

CHAPTER 397—S.F.No. 884

VETOED

CHAPTER 398—S.F.No. 3626

An act relating to insurance; adjusting aspects of eligibility and coverage in the comprehensive health association; requiring a study of premium rates; requiring an annual report; amending Minnesota Statutes 1998, sections 62E.05, subdivision 2; 62E.08; 62E.10, by adding a subdivision; 62E.101; 62E.13, subdivision 2; 62E.15, by adding a subdivision; and 62E.18; Minnesota Statutes 1999 Supplement, section 62E.12.

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

Section 1. Minnesota Statutes 1998, section 62E.05, subdivision 2, is amended to read:

Subd. 2. **ANNUAL REPORT.** (a) All health plan companies, as defined in section 62Q.01, shall annually report to the commissioner responsible for their regulation. The following information shall be reported to the appropriate commissioner on February 1 of each year:

(1) the number of individuals and groups who received coverage in the prior year through the qualified plans; and

(2) the number of individuals and groups who received coverage in the prior year through each of the unqualified plans sold by the company.

(b) The state of Minnesota or any of its departments, agencies, programs, instrumentalities, or political subdivisions, shall report in writing to the association and to the commissioner of commerce no later than September 15 of each year regarding the number of persons and the amount of premiums, deductibles, copayments, or coinsurance that it paid for on behalf of enrollees in the comprehensive health association. This report must contain only summary information and must not include any individually identifiable data. The report must cover the 12-month period ending the preceding June 30.

Sec. 2. Minnesota Statutes 1998, section 62E.08, is amended to read:

62E.08 STATE PLAN PREMIUM.

Subdivision 1. **ESTABLISHMENT.** The association shall establish the following maximum premiums to be charged for membership in the comprehensive health insurance plan:

(a) the premium for the number one qualified plan shall range from a minimum of 101 percent to a maximum of 125 percent of the weighted average of rates charged by those insurers and health maintenance organizations with individuals enrolled in:

New language is indicated by underline, deletions by ~~strikeout~~.