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State of Minnesota

HOUSE OF REPRESENTATIVES

A bill for an act

relating to health; modifying requirements for information on patient medical bills;

NINETY-FIRST SESSION

H. F. No. 4549

04/14/2020

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Authored by Gruenhagen
The bill was read for the first time and referred to the Committee on Commerce

1.3	amending Minnesota Statutes 2018, sections 62J.701; 62J.72, subdivision 3.
1.4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.5	Section 1. Minnesota Statutes 2018, section 62J.701, is amended to read:
1.6	62J.701 GOVERNMENTAL PROGRAMS.
1.7	(a) Beginning January 1, 1999, the provisions in paragraphs (b) to (e) apply.
1.8	(b) (a) For purposes of sections 62J.695 to 62J.80, the requirements and other provisions
1.9	that apply to health plan companies also apply to governmental programs.
1.10	(e) (b) For purposes of this section, "governmental programs" means the medical
1.11	assistance program, the MinnesotaCare program, the state employee group insurance
1.12	program, the public employees insurance program under section 43A.316, and coverage
1.13	provided by political subdivisions under section 471.617.
1.14	(d) (c) Notwithstanding paragraph (b) (a), section 62J.72 does, subdivisions 1, 2, and 3,
1.15	paragraph (a), do not apply to the fee-for-service programs under medical assistance and
1.16	MinnesotaCare, and section 62J.72, subdivision 3, paragraph (b), does not apply to enrollees
1.17	covered by medical assistance, MinnesotaCare, or Medicare.
1.18	(e) (d) If a state commissioner or local unit of government contracts with a health plan
1.19	company or a third-party administrator, the contract may assign any obligations under
1.20	paragraph (b) (a) to the health plan company or third-party administrator. Nothing in this
1.21	paragraph shall be construed to remove or diminish any enforcement responsibilities of the
1.22	commissioners of health or commerce provided in sections 62J.695 to 62J.80.

Section 1. 1

03/09/20	REVISOR	SGS/EH	20-8038
03/07/20	ICE VISOR	SGS/LII	20 0030

EFFECTIVE DATE. This section is effective January 1, 2021.

Sec 2 N	Innesota Statutes	s 2018 section	62J 72. sul	bdivision 3	is amended	to read
000. 2. 1	Timiesota Statute	<i>5</i> 2 010, 500001	1 023.12. 34	out violott J.	is afficiaca	to read

- Subd. 3. Information on patients' medical bills. (a) A health plan company and health care provider shall provide patients and enrollees with a copy of an explicit and intelligible bill whenever the patient or enrollee is sent a bill and is responsible for paying any portion of that bill. The bills must contain descriptive language sufficient to be understood by the average patient or enrollee. A patient or enrollee may request in writing from a provider or health plan company an itemized bill that includes all charges for which the provider bills the patient for services provided. This subdivision does not apply to a flat co-pay paid by the patient or enrollee at the time the service is required.
- (b) In addition to the requirements in paragraph (a), when a health care provider transmits a bill to a patient, the bill must specify the following for the health care services provided:
- (1) the dollar amount the provider is willing to accept as payment in full;
- 2.14 (2) the Medicare-allowable fee-for-service payment rate; and
- 2.15 (3) the provider's Medicare percent.

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- (c) For purposes of this subdivision, "Medicare percent" means the percentage of the
 Medicare allowable payment rate that a health care provider is willing to accept as payment
 in full for health care services provided by that provider.
- 2.19 **EFFECTIVE DATE.** This section is effective January 1, 2021.

Sec. 2. 2