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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH  
SESSION

HOUSE FILE No. **2941**

February 12, 2010

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

1.1 A bill for an act  
1.2 relating to insurance; regulating dental insurance provider agreements; amending  
1.3 Minnesota Statutes 2008, section 62Q.76, subdivision 1; proposing coding for  
1.4 new law in Minnesota Statutes, chapter 62Q.

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

1.6 Section 1. Minnesota Statutes 2008, section 62Q.76, subdivision 1, is amended to read:

1.7 Subdivision 1. **Applicability.** For purposes of sections 62Q.76 to ~~62Q.79~~ 62Q.791,  
1.8 the terms defined in this section have the meanings given them.

1.9 Sec. 2. **[62Q.791] CONTRACTS WITH DENTAL CARE PROVIDERS.**

1.10 Notwithstanding any other provisions of law, no dental plan or dental provider  
1.11 agreement of any dental organization for provision of dental care services may:

1.12 (1) require, directly or indirectly, that a participating dentist provide services to its  
1.13 enrollees at a fee set by the dental organization, unless the services provided are covered  
1.14 dental care services for enrollees under the dental plan or provider agreement; or

1.15 (2) prohibit, directly or indirectly, the participating dentist from offering or providing  
1.16 dental services that are not covered dental care services under the dental plan or provider  
1.17 agreement or not reimbursable at the expense of the dental organization, on terms and  
1.18 conditions acceptable to the enrollee and the participating dentist.

1.19 For purposes of this section, "covered dental care services" means dental care  
1.20 services that are expressly covered under the dental plan or provider agreement, including  
1.21 dental care services that are subject to contractual limitations such as deductibles, annual  
1.22 maximums, and waiting periods.

- 2.1 **EFFECTIVE DATE.** This section is effective August 1, 2010, and applies to dental
- 2.2 plans and provider agreements entered into on or after that date.