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## State of Minnesota

## HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2768

03/08/2016 Authored by Atkins, Mullery, Mahoney, Nelson and Freiberg The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act 1.1 relating to health care cost containment; modifying disclosure and billing 12 requirements in certain circumstances; amending Minnesota Statutes 2014, 1.3 section 62J.81. 1.4

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

Section 1. Minnesota Statutes 2014, section 62J.81, is amended to read:

## 62J.81 DISCLOSURE OF PAYMENTS ESTIMATED BILLING AND PAYMENT AMOUNTS FOR HEALTH CARE SERVICES; LIMITATION ON **OUT-OF-POCKET COSTS.**

Subdivision 1. Required disclosure of estimated billing and payment amounts. (a) A health care provider, as defined in section 62J.03, subdivision 8, or the provider's designee as agreed to by that designee, shall, at the request of a consumer, and at no cost to the consumer or the consumer's employer, provide that consumer with a good faith estimate of the total amount the health care provider expects to bill for the health care services specified by the consumer; the allowable payment the provider has agreed to accept from the consumer's health plan company for the services specified by the consumer, specifying the amount of the allowable payment due from the health plan company; and the consumer's estimated out-of-pocket costs for the services specified by the consumer. Health plan companies must allow contracted providers, or their designee, to release this information. If a consumer has no applicable public or private coverage, the health care provider must give the consumer, and at no cost to the consumer, a good faith estimate of the average allowable reimbursement the provider accepts as payment from private third-party payers for the services specified by the consumer and the estimated amount the noncovered consumer will be required to pay. Payment information provided

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by a provider, or by the provider's designee as agreed to by that designee, to a patient pursuant to this subdivision does not constitute constitutes a legally binding estimate of the allowable charge for or cost to the consumer of services for purposes of limiting consumer out-of-pocket costs under subdivision 3.

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- (b) A health plan company, as defined in section 62J.03, subdivision 10, shall, at the request of an enrollee intending to receive specific health care services or the enrollee's designee, provide that enrollee with a good faith estimate of the allowable amount the health plan company has contracted for with a specified provider within the network as total payment for a health care service specified by the enrollee and the portion of the allowable amount due from the enrollee and the enrollee's out-of-pocket costs. An estimate provided to an enrollee under this paragraph is not a legally binding estimate of the allowable amount or enrollee's out-of-pocket cost.
- Subd. 2. **Applicability.** For purposes of this section, "consumer" does not include a medical assistance, or MinnesotaCare, or general assistance medical care enrollee, for services covered under those programs.
- Subd. 3. Limitation on out-of-pocket costs. A health care provider shall not charge a consumer more than 110 percent of the consumer's estimated out-of-pocket costs disclosed by the health care provider according to subdivision 1, paragraph (a). The limitation in this subdivision does not apply to emergency services or to additional services provided in a consumer's course of treatment for which disclosure was provided under subdivision 1, paragraph (a), if the provider reasonably determined in the course of treatment that additional services were needed to treat the consumer. For purposes of this subdivision, "emergency services" has the meaning given in section 62Q.55, subdivision 3.

Section 1. 2