

MINNESOTA STATUTES 1979 SUPPLEMENT

HEALTH MAINTENANCE ACT OF 1973 62D.22

premiums. Nothing in this paragraph shall prohibit the commissioner from disapproving a form which meets the requirements of this paragraph but which the commissioner determines still provides benefits which are unreasonable in relation to the benefits charged. The commissioner may until December 31, 1978, exercise emergency power for the purpose of implementing the minimum anticipated loss ratio requirement, and for this purpose may adopt emergency rules as provided in section 15.0412, subdivision 5. Notwithstanding the expiration of the commissioner's emergency power, any emergency rule adopted by him prior to the expiration of his emergency power may remain effective for the periods authorized in section 15.0412, subdivision 5.

If the commissioner notifies an insurer which has filed any form that the form does not comply with the provisions of this section or sections 62A.03 to 62A.05 and section 72A.20, it shall be unlawful thereafter for the insurer to issue the form or use it in connection with any policy. In the notice the commissioner shall specify the reasons for his disapproval and state that a hearing will be granted within 20 days after request in writing by the insurer.

[For text of subs 4 to 6, see M.S.1978]

[1979 c 207 s 1]

62A.045 Payments to welfare recipients.

No policy of accident and sickness insurance shall contain any provision denying or reducing benefits because services are rendered to an insured or dependent who is eligible for or receiving medical assistance pursuant to chapter 256B or services pursuant to sections 252.27; 260.251, subdivision 1a; 261.27; or 393.07, subdivision 1 or 2.

[1979 c 174 s 1]

62A.22 Refusal to provide coverage because of option under workers' compensation.

No insurer offering an individual or group policy of accident or health coverage in this state shall refuse to provide or renew accident or health coverage because the insured has an option to elect workers' compensation coverage pursuant to section 176.012.

[1979 c 92 s 1]

CHAPTER 62C. NONPROFIT HEALTH SERVICE PLAN CORPORATIONS ACT

Sec.
62C.141 Payments to welfare recipients.

62C.141 Payments to welfare recipients.

No service plan corporation shall deliver, issue for delivery, or renew any subscriber's contract which contains any provision denying or reducing benefits because services are rendered to a subscriber or dependent who is eligible for or receiving medical assistance pursuant to chapter 256B or services pursuant to sections 252.27; 260.251, subdivision 1a; 261.27; or 393.07, subdivision 1 or 2.

[1979 c 174 s 2]

CHAPTER 62D. HEALTH MAINTENANCE ACT OF 1973

Sec. 62D.22	Statutory construction and relationship to other laws.	Sec. 62D.30	Demonstration projects.
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62D.22 Statutory construction and relationship to other laws.

[For text of subs 1 to 6, see M.S.1978]

Subd. 7. A licensed health maintenance organization shall be deemed to be a pre-paid group practice plan for the purposes of chapter 43 and shall be allowed to partici-