

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1577

(SENATE AUTHORS: CLAUSEN)

DATE
03/01/2017

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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 insurance; requiring coverage for treatment and services provided by

1.3 mental health professionals and clinical trainees; requiring a denial of a claim for

1.4 mental health services be made or reviewed by a licensed mental health

1.5 professional; amending Minnesota Statutes 2016, section 62A.15, subdivision 4,

1.6 by adding a subdivision.

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

1.8 Section 1. Minnesota Statutes 2016, section 62A.15, is amended by adding a subdivision

1.9 to read:

1.10 Subd. 3c. **Mental health services.** All benefits provided by a policy or contract referred

1.11 to in subdivision 1 relating to expenses incurred for mental health treatment or services

1.12 provided by a mental health professional must also include treatment and services provided

1.13 by a clinical trainee to the extent that the services and treatment are within the scope of

1.14 practice of the clinical trainee according to Minnesota Rules, part 9505.0371, subpart 5,

1.15 item C. This subdivision is intended to provide equal payment of benefits for mental health

1.16 treatment and services provided by a mental health professional, as defined in Minnesota

1.17 Rules, part 9505.0371, subpart 5, item A, or a clinical trainee and is not intended to change

1.18 or add to the benefits provided for in those policies or contracts.

1.19 **EFFECTIVE DATE.** This section is effective January 1, 2018, and applies to policies

1.20 and contracts offered, issued, or renewed on or after that date.

1.21 Sec. 2. Minnesota Statutes 2016, section 62A.15, subdivision 4, is amended to read:

1.22 Subd. 4. **Denial of benefits.** (a) No carrier referred to in subdivision 1 may, in the

1.23 payment of claims to employees in this state, deny benefits payable for services covered by

the policy or contract if the services are lawfully performed by a licensed chiropractor, licensed optometrist, a registered nurse meeting the requirements of subdivision 3a, or a licensed acupuncture practitioner.

(b) When carriers referred to in subdivision 1 make claim determinations concerning the appropriateness, quality, or utilization of chiropractic health care for Minnesotans, any of these determinations that are made by health care professionals must be made by, or under the direction of, or subject to the review of licensed doctors of chiropractic.

(c) When a carrier referred to in subdivision 1 makes a denial of payment claim determination concerning the appropriateness, quality, or utilization of acupuncture services for individuals in this state performed by a licensed acupuncture practitioner, a denial of payment claim determination that is made by a health professional must be made by, under the direction of, or subject to the review of a licensed acupuncture practitioner.

(d) When a carrier referred to in subdivision 1 makes a denial of payment claim determination concerning the appropriateness, quality, or utilization of mental health services for individuals in this state performed by a licensed mental health professional or clinical trainee, a denial of payment claim determination that is made by a health professional must be made by, under the direction of, or subject to the review of a licensed mental health professional.

EFFECTIVE DATE. This section is effective January 1, 2018, and applies to policies and contracts offered, issued, or renewed on or after that date.