SENATE COUNSEL, RESEARCH, & FISCAL ANALYSIS

BILL SUMMARY

S.F. No. 970 – Health insurance, medical assistance and MinnesotaCare coverage of bowel and bladder management for spinal cord injuries requirement (as amended by the A-5)

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Bill Overview

S.F. 970 requires commercial health plans, the medical assistance program (MA), and the MinnesotaCare program to cover bowel and bladder management treatments and supplies prescribed as a result of spinal cord injuries. The bill:

- Establishes a new mandated benefit in Minnesota Statutes, chapter 62Q;
- Prohibits quantity limits on coverage for bowel and bladder management treatments, and also prohibits cost-sharing and utilization controls beyond those generally applicable under the health plan;
- Requires the commissioner of commerce to defray the cost of the benefit in the individual and small group market, consistent with federal law;
- Adds public program coverage requirements; and
- Appropriates general fund dollars for defrayal and administrative costs.

Section Summaries

Section 1 (adds Minn. Stat. § 62Q.6661; Coverage of Bowel and Bladder Management for Spinal Cord Injuries)

Subdivision 1 (Definitions). This subdivision defines "bowel and bladder management for spinal cord injuries." The definition notably includes, but is not limited to, over-the-counter medications and supplies when prescribed by a provider licensed in Minnesota.

Subdivision 2 (Required coverage) This subdivision requires all health plans to cover bowel and bladder management for spinal cord injuries.

Subdivision 3 (Cost-sharing requirements) This subdivision prohibits health plans from imposing cost-sharing requirements on this coverage that are not generally applicable to other plan benefits.

Subdivision 4 (Review and referral limitations) This subdivision prohibits health plans from imposing review or referral limitations that are not generally applicable to other plan benefits, including utilization review, referral requirements, and delay periods.

Subdivision 5 (Quantity limitations) This subdivision prohibits health plans from imposing any quantity limitation on coverage for bowel and bladder management for spinal cord injuries.

Subdivision 6 (Reimbursement) This subdivision requires the commissioner of commerce to reimburse health plan companies for coverage required under this section, consistent with 45 C.F.R. § 155.170 (a federal regulation that sets forth the federal essential health benefit defrayal requirements). Reimbursement by the commissioner to health plan companies applies only to coverage that would not have been provided absent this mandate, and benefits already covered by a health plan as of January 1, 2026, are not eligible for defrayal payments.

Subdivision 7 (Appropriation) This subdivision annually appropriates, from the general fund to the commissioner of commerce, the amount necessary to make defrayal payments to health plan companies.

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

Section 2 (adds Minn. Stat. § 256B.0625, subd. 77; Bowel and bladder management for spinal cord injuries) This section requires MA and MinnesotaCare to cover bowel and bladder management for spinal cord injuries. These public programs must comply with the same requirements imposed on commercial health plans under section 62Q.6661, except to the extent compliance would jeopardize federal financial participation. This section is effective January 1, 2027, or upon federal approval, whichever is later.