SENATE
COUNSEL, RESEARCH, & FISCAL ANALYSIS

BILL SUMMARY

S.F. No. 1302 – Coverage of cancer imaging and clinical genetic testing requirement (as amended by the A-5)

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Bill Overview

S.F. 1302 requires health plans to provide coverage for certain evidence-based cancer imaging and clinical genetic testing for enrollees at increased risk of cancer. The bill prohibits cost-sharing for these services, subject to federal law limitations related to health savings accounts (HSAs) and catastrophic health plans. The requirements apply beginning January 1, 2027.

Section Summaries

Section 1 (adds Minn. Stat. § 62Q.452; Cancer; Clinical Genetic Testing and Imaging)

Subdivision 1 (Definitions) This subdivision defines key terms for purposes of the section, including:

- "Clinical genetic testing," defined to mean "germline multigene testing for an inherited mutation associated with an increased risk of cancer performed in accordance with evidence-based clinical practice guidelines"; and
- "Imaging," defined to mean "evidence-based cancer imaging modalities performed in accordance with the most recent version of National Comprehensive Cancer Network (NCCN) clinical practice guidelines."

Subdivision 2 (Coverage) This subdivision requires health plans to cover (1) imaging for enrollees with an increased risk of cancer, 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. The subdivision further prohibits cost-sharing for and quantity limits on the mandated clinical genetic testing and imaging.

Subdivision 3 (Application) This subdivision provides an exception to the cost-sharing prohibition contained in subdivision 2 if applying first-dollar coverage before an enrollee has

met the plan's deductible would result in HSA ineligibility or catastrophic health plan ineligibility under federal law. In these circumstances, the no–cost-sharing requirement applies only after the enrollee has met the plan's deductible.

Effective Date. This section is effective January 1, 2027, and applies to health plans offered, issued, or renewed on or after that date.