SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 3859

(SENATE AUTHORS: KLEIN, Mann, Wiklund, Boldon and Murphy)

DATE	D-PG	OFFICIAL STATUS
02/26/2026	6395	Introduction and first reading Referred to Commerce and Consumer Protection

A bill for an act

relating to health insurance; mandating coverage without cost-sharing of immunizations for routine use without a prescription; establishing the Minnesota Science-Based Vaccine Advisory Council; establishing advisory council duties; appropriating money; amending Minnesota Statutes 2024, section 62Q.46, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 145.

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

Section 1. Minnesota Statutes 2024, section 62Q.46, subdivision 1, is amended to read:

Subdivision 1. **Coverage for preventive items and services.** (a) "Preventive items and services" has the meaning specified in the Affordable Care Act. Preventive items and services includes:

(1) evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved;

(2) immunizations for routine use in children, adolescents, and adults that have in effect with respect to the individual involved a recommendation from:

(i) the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved. For purposes of this ~~clause~~ item, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered in effect after the recommendation has been adopted by the Director of the Centers for Disease Control and Prevention, and a recommendation is considered to be for routine use if the recommendation is listed on the Immunization Schedules of the Centers for Disease Control and Prevention;

(ii) the American Academy of Pediatrics. For purposes of this item, a recommendation from the American Academy of Pediatrics is considered in effect and for routine use if the recommendation is listed on the American Academy of Pediatrics' Recommended Child and Adolescent Immunization Schedule; or

(iii) the West Coast Health Alliance;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration;

(4) with respect to women, additional preventive care and screenings that are not listed with a rating of A or B by the United States Preventive Services Task Force but that are provided for in comprehensive guidelines supported by the Health Resources and Services Administration;

(5) all contraceptive methods established in guidelines published by the United States Food and Drug Administration;

(6) screenings for human immunodeficiency virus for:

(i) all individuals at least 15 years of age but less than 65 years of age; and

(ii) all other individuals with increased risk of human immunodeficiency virus infection according to guidance from the Centers for Disease Control;

(7) all preexposure prophylaxis when used for the prevention or treatment of human immunodeficiency virus, including but not limited to all preexposure prophylaxis, as defined in any guidance by the United States Preventive Services Task Force or the Centers for Disease Control, including the June 11, 2019, Preexposure Prophylaxis for the Prevention of HIV Infection United States Preventive Services Task Force Recommendation Statement; and

(8) all postexposure prophylaxis when used for the prevention or treatment of human immunodeficiency virus, including but not limited to all postexposure prophylaxis as defined in any guidance by the United States Preventive Services Task Force or the Centers for Disease Control.

(b) A health plan company must provide coverage for preventive items and services at a participating provider without imposing cost-sharing requirements, including a deductible, coinsurance, or co-payment. Nothing in this section prohibits a health plan company that has a network of providers from excluding coverage or imposing cost-sharing requirements for preventive items or services that are delivered by an out-of-network provider.

(c) A health plan company is not required to provide coverage for any items or services specified in any recommendation or guideline described in paragraph (a) if the recommendation or guideline is no longer included as a preventive item or service as defined in paragraph (a). Annually, a health plan company must determine whether any additional items or services must be covered without cost-sharing requirements or whether any items or services are no longer required to be covered.

(d) Nothing in this section prevents a health plan company from using reasonable medical management techniques to determine the frequency, method, treatment, or setting for a preventive item or service to the extent not specified in the recommendation or guideline.

(e) A health plan shall not require prior authorization or step therapy for preexposure prophylaxis or postexposure prophylaxis, except that: if the United States Food and Drug Administration has approved one or more therapeutic equivalents of a drug, device, or product for the prevention of HIV, this paragraph does not require a health plan to cover all of the therapeutically equivalent versions without prior authorization or step therapy, if at least one therapeutically equivalent version is covered without prior authorization or step therapy.

(f) This section does not apply to grandfathered plans.

(g) This section does not apply to plans offered by the Minnesota Comprehensive Health Association.

EFFECTIVE DATE. This section is effective July 1, 2026, for health plans offered, issued, sold, or renewed on or after that date.

Sec. 2. **[145.675] MINNESOTA SCIENCE-BASED VACCINE ADVISORY COUNCIL.**

Subdivision 1. **Establishment.** The commissioner of health must establish the Minnesota Science-Based Vaccine Advisory Council to help ensure the public has access to credible, science-based information for confidence in vaccine safety and efficacy through a transparent, deliberative process. The advisory council is established to:

(1) develop and publish recommended schedules of vaccines for adults, infants, children, and adolescents;

(2) recommend updates, if any, to the vaccines required for enrollment in elementary or secondary schools or child care facilities; and

(3) recommend updates, if any, to the vaccines required for enrollment in postsecondary institutions.

