State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 1936

03/04/2021 Authored by Kotyza-Witthuhn and Albright
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy
03/07/2022 Adoption of Report: Placed on the General Register
Read for the Second Time

A bill for an act

relating to health care; requiring health plan companies to establish an appeal process for providers to access if the provider's contract is terminated for cause; prohibiting a health plan company from terminating a provider's contract without cause; amending Minnesota Statutes 2020, section 62Q.733, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 62Q; repealing Minnesota Statutes 2020, section 62Q.56, subdivision 1a.

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

Section 1. Minnesota Statutes 2020, section 62Q.733, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** For purposes of sections 62Q.732 to ~~62Q.739~~ 62Q.7391, the following definitions apply.

Sec. 2. **[62Q.7391] HEALTH CARE PROVIDER CONTRACT TERMINATION.**

Subdivision 1. **Termination for cause.** (a) A contract between a health care provider and a health plan company may be terminated by the health plan company for cause only if the contract includes an appeal process for the provider to appeal the termination. The health plan company must provide the provider with written notice of termination that includes:

(1) the reasons for the termination;

(2) the date upon which the termination is effective; and

(3) a statement that the provider has the right to appeal the termination decision and a description of the appeal process available to the provider to request an appeal.

(b) The process must permit the provider with the opportunity to request an appeal and present any relevant documents and arguments against termination. The process must also include an internal and an external review, if the internal review upholds the decision to terminate. The external review must be conducted by an independent external review entity agreed to by the provider. The decision of the external review entity is final. If the external review entity determines that the reason for termination is not supported, then the provider's contract with the health plan company must be reinstated.

(c) Each health plan company must submit for approval the appeal process required under this subdivision to the commissioner of commerce or health depending on the agency that regulates the health plan company. If the health plan company fails to submit the process or the appeal process is not approved, the commissioner may take regulatory action against the health plan company.

Subd. 2. **Termination not for cause.** A health plan company is prohibited from terminating a contract with a health care provider without cause.

Sec. 3. **REPEALER.**

Minnesota Statutes 2020, section 62Q.56, subdivision 1a, is repealed.

62Q.56 CONTINUITY OF CARE.

Subd. 1a. **Change in health care provider; termination not for cause.** (a) If the contract termination was not for cause and the contract was terminated by the health plan company, the health plan company must provide the terminated provider and all enrollees being treated by that provider with notification of the enrollees' rights to continuity of care with the terminated provider.

(b) The health plan company must provide, upon request, authorization to receive services that are otherwise covered under the terms of the health plan through the enrollee's current provider:

(1) for up to 120 days if the enrollee is engaged in a current course of treatment for one or more of the following conditions:

(i) an acute condition;

(ii) a life-threatening mental or physical illness;

(iii) pregnancy beyond the first trimester of pregnancy;

(iv) a physical or mental disability defined as an inability to engage in one or more major life activities, provided that the disability has lasted or can be expected to last for at least one year, or can be expected to result in death; or

(v) a disabling or chronic condition that is in an acute phase; or

(2) for the rest of the enrollee's life if a physician, advanced practice registered nurse, or physician assistant certifies that the enrollee has an expected lifetime of 180 days or less.

For all requests for authorization to receive services under this paragraph, the health plan company must grant the request unless the enrollee does not meet the criteria provided in this paragraph.

(c) The health plan company shall prepare a written plan that provides a process for coverage determinations regarding continuity of care of up to 120 days for enrollees who request continuity of care with their former provider, if the enrollee:

(1) is receiving culturally appropriate services and the health plan company does not have a provider in its preferred provider network with special expertise in the delivery of those culturally appropriate services within the time and distance requirements of section 62D.124, subdivision 1; or

(2) does not speak English and the health plan company does not have a provider in its preferred provider network who can communicate with the enrollee, either directly or through an interpreter, within the time and distance requirements of section 62D.124, subdivision 1.

The written plan must explain the criteria that will be used to determine whether a need for continuity of care exists and how it will be provided.