

Subject Coverage of contraceptive methods and services

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Overview

This bill requires health plans to include coverage for contraceptive methods and services with no cost-sharing requirements. There are exceptions for religious organizations and eligible organizations. Requires health plans, medical assistance, and MinnesotaCare to cover up to 12 months of prescription contraceptives.

Summary

Section	Description
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1	[62Q.521] Coverage of contraceptive methods and services.
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Subd. 1. Definitions. Provides definitions for closely held for-profit entity, contraceptive method, contraceptive service, eligible organization, medical necessity, religious organization, and therapeutic equivalent version.

Subd. 2. Required coverage; cost sharing prohibited. (a) Requires health plans to cover contraceptive methods and services.

(b) Prohibits health plan companies from imposing cost-sharing on contraceptive methods and services.

(c) Requires high-deductible health plans with a health savings account to include cost-sharing for contraceptive methods and services at the minimum amount necessary for the enrollee to make tax exempt contributions and withdrawals from the health savings account.

(d) Prohibits a health plan company from imposing referral requirements, restrictions, or delays for contraceptive methods and services.

(e) Requires a health plan company to include at least one type of each FDA approved contraceptive method in its formulary. Clarifies that all therapeutic equivalent versions do not need to be included in the formulary.

Section	Description
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(f) Requires health plan companies to list the contraceptive methods and services that are covered without cost-sharing in an easily accessible manner. Requires the list to be promptly updated to reflect changes.

(g) Requires a health plan company to defer to a health care provider, and provide coverage without cost-sharing, if the provider recommends a particular contraceptive method or service based on medical necessity for the enrollee.

Subd. 3. Religious employers; exempt. (a) Allows a religious employer to not cover contraceptive methods or services if the employer has religious objections. Requires a religious employer to notify employees as part of the hiring process and all employees as least 30 days before enrollment in the health plan or the effective date of the health plan, whichever is first.

(b) Provides that if the religious employer covers some contraceptive methods or services, the notice in paragraph (a) must include a list of what the employer refuses to cover.

Subd. 4. Accommodation for eligible organizations. (a) Allows an eligible organization to not cover contraceptive methods or services if the eligible organization notifies the health plan company.

(b) Requires the notice from an eligible organization to include certain information.

(c) Requires an eligible organization to provide notice to prospective employees and all employees at least 30 days before enrollment in the health plan or the effective date of the health plan, whichever is first.

(d) Requires a health plan company that receives notice from an eligible organization to exclude coverage for some or all of the contraceptive methods and services and provide separate payment for any method or service required to be covered under subdivision 2.

(e) Prohibits a health plan company from imposing any cost sharing requirements or premium or other charge for contraceptive services or methods to the eligible organization, health plan, or enrollee.

(f) Requires a health plan company to provide the commissioner of commerce with the number of eligible organization accommodations granted under this subdivision each year.

Effective date. This section is effective January 1, 2022, and applies to coverage offered, sold, issued, or renewed on or after that date.

Section	Description
2	<p>[62Q.522] Coverage for prescription contraceptives; supply requirements.</p> <p>Subd. 1. Scope of coverage. Requires all health plans that provide prescription coverage to comply with this section, excluding religious employers.</p> <p>Subd. 2. Definition. Defines prescription contraceptive as any FDA approved drug or device that prevents pregnancy, but does not include emergency contraceptive drugs.</p> <p>Subd. 3. Required coverage. (a) Requires health plans to cover a 12-month supply of prescription contraceptives.</p> <p>(b) Allows the prescribing health care provider to determine the appropriate number of months to prescribe for, up to 12.</p> <p>Effective date. This section is effective January 1, 2022, and applies to coverage offered, sold, issued, or renewed on or after that date.</p>
3	<p>Drugs.</p> <p>Requires medical assistance and MinnesotaCare to provide similar coverage to that required under section 2.</p> <p>Effective date. This section applies to medical assistance and MinnesotaCare coverage effective January 1, 2022.</p>



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