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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

March 8, 2010

Committee Recommendation and Adoption of Report:

To Pass as Amended and re-referred to the Committee on Commerce and Labor

March 17, 2010

Committee Recommendation and Adoption of Report:

To Pass

Read Second Time

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~~ contract, health care provider, dental plan, dental
1.9 organization, dentist, and enrollee have the meanings given them in sections 62Q.733
1.10 and 62Q.76.

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

1.12 (a) Notwithstanding any other provision of law, no contract of any dental
1.13 organization licensed under chapter 62C for provision of dental care services may:

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

1.17 (2) prohibit, directly or indirectly, the dentist or health care provider from offering or
1.18 providing dental care services that are not covered dental care services under the dental
1.19 plan or contract, on terms and conditions acceptable to the enrollee and the dentist or
1.20 health care provider. For purposes of this section, "covered dental care services" means
1.21 dental care services that are expressly covered under the dental plan or contract, including
1.22 dental care services that are subject to contractual limitations such as deductibles,
1.23 co-payments, annual maximums, and waiting periods.

2.1 (b) When making payment or otherwise adjudicating any claim for dental care
2.2 services provided to an enrollee, a dental organization or dental plan must clearly identify
2.3 on an explanation of benefits form or other form of claim resolution the amount, if any,
2.4 that is the enrollee's responsibility to pay to the enrollee's dentist or health care provider.

2.5 (c) This section does not apply to any contract for the provision of dental care
2.6 services under any public program sponsored or funded by the state or federal government.

2.7 **EFFECTIVE DATE.** This section is effective August 1, 2010.