SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 3511

(SENATE AUTHORS: MANN, Morrison, Putnam, Port and Murphy)

DATE	D-PG	OFFICIAL STATUS
02/12/2024	11550	Introduction and first reading
		Referred to Commerce and Consumer Protection
03/11/2024		Comm report: To pass as amended and re-refer to Health and Human Services

A bill for an act

relating to insurance; requiring health plans to cover prenatal, maternity, and postnatal care; amending Minnesota Statutes 2022, sections 62A.041, subdivision 1; 62A.0411; 62A.047; 62Q.521; 256B.0625, by adding a subdivision; repealing Minnesota Statutes 2022, section 62A.041, subdivision 2.

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

Section 1. Minnesota Statutes 2022, section 62A.041, subdivision 1, is amended to read:

Subdivision 1. **Discrimination prohibited against unmarried women.** Each ~~group policy of accident and health insurance and each group health maintenance contract~~ health plan, as defined in section 62Q.01, subdivision 3, and county-based purchasing plan shall provide the same coverage for maternity benefits to unmarried women and minor female dependents that it provides to married women including the wives of employees choosing dependent family coverage. If an unmarried insured or an unmarried enrollee is a parent of a dependent child, each ~~group policy and each group contract~~ health plan shall provide the same coverage for that child as that provided for the child of a married employee choosing dependent family coverage if the insured or the enrollee elects dependent family coverage.

~~Each individual policy of accident and health insurance and each individual health maintenance contract shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. If an unmarried insured or an unmarried enrollee is a parent of a dependent child, each individual policy and each individual contract shall also provide the same coverage for that child as that provided for the child of a married insured or a married enrollee choosing dependent family coverage if the insured or the enrollee elects dependent family coverage.~~

EFFECTIVE DATE. This section is effective January 1, 2025, and applies to all policies, plans, certificates, and contracts offered, issued, or renewed on or after that date.

Sec. 2. Minnesota Statutes 2022, section 62A.0411, is amended to read:

62A.0411 MATERNITY CARE.

Subdivision 1. **Minimum inpatient care.** (a) Every health plan as defined in section 62Q.01, subdivision 3, ~~that provides maternity benefits~~ and county-based purchasing plan must~~, consistent with other coinsurance, co-payment, deductible, and related contract terms,~~ provide coverage of a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section for a mother and her newborn. The health plan shall not provide any compensation or other nonmedical remuneration to encourage a mother and newborn to leave inpatient care before the duration minimums specified in this section.

(b) In addition to the coverage required under paragraph (a), every health plan must provide coverage for all inpatient care provided to a mother and her newborn that is: (1) recommended by a health care provider acting within the provider's scope of practice; and (2) related to the delivery and associated well-being of the mother and newborn. The coverage required under this paragraph includes but is not limited to all procedures, examinations, screenings, counseling, education, and inpatient care extending beyond the minimum durations provided in paragraph (a).

(c) If a health care provider acting within the provider's scope of practice recommends that either the mother or newborn be transferred to a different medical facility, every health plan must provide the coverage required under this section for the mother, newborn, and newborn siblings at both medical facilities. The coverage required under this paragraph includes but is not limited to expenses related to transferring all individuals from one medical facility to a different medical facility.

Subd. 2. **Minimum postdelivery outpatient care.** (a) The health plan must also provide coverage for postdelivery outpatient care to a mother and her newborn if the duration of inpatient care is less than the minimums provided in this section.

(b) Postdelivery outpatient care consists of a minimum of one home visit by a registered nurse and all postdelivery outpatient care provided to a mother and her newborn that is: (1) recommended by a health care provider acting within the provider's scope of practice; and (2) related to the delivery and associated well-being of the mother and newborn. The coverage required under this paragraph includes but is not limited to all procedures, examinations,

screenings, counseling, education, and office visits. Services provided by the registered nurse include, but are not limited to, parent education, assistance and training in breast and bottle feeding, and conducting any necessary and appropriate clinical tests. The home visit must be conducted within four days following the discharge of the mother and her child.

Subd. 3. **Prohibition on cost sharing; limitations.** (a) Except as provided under paragraph (b), the coverage required under this section must be provided without cost sharing, including but not limited to deductible, co-pay, or coinsurance. The coverage required under this section must be provided without any limitation that is not generally applicable to other coverages under the plan.

(b) Coverage provided under this section to transfer a mother or newborn from one medical facility to a different medical facility may be provided with cost sharing if the transfer is not recommended by a health care provider.

(c) A health plan that is a high-deductible health plan in conjunction with a health savings account must include cost-sharing for the coverage required under this section at the minimum level necessary to preserve the enrollee's ability to make tax-exempt contributions and withdrawals from the health savings account as provided in section 223 of the Internal Revenue Code of 1986.

Subd. 4. **Health plan defined.** For purposes of this section, "health plan" has the meaning given in section 62Q.01, subdivision 3, and includes a county-based purchasing plan.

EFFECTIVE DATE. This section is effective January 1, 2025, and applies to all policies, plans, certificates, and contracts offered, issued, or renewed on or after that date.

Sec. 3. Minnesota Statutes 2022, section 62A.047, is amended to read:

62A.047 CHILDREN'S HEALTH SUPERVISION SERVICES AND PRENATAL CARE SERVICES.

