

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES  
NINETIETH SESSION

H. F. No. **1554**

02/22/2017 Authored by Dean, M.; Albright and Lohmer  
The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform

1.1 A bill for an act  
1.2 relating to health care; requiring health plan companies to offer enrollees choice  
1.3 in primary care providers; proposing coding for new law in Minnesota Statutes,  
1.4 chapter 62Q; repealing Minnesota Statutes 2016, section 62Q.57.

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

1.6 Section 1. **[62Q.575] ACCESS TO PRIMARY CARE PROVIDERS.**

1.7 Subdivision 1. **Enrollee choice.** No health plan company shall limit or restrict an  
1.8 enrollee's ability to select or designate a primary care provider of the enrollee's choice if  
1.9 the primary care provider has agreed to the terms of the health plan company's provider  
1.10 contract.

1.11 Subd. 2. **Provider network.** (a) No health plan company shall deny a primary care  
1.12 provider the right to participate in its provider in-network contracts if the following conditions  
1.13 are met:

1.14 (1) the primary care provider has a valid license to practice the provider's profession in  
1.15 this state; and

1.16 (2) the provider agrees to accept the terms and conditions offered by the health plan  
1.17 company.

1.18 (b) A health plan company may require the primary care provider to meet reasonable  
1.19 data requirements and utilization, review, and quality assurance requirements on the same  
1.20 basis as others.

1.21 (c) The primary care provider must agree to serve all enrollees of the health care company  
1.22 who choose the primary care provider.

2.1 Subd. 3. **Cost-sharing or other conditions.** (a) No health plan company shall impose  
2.2 a co-payment, fee, or other cost-sharing requirement for selecting a primary care provider  
2.3 of the enrollee's choosing or impose other conditions that limit or restrict an enrollee's ability  
2.4 to utilize a primary care provider of the enrollee's choosing, unless the health plan company  
2.5 imposes the same cost-sharing requirements, fees, conditions, or limits upon an enrollee's  
2.6 selection of any of the primary care providers within the health plan company's provider  
2.7 in-network contracts.

2.8 (b) A primary care provider may negotiate the payment rate for covered services provided  
2.9 by the provider. This rate must be the same rate per unit of service as is paid to other  
2.10 in-network primary care providers located within the same geographic area for the same or  
2.11 similar services.

2.12 Subd. 4. **Exclusions.** (a) This section does not apply to enrollees who are enrolled in a  
2.13 public health care program under chapter 256B or 256L.

2.14 (b) This section does not waive any exclusions of coverage under the terms and conditions  
2.15 of the enrollee's health plan with respect to primary care coverage.

2.16 Sec. 2. **REPEALER.**

2.17 Minnesota Statutes 2016, section 62Q.57, is repealed.

2.18 Sec. 3. **EFFECTIVE DATE.**

2.19 Sections 1 and 2 are effective January 1, 2018, and apply to any health plan issued or  
2.20 renewed on or after that date.

**62Q.57 DESIGNATION OF PRIMARY CARE PROVIDER.**

Subdivision 1. **Choice of primary care provider.** (a) If a health plan company offering a group health plan, or an individual health plan that is not a grandfathered plan, requires or provides for the designation by an enrollee of a participating primary care provider, the health plan company shall permit each enrollee to:

(1) designate any participating primary care provider available to accept the enrollee; and  
(2) for a child, designate any participating physician who specializes in pediatrics as the child's primary care provider and is available to accept the child.

(b) This section does not waive any exclusions of coverage under the terms and conditions of the health plan with respect to coverage of pediatric care.

Subd. 2. **Notice.** A health plan company shall provide notice to enrollees of the provisions of subdivision 1 in accordance with the requirements of the Affordable Care Act.

Subd. 3. **Enforcement.** The commissioner shall enforce this section.