



February 9, 2023

Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Chamber of Commerce, representing 6,300 employers and their more than 500,000 employees across the state, we appreciate the opportunity to share our thoughts about HF 390 (Acomb), requiring health plans to provide coverage for all post-screening mammography diagnostic services recommended by a physician at zero cost to the enrollee.

Employer-sponsored health insurance is an increasingly important benefit, both in terms of retention and attraction of talent and in terms of keeping employees healthy and productive at work. And yet, three-fourths of our members who offer insurance to their employees report that they will be required to make significant changes to their benefit offerings – including dropping coverage altogether – if costs continue to rise at their current rate.

Minnesota requires coverage of roughly 60 benefits as part of fully-insured individual and group health insurance products sold in the state. By some estimates, Minnesota ranks in the top five states with the most mandates. All of these requirements were passed by the Legislature to help Minnesotans access coverage for certain health care procedures or treatments. Like the proposal included in SF 329, they all help someone. But it is also true that they all come with a cost.

In January 2022, the Department of Commerce shared with the Legislature its statutorily required cost-benefit evaluation of this proposal contained in SF 329. In its evaluation, the Department reported that eliminating the barrier of enrollee cost-sharing for follow up services following a mammogram may enable patients to receive earlier diagnoses for cancer. At the same time, however, the report noted that higher utilization of follow up services can result in higher false positive rates. As a result, the evaluation concluded that “the potential for benefit is therefore assessed as moderate.”

The evaluation also estimated that the addition of this proposal to state statute as a component of required health insurance coverage in Minnesota’s fully-insured market would result in an increase in health insurance premiums.

Helpfully, the Department’s evaluation of this mandated health benefit proposal highlights and clarifies the cost-benefit tradeoffs associated with it. It is the Legislature’s responsibility to weigh these tradeoffs and make a policy decision about whether or not to move forward with the bill. As you consider this, we would note that, according to the State Health Access Data Assistance Center (SHADAC) at the U of M,

policy holders in Minnesota already pay more in total health insurance costs than those in nearly every other state. It is clear there are potential health benefits to be gained from passage of this bill, but we continue to ask that the Legislature keep the cost implications of proposal like this in mind as well, and we urge caution in adding more costs to what is already an extremely expensive product.

Thank you for the opportunity to provide this input on HF 390.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bentley Graves", with a stylized flourish extending to the right.

Bentley Graves  
Director, Health Care & Transportation Policy  
Minnesota Chamber of Commerce