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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2414

03/25/2021

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The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act
1.2 relating to health insurance; increasing availability and coverage for testing and
1.3 diagnostic services related to breast cancer; amending Minnesota Statutes 2020,
1.4 sections 62A.30, subdivisions 2, 4; 256B.0625, subdivision 14.

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

1.6 Section 1. Minnesota Statutes 2020, section 62A.30, subdivision 2, is amended to read:

1.7 Subd. 2. **Required coverage.** (a) Every policy, plan, certificate, or contract referred to
1.8 in subdivision 1 that provides coverage to a Minnesota resident must provide coverage for
1.9 routine screening procedures for cancer and the office or facility visit, including
1.10 mammograms, surveillance tests for ovarian cancer for women who are at risk for ovarian
1.11 cancer as defined in subdivision 3, pap smears, and colorectal screening tests for men and
1.12 women, when ordered or provided by a physician in accordance with the standard practice
1.13 of medicine.

1.14 (b) Every policy, plan, certificate, or contract referred to in subdivision 1 that provides
1.15 coverage to a Minnesota resident must provide coverage for all diagnostic and preventive
1.16 screenings and tests related to breast cancer, including but not limited to genetic testing,
1.17 breast examination, mammography, magnetic resonance imaging, digital breast
1.18 tomosynthesis, ultrasound, thermography, biopsy, and other breast cancer screening tests
1.19 currently being evaluated by the federal Food and Drug Breast Cancer Research Foundation.

1.20 (c) A health carrier is prohibited from placing age limitations or annual or lifetime testing
1.21 limitations on the screenings and tests described in paragraph (b).

1.22 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to health
1.23 plans offered, issued, or renewed on or after that date.

2.1 Sec. 2. Minnesota Statutes 2020, section 62A.30, subdivision 4, is amended to read:

2.2 Subd. 4. **Mammograms.** (a) For purposes of subdivision 2, paragraph (a), coverage for
 2.3 a preventive mammogram screening (1) includes digital breast tomosynthesis ~~for enrollees~~
 2.4 ~~at risk for breast cancer~~, and (2) is covered as a preventive item or service, as described
 2.5 under section 62Q.46.

2.6 (b) For purposes of this subdivision, "digital breast tomosynthesis" means a radiologic
 2.7 procedure that involves the acquisition of projection images over the stationary breast to
 2.8 produce cross-sectional digital three-dimensional images of the breast. ~~"At risk for breast~~
 2.9 ~~cancer" means:~~

2.10 ~~(1) having a family history with one or more first- or second-degree relatives with breast~~
 2.11 ~~cancer;~~

2.12 ~~(2) testing positive for BRCA1 or BRCA2 mutations;~~

2.13 ~~(3) having heterogeneously dense breasts or extremely dense breasts based on the Breast~~
 2.14 ~~Imaging Reporting and Data System established by the American College of Radiology; or~~

2.15 ~~(4) having a previous diagnosis of breast cancer.~~

2.16 ~~(e) This subdivision does not apply to coverage provided through a public health care~~
 2.17 ~~program under chapter 256B or 256L.~~

2.18 ~~(d) Nothing in this subdivision limits the coverage of digital breast tomosynthesis in a~~
 2.19 ~~policy, plan, certificate, or contract referred to in subdivision 1 that is in effect prior to~~
 2.20 ~~January 1, 2020.~~

2.21 ~~(e) Nothing in this subdivision prohibits a policy, plan, certificate, or contract referred~~
 2.22 ~~to in subdivision 1 from covering digital breast tomosynthesis for an enrollee who is not at~~
 2.23 ~~risk for breast cancer.~~

2.24 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to health
 2.25 plans offered, issued, or renewed on or after that date.

2.26 Sec. 3. Minnesota Statutes 2020, section 256B.0625, subdivision 14, is amended to read:

2.27 Subd. 14. **Diagnostic, screening, and preventive services.** (a) Medical assistance covers
 2.28 diagnostic, screening, and preventive services.

2.29 (b) "Preventive services" include services related to pregnancy, including:

2.30 (1) services for those conditions which may complicate a pregnancy and which may be
 2.31 available to a pregnant woman determined to be at risk of poor pregnancy outcome;

3.1 (2) prenatal HIV risk assessment, education, counseling, and testing; and

3.2 (3) alcohol abuse assessment, education, and counseling on the effects of alcohol usage
3.3 while pregnant. Preventive services available to a woman at risk of poor pregnancy outcome
3.4 may differ in an amount, duration, or scope from those available to other individuals eligible
3.5 for medical assistance.

3.6 (c) "Screening services" include, but are not limited to, blood lead tests.

3.7 (d) Coverage of diagnostic screenings and tests under this subdivision must comply with
3.8 section 62A.30.

3.9 ~~(d)~~ (e) The commissioner shall encourage, at the time of the child and teen checkup or
3.10 at an episodic care visit, the primary care health care provider to perform primary caries
3.11 preventive services. Primary caries preventive services include, at a minimum:

3.12 (1) a general visual examination of the child's mouth without using probes or other dental
3.13 equipment or taking radiographs;

3.14 (2) a risk assessment using the factors established by the American Academies of
3.15 Pediatrics and Pediatric Dentistry; and

3.16 (3) the application of a fluoride varnish beginning at age one to those children assessed
3.17 by the provider as being high risk in accordance with best practices as defined by the
3.18 Department of Human Services. The provider must obtain parental or legal guardian consent
3.19 before a fluoride varnish is applied to a minor child's teeth.

3.20 At each checkup, if primary caries preventive services are provided, the provider must
3.21 provide to the child's parent or legal guardian: information on caries etiology and prevention;
3.22 and information on the importance of finding a dental home for their child by the age of
3.23 one. The provider must also advise the parent or legal guardian to contact the child's managed
3.24 care plan or the Department of Human Services in order to secure a dental appointment
3.25 with a dentist. The provider must indicate in the child's medical record that the parent or
3.26 legal guardian was provided with this information and document any primary caries
3.27 prevention services provided to the child.

3.28 **EFFECTIVE DATE.** This section is effective January 1, 2022.