

**SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION**

S.F. No. 4700

(SENATE AUTHORS: KLEIN)

DATE
03/23/2026

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6907

Introduction and first reading
Referred to Commerce and Consumer Protection

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to health insurance; limiting the amount a provider can charge an enrollee
1.3 for denied covered services; proposing coding for new law in Minnesota Statutes,
1.4 chapter 62Q.

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

1.6 Section 1. **[62Q.495] PAYMENT FOR DENIED COVERED SERVICES.**

1.7 (a) If a health plan company denies coverage, for procedural reasons, for a health care
1.8 service that is a covered benefit under an enrollee's health plan, the provider may not charge
1.9 the enrollee for the denied service more than the negotiated provider payment amount plus
1.10 20 percent.

1.11 (b) Any amount paid by the enrollee to a provider in accordance with paragraph (a) shall
1.12 be counted toward any applicable deductible amount for which the enrollee is responsible
1.13 under the enrollee's health plan.

1.14 (c) Nothing in this section requires a health plan company to:

1.15 (1) pay for services provided by an out-of-network provider unless required under the
1.16 terms of the enrollee's health plan; or

1.17 (2) provide coverage for services not covered under the enrollee's health plan.

1.18 (d) For purposes of this section, "negotiated provider payment" means the payment the
1.19 provider agrees to accept under the provider contract entered into by the provider and the
1.20 health plan company for health care services provided by the provider to an enrollee covered
1.21 by the health plan.