**Bill Summary** 





As introduced

- Subject Essential health benefits
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# **Summary**

Section Description

# **1** Essential Health Benefit Package Requirements

**Subd. 1. Essential health benefits package.** Removes references to the Affordable Care Act and makes technical changes.

### Subd. 2. Cost sharing; coverage for enrollees under the age of 21.

(a) Defines "cost-sharing."

(b) Limits the amount of cost sharing per year for an individual health plan to the amount allowed under the Internal Revenue Code plus a premium adjustment percentage.

(c) Provides that cost-sharing for small group health plans is limited to twice the amount of paragraph (b).

# Subd. 3. Levels of coverage; alternative compliance for catastrophic plans.

(a) Requires a bronze level health plan to provide benefits equal to 60 percent of the value of the benefits provided under the plan.

(b) Requires a silver level health plan to provide benefits equal to 70 percent of the value of the benefits provided under the plan.

(c) Requires a gold level health plan to provide benefits equal to 80 percent of the value of the benefits provided under the plan.

(d) Requires a platinum level health plan to provide benefits equal to 90 percent of the value of the benefits provided under the plan.

(e) Allows a health plan company that does not offer a bronze, silver, gold, or platinum level of coverage to meet the requirements of this section if the health plan if offered only to those younger than 30, who have an inability to access affordable coverage or are experiencing a hardship in accessing coverage, and

#### Section Description

the health plan provides essential health benefits and coverage for at least three primary visits a year.

#### Subd. 4. Essential health benefits; definitions.

(a) Removes references to the Affordable Care Act and makes technical changes.

(b) Requires out-of-network emergency services to be provided without prior authorization requirements, limitations on coverage, or cost-sharing that is more restrictive or costly than those from in-network providers.

(c) Requires essential health benefits to be equal in scope to the benefits provided by a typical employer plan.

(d) Requires essential health benefits to meet certain requirements regarding categorization, discrimination, accommodation of population's diverse health needs, and take into account the individual's desires.

**Subd. 5. Exception.** Removes references to the Affordable Care Act and makes technical changes.

Effective date. This section is effective August 1, 2020, for health plans offered, issued, or renewed on or after that date.



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