62Q.43 GEOGRAPHIC ACCESS.

Subdivision 1. **Closed-panel health plan.** For purposes of this section, "closed-panel health plan" means a health plan as defined in section 62Q.01 that requires an enrollee to receive all or a majority of primary care services from a specific clinic or primary care provider designated by the enrollee that is within the health plan company's clinic or provider network.

Subd. 2. **Access requirement.** Every closed-panel health plan must allow enrollees under the age of 26 years to change their designated clinic or primary care provider at least once per month, as long as the clinic or provider is part of the health plan company's statewide clinic or provider network. A health plan company shall not charge enrollees who choose this option higher premiums or cost sharing than would otherwise apply to enrollees who do not choose this option. A health plan company may require enrollees to provide 15 days' written notice of intent to change their designated clinic or primary care provider.

History: *1995 c 234 art 2 s 27; 2013 c 84 art 1 s 73; 2020 c 115 art 4 s 9,10*