

S.F. No. 287—Relating to health insurance; supply requirements, required health plan coverage of prescription contraceptives, and accommodations for eligible exempt organizations.

Author: Senator Erin Murphy

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

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S.F. 287 establishes supply requirements for prescription contraceptives and accommodations for eligible, exempt organizations. **S.F. 287** requires health plans to cover contraceptive methods, female sterilization, and related medical services, patient education, and counseling without cost-sharing, co-payment, or coinsurance regardless of whether a patient has met their yearly deductible or not.

Section 1. [62Q.522] Coverage of contraceptive methods and services.

Subdivision 1. Definitions. Defines “closely held for-profit entity,” “contraceptive,” “contraceptive service,” “eligible organization,” “medical necessity,” “exempt organization,” and “therapeutic equivalent version.”

Subdivision 2. Required coverage; cost sharing prohibited. Requires health plans to provide coverage for contraceptives and contraceptive services. Prohibits health plans from imposing cost-sharing requirements for contraceptives and contraceptive services. Provides an exception for high-deductible health plans in conjunction with a health savings account, requiring cost-sharing to preserve an enrollee’s ability to make tax exempt contributions and withdrawals from a health savings account. Requires health plans to include at least one of each type of contraceptives, even if there are multiple types of contraceptives equivalent versions. Does not require health plans to include all contraceptive equivalent versions.

Subdivision 3. Exemption. Permits an exempt organization to opt out of required coverage of contraceptives and contraceptive services if the organization has religious objections. Requires exempt organizations to notify prospective employees as part of the hiring process and other employees 30 days before enrollment in a health plan or the effective date of the health plan, whichever is first. Requires exempt organizations opting to cover some

contraceptives or contraceptive services to provide a list of those which will not be covered by the health plan.

Subdivision 4. Accommodation for eligible organizations. Requires eligible exempt organizations to provide notice to health plans it contracts with that it is an eligible exempt organization that has religious objections to coverage for all or some contraceptives or contraceptive services. Requires eligible exempt organizations to follow notice requirements when communicating intention to object to coverage to health plans. Requires eligible exempt organizations to provide a copy of the notice to prospective employees as part of hiring process and other employees 30 days before enrollment in a health plan or the effective date of the health plan, whichever is first. Requires health plans receiving notice under this section to exclude some or all of contraceptives or contraceptive services from health plan, provide separate payments for contraceptives or contraceptive services, report yearly to the commission the number of eligible exempt organizations granted an accommodation. Prohibits health plans from imposing cost-sharing for contraceptives or contraceptive services on health plans, eligible exempt organizations, or enrollees.

Section 2. [62Q.523] Coverage for prescription contraceptives; supply requirements.

Subdivision 1. Scope of Coverage. Requires all health plans, other than those in section 62Q.522 subdivision 3, to comply with section 256B.0625.

Subdivision 2. Definition. Defines prescription contraceptive.

Subdivision 3. Required coverage. Requires health plans to cover a 12-month supply for a prescription contraceptive, regardless of enrollee's health plan enrollment at the time of the first dispensing. Requires the prescribing health care provider to determine number of months to prescribe up to 12 months because some contraceptives have a shorter shelf life.

Section 3 (256B.0625, subd. 17.) Drugs. Amending statutes relating to medical assistance for Needy Persons. Authorizes 12-month supply for any prescription contraceptive. Requires medical assistance to supply a 12-month supply for any prescribed contraceptive regardless of enrollee's health plan enrollment at the time of the first dispensing. Requires the prescribing health care provider to determine number of months to prescribe contraceptive for, up to 12-months.