

1.1 moves to amend H.F. No. 779, the first engrossment, as follows:

1.2 Page 1, line 23, before the period, insert ", or grandfathered plan coverage as defined
1.3 in section 62A.011, subdivision 1c"

1.4 Page 2, line 8, before the period, insert ", or grandfathered plan coverage as defined
1.5 in section 62A.011, subdivision 1c"

1.6 Page 2, delete line 15 and insert "any amendments, and any federal guidance or
1.7 regulations issued under these acts."

1.8 Page 2, after line 26, insert:

1.9 "Subd. 8. **Limited-scope dental plan.** "Limited-scope dental plan" means a dental
1.10 plan meeting the requirements of section 9832(c)(2)(A) of the Internal Revenue Code of
1.11 1986 that provides pediatric dental benefits meeting the requirements of the Affordable
1.12 Care Act and is offered by a health carrier. A limited-scope dental plan includes a dental
1.13 plan that is offered separately or in conjunction with an individual or small group health
1.14 plan to individuals who have not attained the age of 19 years as of the beginning of the
1.15 policy year or to a family."

1.16 Renumber the subdivisions in sequence

1.17 Page 3, line 2, delete "section 1301(a) of"

1.18 Page 3, line 15, before the period, insert ", subdivision 7, or grandfathered plan
1.19 coverage as defined in section 62A.011, subdivision 1c"

1.20 Page 4, line 11, delete "section" insert "subdivision"

1.21 Page 4, line 14, delete "(c)" and insert "(b)"

1.22 Page 5, line 2, delete "General" and insert "Marketing" and before "A" insert "(a)"

1.23 Page 5, after line 8, insert:

1.24 "(b) No marketing materials may lead consumers to believe that all health care
1.25 needs will be covered."

1.26 Page 5, delete lines 9 to 17 and insert:

2.1 "Subd. 2. **Evidence of coverage.** A health carrier offering individual or small group
 2.2 health plans must comply with the following:

2.3 (1) any evidence of coverage or contract must include a statement of enrollee
 2.4 information and rights as described in section 62D.07;

2.5 (2) the evidence of coverage or contract must affirmatively disclose all exclusions
 2.6 and limitations on the services offered; and

2.7 (3) each evidence of coverage or contract must contain the following language in
 2.8 bold print: **This health plan may not cover all your health care expenses, read your**
 2.9 **contract carefully to determine which expenses are covered.**"

2.10 Page 5, delete lines 28 to 29 and insert:

2.11 "(b) A health carrier that rents a provider network is exempt from this subdivision,
 2.12 unless it is part of a holding company as defined in section 60D.15 that in aggregate exceeds
 2.13 ten percent market share in either the individual or small group market in Minnesota."

2.14 Page 6, delete lines 10 to 12 and insert:

2.15 "Subdivision 1. **Applicability.** (a) This section applies to all health carriers that
 2.16 either require an enrollee to use or create incentives, including financial incentives for an
 2.17 enrollee to use health care providers that are managed, owned, under contract with, or
 2.18 employed by the health carrier. A health carrier that does not manage, own, or contract
 2.19 directly with providers in Minnesota is exempt from this section, unless it is part of a
 2.20 holding company as defined in section 60D.15 that in aggregate exceeds ten percent in
 2.21 either the individual or small group market in Minnesota.

2.22 (b) Health carriers renting provider networks to other entities must submit the rental
 2.23 agreement or contract to the commissioner of health for approval. In reviewing the
 2.24 agreements or contracts, the commissioner shall review the agreement or contract to
 2.25 ensure that the entity contracting with health care providers accepts responsibility to meet
 2.26 the requirements in this section."

2.27 Page 6, line 21, after "providers" insert ", including providers that specialize in
 2.28 mental health and substance use services,"

2.29 Page 7, line 12, delete "and bariatric surgery"

2.30 Page 7, line 16, delete everything after "62Q.19" and insert a period

2.31 Page 7, delete line 17

2.32 Page 7, line 26, delete "if" and insert "is"

2.33 Page 7, line 28, before "(a)" insert:

2.34 "Subdivision 1. **General.**"

2.35 Page 8, line 13, after the period, insert "The recommended standards must not
 2.36 require duplicative data gathering, analysis, or reporting by health carriers."

3.1 Page 8, after line 13, insert:

3.2 "Subd. 2. **Exemption.** A health carrier that rents a provider network is exempt from
 3.3 this section, unless it is part of a holding company as defined in section 60D.15 that in
 3.4 aggregate exceeds ten percent market share in either the individual or small group market
 3.5 in Minnesota.

3.6 Subd. 3. **Waiver.** A health carrier that has obtained accreditation through the URAC
 3.7 for network management; quality improvement; credentialing; member protection; and
 3.8 utilization management, or has achieved an excellent or commendable level ranking
 3.9 from the National Committee for Quality Assurance (NCQA), shall be deemed to meet
 3.10 the requirements of subdivision 1. Proof of accreditation must be submitted to the
 3.11 commissioner of health in a form prescribed by the commissioner. The commissioner may
 3.12 adopt rules to recognize similar accreditation standards from any entity recognized by
 3.13 the United States Department of Health and Human Services for accreditation of health
 3.14 insurance issuers or health plans.

3.15 Subd. 4. **Enforcement.** The commissioner of health shall enforce this section."

3.16 Page 8, delete line 14

3.17 Page 8, delete line 16 and insert "(a) Any health carrier that offers an individual or
 3.18 small group health plan, must offer the health plan in a service area"

3.19 Page 8, line 17, delete "are" and insert "is"

3.20 Page 8, line 22, after "carrier" insert "that offers an individual or small group health
 3.21 plan"

3.22 Page 8, after line 25, insert:

3.23 "(c) The commissioner of health shall enforce this section."

3.24 Page 8, delete section 14 and insert:

3.25 "Sec. 14. **[62K.14] LIMITED-SCOPE DENTAL PLANS.**

3.26 (a) Limited-scope dental plans must be offered on a guaranteed issue basis with
 3.27 premiums rated on allowable rating factors used for health plans. The commissioner
 3.28 of commerce shall enforce this paragraph.

3.29 (b) Limited-scope dental plans must ensure primary care dental services are
 3.30 available within 60 miles or 60 minutes' travel time. The commissioner of health shall
 3.31 enforce this paragraph.

3.32 (c) If a limited-scope dental plan is offered, either as a stand alone or in conjunction
 3.33 with a health plan offered to individuals or small employers, the health plan shall not be
 3.34 considered in noncompliance with the requirements of the essential benefit package in the
 3.35 Affordable Care Act because the health plan does not offer coverage of pediatric dental
 3.36 benefits if these benefits are covered through the limited-scope dental plan.

4.1 (d) Health carriers offering limited-scope dental plans must comply with the section
4.2 and sections 62K.07, 62K.08, 62K.13, and 62K.14."

4.3 Page 9, delete section 15 and insert:

4.4 "Sec. 15. **REPEALER.**

4.5 Minnesota Statutes 2012, section 62D.124, is repealed.

4.6 Sec. 16. **EFFECTIVE DATE.**

4.7 Sections 1 to 15 are effective January 1, 2015."

4.8 Amend the title accordingly