

**SENATE**  
**STATE OF MINNESOTA**  
**NINETIETH SESSION**

**S.F. No. 3667**

(SENATE AUTHORS: JENSEN)

DATE  
03/21/2018

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OFFICIAL STATUS  
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 care; requiring health plan companies to count payments to  
 1.3 out-of-network providers toward an enrollee's annual deductible; proposing coding  
 1.4 for new law in Minnesota Statutes, chapter 62Q.

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

1.6 Section 1. **[62Q.495] DEDUCTIBLES FOR SERVICES PROVIDED BY**  
 1.7 **OUT-OF-NETWORK PROVIDERS.**

1.8 (a) If a health plan imposes an annual deductible that the enrollee is responsible for  
 1.9 meeting, the health plan company must count any payment made by the enrollee to a provider  
 1.10 for a health care service covered under the enrollee's health plan toward the enrollee's  
 1.11 applicable deductible amount, regardless of whether the provider is in-network or  
 1.12 out-of-network. If the service is performed by an out-of-network provider, the amount that  
 1.13 may be counted toward the enrollee's deductible limit is limited to the amount the enrollee  
 1.14 would have been required to pay to an in-network provider for the same service if the actual  
 1.15 amount paid by the enrollee to the out-of-network provider is greater. Once the enrollee  
 1.16 meets the health plan's deductible, the health plan may require the enrollee to receive covered  
 1.17 services from an in-network provider or pay a higher cost-sharing amount if the service is  
 1.18 provided by an out-of-network provider.

1.19 (b) Nothing in this section shall require a health plan company to pay for services  
 1.20 provided by an out-of-network provider, unless required under the terms of the enrollee's  
 1.21 health plan, or require a health plan company to provide coverage for a health care service  
 1.22 that is not covered under the enrollee's health plan.

- 2.1 **EFFECTIVE DATE.** This section is effective January 1, 2019, and applies to any health
- 2.2 plan issued or renewed on or after that date.