1.1   .... moves to amend H.F. No. 4273 as follows:

1.2   Page 2, line 18, before the period, insert ", rounded to the nearest dollar"

1.3   Page 2, line 21, strike "the greater of a $35 premium or"

1.4   Page 3, delete lines 10 to 13

1.5   Renumber the clauses in sequence

1.6   Page 4, line 8, delete "by phone or in person and"

1.7   Page 4, line 9, delete everything before "within" and insert "by letter and by preferred

1.8   contact method, if known, by the lead agency"

1.9   Page 4, after line 13, insert:

1.10   "(j) If an enrollee requests or agrees to a repayment plan, the commissioner shall negotiate

1.11   terms of a repayment plan with the enrollee for any amount of past due premiums to be

1.12   repaid over a period of months agreed to by the commissioner and the enrollee, not to exceed

1.13   a period of 48 months. The commissioner has the authority to enter into repayment plans

1.14   with enrollees who have past due premiums. Repayment plan terms shall be tailored to the

1.15   individualized needs of the enrollee. An enrollee's coverage must not be closed due to past

1.16   due premiums while the enrollee is participating in a repayment plan. Participation in a

1.17   repayment plan includes making payments pursuant to the agreed upon repayment plan.

1.18   Repayment plans shall also be available upon reapplication by an enrollee whose employed

1.19   persons with disabilities coverage has been closed and a past due premium applies."

1.20   Page 4, line 14, delete "(j)" and insert "(k)"

1.21   Page 4, line 25, delete "(k)" and insert "(l)"

1.22   Page 4, line 26, after the comma, insert "and who are not eligible for medical assistance

1.23   reimbursement of Medicare premiums under subdivisions 3, 3a, 3b, or 4,"

2.1   Page 4, line 28, delete the first comma and insert "and" and delete everything after

2.2   "deductibles"

2.3   Page 4, delete line 29

2.4   Page 4, line 30, delete the new language and strike the old language

2.5   Page 4, line 31, strike "(a)"

2.6   Page 4, line 33, delete everything after "were" and insert "receiving benefits as a qualified

2.7   Medicare beneficiary"

2.8   Page 4, line 34, delete "coverage"