SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1137

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DATE	D-PG	OFFICIAL STATUS
02/10/2025	324	Introduction and first reading Referred to Commerce and Consumer Protection

A bill for an act

relating to insurance; changing definition of covered services for dental care; amending Minnesota Statutes 2024, section 62Q.78, subdivision 6.

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

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

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

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

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

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

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

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

(1) balance billing;

(2) waiting periods;

(3) frequency limitations;

(4) deductibles; or

(5) maximum annual benefits.