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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. 3159

February 18, 2008

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to human services; providing an exception to the MinnesotaCare
1.3 four-month uninsured requirement; amending Minnesota Statutes 2006, section
1.4 256L.07, subdivision 3.

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

1.6 Section 1. Minnesota Statutes 2006, section 256L.07, subdivision 3, is amended to read:

1.7 Subd. 3. **Other health coverage.** (a) Families and individuals enrolled in the
1.8 MinnesotaCare program must have no health coverage while enrolled or for at least four
1.9 months prior to application and renewal. Children enrolled in the original children's health
1.10 plan and children in families with income equal to or less than 150 percent of the federal
1.11 poverty guidelines, who have other health insurance, are eligible if the coverage:

1.12 (1) lacks two or more of the following:

1.13 (i) basic hospital insurance;

1.14 (ii) medical-surgical insurance;

1.15 (iii) prescription drug coverage;

1.16 (iv) dental coverage; or

1.17 (v) vision coverage;

1.18 (2) requires a deductible of \$100 or more per person per year; or

1.19 (3) lacks coverage because the child has exceeded the maximum coverage for a
1.20 particular diagnosis or the policy excludes a particular diagnosis.

1.21 The commissioner may change this eligibility criterion for sliding scale premiums
1.22 in order to remain within the limits of available appropriations. The requirement of no
1.23 health coverage does not apply to newborns.

2.1 (b) Medical assistance, general assistance medical care, and the Civilian Health and
2.2 Medical Program of the Uniformed Service, CHAMPUS, or other coverage provided under
2.3 United States Code, title 10, subtitle A, part II, chapter 55, are not considered insurance or
2.4 health coverage for purposes of the four-month requirement described in this subdivision.

2.5 (c) For purposes of this subdivision, an applicant or enrollee who is entitled to
2.6 Medicare Part A or enrolled in Medicare Part B coverage under title XVIII of the Social
2.7 Security Act, United States Code, title 42, sections 1395c to 1395w-152, is considered to
2.8 have health coverage. An applicant or enrollee who is entitled to premium-free Medicare
2.9 Part A may not refuse to apply for or enroll in Medicare coverage to establish eligibility
2.10 for MinnesotaCare.

2.11 (d) Applicants who were recipients of medical assistance or general assistance
2.12 medical care within one month of application must meet the provisions of this subdivision
2.13 and subdivision 2.

2.14 (e) Cost-effective health insurance that was paid for by medical assistance is not
2.15 considered health coverage for purposes of the four-month requirement under this
2.16 section, except if the insurance continued after medical assistance no longer considered it
2.17 cost-effective or after medical assistance closed.

2.18 (f) An applicant is exempt from the four-month requirement under this section if
2.19 the applicant has a chronic medical condition which, if left untreated, could reasonably
2.20 be expected to result in any of the following: (1) place the applicant's health in serious
2.21 jeopardy; (2) cause serious impairment to bodily functions; or (3) cause serious
2.22 dysfunction of any bodily organ or part.

2.23 **EFFECTIVE DATE.** This section is effective July 1, 2008, or upon federal
2.24 approval, whichever is later. The commissioner of human services shall notify the revisor
2.25 of statutes when federal approval is obtained.