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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2997

03/14/2016 Authored by Smith

The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform

1.1 A bill for an act
1.2 relating to commerce; regulating certain health reports and review rights;
1.3 amending Minnesota Statutes 2014, sections 62L.10, subdivision 1; 62Q.73,
1.4 subdivision 3.
1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2014, section 62L.10, subdivision 1, is amended to read:

1.7 Subdivision 1. **Reports.** A health carrier doing business in the small employer
1.8 market shall file by ~~April~~ July 1 of each year an annual actuarial opinion with the
1.9 commissioner certifying that the health carrier complied with the underwriting and rating
1.10 requirements of this chapter during the preceding year and that the rating methods used
1.11 by the health carrier were actuarially sound. A health carrier shall retain a copy of the
1.12 opinion at its principal place of business.

1.13 Sec. 2. Minnesota Statutes 2014, section 62Q.73, subdivision 3, is amended to read:

1.14 Subd. 3. **Right to external review.** (a) Any enrollee or anyone acting on behalf
1.15 of an enrollee who has received an adverse determination may submit a written request
1.16 for an external review of the adverse determination, if applicable under section 62Q.68,
1.17 subdivision 1, or 62M.06, to the commissioner of health if the request involves a health
1.18 plan company regulated by that commissioner or to the commissioner of commerce if the
1.19 request involves a health plan company regulated by that commissioner. Notification of
1.20 the enrollee's right to external review, and notification of the time limit in paragraph
1.21 (d) applicable to the request, must accompany the denial issued by the insurer. The
1.22 written request must be accompanied by a filing fee of \$25. The fee may be waived
1.23 by the commissioner of health or commerce in cases of financial hardship and must be

2.1 refunded if the adverse determination is completely reversed. No enrollee may be subject
2.2 to filing fees totaling more than \$75 during a plan year for group coverage or policy year
2.3 for individual coverage.

2.4 (b) Nothing in this section requires the commissioner of health or commerce to
2.5 independently investigate an adverse determination referred for independent external
2.6 review.

2.7 (c) If an enrollee requests an external review, the health plan company must
2.8 participate in the external review. The cost of the external review in excess of the filing
2.9 fee described in paragraph (a) shall be borne by the health plan company.

2.10 (d) The enrollee must request external review within six months from the date of
2.11 the adverse determination.