

## S.F. No. 287 – Prescription contraceptives supply requirements establishment

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**Date:** March 7, 2023

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### Overview

**S.F. 287** requires a health plan to provide coverage for contraceptive methods and services. The bill also sets forth certain related prohibitions on health plan companies, including prohibitions from imposing cost-sharing requirements and imposing any referral requirements, restrictions, or delays for contraceptive methods or services. **S.F. 287** exempts religious employers from the requirement, imposed by this new section of law, for coverage of contraceptive methods or services if the employer has religious objections to the coverage. It further creates an accommodation for eligible organizations, which accommodation creates compliance with the coverage requirements if the eligible organization provides notice to its contracting health plan company that it is an eligible organization and that the eligible organization has a religious objection to coverage for certain contraceptive methods or services. A health plan company must continue to cover the required contraceptive methods and services for enrollees, even if an eligible organization is not so required pursuant to the accommodation. **S.F. 287** further requires coverage for up to a 12-month supply of a prescription contraceptive for private coverage as well as for medical assistance and MinnesotaCare coverage.

### Summary

#### Section 1. [Minn. Stat. § 62Q.522] Coverage of Contraceptive Methods and Services.

**Subdivision 1. Definitions.** Defines key terms for purposes of section 62Q.522, including “closely held for-profit entity,” “contraceptive method,” “contraceptive service,” “eligible organization,” “medical necessity,” “religious organization,” and “therapeutic equivalent version.”

**Subd. 2. Required coverage; cost sharing prohibited.** Requires a health plan to provide coverage for contraceptive methods and services. Prohibits health plan companies from imposing cost-sharing requirements and from imposing any referral requirements, restrictions, or delays for contraceptive methods or services. Requires health plans to include at least one of each type of FDA

approved contraceptive method in its formulary and to list the contraceptive methods and services covered by the plan in a manner that is easily accessible to enrollees, providers, and representatives. Requires coverage for a contraceptive method or service, without cost-sharing, based on medical necessity and provider recommendation.

**Subd. 3. Religious employers; exempt.** Exempts religious employers from the requirement, imposed by this new section of law, for coverage of contraceptive methods or services if the employer has religious objections to the coverage. Provides notification requirements as between religious employers with coverage objections and employees.

**Subd. 4. Accommodation for eligible organizations.** Provides that an eligible organization's health plan complies with this section's coverage requirements for contraceptive methods and services if the eligible organization provides notice to its contracting health plan company that it is an eligible organization and that the eligible organization has a religious objection to coverage for certain contraceptive methods or services. Details the information that must be included in the eligible organization's notice to a health plan company, and the timing requirements for notice to its prospective and current employees. Requires a health plan company in receipt of such a notice to expressly exclude coverage for contraceptive methods or services, and provide separate payments for any contraceptive methods or services required to be covered under this subdivision for enrollees as long as the enrollee remains enrolled in the health plan. Provides a reporting requirement under which health plan companies must annually report to the commissioner regarding the number of eligible organizations granted an accommodation.

**Effective Date.** This section is effective January 1, 2024, and applies to coverage offered, sold, issued, or renewed on or after that date.

## **Sec. 2. [Minn. Stat. § 62Q.523] Coverage for Prescription Contraceptives; Supply Requirements.**

**Subdivision 1. Scope of coverage.** Specifies that this section applies to all health plans providing prescription coverage, other than those set forth in section 62Q.522, subdivision 3.

**Subd. 2. Definition.** Defines "prescription contraceptive" for purposes of section 62Q.523.

**Subd. 3. Required Coverage.** Requires health plan coverage for a 12-month supply of a prescription contraceptive, and clarifies that the prescribing health care provider maintains responsibility for prescribing the appropriate duration of the prescription.

**Effective Date.** This section is effective January 1, 2024, and applies to coverage offered, sold, issued, or renewed on or after that date.

**Sec. 3. (Minn. Stat. § 256B.0625, subd. 13) Drugs.** Amends subdivision 13 of Minn. Stat. § 256B.0625 to provide that medical assistance coverage for a prescription contraceptive must provide a 12-month supply for any prescription contraceptive and that the prescribing health care provider must determine the appropriate number of months to prescribe the prescription contraceptives for, up to 12 months.

**Effective date.** This section applies to medical assistance and MinnesotaCare coverage effective January 1, 2024.