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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2916

01/31/2022 Authored by Reyer
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy
02/10/2022 Adoption of Report: Re-referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to insurance; prohibiting the inclusion of certain terms in dental provider
1.3 agreements; requiring disclosures; amending Minnesota Statutes 2020, sections
1.4 62Q.76, by adding a subdivision; 62Q.78, subdivision 6, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2020, section 62Q.76, is amended by adding a subdivision
1.7 to read:

1.8 Subd. 1a. Covered services. "Covered services" means dental care services for which
1.9 reimbursement: (1) is available under an enrollee's plan contract; or (2) would be available
1.10 but for the application of contractual limitations, including but not limited to deductibles,
1.11 co-payments, coinsurance, waiting periods, annual or lifetime maximums, frequency
1.12 limitations, alternative benefit payments, or any other limitation.

1.13 Sec. 2. Minnesota Statutes 2020, section 62Q.78, subdivision 6, is amended to read:

1.14 Subd. 6. Payment for covered services. (a) No contract of any dental plan or dental
1.15 organization that covers any dental services or dental provider agreement with a dentist
1.16 may require, directly or indirectly, that a dentist provide services to an enrolled participant
1.17 at a fee set by, or at a fee subject to the approval of, the dental plan or dental organization
1.18 unless the dental services are covered services.

1.19 (b) A dental plan or dental organization or other person providing third-party
1.20 administrator services shall not make available any providers in its dentist network to a plan
1.21 that sets dental fees for any services except covered services.

2.1 (e) "~~Covered services~~" means dental care services for which a reimbursement is available
 2.2 under an enrollee's plan contract, or for which a reimbursement would be available but for
 2.3 the application of contractual limitations such as deductibles, co-payments, coinsurance,
 2.4 waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit
 2.5 payments, or any other limitation.

2.6 Sec. 3. Minnesota Statutes 2020, section 62Q.78, is amended by adding a subdivision to
 2.7 read:

2.8 Subd. 7. **Billing for covered services.** A contract of any dental plan or dental organization
 2.9 that covers any dental services or dental provider agreement must not prohibit a dentist from
 2.10 billing and collecting payment from an enrollee for a covered service if the dentist:

2.11 (1) notifies the enrollee prior to performing the covered service that the dentist may not
 2.12 be paid by the dental organization and the enrollee is responsible for payment of the covered
 2.13 service;

2.14 (2) provides the enrollee with a written explanation of the benefits and material costs of
 2.15 different suitable alternative options for the covered service, and discloses that the alternative
 2.16 selected may not be paid for by the dental organization under the dental plan prior to the
 2.17 performance of the covered service;

2.18 (3) obtains the enrollee's written consent to perform the covered service;

2.19 (4) provides a copy of the enrollee's written consent to the dental organization upon
 2.20 request; and

2.21 (5) accepts as payment in full the amount the dentist would have accepted from the
 2.22 dental organization under the dental plan for the covered service. A dentist must refund an
 2.23 enrollee for any amount the enrollee paid in excess of this amount.

2.24 Sec. 4. **EFFECTIVE DATE.**

2.25 Sections 1 to 3 are effective January 1, 2023, and apply to dental plans and dental provider
 2.26 agreements offered, issued, or renewed on or after that date.