment company under the Investment Company Act of 1940, 15 U.S.C. 80a-3(11).

(c) **RULES.** The commissioner may by rules waive or modify any of the foregoing requirements or prescribe additional requirements deemed necessary for the proper sale and solicitation of contracts on a variable basis.\*

#### Sec. 4. **APPLICABILITY.**

Section 3 applies to contracts on a variable basis delivered, issued for delivery, renewed, or amended on or after August 1, 1982.

#### Sec. 5. **REPEALER.**

Minnesota Statutes 1980, Section 72A.062, is repealed.

Approved March 23, 1982

### CHAPTER 623 — H.F.No. 1885

*An act relating to public welfare; providing for approval of mental health clinics and centers pending promulgation of permanent rules; allowing payment for day treatment services provided by certain mental health centers through general assistance; amending Minnesota Statutes 1981 Supplement, Section 256D.03, Subdivision 4.*

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

#### Section 1. **TEMPORARY APPROVAL.**

Notwithstanding the provisions of section 15.0412, subdivision 5, until December 31, 1982, or until a permanent rule is in effect, whichever comes first, the commissioner of public welfare shall continue to approve all mental health centers and mental health clinics that apply for approval and meet the requirements of the temporary rule adopted March 31, 1981, governing approval of mental health centers and mental health clinics for purposes of insurance reimbursement for purposes of meeting section 62A.152.

Sec. 2. Minnesota Statutes 1981 Supplement, Section 256D.03, Subdivision 4, is amended to read:

\* The text of chapter 622, section 3 conforms to the text of the enrolled act.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subd. 4. **GENERAL ASSISTANCE MEDICAL CARE.** (a) Notwithstanding the provisions of sections 256D.01 to 256D.21 and 261.23, or any other law to the contrary, for the biennium ending June 30, 1983, state aid shall be paid to local agencies or counties for 90 percent of general assistance medical care paid by the local agency or county on behalf of persons eligible for general assistance or persons meeting the income and resource criteria established in the program for aid to families with dependent children. Nothing in this provision shall be construed to modify the spenddown required in appropriate cases for general assistance medical care. Reimbursement for medical care provided under sections 256D.01 to 256D.21 or 261.23 shall be limited to the following categories of service only: inpatient hospital care, outpatient hospital care, prescription drugs, physician's services, medical transportation, and dental care. In addition, payments of state aid shall be made for ~~medications~~ day treatment services provided by a mental health center established under sections 245.61 to 245.69, subdivision 1, and funded through chapter 256E and for prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization.

(b) At the option of the county board and with the approval of the commissioner of public welfare, reimbursement for inpatient hospital care, outpatient hospital care, and prescription drugs may be limited to designated medical care providers.

(c) The commissioner of public welfare may reduce payments provided under sections 256D.01 to 256D.21 and 261.23 in order to remain within the amount appropriated for general assistance medical care, within the following restrictions. Reductions below the cost per service unit allowable under section 256.966, shall be permitted only as follows: payments for inpatient and outpatient hospital care provided in response to a primary diagnosis of chemical dependency or mental illness may be reduced no more than 45 percent; payments for all other inpatient hospital care may be reduced no more than 35 percent. Reductions below the payments allowable under section 256.967 for the remaining general assistance medical care services allowable under this provision may be reduced no more than 25 percent.

(d) If the commissioner or county refuses to pay all or part of the charge for a health service, they shall not be liable for the unpaid portion of the charge. Any county may, from its own resources, provide medical payments for which state payments are not made.

### Sec. 3. **EFFECTIVE DATE.**

Sections 1 and 2 are effective the day following final enactment.

Approved March 23, 1982

Changes or additions are indicated by underline, deletions by ~~strikeout~~.