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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-SIXTH  
SESSION

**HOUSE FILE No. 3801**

April 26, 2010

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The bill was read for the first time and referred to the Committee on Finance

1.1 A bill for an act  
1.2 relating to human services; modifying procedures for financial management  
1.3 of the MinnesotaCare program; amending Minnesota Statutes 2008, section  
1.4 256L.02, subdivision 3.

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

1.6 Section 1. Minnesota Statutes 2008, section 256L.02, subdivision 3, is amended to read:

1.7 Subd. 3. **Financial management.** (a) The commissioner shall manage spending for  
1.8 the MinnesotaCare program in a manner that maintains a minimum reserve. As part of each  
1.9 state revenue and expenditure forecast, the commissioner must make an assessment of the  
1.10 expected expenditures for the covered services for the remainder of the current biennium  
1.11 and for the following biennium. The estimated expenditure, including the reserve, shall be  
1.12 compared to an estimate of the revenues that will be available in the health care access  
1.13 fund. Based on this comparison, and after consulting with the chairs of the house of  
1.14 representatives Ways and Means Committee and the senate Finance Committee, and the  
1.15 Legislative Commission on Health Care Access, the commissioner shall, as necessary,  
1.16 make ~~the adjustments specified in~~ according to paragraph (b) to ensure that expenditures  
1.17 remain within the limits of available revenues for the remainder of the current biennium  
1.18 and for the following biennium. The commissioner shall not hire additional staff using  
1.19 appropriations from the health care access fund until the commissioner of management  
1.20 and budget makes a determination that the adjustments implemented under paragraph (b)  
1.21 are sufficient to allow MinnesotaCare expenditures to remain within the limits of available  
1.22 revenues for the remainder of the current biennium and for the following biennium.

1.23 (b) ~~The adjustments the commissioner shall use must be implemented in this order:~~  
1.24 ~~first, stop enrollment of single adults and households without children; second, upon 45~~

2.1 ~~days' notice, stop coverage of single adults and households without children already~~  
2.2 ~~enrolled in the MinnesotaCare program; third, upon 90 days' notice, decrease the premium~~  
2.3 ~~subsidy amounts by ten percent for families with gross annual income above 200 percent~~  
2.4 ~~of the federal poverty guidelines; fourth, upon 90 days' notice, decrease the premium~~  
2.5 ~~subsidy amounts by ten percent for families with gross annual income at or below 200~~  
2.6 ~~percent; and fifth, require applicants to be uninsured for at least six months prior to~~  
2.7 ~~eligibility in the MinnesotaCare program. If these measures are insufficient to limit the~~  
2.8 ~~expenditures to the estimated amount of revenue, the commissioner shall further limit~~  
2.9 ~~enrollment or decrease premium subsidies. If a state revenue and expenditure forecast~~  
2.10 ~~projects that MinnesotaCare expenditures will not remain within the limits of available~~  
2.11 ~~revenues for the remainder of the current biennium and for the following biennium, the~~  
2.12 ~~commissioner shall implement adjustments to the MinnesotaCare program sufficient~~  
2.13 ~~to limit the expenditures to the estimated amount of revenue. The adjustments may~~  
2.14 ~~include, but are not limited to, stopping new enrollment, eliminating coverage for persons~~  
2.15 ~~already enrolled, reducing premium subsidies, and extending the period by which persons~~  
2.16 ~~must be uninsured prior to enrollment. These adjustments may be made for subgroups~~  
2.17 ~~of MinnesotaCare applicants and enrollees or for all applicants and enrollees. The~~  
2.18 ~~commissioner shall provide the chairs of the house of representatives Ways and Means~~  
2.19 ~~Committee and the senate Finance Committee, and the Legislative Commission on Health~~  
2.20 ~~Care Access, with at least 14 days' notice of the adjustments that will be implemented.~~