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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1155

02/01/2023 Authored by Reyer; Hanson, J.; Nadeau and Daudt
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act
1.2 relating to insurance; changing definition of covered services for dental care;
1.3 amending Minnesota Statutes 2022, section 62Q.78, subdivision 6.

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

1.5 Section 1. Minnesota Statutes 2022, section 62Q.78, subdivision 6, is amended to read:

1.6 Subd. 6. Payment for covered services. (a) No contract of any dental plan or dental
1.7 organization that covers any dental services or dental provider agreement with a dentist
1.8 may require, directly or indirectly, that a dentist provide services to an enrolled participant
1.9 at a fee set by, or at a fee subject to the approval of, the dental plan or dental organization
1.10 unless the dental services are covered services.

1.11 (b) A dental plan or dental organization or other person providing third-party
1.12 administrator services shall not make available any providers in its dentist network to a plan
1.13 that sets dental fees for any services except covered services.

1.14 (c) "Covered services" means dental care services ~~for which a reimbursement is available~~
1.15 ~~under an enrollee's plan contract, or for which a reimbursement would be available but for~~
1.16 ~~the application of contractual limitations such as deductibles, co-payments, coinsurance,~~
1.17 ~~waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit~~
1.18 ~~payments, or any other limitation~~ that are reimbursed in whole or in part under a dental
1.19 provider agreement.

1.20 (d) Nothing in this section shall be construed as limiting the ability of a dental plan or
1.21 dental organization or other person providing third party administrator services to restrict
1.22 any of the following as they relate to covered services:

- 2.1 (1) balance billing;
- 2.2 (2) waiting periods;
- 2.3 (3) frequency limitations;
- 2.4 (4) deductibles; or
- 2.5 (5) maximum annual benefits.