SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1302

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DATE	D-PG	OFFICIAL STATUS
02/13/2025	371	Introduction and first reading Referred to Commerce and Consumer Protection

A bill for an act

relating to health insurance; requiring coverage of cancer imaging and clinical genetic testing; proposing coding for new law in Minnesota Statutes, chapter 62Q.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[62Q.452] CANCER; CLINICAL GENETIC TESTING AND IMAGING.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Clinical genetic testing" means germline multigene testing for an inherited mutation associated with an increased risk of cancer performed in accordance with evidence-based clinical practice guidelines.

(c) "Imaging" means evidence-based cancer imaging modalities performed in accordance with the most recent version of the National Comprehensive Cancer Network (NCCN) clinical practice guidelines.

Subd. 2. **Coverage.** (a) A health plan must include coverage for:

(1) imaging for enrollees with an increased risk of cancer, as determined by the NCCN; and

(2) clinical genetic testing for an inherited gene mutation that is recommended by a health care provider for enrollees with a personal or family history of cancer.

(b) The coverage required by this section is not subject to cost-sharing, including but not limited to deductible, co-payment, or coinsurance.

Subd. 3. **Application.** If the application of subdivision 2, paragraph (b), before an enrollee has met the enrollee's health plan's deductible would result in: (1) health savings account ineligibility under United States Code, title 26, section 223; or (2) catastrophic health plan ineligibility under United States Code, title 42, section 18022(e), then subdivision 2, paragraph (b), applies to imaging and clinical genetic testing only after the enrollee has met the enrollee's health plan's deductible.

EFFECTIVE DATE. This section is effective January 1, 2026, and applies to health plans offered, issued, or renewed on or after that date.