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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 390

- 01/17/2023 Authored by Acomb, Edelson, Hornstein, Klevorn, Youakim and others
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy
- 01/30/2023 Adoption of Report: Re-referred to the Committee on Health Finance and Policy
- 02/13/2023 Adoption of Report: Amended and re-referred to the Committee on State and Local Government Finance and Policy
- 03/01/2023 Adoption of Report: Re-referred to the Committee on Health Finance and Policy

1.1 A bill for an act

1.2 relating to insurance; requiring no-cost diagnostic services and testing following

1.3 a mammogram; amending Minnesota Statutes 2022, sections 62A.30, by adding

1.4 subdivisions; 256B.0631, subdivision 2; 256L.03, subdivision 5.

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

1.6 Section 1. Minnesota Statutes 2022, section 62A.30, is amended by adding a subdivision

1.7 to read:

1.8 Subd. 5. Mammogram; diagnostic services and testing. If a health care provider

1.9 determines an enrollee requires additional diagnostic services or testing after a mammogram,

1.10 a health plan must provide coverage for the additional diagnostic services or testing with

1.11 no cost sharing, including co-pay, deductible, or coinsurance.

1.12 EFFECTIVE DATE. This section is effective January 1, 2024, and applies to health

1.13 plans offered, issued, or sold on or after that date.

1.14 Sec. 2. Minnesota Statutes 2022, section 62A.30, is amended by adding a subdivision to

1.15 read:

1.16 Subd. 6. Application. If the application of subdivision 5 before an enrollee has met their

1.17 health plan's deductible would result in: (1) health savings account ineligibility under United

1.18 States Code, title 26, section 223; or (2) catastrophic health plan ineligibility under United

1.19 States Code, title 42, section 18022(e), then subdivision 5 shall apply to diagnostic services

1.20 or testing only after the enrollee has met their health plan's deductible.

1.21 EFFECTIVE DATE. This section is effective January 1, 2024, and applies to health

1.22 plans offered, issued, or sold on or after that date.

2.1 Sec. 3. Minnesota Statutes 2022, section 256B.0631, subdivision 2, is amended to read:

2.2 Subd. 2. **Exceptions.** Co-payments and deductibles shall be subject to the following
2.3 exceptions:

2.4 (1) children under the age of 21;

2.5 (2) pregnant women for services that relate to the pregnancy or any other medical
2.6 condition that may complicate the pregnancy;

2.7 (3) recipients expected to reside for at least 30 days in a hospital, nursing home, or
2.8 intermediate care facility for the developmentally disabled;

2.9 (4) recipients receiving hospice care;

2.10 (5) 100 percent federally funded services provided by an Indian health service;

2.11 (6) emergency services;

2.12 (7) family planning services;

2.13 (8) services that are paid by Medicare, resulting in the medical assistance program paying
2.14 for the coinsurance and deductible;

2.15 (9) co-payments that exceed one per day per provider for nonpreventive visits, eyeglasses,
2.16 and nonemergency visits to a hospital-based emergency room;

2.17 (10) services, fee-for-service payments subject to volume purchase through competitive
2.18 bidding;

2.19 (11) American Indians who meet the requirements in Code of Federal Regulations, title
2.20 42, sections 447.51 and 447.56;

2.21 (12) persons needing treatment for breast or cervical cancer as described under section
2.22 256B.057, subdivision 10; ~~and~~

2.23 (13) services that currently have a rating of A or B from the United States Preventive
2.24 Services Task Force (USPSTF), immunizations recommended by the Advisory Committee
2.25 on Immunization Practices of the Centers for Disease Control and Prevention, and preventive
2.26 services and screenings provided to women as described in Code of Federal Regulations,
2.27 title 45, section 147.130-; and

2.28 (14) additional diagnostic services or testing that a health care provider determines an
2.29 enrollee requires after a mammogram, as specified under section 62A.30, subdivision 5.

2.30 **EFFECTIVE DATE.** This section is effective January 1, 2024.

3.1 Sec. 4. Minnesota Statutes 2022, section 256L.03, subdivision 5, is amended to read:

3.2 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
3.3 children under the age of 21 and to American Indians as defined in Code of Federal
3.4 Regulations, title 42, section 600.5.

3.5 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
3.6 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
3.7 The cost-sharing changes described in this paragraph do not apply to eligible recipients or
3.8 services exempt from cost-sharing under state law. The cost-sharing changes described in
3.9 this paragraph shall not be implemented prior to January 1, 2016.

3.10 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
3.11 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
3.12 title 42, sections 600.510 and 600.520.

3.13 (d) Co-payments, coinsurance, and deductibles do not apply to additional diagnostic
3.14 services or testing that a health care provider determines an enrollee requires after a
3.15 mammogram, as specified under section 62A.30, subdivision 5.

3.16 **EFFECTIVE DATE.** This section is effective January 1, 2024.