

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 354

(SENATE AUTHORS: JENSEN, Goggin, Westrom and Abeler)

DATE	D-PG	OFFICIAL STATUS
01/22/2019	134	Introduction and first reading Referred to Commerce and Consumer Protection Finance and Policy

1.1 A bill for an act

1.2 relating to health insurance; requiring health carriers to offer one health plan that

1.3 is an any willing provider option; proposing coding for new law in Minnesota

1.4 Statutes, chapter 62K.

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

1.6 Section 1. **[62K.16] ANY WILLING PROVIDER HEALTH PLAN OPTION**

1.7 **PROTECTING CHOICE FOR PATIENTS.**

1.8 (a) A health carrier must offer at least one health plan in individual and small group

1.9 markets if the health carrier offers products in that market that maintain a provider network

1.10 that is open to all licensed health care providers in the state who agree to accept the terms

1.11 and conditions that are offered by the health carrier, so long as the same terms and conditions

1.12 are offered to all network providers.

1.13 (b) The health carrier may require the provider to meet reasonable referral, utilization

1.14 review, and quality assurance requirements on the same basis as other network providers.

1.15 (c) The provider and health carrier may negotiate the payment for covered services

1.16 provided by the provider. The rates must be at least 120 percent of the rates defined by the

1.17 most recent Medicare Physician Fee Schedule Scale as promulgated by the Centers for

1.18 Medicare and Medicaid Services, and for primary care providers who are certified as health

1.19 care homes under section 256B.0751, the rates must be at least 140 percent.

1.20 (d) The health carrier shall not impose a co-payment, fee, or other cost-sharing

1.21 requirement for selecting or designating a network provider or impose other conditions that

1.22 may limit an enrollee's ability to utilize any provider with the health carrier's provider

1.23 network. The health carrier may impose cost-sharing requirements, fees, conditions, or

2.1 limits upon an enrollee's selection or designation if the requirements, fees, conditions, or
2.2 limits apply to all the providers within the health plan's network.

2.3 (e) Nothing in this section requires a provider to contract with a health carrier or accept
2.4 a specific payment rate for services provided.

2.5 (f) Nothing in this section shall be construed to require a health carrier to provide coverage
2.6 for a health care service or treatment that is not covered under the enrollee's health plan.