Subd. 2. **Membership.** (a) The advisory council must consist of at least 16 members who are trusted scientists, clinicians, and public health leaders with knowledge of and backgrounds in vaccines and immunization, including:

(1) the commissioner of health or a designee;

(2) one physician licensed and practicing in the state, appointed by the Minnesota Medical Association;

(3) one physician licensed and practicing in the state in the area of internal medicine, appointed by the American College of Physicians, Minnesota Chapter;

(4) one physician licensed and practicing in the state in the area of pediatrics, appointed by the American Academy of Pediatrics, Minnesota Chapter;

(5) one physician licensed and practicing in the state in the area of family medicine, appointed by the Minnesota Academy of Family Physicians;

(6) one physician licensed and practicing in the state in the area of obstetrics and gynecology, appointed by the American College of Obstetricians and Gynecologists, Minnesota Section;

(7) one registered nurse or advanced practice registered nurse licensed and practicing in the state, appointed by the Minnesota Nurses Association;

(8) one pediatric nurse practitioner licensed and practicing in the state, appointed by the National Association of Pediatric Nurse Practitioners, Minnesota Chapter;

(9) one licensed school nurse practicing in the state in a public elementary or secondary school, appointed by the School Nurse Organization of Minnesota;

(10) one health care provider employed by a postsecondary institution;

(11) one pharmacist licensed and practicing in the state with experience providing immunization services to patients, appointed by the Minnesota Pharmacists Association;

(12) one member of a Minnesota community health board;

(13) one member of a Tribal Nation health department;

(14) one representative specializing in infectious disease research, appointed by the Infectious Disease Society of America;

(15) one representative appointed by the Minnesota Council of Health Plans;

(16) one representative from the Center for Infectious Disease Research and Policy at the University of Minnesota; and

(17) representatives with other areas of expertise as identified by the advisory council.

(b) Each appointing authority must make appointments by September 1, 2026.

(c) An appointing authority may designate an alternate member to attend and participate in advisory council meetings in the appointed member's place, including replacing an appointed member at the appointing authority's discretion. An appointing authority may replace any member who steps down from the advisory committee or who, in the judgment of the appointing authority, fails to attend a sufficient number of advisory council meetings.

Subd. 3. **Organization and meetings.** (a) The commissioner of health must chair the first meeting of the advisory council. At the first meeting, the advisory council must select a chair from the advisory council's membership. The advisory council must meet at least four times per year, and more frequently at the call of the chair or at the request of a majority of advisory council members. Meetings must be open to the public. The advisory council must provide opportunities for public input at meetings, including oral public testimony.

(b) Members of the advisory council receive no compensation for their service but shall be reimbursed as provided in section 15.059 for expenses incurred as a result of their duties as members of the advisory council.

(c) Advisory council meetings are subject to the Open Meeting Law under chapter 13D.

Subd. 4. **Duties and powers.** (a) The advisory council must:

(1) develop and publish recommended schedules of vaccines in the state for adults, infants, children, and adolescents on an annual basis;

(2) recommend to the commissioner modifications, if any, to the specific immunizations required for enrollment in elementary or secondary schools or child care facilities under section 121A.15 and Minnesota Rules, chapter 4604; and

(3) recommend to the commissioner modifications, if any, to the specific immunizations required for enrollment in postsecondary institutions under section 135A.14 and Minnesota Rules, chapter 4604.

(b) In developing science-based vaccine and immunization recommendations, the advisory council must consider current peer-reviewed scientific studies and sound public health policy.

(c) If the advisory council chair determines that the commissioner does not adequately consider the advisory council's recommendations when considering updates to the required immunization schedules, the chair may call for an override vote. If two-thirds of the advisory council vote to override the existing state vaccine schedules, the advisory council may republish the advisory council's own recommendations to serve as the state vaccine schedules. The advisory council's recommendations must serve as the state vaccine schedules for no less than six months.

Subd. 5. **Administration.** The commissioner must provide meeting space and administrative services for the advisory council.

Sec. 3. **APPROPRIATION; MINNESOTA SCIENCE-BASED VACCINE ADVISORY COUNCIL.**

(a) $..... in fiscal year 2027 is appropriated from the general fund to the commissioner of health for the Minnesota Science-Based Vaccine Advisory Council under Minnesota Statutes, section 145.675.

(b) The general fund base for this appropriation is $..... in fiscal year 2028 and $..... in fiscal year 2029.

EFFECTIVE DATE. This section is effective July 1, 2026.