

Revised

Consolidated Fiscal Note

2023-2024 Legislative Session

SF329 - 0 - Mammogram Diagnostics and Testing Covered

Chief Author: **Alice Mann**
 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Lead Agency: **Commerce Dept**
 Other Agencies:
 Health Dept Human Services Dept
 Minn Management and Budget MNsure

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology	X	
Local Fiscal Impact	X	

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Human Services Dept						
General Fund	-	25	8	8	8	8
Minn Management and Budget						
General Fund	-	67	142	149	156	156
State Employees Insurance	-	-	-	-	-	-
All Other Funds	-	140	295	309	325	325
State Total						
General Fund	-	92	150	157	164	164
State Employees Insurance	-	-	-	-	-	-
All Other Funds	-	140	295	309	325	325
	Total	-	232	445	466	489
	Biennial Total			677		955

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
Human Services Dept					
General Fund	-	-	-	-	-
Minn Management and Budget					
General Fund	-	-	-	-	-
State Employees Insurance	-	-	-	-	-
All Other Funds	-	-	-	-	-
	Total	-	-	-	-

Lead LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

This fiscal note has been revised to include the impact to DHS.

Revised

LBO Signature: Shannon Zila **Date:** 2/8/2023 10:11:27 PM
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Revised

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2	Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Human Services Dept					
General Fund	-	25	8	8	8
Minn Management and Budget					
General Fund	-	67	142	149	156
State Employees Insurance	-	-	-	-	-
All Other Funds	-	140	295	309	325
Total	-	232	445	466	489
Biennial Total			677		955
1 - Expenditures, Absorbed Costs*, Transfers Out*					
Human Services Dept					
General Fund	-	25	8	8	8
Minn Management and Budget					
General Fund	-	67	142	149	156
State Employees Insurance	-	240	504	529	556
All Other Funds	-	140	295	309	325
Total	-	472	949	995	1,045
Biennial Total			1,421		2,040
2 - Revenues, Transfers In*					
Human Services Dept					
General Fund	-	-	-	-	-
Minn Management and Budget					
General Fund	-	-	-	-	-
State Employees Insurance					
Revenues	-	-	-	-	-
Transfers In	-	240	504	529	556
All Other Funds	-	-	-	-	-
Total	-	240	504	529	556
Biennial Total			744		1,085

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 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Agency: **Commerce Dept**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-
Biennial Total			-		-

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Shannon Zila **Date:** 1/31/2023 4:04:07 PM
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Revised

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
Total	-	-	-	-	-	-
Biennial Total			-			-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Total	-	-	-	-	-	-
Biennial Total			-			-
2 - Revenues, Transfers In*						
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

House File 390 amends Minn. Stats. § 62A.30 by requiring zero cost-sharing for all follow-up diagnostic services recommended by a physician after a breast cancer screening. The requirements apply to all fully insured commercial health plans, as well as Medical Assistance and MinnesotaCare plans.

Assumptions

Commerce's analysis of this bill is informed by the agency's Proposed Health Benefit Mandate Report released earlier last year.

Commerce assumes the requirements of HF390 do not constitute a new benefit mandate as understood under Section 1311(d)(3) of the ACA. New benefit mandates not included as essential health benefits (EHBs) specified under section 1302(b) and added by state law after December 31, 2012 require the State to defray health plan costs associated with providing coverage to enrollees. Section 1311(d)(3) specifies that the state is not required to defray costs of new benefit mandates when unrelated to specific care, treatment, or services.

Coverage requirements under HF390 are not related to any specific care, treatment or services not already covered by the benchmark plan and other issuers offering EHBs, and thus do not constitute a new benefit mandate requiring defrayal by the State. The bill merely updates the cost-sharing requirements for diagnostic services and testing following an initial mammogram and it does not mandate coverage for a new benefit not already covered under a health plan company offering EHBs.

Commerce assumes that HF390 would have no fiscal impact on the agency. Commerce staff reviewing health plan forms and rate filings would be required to add the new statutory provisions of the bill to existing checklists and review them for compliance. The work required by the bill would not substantially add to or deviate from the existing overall role agency staff have in the review of health plan filings.

Expenditure and/or Revenue Formula

N/A

Long-Term Fiscal Considerations

Local Fiscal Impact

Revised

References/Sources

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Revised

Fiscal Note

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Chief Author: **Alice Mann**
 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Agency: **Health Dept**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-
Biennial Total			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Shannon Zila **Date:** 1/31/2023 1:03:43 PM
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State Cost (Savings) Calculation Details

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*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
Total	-	-	-	-	-	-
Biennial Total			-			-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Total	-	-	-	-	-	-
Biennial Total			-			-
2 - Revenues, Transfers In*						
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

This bill requires health plans to cover diagnostic services and testing following a mammogram if a health care provider determines it necessary, and applies to health plans offered, issued, or sold on or after January 1, 2024. The health plan is prohibited from imposing cost-sharing, including co-pays, deductibles, or coinsurance.

