

Subdivision 1. **MOST CONTESTS.** If the decision of the district court in any contest under this chapter is appealed, the appellant shall file in the district court a bond of \$500 for the payment of all costs incurred by the respondent if appellant fails on the appeal. Except for a statewide contest or a state legislative contest, the notice of appeal must be served and filed in the court of appeals in the case of a general or special election no later than ten days and, in the case of a primary or special primary, no later than five days after the entry of the district court's decision in the contest. The record on appeal must be made, certified, and filed in the court of appeals within 15 days after service of notice of appeal. The appeal may be brought on for hearing in the court at any time, upon notice from either party, as the court determines; and may be heard and determined summarily by the court.

Sec. 22. Minnesota Statutes 1988, section 211A.01, subdivision 6, is amended to read:

Subd. 6. **DISBURSEMENT.** "Disbursement" means money, property, office, position, or any other thing of value that passes or is directly or indirectly conveyed, given, promised, paid, expended, pledged, contributed, or lent. "Disbursement" does not include payment by a county, municipality, school district, or other political subdivision for election-related expenditures required or authorized by law.

Sec. 23. **EFFECTIVE DATE.**

This act is effective the day following final enactment.

Presented to the governor April 12, 1990

Signed by the governor April 16, 1990, 4:45 p.m.

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#### CHAPTER 454—S.F.No. 1696

*An act relating to human services; including the commissioners of commerce and health in designing the demonstration project for uninsured low-income persons; clarifying eligibility and enrollee participation requirements for the demonstration project; amending Minnesota Statutes 1988, section 256B.73.*

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

Section 1. Minnesota Statutes 1988, section 256B.73, is amended to read:

**256B.73 DEMONSTRATION PROJECT FOR UNINSURED LOW-INCOME PERSONS.**

Subdivision 1. **PURPOSE.** The purpose of the demonstration project is to

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determine the need for and the feasibility of establishing a statewide program of medical insurance for uninsured low-income persons.

Subd. 2. **ESTABLISHMENT: GEOGRAPHIC AREA.** The commissioner of human services shall cooperate with a local coalition to establish a demonstration project to provide low cost medical insurance to uninsured low-income persons in Cook, Crow Wing, Lake, St. Louis, Carlton, Aitkin, Pine, Itasca, and Koochiching counties except an individual county may be excluded as determined by the county board of commissioners. The coalition shall work with the ~~commissioner~~ commissioners of human services, commerce, and health and potential demonstration providers as well as other public and private organizations to determine program design, including enrollee eligibility requirements, benefits, and participation.

Subd. 3. **DEFINITIONS.** For the purposes of this section, the following terms have the meanings given:

(1) ~~"commissioner"~~ means the commissioner of human services;

~~(2)~~ "coalition" means an organization comprised of members representative of small business, health care providers, county social service departments, health consumer groups, and the health industry, established to serve the purposes of this demonstration;

~~(3)~~ (2) "demonstration provider" means a ~~Minnesota~~ corporation regulated under chapter 62A, 62C, or 62D;

~~(4)~~ (3) "individual provider" means a medical provider under contract to the demonstration provider to provide medical care to enrollees; and

~~(5)~~ (4) "enrollee" means a person eligible to receive coverage according to subdivision 4.

Subd. 4. **ENROLLEE ELIGIBILITY REQUIREMENTS.** To be eligible for participation in the demonstration project, an enrollee must:

(1) not be eligible for Medicare, medical assistance, or general assistance medical care; and

(2) ~~have an income not more than 200 percent of the Minnesota income standards by family size used in the aid to families with dependent children program; and~~

~~(3)~~ have no medical insurance or health benefits plan available through employment or other means that would provide coverage for the same medical services as provided by this demonstration.

Subd. 5. **ENROLLEE BENEFITS.** (a) Eligible persons enrolled by a demonstration provider shall receive a health services benefit package that includes

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health services which the enrollees might reasonably require to be maintained in good health, including emergency care, inpatient hospital and physician care, outpatient health services, and preventive health services; ~~except that,~~

(b) Services related to chemical dependency, mental illness, vision care, dental care, and other benefits may be excluded or limited upon approval by the ~~commissioner~~ commissioners. The coalition may petition the commissioner of commerce or health, whichever is appropriate, for waivers that allow these benefits to be excluded or limited.

