

514B.13 Open enrollment.

1. After a health maintenance organization has been in operation twenty-four months, it shall have an annual open enrollment period of at least one month during which it accepts enrollees up to the limits of its capacity, as determined by the health maintenance organization, in the order in which the prospective enrollees apply for enrollment. A health maintenance organization may apply to the commissioner for authorization to impose such underwriting restrictions upon enrollment as are necessary to preserve its financial stability, to prevent excessive adverse selection by prospective enrollees, or to avoid unreasonably high or unmarketable charges for enrollee coverage for health care services. The commissioner shall approve or deny the application made pursuant to [this section](#) within a reasonable period of time from the receipt of the application.

2. Health maintenance organizations providing services exclusively on a group contract basis may limit the open enrollment provided for in [this section](#) to all members of the group covered by the contract, including those members of the group who previously waived coverage.

[C75, 77, 79, 81, §514B.13]

[2005 Acts, ch 70, §13](#); [2018 Acts, ch 1041, §127](#); [2019 Acts, ch 59, §186](#)

Subsection 1 amended