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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH SESSION

HOUSE FILE NO. 2183

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The bill was read for the first time and referred to the Committee on Health and Human Services

A bill for an act
relating to health care; regulating certain high deductible health plans; amending Minnesota Statutes 2006, section 62Q.65.

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

Section 1. Minnesota Statutes 2006, section 62Q.65, is amended to read:

62Q.65 ~~ACCESS TO PROVIDER DISCOUNTS~~ HIGH DEDUCTIBLE HEALTH PLAN REGULATION.

Subdivision 1. **Application.** Subdivisions 1 to 3 and 5 apply to a high deductible health plan when used in connection with a medical savings account or health savings account. Subdivision 4 applies to a high deductible health plan whether or not it is used in connection with a medical savings account or health savings account.

~~Subdivision 1~~ Subd. 2. ~~**Requirement**~~ **Access to provider discounts.** A high deductible health plan must~~, when used in connection with a medical savings account or health savings account,~~ provide the enrollee access to any discounted provider fees for services covered by the high deductible health plan, regardless of whether the enrollee has satisfied the deductible for the high deductible health plan.

Subd. 3. **Assignment of benefits.** A high deductible health plan must require the enrollee to assign benefits from the plan to the health care provider providing health care services to the enrollee.

Subd. 4. **Estimated payments to providers.** A high deductible health plan must not prohibit or restrict a health care provider from collecting an estimated payment for health care services provided to an enrollee before an explanation of benefits is received by the enrollee. The estimated payment must be based on the expected allowable

reimbursement for the requested service from either or both of the following: (1) the plan; or (2) the enrollee.

Subd. 5. **Participation limits on providers.** A high deductible health plan must not prohibit or restrict a health care provider from entering into a provider agreement with the issuer of the high deductible health plan, or an affiliate of the issuer, for use in connection with the high deductible health plan if the health care provider:

(1) meets the issuer's credentialing standards;

(2) agrees to the terms of the provider agreement; and

(3) agrees to comply with all managed care protocols of the issuer.

Subd. ~~2.~~ 6. **Definitions.** For purposes of this section, the following terms have the meanings given:

(1) "high deductible health plan" has the meaning given under the Internal Revenue Code of 1986, section 220(c)(2), with respect to a medical savings account; and the meaning given under Internal Revenue Code of 1986, section 223(c)(2), with respect to a health savings account;

(2) "medical savings account" has the meaning given under the Internal Revenue Code of 1986, section 220(d)(1);

(3) "discounted provider fees" means fees contained in a provider agreement entered into by the issuer of the high deductible health plan, or an affiliate of the issuer, for use in connection with the high deductible health plan; and

(4) "health savings account" has the meaning given under the Internal Revenue Code of 1986, section 223(d).

Sec. 2. **EFFECTIVE DATE; APPLICATION.**

Section 1 is effective August 1, 2007, and applies to high deductible health plans offered, sold, issued, or renewed on or after that date.