

366.18

ARTICLE 7

366.19

HEALTH INSURANCE

366.20 Section 1. Minnesota Statutes 2020, section 62A.25, subdivision 2, is amended to read:

366.21 Subd. 2. **Required coverage.** (a) Every policy, plan, certificate or contract to which this
366.22 section applies shall provide benefits for reconstructive surgery when such service is
366.23 incidental to or follows surgery resulting from injury, sickness or other diseases of the
366.24 involved part or when such service is performed on a covered dependent child because of
366.25 congenital disease or anomaly which has resulted in a functional defect as determined by
366.26 the attending physician.

366.27 (b) The coverage limitations on reconstructive surgery in paragraph (a) do not apply to
366.28 reconstructive breast surgery: (1) following mastectomies; or (2) if the patient has been
366.29 diagnosed with ectodermal dysplasia and has congenitally absent breast tissue or nipples.
366.30 ~~In these cases, Coverage for reconstructive surgery must be provided if the mastectomy is~~
366.31 ~~medically necessary as determined by the attending physician.~~

367.1 (c) Reconstructive surgery benefits include all stages of reconstruction ~~of the breast on~~
367.2 ~~which the mastectomy has been performed,~~ including surgery and reconstruction of the
367.3 other breast to produce a symmetrical appearance, and prosthesis and physical complications
367.4 at all stages ~~of a mastectomy,~~ including lymphedemas, in a manner determined in consultation
367.5 with the attending physician and patient. Coverage may be subject to annual deductible,
367.6 co-payment, and coinsurance provisions as may be deemed appropriate and as are consistent
367.7 with those established for other benefits under the plan or coverage. Coverage may not:

367.8 (1) deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage
367.9 under the terms of the plan, solely for the purpose of avoiding the requirements of this
367.10 section; and

367.11 (2) penalize or otherwise reduce or limit the reimbursement of an attending provider, or
367.12 provide monetary or other incentives to an attending provider to induce the provider to
367.13 provide care to an individual participant or beneficiary in a manner inconsistent with this
367.14 section.

367.15 Written notice of the availability of the coverage must be delivered to the participant upon
367.16 enrollment and annually thereafter.

367.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
367.18 plans offered, issued, or sold on or after that date.

367.19 Sec. 2. **[62A.255] COVERAGE OF LYMPHEDEMA TREATMENT.**

367.20 Subdivision 1. **Scope of coverage.** This section applies to all health plans that are sold,
367.21 issued, or renewed to a Minnesota resident.

367.22 Subd. 2. **Required coverage.** (a) Each health plan must provide coverage for lymphedema
367.23 treatment, including coverage for compression treatment items, complex decongestive
367.24 therapy, and outpatient self-management training and education during lymphedema treatment
367.25 if prescribed by a licensed health care professional. Lymphedema compression treatment
367.26 items include: (1) compression garments, stockings, and sleeves; (2) compression devices;
367.27 and (3) bandaging systems, components, and supplies that are primarily and customarily
367.28 used in the treatment of lymphedema.

367.29 (b) If applicable to the enrollee's health plan, a health carrier may require the prescribing
367.30 health care professional to be within the enrollee's health plan provider network if the
367.31 provider network meets network adequacy requirements under section 62K.10.

367.32 (c) A health plan must not apply any cost-sharing requirements, benefit limitations, or
367.33 service limitations for lymphedema treatment and compression treatment items that place
368.1 a greater financial burden on the enrollee or are more restrictive than cost-sharing
368.2 requirements or limitations applied by the health plan to other similar services or benefits.

368.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to any health
368.4 plan issued, sold, or renewed on or after that date.

368.5 Sec. 3. Minnesota Statutes 2020, section 62A.28, subdivision 2, is amended to read:

368.6 Subd. 2. **Required coverage.** Every policy, plan, certificate, or contract referred to in
368.7 subdivision 1 ~~issued or renewed after August 1, 1987,~~ must provide coverage for scalp hair
368.8 prostheses worn for hair loss suffered as a result of alopecia areata or ectodermal dysplasias.

368.9 The coverage required by this section is subject to the co-payment, coinsurance,
368.10 deductible, and other enrollee cost-sharing requirements that apply to similar types of items
368.11 under the policy, plan, certificate, or contract and may be limited to one prosthesis per
368.12 benefit year.

