

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 3389

(SENATE AUTHORS: ABELER and Hoffman)

DATE	D-PG	OFFICIAL STATUS
03/31/2016	5427	Introduction and first reading Referred to Commerce

1.1 A bill for an act

1.2 relating to health insurance; clarifying that a health maintenance contract may

1.3 not impose an out-of-pocket maximum greater than is permitted under the

1.4 Affordable Care Act; requiring health plan companies to offer a provider contract

1.5 to any provider that meets certain criteria; amending Minnesota Statutes 2014,

1.6 section 62D.095, subdivision 4; proposing coding for new law in Minnesota

1.7 Statutes, chapter 62Q.

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

1.9 Section 1. Minnesota Statutes 2014, section 62D.095, subdivision 4, is amended to read:

1.10 Subd. 4. **Annual out-of-pocket maximums.** A health maintenance contract may

1.11 impose an annual out-of-pocket maximum consistent with the provisions of the Affordable

1.12 Care Act as defined under section 62A.011, subdivision 1a. No health maintenance

1.13 contract may impose a greater out-of-pocket maximum than is permitted under the

1.14 Affordable Care Act.

1.15 Sec. 2. **[62Q.195] ANY WILLING PROVIDER.**

1.16 (a) No health plan company shall deny a health care provider the right to participate

1.17 in any of its provider network contracts in this state if:

- 1.18 (1) the provider's scope of practice is covered under the health plan;
- 1.19 (2) the provider is located within the area served by the health plan company;
- 1.20 (3) the provider meets the health plan company's credentialing standards; and
- 1.21 (4) the provider agrees to meet all data requirements, utilization review, and quality
- 1.22 assurance requirements that may be imposed by the health plan company.

1.23 (b) No health plan company shall impose a co-payment, fee, or other cost-sharing

1.24 requirement for selecting a particular health care provider of the enrollee's choosing or

2.1 impose other conditions that limit or restrict an enrollee's ability to utilize a specific health
2.2 care provider of the enrollee's choosing, unless the health plan company imposes the same
2.3 cost-sharing requirements, fees, or conditions on an enrollee's selection of any of the
2.4 health care providers within the health plan company's provider network in this state.

2.5 (c) For purposes of this section, health care provider has the meaning defined in
2.6 section 62Q.733, subdivision 3.

2.7 **EFFECTIVE DATE.** This section is effective January 1, 2017.