(c) The ~~commissioner~~ commissioners, the coalition, and demonstration providers shall work together to design a package of benefits or packages ~~or~~ of benefits that can be provided to enrollees for an affordable monthly premium.

Subd. 6. **ENROLLEE PARTICIPATION.** ~~An enrollee is not required to furnish evidence of good health. The demonstration provider shall accept all persons applying for coverage who meet the criteria in subdivision 4, subject to the following provisions:~~

(a) ~~Enrollees will be required to pay a sliding fee on a monthly basis for health coverage through the demonstration project. Except for any required copayments, the sliding fee should be considered payment in full for the coverage provided. The sliding fee shall be based on the enrollee's income and shall not exceed 50 percent of the rate that would be paid to a prepaid plan serving general assistance medical care recipients in the same geographic area.~~

(b) ~~The demonstration provider may terminate the coverage for an enrollee who has not made payment within the first ten calendar days of the month for which coverage is being purchased. The termination for nonpayment shall be retroactive to the first day of the month for which no payment has been made by the enrollee.~~

(c) ~~An enrollee who either requests termination of coverage under the demonstration or who allows coverage to terminate due to nonpayment of the required monthly fee may be required to furnish evidence of good health prior to being reinstated in the demonstration. As an alternative to evidence of good health, the enrollee may furnish evidence of having been eligible for health care services under a plan with similar benefits.~~

(d) ~~The demonstration provider shall establish limits of enrollment which allow for a sufficient number of enrollees to constitute a reasonable demonstration project. These limits shall be established by county within the project area. The coalition will assure that participants receive adequate information about the demonstration nature of the project. The coalition will assist enrollees with finding alternative coverage at the conclusion of the demonstration project.~~

Subd. 7. **CONTRACT WITH DEMONSTRATION PROVIDER COALITION.** ~~The commissioner of human services shall contract with the coalition to~~

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administer and direct the demonstration project and to select and retain the demonstration provider for the duration of the project. This contract shall be for 24 months with an option to renew for no more than 12 months. This contract may be canceled without cause by the commissioner upon 90 days' written notice to the demonstration provider or by the demonstration provider with 90 days' written notice to the commissioner. The commissioner shall assure the cooperation of the county human services or social services staff in all counties participating in the project.

Subd. 8. **MEDICAL ASSISTANCE AND GENERAL ASSISTANCE MEDICAL CARE COORDINATION.** To assure enrollees of uninterrupted delivery of health care services, the commissioner may pay the premium to the demonstration provider for persons who become eligible for medical assistance or general assistance medical care. To determine eligibility for medical assistance, any medical expenses for eligible services incurred by the demonstration provider shall be considered as evidence of satisfying the medical expense requirements of section 256B.056, subdivisions 4 and 5. To determine eligibility for general assistance medical care, any medical expenses for eligible services incurred by the demonstration provider shall be considered as evidence of satisfying the medical expense requirements of section 256D.03, subdivision 3.

Subd. 9. **WAIVER REQUIRED.** No part of the demonstration project shall become operational until any required ~~regulation~~ regulations are obtained from the health care financing administration.

Sec. 2. **EFFECTIVE DATE.**

Section 1 is effective the day following final enactment.

Presented to the governor April 12, 1990

Signed by the governor April 16, 1990, 4:18 p.m.

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**CHAPTER 455—S.F.No. 2061**

*An act relating to privacy of communications; including cordless telephones in the privacy of communications act; amending Minnesota Statutes 1988, sections 626A.01, subdivisions 3 and 14; and 626A.02, subdivisions 2 and 4.*

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

Section 1. Minnesota Statutes 1988, section 626A.01, subdivision 3, is amended to read:

Subd. 3. **WIRE COMMUNICATIONS.** "Wire communication" means any aural transfer made in whole or in part through the use of facilities for the

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