

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 2460

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DATE	D-PG	OFFICIAL STATUS
03/10/2016	4944	Introduction and first reading Referred to Health, Human Services and Housing
03/17/2016	5083	Comm report: To pass and re-referred to Commerce
03/24/2016	5267	Comm report: To pass and re-referred to Finance

A bill for an act
relating to health care; seeking federal approval to offer an alternative open
enrollment period within the individual health market and MinnesotaCare.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. ALTERNATIVE OPEN ENROLLMENT PERIOD FOR INDIVIDUAL
HEALTH PLANS.

(a) Notwithstanding Minnesota Statutes, section 62K.15, the commissioner of
commerce shall seek federal approval to permit Minnesota residents who are covered by
a qualified health plan through MNsure or an individual health plan issued by a health
carrier to enroll in a new individual health plan or renew their current individual health
plan either through MNsure or outside MNsure 12 months after the initial individual health
plan issuance date. This enrollment process shall replace the annual open enrollment
required under the Affordable Care Act.

(b) The enrollment period described in paragraph (a) shall be limited to a specific
period of time. Special open enrollment periods as defined under the Affordable Care Act
shall continue to apply.

(c) Notwithstanding Minnesota Statutes, section 62A.02, subdivision 2, paragraph
(c), rates for health plans in the individual market to be offered outside MNsure and
qualified health plans to be offered through MNsure for coverage beginning on January
1 of each calendar year shall be approved and made public 30 days prior to the date the
approved rate is to be applied to any individual health plan or qualified health plan issued
or renewed within that calendar year for a period of 12 months.

(d) The commissioner of human services shall seek federal approval to modify the
redetermination of eligibility requirements under Minnesota Statutes, section 256L.05,

2.1 subdivision 3a, requiring eligibility redetermination for MinnesotaCare enrollees every 12
2.2 months with the 12-month period beginning the month after the month the application
2.3 was approved.

2.4 (e) The commissioners of commerce and human services shall inform the chairs and
2.5 ranking minority members of the legislative committees with jurisdiction over commerce
2.6 and health care when federal approval has been granted or denied. If federal approval is
2.7 granted, the commissioners shall also submit draft legislation implementing the approved
2.8 changes.