

Subject Access to services to diagnose and treat rare diseases

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Overview

This bill prohibits a health plan company from restricting an enrollee's choice regarding where the enrollee receives services for the diagnosis, monitoring, and treatment of a rare disease or condition, and prohibits cost-sharing or limitations on diagnosing or treating a rare disease or condition that place a greater financial burden on the enrollee or are more restrictive than requirements for in-network care. It also requires medical assistance coverage for diagnosis, monitoring, and treating a rare disease or condition to comply with these requirements.

Summary

| Section | Description |
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| 1 | Unrestricted access to services for the diagnosis, monitoring, and treatment of rare diseases. |
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Adds § 62Q.451. Para. (a) prohibits a health plan company from restricting an enrollee's choice as to where the enrollee receives services from a licensed provider for the diagnosis, monitoring, and treatment of a rare disease or condition. Defines rare disease or condition for this section.

Para. (b) provides that once a patient with a disease or condition that meets the criteria in para. (a), cl. (4) is diagnosed with a disease or condition that does not meet the definition of rare disease in para. (a), cl. (1)-(3), any services provided or referred for by an out-of-network provider related to the diagnosis are governed by para. (d) for up to 60 days. After this 60-day period, subsequent services provided or referred for by an out-of-network provider related to the diagnosis are no longer governed by para. (d).

Para. (c) states that a rare disease or condition does not include certain infectious diseases usually treated in a primary care setting.

Para. (d) prohibits cost-sharing requirements and benefit or service limitations for diagnosing or treating a rare disease or condition from placing a greater financial

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burden on the enrollee or being more restrictive than those requirements for in-network care.

Para. (e) requires a health plan company to inform enrollees and customer service representatives about this section.

Para. (f) provides this section does not apply to medications obtained from a retail pharmacy.

This section is effective January 1, 2024, and applies to health plans offered, issued, or renewed on or after that date.

2 Services for the diagnosis, monitoring, and treatment of rare diseases.

Adds subd. 68 to § 256B.0625. Requires medical assistance coverage for diagnosing, monitoring, and treating a rare disease or condition to meet the requirements in section 62Q.451.

This section is effective January 1, 2024.



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