

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 2745

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DATE
02/26/2018

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health care; adding enforcement authority to the price disclosure
1.3 requirements for providers and health plan companies; amending Minnesota Statutes
1.4 2016, section 62J.81.

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

1.6 Section 1. Minnesota Statutes 2016, section 62J.81, is amended to read:

1.7 **62J.81 DISCLOSURE OF PAYMENTS FOR HEALTH CARE SERVICES.**

1.8 Subdivision 1. ~~Required disclosure of estimated payment by provider.~~ (a) A health
1.9 care provider, as defined in section 62J.03, subdivision 8, or the provider's designee as
1.10 agreed to by that designee, shall, at the request of a consumer, and at no cost to the consumer
1.11 or the consumer's employer, provide that consumer with a good faith estimate of the allowable
1.12 payment the provider has agreed to accept from the consumer's health plan company for
1.13 the services specified by the consumer, specifying the amount of the allowable payment
1.14 due from the health plan company. ~~Health plan companies must allow contracted providers,~~
1.15 ~~or their designee, to release this information.~~ If a consumer has no applicable public or
1.16 private coverage, the health care provider must give the consumer, and at no cost to the
1.17 consumer, a good faith estimate of the average allowable reimbursement the provider accepts
1.18 as payment from private third-party payers for the services specified by the consumer and
1.19 the estimated amount the noncovered consumer will be required to pay.

1.20 (b) In addition to the information required to be disclosed under paragraph (a), a provider
1.21 must also provide the consumer with information regarding other types of fees or charges
1.22 that the consumer may be required to pay in conjunction with a visit to the provider, including
1.23 but not limited to any applicable facility fees.

(c) The information required under this subdivision must be provided to a consumer within two business days from the day the request was received.

(d) Payment information provided 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 a legally binding estimate of the allowable charge for or cost to the consumer of services.

(e) No contract between a health plan company and a provider shall prohibit a provider from disclosing the pricing information required under this subdivision.

Subd. 1a. Required disclosure by health plan company. ~~(b)~~ (a) 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.

(b) The information required under this subdivision must be provided by the health plan company to an enrollee within two business days from the day the request was received.

Subd. 2. Applicability. ~~For purposes of this section, "consumer" does not include a medical assistance or MinnesotaCare enrollee, for services covered under those programs.~~

Subd. 3. Enforcement. (a) The commissioner of health shall enforce this section. Any provider or health plan company found in violation of this section may be subject to a fine of up to \$1,000 a day, not to exceed \$10,000 per violation. Any fine levied under this subdivision is subject to the contested case hearing and judicial review process of chapter 14.

(b) Nothing in paragraph (a) precludes a provider from disciplinary action by a health-related licensing board; or a health plan company from being subject to section 45.027 or chapters 62D or 72A.

Subd. 4. Applicability. For purposes of this section, "consumer" does not include a medical assistance or MinnesotaCare enrollee, for services covered under those programs.

EFFECTIVE DATE. This section is effective July 1, 2019.