

H.F. 2607

First engrossment, as amended by H2607A7

Subject Health plan coverage of gender-affirming care

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Overview

This bill establishes requirements for health plan coverage of gender-affirming care.

Summary

Section Description

1 **Definitions.**

Amends § 62Q.522, subd. 1. In a section governing coverage of contraceptives, strikes certain definitions used in subdivisions establishing exceptions to and accommodations for coverage of contraceptives for exempt organizations and eligible organizations with religious objections (the definitions and the subdivisions in which they are used are being moved to another section).

Effective date: This section is effective January 1, 2025, and applies to health plans offered, sold, issued, or renewed on or after that date.

2 Scope of coverage.

Amends § 62Q.523, subd. 1. Updates a cross-reference to conform with the movement of language establishing exceptions to and accommodations for coverage of contraceptives for exempt organizations and eligible organizations to another section.

Effective date: This section is effective January 1, 2025, and applies to health plans offered, sold, issued, or renewed on or after that date.

3 Gender-affirming care coverage; medically necessary care.

Adds § 62Q.585. Establishes requirements for health plan coverage of genderaffirming care.

Subd. 1. Requirement. Prohibits a health plan that covers physical or mental health services from excluding coverage for medically necessary gender-affirming

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care, or requiring gender-affirming treatments to meet a definition of medically necessary care that is more restrictive than the definition in subd. 2.

Subd. 2. Minimum definition. Defines medically necessary care as health care services appropriate in type, frequency, level, setting, and duration to the enrollee's diagnosis or condition; diagnostic testing; and preventive services. Requires medically necessary care to be consistent with generally accepted practice parameters and to either help restore or maintain enrollee health or prevent deterioration of the enrollee's condition.

Subd. 3. Definitions. Defines gender-affirming care and health plan for this section.

4 Religious objections.

Adds § 62Q.679. Establishes exceptions to and accommodations for coverage of contraceptives and gender-affirming care for organizations with religious objections to covering these services. These exceptions and accommodations exist in current law for coverage of contraceptives and are being expanded to include coverage of gender-affirming care.

Subd. 1. Definitions. Defines terms for this section: closely held for-profit entity, eligible organization, exempt organization.

Subd. 2. Exemption. Provides an exempt organization is not required to cover contraceptives and gender-affirming care if the exempt organization has religious objections. Requires an exempt organization with a religious objection to the coverage to notify its employees, and if the exempt organization provides partial coverage, requires the notice to specify the services not covered.

Subd. 3. Accommodation for eligible organizations. Allows an eligible organization to not cover some or all benefits for contraceptives and gender-affirming care if the organization has religious objections to covering some or all of the services. Requires notice from an eligible organization to the organization's health plan company if the organization has religious objections to covering the services, lists what the notice must include, and requires a health plan company that receives such a notice to exclude coverage of those benefits from the organization's health plan and provide separate payments for coverage of contraceptives and gender-affirming care. Prohibits the health plan company from imposing cost-sharing, premiums, fees, or other charges for coverage of contraceptives and gender-affirming care. Requires health plan companies to annually report to the commissioner of commerce, the number of eligible organizations granted an accommodation under this subdivision.

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5 Repealer.

Repeals § 62Q.522, subds. 3 and 4 (exceptions to and accommodations for coverage of contraceptives for exempt organizations and eligible organizations with religious objections to the coverage; these exceptions and accommodations are being moved to another section).



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