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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. **293**

01/11/2023 Authored by Elkins, Bahner and Her  
The bill was read for the first time and referred to the Committee on Health Finance and Policy  
02/01/2023 Adoption of Report: Re-referred to the Committee on Commerce Finance and Policy  
02/15/2023 Adoption of Report: Amended and re-referred to the Committee on Health Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to health; requiring medical and dental practices to make available to the
- 1.3 public their current standard charges; authorizing the commissioner of health to
- 1.4 establish a price comparison tool for items and services offered by medical and
- 1.5 dental practices; proposing coding for new law in Minnesota Statutes, chapter 62J.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. [62J.826] MEDICAL AND DENTAL PRACTICES; CURRENT
- 1.8 STANDARD CHARGES; COMPARISON TOOL.
- 1.9 Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.
- 1.10 (b) "CDT code" means a code value drawn from the Code on Dental Procedures and
- 1.11 Nomenclature published by the American Dental Association.
- 1.12 (c) "Chargemaster" means the list of all individual items and services maintained by a
- 1.13 medical or dental practice for which the medical or dental practice has established a charge.
- 1.14 (d) "Commissioner" means the commissioner of health.
- 1.15 (e) "CPT code" means a code value drawn from the Current Procedural Terminology
- 1.16 published by the American Medical Association.
- 1.17 (f) "Dental service" means a service charged using a CDT code.
- 1.18 (g) "Diagnostic laboratory testing" means a service charged using a CPT code within
- 1.19 the CPT code range of 80047 to 89398.
- 1.20 (h) "Diagnostic radiology service" means a service charged using a CPT code within
- 1.21 the CPT code range of 70010 to 79999 and includes the provision of x-rays, computed

2.1 tomography scans, positron emission tomography scans, magnetic resonance imaging scans,  
2.2 and mammographies.

2.3 (i) "Hospital" means an acute care institution licensed under sections 144.50 to 144.58,  
2.4 but does not include a health care institution conducted for those who rely primarily upon  
2.5 treatment by prayer or spiritual means in accordance with the creed or tenets of any church  
2.6 or denomination.

2.7 (j) "Medical or dental practice" means a business that:

2.8 (1) earns revenue by providing medical care or dental services to the public;

2.9 (2) issues payment claims to health plan companies and other payers; and

2.10 (3) may be identified by its federal tax identification number.

2.11 (k) "Outpatient surgical center" means a health care facility other than a hospital offering  
2.12 elective outpatient surgery under a license issued under sections 144.50 to 144.58.

2.13 (l) "Standard charge" has the meaning given in Code of Federal Regulations, title 45,  
2.14 section 180.20.

2.15 Subd. 2. **Requirement; current standard charges.** The following medical or dental  
2.16 practices must make available to the public a list of their current standard charges, as reflected  
2.17 in the medical or dental practice's chargemaster, for all items and services provided by the  
2.18 medical or dental practice:

2.19 (1) hospitals;

2.20 (2) outpatient surgical centers; and

2.21 (3) any other medical or dental practice that has revenue of greater than \$50,000,000  
2.22 per year and that derives the majority of its revenue by providing one or more of the following  
2.23 services:

2.24 (i) diagnostic radiology services;

2.25 (ii) diagnostic laboratory testing;

2.26 (iii) orthopedic surgical procedures, including joint arthroplasty procedures within the  
2.27 CPT code range of 26990 to 27899;

2.28 (iv) ophthalmologic surgical procedures, including cataract surgery coded using CPT  
2.29 code 66982 or 66984, or refractive correction surgery to improve visual acuity;

3.1 (v) anesthesia services commonly provided as an ancillary to services provided at a  
3.2 hospital, outpatient surgical center, or medical practice that provides orthopedic surgical  
3.3 procedures or ophthalmologic surgical procedures;

3.4 (vi) oncology services, including radiation oncology treatments within the CPT code  
3.5 range of 77261 to 77799 and drug infusions; or

3.6 (vii) dental services.

3.7 **Subd. 3. Required file format and content.** (a) A medical or dental practice that is  
3.8 subject to this section must make available to the public, and must report to the commissioner,  
3.9 current standard charges using the format and data elements specified in the currently  
3.10 effective version of the Hospital Price Transparency Sample Format (Tall) (CSV) and related  
3.11 data dictionary recommended for hospitals by the Centers for Medicare and Medicaid  
3.12 Services (CMS). If CMS modifies or replaces the specifications for this format, the form  
3.13 of this file must be modified or replaced to conform with the new CMS specifications by  
3.14 the date specified by CMS for compliance with its new specifications. All prices included  
3.15 in the file must be expressed as dollar amounts. The data must be in the form of a comma  
3.16 separated values file which can be directly imported, without further editing or remediation,  
3.17 into a relational database table which has been designed to receive these files. The medical  
3.18 or dental practice must make the file available to the public in a manner specified by the  
3.19 commissioner and must report the file to the commissioner in a manner and frequency  
3.20 specified by the commissioner.

3.21 (b) A medical or dental practice must test its file for compliance with paragraph (a)  
3.22 before making the file available to the public and reporting the file to the commissioner.

3.23 (c) A hospital must comply with this section no later than January 1, 2024. A medical  
3.24 or dental practice that meets the requirements in subdivision 2, clause (3), or an outpatient  
3.25 surgical center must comply with this section no later than January 1, 2025.

3.26 **Subd. 4. Price comparison tool.** The commissioner shall use the information reported  
3.27 to the commissioner under subdivision 3 to develop and make available to the public a tool  
3.28 for the public to use to compare charges for a specific item or service across medical and  
3.29 dental practices that offer that item or service. The commissioner may contract with a third  
3.30 party for the development and operation of this tool. The price comparison tool must be  
3.31 made available to the public by July 1, 2024.