Subdivision 1. **Coverage required.** ~~A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate regulated under chapter 64B, issued, renewed, or continued to provide coverage to a Minnesota resident,~~ Each health plan, as defined in section 62Q.01, subdivision 3, and county-based purchasing plan must provide coverage for child health supervision services and prenatal care services. ~~The policy, contract, or certificate must specifically exempt reasonable and customary charges for child health supervision services and prenatal care services from a deductible, co-payment, or other coinsurance or dollar limitation~~

~~requirement. This section does not prohibit the use of policy waiting periods for these services. Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section subject to the schedule set forth in this section. Nothing in this section applies to a commercial health insurance policy issued as a companion to a health maintenance organization contract, a policy designed primarily to provide coverage payable on a per diem, fixed indemnity, or nonexpense incurred basis, or a policy that provides only accident coverage. A policy, contract, or certificate described under this section may not apply to preexisting condition limitations to individuals under 19 years of age. This section does not apply to individual coverage under a grandfathered plan.~~ A health plan is prohibited from limiting coverage under this section based on an individual's preexisting condition.

Subd. 2. **Prohibition on cost sharing; limitations.** (a) The coverage required under this section must be provided without cost sharing, including but not limited to deductible, co-pay, or coinsurance. The coverage required under this section must be provided without any limitation that is not generally applicable to other coverages under the plan.

(b) A health plan that is a high-deductible health plan in conjunction with a health savings account must include cost-sharing for the coverage required under this section at the minimum level necessary to preserve the enrollee's ability to make tax-exempt contributions and withdrawals from the health savings account as provided in section 223 of the Internal Revenue Code of 1986.

Subd. 3. **Child health supervision services defined.** For purposes of this section, "child health supervision services" means pediatric preventive services, appropriate immunizations, developmental assessments, and laboratory services appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics. Reimbursement must be made for at least five child health supervision visits from birth to 12 months, three child health supervision visits from 12 months to 24 months, once a year from 24 months to 72 months.

Subd. 4. **Prenatal care services defined.** For purposes of this section, the term "prenatal care services" means:

(1) the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education, and use of specialized skills and technology, when needed, as defined by Standards for

Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists.; and

(2) all prenatal care of a mother and her child that is (i) recommended by a health care provider acting within the provider's scope of practice, and (ii) related to the pregnancy, delivery, and associated well-being of the mother and child. For purposes of this clause, prenatal care includes but is not limited to all procedures, examinations, screenings, counseling, education, and office visits.

EFFECTIVE DATE. This section is effective January 1, 2025, and applies to all policies, plans, certificates, and contracts offered, issued, or renewed on or after that date.

Sec. 4. Minnesota Statutes 2022, section 62Q.521, is amended to read:

62Q.521 POSTNATAL CARE.

(a) For purposes of this section, "comprehensive postnatal visit" means a visit with a health care provider that includes a full assessment of the mother's and infant's physical, social, and psychological well-being, including but not limited to: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.

(b) A health plan must provide coverage for the following:

(1) a comprehensive postnatal visit with a health care provider not more than three weeks from the date of delivery;

(2) any postnatal visits recommended by a health care provider between three and 11 weeks from the date of delivery; and

(3) a comprehensive postnatal visit with a health care provider 12 weeks from the date of delivery.; and

(4) all postnatal care of a mother and infant, prior to the infant reaching one year of age, recommended by a health care provider acting within the provider's scope of practice, including but not limited to all procedures, examinations, screenings, counseling, education, and office visits.

(c) The requirements of this section are separate from and cannot be met by a visit made pursuant to section 62A.0411.

(d) The coverage required under this section must be provided without cost sharing, including but not limited to deductible, co-pay, or coinsurance. The coverage required under

this section must be provided without any limitation that is not generally applicable to other coverages under the plan.

(e) A health plan that is a high-deductible health plan in conjunction with a health savings account must include cost-sharing for the coverage required under this section at the minimum level necessary to preserve the enrollee's ability to make tax-exempt contributions and withdrawals from the health savings account as provided in section 223 of the Internal Revenue Code of 1986.

EFFECTIVE DATE. This section is effective January 1, 2025, and applies to all policies, plans, certificates, and contracts offered, issued, or renewed on or after that date.

Sec. 5. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision to read:

Subd. 72. **Prenatal, maternity, and postnatal care.** (a) Medical assistance covers prenatal care that meets the requirements in section 62A.047. Medical assistance coverage must meet the requirements that would otherwise apply to a health plan under section 62A.047.

(b) Medical assistance covers maternity care that meets the requirements in section 62A.0411. Medical assistance coverage must meet the requirements that would otherwise apply to a health plan under section 62A.0411.

(c) Medical assistance covers postnatal care that meets the requirements in section 62Q.521. Medical assistance coverage must meet the requirements that would otherwise apply to a health plan under section 62Q.521.

Sec. 6. **REPEALER.**

Minnesota Statutes 2022, section 62A.041, subdivision 2, is repealed.

EFFECTIVE DATE. This section is effective January 1, 2025.

62A.041 MATERNITY BENEFITS.

Subd. 2. **Limitation on coverage prohibited.** Each group policy of accident and health insurance, except for policies which only provide coverage for specified diseases, or each group subscriber contract of accident and health insurance or health maintenance contract, issued or renewed after August 1, 1987, shall include maternity benefits in the same manner as any other illness covered under the policy or contract.