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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 1474

02/24/2025 Authored by Gander and Hanson, J., The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act
1.2 relating to insurance; changing definition of covered services for dental care;
1.3 amending Minnesota Statutes 2024, section 62Q.78, subdivision 6.

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

1.5 Section 1. Minnesota Statutes 2024, section 62Q.78, subdivision 6, is amended to read:

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

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

1.14 (c) "Covered services" means dental care services ~~for which a reimbursement is available~~
1.15 ~~under an enrollee's plan contract, or for which a reimbursement would be available but for~~
1.16 ~~the application of contractual limitations such as deductibles, co-payments, coinsurance,~~
1.17 ~~waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit~~
1.18 ~~payments, or any other limitation~~ that are reimbursed in whole or in part under a dental
1.19 provider agreement.

1.20 (d) A dentist may not charge more than the dentist's usual and customary rate for services
1.21 or procedures that are not covered services.

2.1 (e) Prior to providing a patient with dental services that are not a covered service under
2.2 the terms of a dental plan contract, the dentist should provide to the patient a treatment plan
2.3 that includes each anticipated service or procedure to be provided and the estimate cost of
2.4 each service or procedure.

2.5 (f) Nothing in this section shall be construed as limiting the ability of a dental plan or
2.6 dental organization or other person providing third party administrator services to restrict
2.7 any of the following as they relate to covered services:

2.8 (1) balance billing;

2.9 (2) waiting periods;

2.10 (3) frequency limitations;

2.11 (4) deductibles; or

2.12 (5) maximum annual benefits.