01/19/23

SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

S.F. No. 1040

 (SENATE AUTHORS: BOLDON, Utke, Mann, Gruenhagen and Morrison)

 DATE
 D-PG
 OFFICIAL STATUS

 02/01/2023
 Introduction and first reading Referred to Commerce and Consumer Protection

1.1	A bill for an act
1.2 1.3	relating to insurance; changing definition of covered services for dental care; 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:

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- 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.