12/28/18

## SENATE STATE OF MINNESOTA NINETY-FIRST SESSION

## S.F. No. 131

(SENATE AUTHORS: DRAHEIM, Jensen, Mathews, Klein and Koran)			
DATE	D-PG	OFFICIAL STATUS	
01/14/2019	81	Introduction and first reading	
		Referred to Health and Human Services Finance and Policy	
01/17/2019	119	Author added Klein	
01/31/2019	228	Author added Koran	
02/11/2019	318	Comm report: To pass	
	318	Second reading	
02/21/2019	494	Special Order	
	494	Third reading Passed	
04/08/2019	2245	Returned from House	
		Presentment date 04/09/2019	
04/23/2019	3048	Governor's action Approval 04/11/2019	
	3048	Secretary of State Chapter 7 04/11/2019	
		Effective date 08/01/19	

1.1	A bill for an act
1.2 1.3	relating to health care; requiring facility fee disclosure; proposing coding for new law in Minnesota Statutes, chapter 62J.

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

## 1.5 Section 1. [62J.824] FACILITY FEE DISCLOSURE.

1.6 (a) Prior to the delivery of nonemergency services, a provider-based clinic that charges

1.7 <u>a facility fee shall provide notice to any patient stating that the clinic is part of a hospital</u>

1.8 and the patient may receive a separate charge or billing for the facility component, which

1.9 may result in a higher out-of-pocket expense.

## 1.10 (b) Each health care facility must post prominently in locations easily accessible to and

1.11 visible by patients, including its website, a statement that the provider-based clinic is part

1.12 of a hospital and the patient may receive a separate charge or billing for the facility, which

- 1.13 <u>may result in a higher out-of-pocket expense.</u>
- 1.14 (c) This section does not apply to laboratory services, imaging services, or other ancillary

1.15 health services that are provided by staff who are not employed by the health care facility

- 1.16 or clinic.
- 1.17 (d) For purposes of this section:
- 1.18 (1) "facility fee" means any separate charge or billing by a provider-based clinic in
- 1.19 addition to a professional fee for physicians' services that is intended to cover building,
- 1.20 electronic medical records systems, billing, and other administrative and operational
- 1.21 expenses; and

2.1	(2) "provider-based clinic" means the site of an off-campus clinic or provider office
2.2	located at least 250 yards from the main hospital buildings or as determined by the Centers
2.3	for Medicare and Medicaid Services, that is owned by a hospital licensed under chapter 144
2.4	or a health system that operates one or more hospitals licensed under chapter 144, and is
2.5	primarily engaged in providing diagnostic and therapeutic care, including medical history,
2.6	physical examinations, assessment of health status, and treatment monitoring. This definition
2.7	does not include clinics that are exclusively providing laboratory, x-ray, testing, therapy,
2.8	pharmacy, or educational services and does not include facilities designated as rural health

2.9 <u>clinics.</u>