Assumptions

MDH is responsible for reviewing state-regulated HMO health plans for compliance with state and federal requirements before they are available to enrollees. HMO health plans are required to cover preventive mammograms. Diagnostic services and testing required in this bill are currently covered as non-preventive services. Therefore, enforcement of this requirement falls within the routine reviews of HMO health plan coverage. MDH would incur a de minimus fiscal impact.

Expenditure and/or Revenue Formula

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

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Fiscal Note

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Chief Author: **Alice Mann**
 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Agency: **Human Services Dept**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology	X	
Local Fiscal Impact		
		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	25	8	8	8	8
Total	-	25	8	8	8	8
Biennial Total			33			16

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	-	-	-	-
Total	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

This fiscal note has been revised to include the impact to DHS.

LBO Signature: Steve McDaniel **Date:** 2/8/2023 9:33:44 PM
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Revised

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
General Fund	-	25	8	8	8	8
Total	-	25	8	8	8	8
Biennial Total			33			16
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	25	8	8	8	8
Total	-	25	8	8	8	8
Biennial Total			33			16
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

107%>Section 2 eliminates cost sharing for additional services required post mammogram in Medical Assistance. margin-left:0in;line-height:112%>Section 3 makes a corresponding change in MinnesotaCare.

Assumptions

This bill is effective January 1, 2024.

In MA, enrollees who are adults 21 years of age or older are subject to cost sharing, including a \$3 copay for non-preventive visits, a \$3.50 copay for nonemergency Emergency Room visits, and copays for prescription drugs. The monthly deductible for both individuals and families is \$3.55.

As the Department of Human Services (DHS) does not have data on what diagnostic services or testing are determined necessary as a result of a mammogram, DHS estimates that the cost-sharing outlined above would be prohibited on all diagnostic services or testing in the 12-month period after an enrollee receives a mammogram.

Based on department data, the value of annual MA Fee-for-Service (FFS) cost-sharing for diagnostics and testing following a mammogram is equivalent to about 0.009% of current FFS lab and radiology payments; this percentage varies slightly between the eligibility populations. The elimination of cost-sharing for these services will shift the obligation for the current cost-sharing amount from the enrollee to the state. As a result, state-funded MA payments are expected to increase. It is assumed that there would be no managed care impact, as the marginal impact of this change would not be large enough to impact MA capitation rates.

MinnesotaCare has a statutorily required Actuarial Value (AV) of 94%. Therefore, the removal of cost-sharing for some services in MinnesotaCare could result in increased cost-sharing to other services to account for the enrollee share reduction on this set of services, but would remain cost-neutral to the state. Thus, no MinnesotaCare impact is estimated as a result of this requirement.

IT systems changes would be required to implement this change in the Medicaid Management Information System, MMIS, which is Minnesota's automated system for payment of medical claims and capitation payments for the MA and MinnesotaCare programs. These systems changes are estimated to require 545 hours of work, take approximately 4 months to complete, and cost a total of \$81,750 for initial development. State share is assumed at 29%. This estimate includes the following assumptions:

The estimated duration and earliest completion date of the proposed project(s) assumes the work is prioritized relative to other legislative and ongoing IT work. If enacted, the completion date of the proposed project(s) will be dependent on the totality of enacted legislative IT work and ongoing IT work.

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The total hours assumed in this fiscal note include the projected time required to complete systems work and a 20% contingency assumption to account for unforeseen business requirements in the development and implementation process.

In addition to the initial development costs cited above, the systems changes required in this bill will result in increased ongoing maintenance and operations costs, estimated annually at 20% of the total initial development cost.

