



Health Plan Partnership of Minnesota

Thank you for the opportunity to submit general comments regarding statutorily enforced health

insurance mandates. The Health Plan Partnership of Minnesota would like to share our concerns and

what we see as potential unintended consequences:

- Additional coverage may add incremental costs which can result in higher premiums.
- Higher premiums may cause employers and individuals to drop their insurance plans or make different decisions regarding coverage offered.
- Mandates may lock in modes of care or therapies that prove to be ineffective, become outdated as therapies and technologies evolve, or at worst, cause harm.
- Mandates limit the ability of health plans to tailor products to the specific needs of different customers.
- Mandates based on a belief that certain therapies will save money in the long-term necessarily assume a set of facts that may prove to be ephemeral.
- Certain benefits may engender opposition from clients.
- Applying benefit mandates to commercial insurance but not to state public programs or the state's own employee plan further exacerbates the disparities in costs and access to care those programs currently have.
- Mandates on benefits without constraints on the ability to charge for those mandated services may be an invitation to the unscrupulous few as an opportunity to price gouge.
- Any proposed new regulation should be thoughtfully considered and analyzed for the impact on the cost of care, as cost does affect the access and affordability of health care.

Formed in January 2023, our members currently include Allina Health | Aetna, Cigna, and UnitedHealthcare.

We welcome additional health plans and other related entities to join as we advocate for accessible, inclusive, high quality, and affordable health care across Minnesota.