

1.1 moves to amend H.F. No. 2332 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[62A.673] MERGED MARKET REGULATION.**

1.4 Subdivision 1. **Definitions.** (a) For the purposes of this section the terms in this
1.5 subdivision have the meanings given them.

1.6 (b) "Eligible employer" means an employer with 50 or fewer employees.

1.7 (c) "Employer contribution" means any amount given to an employee by an
1.8 employer as part of a plan or program for the purposes of the Internal Revenue Code,
1.9 section 105, 106, 125, or 162.

1.10 (d) "Merged market" means the market for health insurance coverage offered to
1.11 individuals and dependents who purchase a group health plan using employer contributions
1.12 made by an eligible employer, in full or in part, through the individual market or MNsure.

1.13 (e) "Merged market health plan" means a group health plan issued to employers
1.14 on behalf of individual employees and dependents in the individual market or through
1.15 MNsure, using defined contributions provided by eligible employers.

1.16 Subd. 2. **Purchase of plans in the merged market.** (a) An eligible employer may
1.17 use an employer contribution to purchase health insurance coverage in the merged market
1.18 on behalf of an employee and dependents.

1.19 (b) An employee and dependents can choose a merged market health plan offered
1.20 through MNsure or offered outside of MNsure by a health carrier.

1.21 (c) An eligible employer may limit the health plans from which an employee can
1.22 choose in the merged market.

1.23 (d) An employee and dependents receiving a group health plan under a plan
1.24 purchased in the merged market are not eligible for advanced premium tax credits or
1.25 cost-sharing subsidies offered through MNsure. The commissioner, in cooperation with
1.26 the commissioner of revenue, shall monitor and enforce compliance with this requirement.

2.1 Subd. 3. Regulation. (a) Any coverage purchased in the merged market is a group
2.2 health plan as defined in section 62A.011, subdivision 1c, and shall also be regulated by:

2.3 (1) individual market requirements specified in section 62A.65;

2.4 (2) federal small group requirements in United States Code, title 42, sections 300gg
2.5 and 300gg-1 to 300gg-28; and

2.6 (3) requirements in chapter 62K that apply to qualified health plans.

2.7 (b) Merged market coverage issued to an eligible employer on behalf of an individual
2.8 while employed by the employer automatically converts to individual coverage if:

2.9 (1) the employer ceases to offer an employer contribution; or

2.10 (2) the individual is no longer employed by that eligible employer.

2.11 (c) Upon the automatic conversion, the coverage shall be regulated under section
2.12 62A.65 and the individual and dependents, if eligible, may receive advanced premium
2.13 tax credits and cost-sharing subsidies to purchase qualified health plan coverage through
2.14 MNsure.

2.15 (d) An employer offering a merged market health plan that restricts enrollment to
2.16 new employees who join the health plan within 30 days of their first day of employment or
2.17 during the annual open enrollment period of MNsure must be guaranteed coverage on a
2.18 guaranteed issue basis from any health carrier participating in the merged market.

2.19 (e) Merged market health plans offered by an eligible employer must include the
2.20 continuation of coverage provisions if required to do so by the Consolidated Omnibus
2.21 Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, as amended, and by
2.22 state law.

2.23 (f) The sale of a group health plan in the merged market by an agent or broker is not
2.24 a violation of section 62L.12, subdivision 3.

2.25 (g) A health carrier shall consider all enrollees in all health plans, other than
2.26 grandfathered health plans, offered by the health carrier in the individual market and the
2.27 merged market, both inside and outside of MNsure, to be members of a single risk pool.

2.28 **EFFECTIVE DATE.** This section is effective January 1, 2017, and applies to
2.29 merged market health plans offered, issued, or renewed on or after that date.

2.30 Sec. 2. Minnesota Statutes 2014, section 62K.15, is amended to read:

2.31 **62K.15 ANNUAL OPEN ENROLLMENT PERIODS.**

2.32 (a) Health carriers offering individual health plans must limit annual enrollment in
2.33 the individual market to the annual open enrollment periods for MNsure. Nothing in this

3.1 section limits the application of special or limited open enrollment periods as defined
3.2 under the Affordable Care Act.

3.3 (b) Health carriers offering individual health plans must inform all applicants at the
3.4 time of application and enrollees at least annually of the open and special enrollment
3.5 periods as defined under the Affordable Care Act.

3.6 (c) Subject to Code of Federal Regulations, title 45, section 147.104(b)(1), a health
3.7 insurance carrier offering merged market health plans, as defined in section 62A.673,
3.8 subdivision 1, must allow an eligible employer to begin purchasing a merged market
3.9 health plan for its employees at any point during the year. New employees hired by
3.10 an employer already offering a merged market health plan are subject to employee
3.11 participation requirements in section 62A.673, subdivision 3.

3.12 (e) (d) The commissioner of commerce shall enforce this section.

3.13 Sec. 3. Minnesota Statutes 2014, section 62L.02, subdivision 27, is amended to read:

3.14 Subd. 27. **Small employer market.** (a) "Small employer market" means the market
3.15 for health benefit plans for small employers.

3.16 (b) A health carrier is considered to be participating in the small employer market if
3.17 the carrier offers, sells, issues, or renews a health benefit plan to: (1) any small employer;
3.18 or (2) the eligible employees of a small employer offering a health benefit plan if, with the
3.19 knowledge of the health carrier, either of the following conditions is met:

3.20 (i) any portion of the premium or benefits is paid for or reimbursed by a small
3.21 employer; or

3.22 (ii) the health benefit plan is treated by the employer or any of the eligible employees
3.23 or dependents as part of a plan or program for the purposes of the Internal Revenue Code,
3.24 section 106, 125, or 162.

3.25 (c) The small employer market does not include the merged market under section
3.26 62A.673.

3.27 **EFFECTIVE DATE.** This section is effective January 1, 2017."

3.28 Amend the title accordingly