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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 1653

02/23/2017 Authored by Davids
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; health; requiring health plan companies to include certain
1.3 providers in-network; amending Minnesota Statutes 2016, section 62K.10,
1.4 subdivision 1, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2016, section 62K.10, subdivision 1, is amended to read:

1.7 Subdivision 1. **Applicability.** (a) Except as provided in subdivision 4a, this section
1.8 applies to all health carriers that either require an enrollee to use or that create incentives,
1.9 including financial incentives, for an enrollee to use, health care providers that are managed,
1.10 owned, under contract with, or employed by the health carrier. A health carrier that does
1.11 not manage, own, or contract directly with providers in Minnesota is exempt from this
1.12 section, unless it is part of a holding company as defined in section 60D.15 that in aggregate
1.13 exceeds ten percent in either the individual or small group market in Minnesota.

1.14 (b) Health carriers renting provider networks from other entities must submit the rental
1.15 agreement or contract to the commissioner of health for approval. In reviewing the
1.16 agreements or contracts, the commissioner shall review the agreement or contract to ensure
1.17 that the entity contracting with health care providers accepts responsibility to meet the
1.18 requirements in this section.

1.19 **EFFECTIVE DATE.** This section is effective for health plans offered, issued, or
1.20 renewed on or after January 1, 2018.

2.1 Sec. 2. Minnesota Statutes 2016, section 62K.10, is amended by adding a subdivision to
2.2 read:

2.3 Subd. 4a. **Network adequacy; low-population counties.** (a) For the purposes of this
2.4 subdivision, "low-population county" means a county in Minnesota with a population of
2.5 25,000 or less according to the most recent population estimate available from the United
2.6 States Census Bureau.

2.7 (b) A health carrier with a provider network that operates in all or a portion of a
2.8 low-population county must allow any provider who provides care in the service area covered
2.9 by the provider network and who offers the following types of services to join the network
2.10 at any time:

2.11 (1) physicians offering specialty services;

2.12 (2) obstetric and gynecologic services;

2.13 (3) pediatric services; and

2.14 (4) mental health and substance use disorder treatment services.

2.15 (c) A provider network that operates in a low-population county must include a sufficient
2.16 number and type of providers to ensure that covered services are available to all enrollees
2.17 within three business days of a request for services from an enrollee.

2.18 **EFFECTIVE DATE.** This section is effective for health plans offered, issued, or
2.19 renewed on or after January 1, 2018.