

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **4549**

- 1.1 A bill for an act
- 1.2 relating to health; modifying requirements for information on patient medical bills;
- 1.3 amending Minnesota Statutes 2018, sections 62J.701; 62J.72, subdivision 3.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. Minnesota Statutes 2018, section 62J.701, is amended to read:
- 1.6 **62J.701 GOVERNMENTAL PROGRAMS.**
- 1.7 ~~(a) Beginning January 1, 1999, the provisions in paragraphs (b) to (e) apply.~~
- 1.8 ~~(b)~~ (a) For purposes of sections 62J.695 to 62J.80, the requirements and other provisions
- 1.9 that apply to health plan companies also apply to governmental programs.
- 1.10 ~~(e)~~ (b) For purposes of this section, "governmental programs" means the medical
- 1.11 assistance program, the MinnesotaCare program, the state employee group insurance
- 1.12 program, the public employees insurance program under section 43A.316, and coverage
- 1.13 provided by political subdivisions under section 471.617.
- 1.14 ~~(d)~~ (c) Notwithstanding paragraph ~~(b)~~ (a), section 62J.72 ~~does~~, subdivisions 1, 2, and 3,
- 1.15 paragraph (a), do not apply to the fee-for-service programs under medical assistance and
- 1.16 MinnesotaCare, and section 62J.72, subdivision 3, paragraph (b), does not apply to enrollees
- 1.17 covered by medical assistance, MinnesotaCare, or Medicare.
- 1.18 ~~(e)~~ (d) If a state commissioner or local unit of government contracts with a health plan
- 1.19 company or a third-party administrator, the contract may assign any obligations under
- 1.20 paragraph ~~(b)~~ (a) to the health plan company or third-party administrator. Nothing in this
- 1.21 paragraph shall be construed to remove or diminish any enforcement responsibilities of the
- 1.22 commissioners of health or commerce provided in sections 62J.695 to 62J.80.

2.1 **EFFECTIVE DATE.** This section is effective January 1, 2021.

2.2 Sec. 2. Minnesota Statutes 2018, section 62J.72, subdivision 3, is amended to read:

2.3 Subd. 3. **Information on patients' medical bills.** (a) A health plan company and health  
2.4 care provider shall provide patients and enrollees with a copy of an explicit and intelligible  
2.5 bill ~~whenever the patient or enrollee is sent a bill and is responsible for paying any portion~~  
2.6 ~~of that bill.~~ The bills must contain descriptive language sufficient to be understood by the  
2.7 average patient or enrollee. A patient or enrollee may request in writing from a provider or  
2.8 health plan company an itemized bill that includes all charges for which the provider bills  
2.9 the patient for services provided. This subdivision does not apply to a flat co-pay paid by  
2.10 the patient or enrollee at the time the service is required.

2.11 (b) In addition to the requirements in paragraph (a), when a health care provider transmits  
2.12 a bill to a patient, the bill must specify the following for the health care services provided:

2.13 (1) the dollar amount the provider is willing to accept as payment in full;

2.14 (2) the Medicare-allowable fee-for-service payment rate; and

2.15 (3) the provider's Medicare percent.

2.16 (c) For purposes of this subdivision, "Medicare percent" means the percentage of the  
2.17 Medicare allowable payment rate that a health care provider is willing to accept as payment  
2.18 in full for health care services provided by that provider.

2.19 **EFFECTIVE DATE.** This section is effective January 1, 2021.