

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

1.2 Page 10, after line 22, insert:

1.3 "Section 17. Minnesota Statutes 2012, section 62Q.23, is amended to read:

1.4 **62Q.23 GENERAL SERVICES.**

1.5 (a) Health plan companies shall comply with all continuation and conversion of  
1.6 coverage requirements applicable to health maintenance organizations under state or  
1.7 federal law.

1.8 (b) Health plan companies shall comply with sections 62A.047, 62A.27, and any  
1.9 other coverage required under chapter 62A of newborn infants, dependent children ~~who~~  
1.10 ~~do not reside with a covered person~~ to the limiting age as defined in section 62Q.01,  
1.11 subdivision 10, disabled children and dependents dependent children, and adopted children.  
1.12 A health plan company providing dependent coverage shall comply with section 62A.302.

1.13 (c) ~~Health plan companies shall comply with the equal access requirements of~~  
1.14 ~~section 62A.15.~~

1.15 Sec. 18. **[62Q.231] NONDISCRIMINATION IN HEALTH CARE.**

1.16 Subdivision 1. Generally. Consistent with title I, subtitle C, section 2706 of  
1.17 the federal Patient Protection and Affordable Care Act, Public Law 111-148, and  
1.18 notwithstanding any other law or contract, and to the extent not prohibited by federal law,  
1.19 health plan companies shall comply with the following:

1.20 (1) in the event that a law or contractual provision provides for the role of primary  
1.21 care provider, or a right to standing referrals to specialists, with respect to a health  
1.22 plan, a health plan or agent of the health plan, including a provider network, may not  
1.23 discriminate or differentiate in a manner based on an impermissible classification set forth  
1.24 in subdivision 2 as between any two beneficiaries or sufficiently licensed health care  
1.25 practitioners with respect to such role or term;

2.1 (2) a health plan or any agent of the health plan, including a provider network, may  
 2.2 not discriminate or differentiate in a manner prohibited by subdivision 2 as between any  
 2.3 two beneficiaries or sufficiently licensed health care practitioners with respect to any  
 2.4 material benefit or coverage term, process, or factor related to the health plan; and

2.5 (3) consistent with the terms of this section, the following forms of discrimination  
 2.6 are hereby prohibited:

2.7 (i) discriminatory use or application of procedural or diagnostic codes;

2.8 (ii) discriminatory monetary amounts associated with fee schedules including  
 2.9 capitated fees, conversion factors, policies related to bundling and unbundling of  
 2.10 procedures, and global codes;

2.11 (iii) discriminatory deductibles, copays, and coinsurance amounts;

2.12 (iv) discriminatory withholds;

2.13 (v) discriminatory monetary caps or limits on visits to health care practitioners;

2.14 (vi) discriminatory limits on the use of a particular procedure or set of procedures,  
 2.15 including evaluation and management (E/M) or diagnostic procedures; and

2.16 (vii) discriminatory provider credentialing terms, processes, or factors as they relate  
 2.17 to participation in provider networks, accountable care organizations, patient-centered  
 2.18 medical or health care homes, and other similar contexts.

2.19 Subd. 2. **Impermissible classifications.** The following classifications shall not  
 2.20 serve as bases for a health plan or agent of a health plan discriminating or differentiating  
 2.21 as between any two beneficiaries or as between any two health care practitioners:

2.22 (1) classifications based on the employment or group status of a health care  
 2.23 practitioner, on the official role of a health care practitioner in a provider network; and

2.24 (2) classifications based on the race, gender, sexual orientation, gender identity,  
 2.25 national origin, religion, age, disability, skin color, and ethnicity.

2.26 Subd. 3. **Permissible classifications.** Notwithstanding the terms of this section,  
 2.27 health plan companies shall be permitted to adopt reasonable quality or performance  
 2.28 measures not based on an impermissible classification, provided that such measures are  
 2.29 disclosed in writing to the commissioner.

2.30 Subd. 4. **Prohibition against waiver of protections.** The provisions of this section  
 2.31 may not be waived either verbally or in writing, directly or indirectly, for any reason by a  
 2.32 health care practitioner, agent of health care practitioner, or beneficiary.

2.33 **EFFECTIVE DATE.** This section is effective the day following final enactment."

2.34 Renumber the sections in sequence and correct the internal references

2.35 Amend the title accordingly