368.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
368.14 plans offered, issued, or sold on or after that date.

368.15 Sec. 4. Minnesota Statutes 2020, section 62A.30, is amended by adding a subdivision to
368.16 read:

368.17 Subd. 5. **Mammogram; diagnostic services and testing.** If a health care provider
368.18 determines an enrollee requires additional diagnostic services or testing after a mammogram,
368.19 a health plan must provide coverage for the additional diagnostic services or testing with
368.20 no cost sharing, including co-pay, deductible, or coinsurance.

368.21 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
368.22 plans offered, issued, or sold on or after that date.

368.23 Sec. 5. [62A.3096] COVERAGE FOR ECTODERMAL DYSPLASIAS.

368.24 Subdivision 1. **Definition.** For purposes of this chapter, "ectodermal dysplasias" means
368.25 a genetic disorder involving the absence or deficiency of tissues and structures derived from
368.26 the embryonic ectoderm.

368.27 Subd. 2. **Coverage.** A health plan must provide coverage for the treatment of ectodermal
368.28 dysplasias.

368.29 Subd. 3. **Dental coverage.** (a) A health plan must provide coverage for dental treatments
368.30 related to ectodermal dysplasias. Covered dental treatments must include but are not limited
368.31 to bone grafts, dental implants, orthodontia, dental prosthodontics, and dental maintenance.

369.1 (b) If a dental treatment is eligible for coverage under a dental insurance plan or other
369.2 health plan, the coverage under this subdivision is secondary.

369.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
369.4 plans offered, issued, or sold on or after that date.

369.5 Sec. 6. [62Q.451] UNRESTRICTED ACCESS TO SERVICES FOR THE
369.6 DIAGNOSIS, MONITORING, AND TREATMENT OF RARE DISEASES.

369.7 (a) No health plan company may restrict the choice of an enrollee as to where the enrollee
369.8 receives services from a licensed health care provider related to the diagnosis, monitoring,
369.9 and treatment of a rare disease or condition. Except as provided in paragraph (b), for purposes
369.10 of this section, "rare disease or condition" means any disease or condition:

369.11 (1) that affects fewer than 200,000 persons in the United States and is chronic, serious,
369.12 life-altering, or life-threatening;

369.13 (2) that affects more than 200,000 persons in the United States and a drug for treatment
369.14 has been designated as such pursuant to United States Code, title 21, section 360bb;

369.15 (3) that is labeled as a rare disease or condition on the Genetic and Rare Diseases
369.16 Information Center list created by the National Institutes of Health; or

369.17 (4) for which a pediatric patient:

369.18 (i) has received two or more clinical consultations from a primary care provider or
369.19 specialty provider;

369.20 (ii) has a delay in skill acquisition and development, regression in skill acquisition,
369.21 failure to thrive, or multisystemic involvement; and

369.22 (iii) had laboratory or clinical testing that failed to provide a definitive diagnosis or
369.23 resulted in conflicting diagnoses.

369.24 (b) A rare disease or condition does not include an infectious disease that has widely
 369.25 available and known protocols for diagnosis and treatment and that is commonly treated in
 369.26 a primary care setting, even if it affects less than 200,000 persons in the United States.

369.27 (c) Cost-sharing requirements and benefit or services limitations for the diagnosis and
 369.28 treatment of a rare disease or condition must not place a greater financial burden on the
 369.29 enrollee or be more restrictive than those requirements for in-network medical treatment.

369.30 (d) This section does not apply to health plan coverage provided through the State
 369.31 Employee Group Insurance Program (SEGIP) under chapter 43A.

370.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
 370.2 plans offered, issued, or renewed on or after that date.

370.3 Sec. 7. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
 370.4 to read:

370.5 Subd. 68. **Services for the diagnosis, monitoring, and treatment of rare**
 370.6 **diseases.** Medical assistance coverage for services related to the diagnosis, monitoring, and
 370.7 treatment of a rare disease or condition must meet the requirements in section 62Q.451.

370.8 **EFFECTIVE DATE.** This section is effective January 1, 2023.

370.9 Sec. 8. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
 370.10 to read:

370.11 Subd. 69. **Ectodermal dysplasias.** Medical assistance and MinnesotaCare cover treatment
 370.12 for ectodermal dysplasias. Coverage must meet the requirements of sections 62A.25, 62A.28,
 370.13 and 62A.3096.

370.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.