SENATE COUNSEL, RESEARCH, & FISCAL ANALYSIS

BILL SUMMARY

S.F. No. 3768 – Health plans coverage of doula services requirement provisions, language modifications around coverage of doula services, and appropriation

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Bill Overview

S.F. 3768 requires all health plans to cover certified doula services without cost-sharing or utilization controls. The bill also requires the commissioner of commerce to defray the cost of this new mandated benefit as required under federal law. In addition, the bill modifies the medical assistance program's (MA's) law governing doula services to align MA coverage with the new commercial market requirements, subject to federal financial participation limitations. The bill is effective January 1, 2027 (with defrayal appropriations beginning in fiscal year 2028).

Section Summaries

Section 1 (adds Minn. Stat. § 62Q.5205; Coverage of Doula Services)

Subdivision 1 (Definitions) This subdivision defines:

- "Certified doula," through a reference to the definition in Minn. Stat. § 148.995 and by specifying that the doula is of the mother's choice;
- "Childbirth education and support services," to mean emotional and physical support provided during pregnancy, labor, birth, and the postpartum period; and
- "Doula services," to mean childbirth education and support services provided by a certified doula.

Subdivision 2 (Required coverage) This subdivision requires all health plans to cover doula services.

Subdivision 3 (Cost-sharing requirements) This subdivision prohibits any cost-sharing for doula services, including deductibles, co-payments, or coinsurance.

Subdivision 4 (Review and referral limitations) This subdivision prohibits health plans from imposing utilization review, referral requirements, delay periods, or other similar review limitations on doula services.

Subdivision 5 (Quantity limitations) This subdivision prohibits health plans from imposing quantity limits on doula services.

Subdivision 6 (Application) This subdivision provides that if applying first-dollar coverage would cause (1) HSA ineligibility under federal tax law, or (2) catastrophic plan ineligibility under federal law, then the bill's no–cost-sharing requirement applies only after the enrollee has met the plan's deductible.

Subdivision 7 (Reimbursement) This subdivision requires the commissioner of commerce to reimburse health plan companies for the cost of this newly mandated benefit as required under federal law (i.e., 45 C.F.R. § 155.170). Reimbursement is limited to coverage that would not otherwise have been provided absent the mandate. Health plan companies must report quantified costs attributable to the additional benefit, and the commissioner must evaluate submissions and make defrayal payments consistent with federal requirements.

Subdivision 8 (Appropriation) This subdivision appropriates from the general fund to the commissioner of commerce, beginning in fiscal year 2028, the amount necessary to make defrayal payments to health plan companies, including administrative costs incurred by the commissioner.

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

Section 2 (amends Minn. Stat. § 256B.0625, subd. 28b; Doula services) This section amends the MA statute governing doula services to require MA to meet the same requirements that apply to health plans under the new Minn. Stat. § 62Q.5205 (including no cost-sharing and no utilization controls), unless compliance would:

1. Prevent the state from receiving federal financial participation; or
2. Result in a lower level of coverage or reduced access for MA enrollees.

This section is effective January 1, 2027.