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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 3531

03/08/2018 Authored by McDonald
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 health care; requiring health plan companies to provide enrollees access
1.3 to participating primary care providers; requiring health plan companies to contract
1.4 with primary care providers; proposing coding for new law in Minnesota Statutes,
1.5 chapter 62Q; repealing Minnesota Statutes 2016, section 62Q.57.

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

1.7 Section 1. **[62Q.575] ACCESS TO PRIMARY CARE PROVIDERS.**

1.8 Subdivision 1. **Choice of primary care providers.** A health plan company offering a
1.9 group health plan or individual health plan that is not a grandfathered plan shall permit each
1.10 enrollee to select or designate any in-network primary care provider.

1.11 Subd. 2. **Provider network.** (a) No health plan company shall deny a primary care
1.12 provider the right to contract with the health plan company as an in-network provider if the
1.13 primary care provider agrees to accept the terms and conditions that are offered by the health
1.14 plan company so long as the same terms and conditions are offered to all in-network primary
1.15 care providers.

1.16 (b) A health plan company may require the primary care provider to meet reasonable
1.17 referral, utilization review, and quality assurance requirements on the same basis as other
1.18 in-network providers.

1.19 (c) The primary care provider must agree to serve all enrollees of the health care company
1.20 who select or designate the primary care provider, if designation is required.

1.21 (d) The primary care provider and health plan company may negotiate the payment rate
1.22 for covered services provided by the primary care provider. The rate must not be less than

2.1 the rate paid by the health plan company to the provider under a different category of
2.2 coverage or health product, or other arrangement within a category of coverage.

2.3 Subd. 3. **Cost-sharing or other conditions.** No health plan company shall impose a
2.4 co-payment, fee, or other cost-sharing requirement for selecting or designating a primary
2.5 care provider of the enrollee's choosing or impose other conditions that limit the enrollee's
2.6 ability to utilize a primary care provider of the enrollee's choosing, unless the health plan
2.7 company imposes the same cost-sharing requirements, fees, conditions, or limits upon an
2.8 enrollee's selection or designation of any of the health plan company's in-network primary
2.9 care providers.

2.10 Subd. 4. **Notice.** The health plan company shall provide notice to enrollees of the
2.11 provisions of this section.

2.12 Subd. 5. **Definition.** For purposes of this section, "primary care provider" means a
2.13 physician licensed under chapter 147, an advanced practice registered nurse licensed under
2.14 chapter 148 who specializes in the practice of family medicine, general internal medicine,
2.15 gynecology, or general pediatrics, or a health care clinic that specializes in those areas and
2.16 utilizes a primary care team that includes physicians, physician assistants, or advanced
2.17 practice registered nurses.

2.18 Subd. 6. **Exclusions.** (a) This section does not apply to enrollees who are enrolled in a
2.19 public health care program under chapter 256B or 256L, or the Minnesota restricted recipient
2.20 program pursuant to Minnesota Rules, part 9505.2238.

2.21 (b) This section does not waive any exclusions of coverage under the terms and conditions
2.22 of the enrollee's health plan.

2.23 Subd. 7. **Enforcement.** The commissioner shall enforce this section.

2.24 Sec. 2. **REPEALER.**

2.25 Minnesota Statutes 2016, section 62Q.57, is repealed.

2.26 Sec. 3. **EFFECTIVE DATE.**

2.27 Sections 1 and 2 are effective January 1, 2019, and apply to any health plan issued or
2.28 renewed on or after that date.

62Q.57 DESIGNATION OF PRIMARY CARE PROVIDER.

Subdivision 1. **Choice of primary care provider.** (a) If a health plan company offering a group health plan, or an individual health plan that is not a grandfathered plan, requires or provides for the designation by an enrollee of a participating primary care provider, the health plan company shall permit each enrollee to:

(1) designate any participating primary care provider available to accept the enrollee; and

(2) for a child, designate any participating physician who specializes in pediatrics as the child's primary care provider and is available to accept the child.

(b) This section does not waive any exclusions of coverage under the terms and conditions of the health plan with respect to coverage of pediatric care.

Subd. 2. **Notice.** A health plan company shall provide notice to enrollees of the provisions of subdivision 1 in accordance with the requirements of the Affordable Care Act.

Subd. 3. **Enforcement.** The commissioner shall enforce this section.