Expenditure and/or Revenue Formula

ELDERLY AND DISABLED		FY 2024	FY 2025	FY 2026	FY 2027
Avg monthly MA lab/radiology payments		\$1,479,796	\$1,553,140	\$1,494,786	\$1,476,725
Percent increase		0.027%	0.027%	0.027%	0.027%
Months		6	12	12	12
Total Cost (Elderly/Disabled)		\$2,359	\$4,952	\$4,766	\$4,709
	Federal share %	51.49%	51.49%	51.49%	51.49%
	Federal share	\$1,215	\$2,550	\$2,454	\$2,425
	State share	\$1,144	\$2,402	\$2,312	\$2,284
ADULTS WITHOUT CHILDREN		FY 2024	FY 2025	FY 2026	FY 2027
Avg monthly MA lab/radiology payments		\$1,319,742	\$1,334,885	\$1,382,381	\$1,429,432
Percent increase		0.002%	0.002%	0.002%	0.002%
Months		6	12	12	12
Total Cost (Adults)		\$136	\$276	\$286	\$295
	Federal share %	90.00%	90.00%	90.00%	90.00%
	Federal share	\$123	\$248	\$257	\$266
	State share	\$14	\$28	\$29	\$30
FAMILIES WITH CHILDREN		FY 2024	FY 2025	FY 2026	FY 2027
Avg monthly MA lab/radiology payments		\$1,973,488	\$2,099,317	\$2,256,474	\$2,216,102
Percent increase		0.003%	0.003%	0.003%	0.003%
Months		6	12	12	12
Total Cost (Families)		\$348	\$740	\$795	\$781
	Federal share %	51.49%	51.49%	51.49%	51.49%
	Federal share	\$179	\$381	\$409	\$402
	State share	\$169	\$359	\$386	\$379
Total MA State Share		\$1,327	\$2,789	\$2,726	\$2,693

Summary

Fiscal Tracking Summary (\$000's)						
Fund	BACT	Description	FY2024	FY2025	FY2026	FY2027
GF	33ED	MA Grants	1	3	3	3
GF	33AD	MA Grants	0	0	0	0

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GF	11	State Share of Systems Costs (MMIS)	24	5	5	5
		Total Net Fiscal Impact	25	8	8	8
		Full Time Equivalents				

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

DHS November 2022 Forecast

Agency Contact:

Agency Fiscal Note Coordinator Signature: Chris Zempel

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Fiscal Note

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Chief Author: **Alice Mann**
 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Agency: **Minn Management and Budget**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact	X	

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings) Dollars in Thousands	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	67	142	149	156
State Employees Insurance	-	-	-	-	-
All Other Funds	-	140	295	309	325
Total	-	207	437	458	481
Biennial Total			644		939

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	-	-	-	-
State Employees Insurance	-	-	-	-	-
All Other Funds	-	-	-	-	-
Total	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Susan Nelson **Date:** 1/26/2023 4:29:29 PM
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Revised

State Cost (Savings) Calculation Details

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*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	67	142	149	156	-
State Employees Insurance	-	-	-	-	-	-
All Other Funds	-	140	295	309	325	-
Total	-	207	437	458	481	481
Biennial Total			644			939
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	67	142	149	156	-
State Employees Insurance	-	240	504	529	556	-
All Other Funds	-	140	295	309	325	-
Total	-	447	941	987	1,037	1,037
Biennial Total			1,388			2,024
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
State Employees Insurance	-	-	-	-	-	-
Revenues	-	-	-	-	-	-
Transfers In	-	240	504	529	556	-
All Other Funds	-	-	-	-	-	-
Total	-	240	504	529	556	556
Biennial Total			744			1,085

Bill Description

HF390-0 requires that health plans provide coverage of additional testing or diagnostic screening services after a mammogram without member cost sharing if a health care provider determines such testing is necessary for the enrollee.

Assumptions

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP) which provides health, dental, life, and other benefits to eligible State employees and their dependents, and quasi-state agencies defined in Minnesota Statute. Health benefits are provided through the self-funded Minnesota Advantage Health Plan (Advantage). SEGIP contracts with three health plan administrators to provide medical benefits and a Pharmacy Benefit Manager (PBM) to provide its prescription drug benefit.

MMB expects potential administrative and fiscal impacts from HF390-0.

Administratively, the language of the bill may conflict with SEGIP's ability to provide its High Deductible Health Plan (HDHP) offering. SEGIP offers the Advantage HDHP with an accompanying Health Care Savings Account (HSA) to a small subset of eligible employees. MMB is concerned that treating additional post-mammography testing and diagnostic services as though they were preventive services, and without member cost sharing, may conflict with IRS requirements related to HDHPs.

MMB assumes a cost impact from the bill due to foregone cost-sharing and increased utilization. SEGIP's Advantage Health Plan will be required to cover the foregone member cost sharing for any additional post-mammography screenings that a health care provider determines are medically necessary. The bill does not specify the exact procedures that must be covered post-mammography without member cost sharing, so there is some ambiguity about which procedures are relevant. MMB's health plan administrators were consulted, and each identified the set of post-mammography diagnostic

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and imaging procedure code ranges they consider appropriate for the follow-up procedures being performed. The relevant procedures include imaging (3D mammography/MRI/CT scans/ultrasonography), biopsy, genetic testing, and pathology. Each health plan also estimated the amount of increased utilization that SEGIP will likely see on account of removing cost-sharing from this set of services.

