

Subject Surprise billing for emergency services

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## Summary

Section	Description
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1	<b>Unauthorized provider services.</b>
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**Subd. 1. Unauthorized provider services.** (a) Defines unauthorized provider services as:

- 1) emergency services from an out-of-network health care provider, hospital, or other facility;
- 2) services from an out-of-network health care provider at an in-network hospital or ambulatory surgical center.

(b) Provides that services described in clause (2) do not apply when an enrollee has requested a specific out-of-network health care provider instead of an available in-network provider for nonemergency services. The request must be in writing and given to the provider at least three days before a procedure.

**Subd. 2. Prohibition.** (b) Prohibits a health care provider, hospital, lab, or other facility from billing an enrollee for unauthorized provider services in an amount greater than their financial responsibility would be for services provided in-network.

(d) Requires the commissioners of health and commerce, with assistance from the Bureau of Mediation Services, to create a list of arbitrators to resolve disputes under this section.

**Subd. 3. Annual data reporting.** (a) Requires a health plan company to report annually to the commissioner:

- 1) the total number of claims and total billed and paid amounts for Minnesota-based out-of-network provider services;
- 2) the total number of claims and total billed and paid amounts for unauthorized provider services; and
- 3) the total number of enrollee complaints received regarding unauthorized provider services.

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(b) Allows the commissioners of commerce and health to develop a format for health plan companies to comply with paragraph (a).

**Subd. 4. Enforcement.** (a) States that any provider licensed under chapters 144, 147, 148, or 150 is subject to this section.

(b) Allows the commissioner of commerce or health to enforce this section. Allows the commissioner of health to investigate any hospital or facility licensed under chapter 144 if they believe that this section has been violated. The commissioner may use all their abilities pursuant to chapter 144 or may refer the potential violation to the relevant licensing board.

(c) Allows a health-related licensing board to investigate and enforce this section if they have cause to believe a provider has violated this section.



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