

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1588

03/09/2015 Authored by Dean, M.,  
The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform

1.1 A bill for an act  
1.2 relating to insurance; requiring health plan companies to make specified health  
1.3 plan information available on public Web sites; requiring specified information  
1.4 on health plans to be made available on state agency Web sites; amending  
1.5 Minnesota Statutes 2014, section 256B.69, by adding a subdivision; proposing  
1.6 coding for new law in Minnesota Statutes, chapter 62Q.

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

1.8 Section 1. **[62Q.671] PROVISION OF HEALTH PLAN INFORMATION.**

1.9 Subdivision 1. Availability on Web site. A health plan company shall make  
1.10 information describing the health plans offered and their availability, including all required  
1.11 elements as specified in section 2715, subsection (b), paragraph (3), of the Public Health  
1.12 Service Act, available to the public on the health plan company's Web site. A health  
1.13 plan company shall also make this information available by other means to individuals  
1.14 without access to the Internet.

1.15 Subd. 2. Information on individual and small group health plans. (a) Health  
1.16 plan companies shall provide to the commissioner, for each health plan certified and  
1.17 selected to be offered as a qualified health plan through MNsure and each individual and  
1.18 small group health plan offered outside of MNsure, information regarding premiums and  
1.19 cost-sharing and a summary of benefits and coverage, as required in Code of Federal  
1.20 Regulations, title 45, section 155.205, subsection (b), paragraph (1), clauses (i) and (ii),  
1.21 and Code of Federal Regulations, title 45, section 156.220.

1.22 (b) Health plan companies shall also provide to the commissioner, for each health  
1.23 plan certified and selected to be offered as a qualified health plan through MNsure and  
1.24 for each individual and small group health plan offered outside of MNsure, the following  
1.25 information:

2.1 (1) any exclusions from coverage and any restrictions on the use or quantity of  
 2.2 covered items and services in each category of benefits, including prescription drugs and  
 2.3 drugs administered in a physician's office or clinic;

2.4 (2) any item or service, including a drug that has a coinsurance requirement, where  
 2.5 the cost-sharing required depends on the cost of the item or service;

2.6 (3) any item or service that has a co-payment and the dollar amount of the co-payment;

2.7 (4) whether a specific drug is available on formulary, whether a specific drug  
 2.8 is covered when furnished by a physician or clinic, and any clinical prerequisites or  
 2.9 authorization requirements for coverage of a drug;

2.10 (5) whether specific types of specialists are in network and whether a named  
 2.11 physician is in network;

2.12 (6) the process for a patient to obtain reversal of a health plan company's denial of  
 2.13 an item or service prescribed or ordered by the treating physician; and

2.14 (7) how medications will specifically be included in, or excluded from, the  
 2.15 deductible, including a description of out-of-pocket costs for a medication that may not  
 2.16 apply to the deductible.

2.17 (c) Health plan companies must submit the information required by this subdivision  
 2.18 to the commissioner at least two months prior to the start of each MNsure open enrollment  
 2.19 period. The commissioner shall make the information available to the public on the  
 2.20 agency Web site.

2.21 (d) The commissioner of commerce, in consultation with the commissioner of  
 2.22 health, shall develop and make available to the public a user-friendly Web tool that allows  
 2.23 the information provided under this section to be compared across health plan companies  
 2.24 and across health plans.

2.25 **EFFECTIVE DATE.** This section is effective July 1, 2017.

2.26 Sec. 2. Minnesota Statutes 2014, section 256B.69, is amended by adding a subdivision  
 2.27 to read:

2.28 **Subd. 36. Information on health plan coverage.** The commissioner shall require  
 2.29 each managed care plan and county-based purchasing plan to report the information  
 2.30 required under section 62Q.671, subdivision 2, paragraph (b), as applicable, for health  
 2.31 plans offered to medical assistance and MinnesotaCare enrollees. The commissioner shall  
 2.32 make this information available to the public on the agency Web site.

2.33 **EFFECTIVE DATE.** This section is effective July 1, 2017.