

S.F. No. 329 – Requiring No-Cost Diagnostic Services and Testing Following a Mammogram

Author: Senator Alice Mann

Prepared by: Christa Danko-Schaller, Senate Counsel (651/296-0539)

Date: February 9, 2023

S.F. 329 requires no-cost diagnostic services and testing following a mammogram if a health care provider determines those are services necessary for an enrolled patient. **S.F. 329** requires that those services are covered by health plans with no cost-sharing, no co-pay, no deductible, and no coinsurance.

Section 1. [62A.30, subdivision 5] Mammogram; diagnostic services and testing. Amends the accident and health insurance statutes related to coverage for diagnostic procedures for cancer by requiring health plans to cover additional diagnostic services or testing after a mammogram, if a health care provider determines that it is necessary for an enrolled patient. Additionally, requires health care plans to cover the health care provider's additional services or testing following a mammogram with no cost-sharing, including co-pay, deductible, or coinsurance.

Section 2. [62A.30, subd. 6] Application. Creates an exception to subdivision 5. If the exception for the cost-sharing associated with additional services and testing would result in a patient's ineligibility for health savings accounts or catastrophic health plan, then the exclusion only applies after the patient has meet their deductible.

Section 3. 256B.0631, subd. 2. Exceptions. Amends the medical assistance statute by prohibiting cost-sharing for additional diagnostic services or testing deemed necessary after a mammogram by a health care provider.

Section 4. 256L.03, subd. 5. Cost-sharing. Amends the MinnesotaCare statute by prohibiting cost-sharing for additional diagnostic services or testing deemed necessary after a mammogram by a health care provider.