Each health plan administrator provided SEGIP with a Per-Member-Per-Month (PMPM) estimate of the increased cost SEGIP would have experienced if the plan had foregone member cost-sharing for post-mammography diagnostic and testing services during the 2021 and 2022 plan years. Previous estimates of the fiscal impact of HF447-1A (2022), which had identical language to HF390-0, relied upon trended 2019 plan year claims data to avoid the potentially confounding impacts of the COVID-19 pandemic on medical services utilization. The updated average of the health plan administrators' PMPM estimates using more recent claims data resulted in a fiscal impact of \$0.31 PMPM.

With an effective date of January 1, 2024, and with approximately 129,000 members, the fiscal impact of this legislation is estimated to be \$239,940 for the second half of FY2024. We assume a 5% annual inflation factor for FY2025 and beyond for the increasing cost of medical services.

Expenditure and/or Revenue Formula

FY2024: \$0.31 PMPM * 129,000 members * ½ year (6 months) = \$239,940

FY2025: \$0.31 PMPM * 129,000 members * 1 year (12 months) * 1.05 inflation factor = \$503,874

Fiscal Year Cost Calculation	FY23	FY24	FY25	FY26	FY27
Total Cost to SEGIP of this bill	NA	\$239,940	\$503,874	\$529,068	\$555,521

Total Expenditures including new employee costs:

SEGIP's costs are funded by contributions paid by state and quasi-state employers and employees. Our fiscal note assumes that 86.6% of added costs will be paid by state agencies. This figure represents the proportion of employees on active payroll (97.2%), meaning those who receive an employer contribution, multiplied by the average employer contribution rate across all current collective bargaining agreements and compensation plans (88.8%).

Thus, 86.6% of added costs will be paid by state agencies and 13.4% will be paid by state employees and quasi-state agencies.

The table below reflects how these costs are split between the employer and employee. The state employer costs are further split between the General Fund (32.5%) and All Other Funds (67.5%) on the same basis that state agencies pay for employee medical insurance premiums.

Fiscal Year Cost Calculation	FY2023	FY2024	FY2025	FY2026	FY2027
Employee and quasi-state agency share 13.4%	NA	\$32,151.96	\$67,519.12	\$70,895.07	\$74,439.83
Employer share 1000 General Fund	NA	\$67,531.11	\$141,815.34	\$148,906.10	\$156,351.41
Employer share 9998 All Other Funds	NA	\$140,256.93	\$294,539.55	\$309,266.52	\$324,729.85
Total	NA	\$239,940.00	\$503,874.00	\$529,067.69	\$555,521.09

Long-Term Fiscal Considerations

Revised

Local Fiscal Impact

MMB expects local units of government may incur increased spending due to the changes proposed in this legislation.

References/Sources

Program Information and claims data from SEGIP, administered by MMB.

Agency Contact:

Agency Fiscal Note Coordinator Signature: Ronika Rampadarat

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Fiscal Note

2023-2024 Legislative Session

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Chief Author: **Alice Mann**
 Committee: **Health And Human Services**
 Date Completed: **2/8/2023 10:11:27 PM**
 Agency: **MNsure**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-
Biennial Total			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Shannon Zila **Date:** 1/30/2023 12:34:10 PM
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Revised

State Cost (Savings) Calculation Details

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*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
Total	-	-	-	-	-	-
Biennial Total			-			-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Total	-	-	-	-	-	-
Biennial Total			-			-
2 - Revenues, Transfers In*						
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

This bill requires health insurance coverage for additional diagnostic services or testing after a mammogram with no cost sharing.

Section 1 requires health plans to provide coverage for additional diagnostic services or testing after a mammogram with no cost sharing, including co-payments, deductible, or coinsurance. This requirement is effective for plans offered, issued, or sold on or after January 1, 2024.

Section 2 requires additional diagnostic services and testing after a mammogram be exempt from medical assistance co-payments and deductibles, and is effective January 1, 2024.

Section 3 requires MinnesotaCare to provide coverage for additional diagnostic services or testing after a mammogram with no co-payments, deductible, or coinsurance, and is effective January 1, 2024.

Assumptions

This bill would result in no direct fiscal impact to MNsure; however, changes in plan premiums, plan choice, or plan enrollment could have an effect on the amount of revenue MNsure generates through its premium withhold. An actuarial study would need to be conducted to determine the impact to health insurance premiums, plan choice, or plan enrollment caused by the prohibition of cost-sharing for services as described in the bill.

Expenditure and/or Revenue Formula

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

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Revised