01/03/17 **REVISOR** XX/NB 17-1208 as introduced

## SENATE STATE OF MINNESOTA NINETIETH SESSION

S.F. No. 1106

(SENATE AUTHORS: UTKE and Sparks)

1127

**DATE** 02/16/2017 **OFFICIAL STATUS** D-PG Introduction and first reading
Referred to Commerce and Consumer Protection Finance and Policy 642 03/02/2017 935 Comm report: To pass Second reading Rule 45; subst. General Orders HF212 980

03/07/2017

A bill for an act 1.1

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relating to insurance producers; regulating payment of commissions by issuers of 1.2 individual health plans; amending Minnesota Statutes 2016, sections 60K.31, by 13 adding a subdivision; 60K.48, subdivision 4. 1.4

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

- Section 1. Minnesota Statutes 2016, section 60K.31, is amended by adding a subdivision to read:
- Subd. 4a. Individual health plan. "Individual health plan" means a health plan as defined 1.8 in section 62A.011, subdivision 4. 1.9
- Sec. 2. Minnesota Statutes 2016, section 60K.48, subdivision 4, is amended to read: 1.10
  - Subd. 4. Qualified Individual health plans. (a) If a health carrier pays commissions or service fees to licensed producers who are appointed by the health carrier for sale of a qualified an individual health plan, then, within 30 days of receipt of the agent of record agreement, the health carrier must accommodate a policyholder or applicant for coverage by allowing a policyholder or applicant to select or change the agent of record, effective upon the next premium cycle.
  - (b) The health carrier's standard commission and service fees must be paid to the policyholder's agent of record or the agent's assignee if any premium rate for a qualified an individual health plan has been approved by the commissioner with costs associated with producer commissions included in the filed rate.
  - (c) A health carrier is prohibited from offering, renewing, or failing to renew qualified individual health plans based solely on the commission-paying status of the health plan.

Sec. 2. 1 2.1 (d) Nothing in this subdivision requires a health carrier to pay any commission or service 2.2 fee with respect to the sale of <u>a qualified</u> an individual health plan, unless the rate for the 2.3 <u>qualified</u> individual health plan has been approved by the commissioner with costs associated 2.4 with producer commissions included in the filed rate.

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

2.5

Sections 1 and 2 are effective January 1, 2017.

Sec. 3. 2