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State of Minnesota

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HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE NO. **111**

January 16, 2007

Authored by Loeffler, Thissen, Atkins, Ruud, Kahn and others

The bill was read for the first time and referred to the Committee on Health and Human Services

January 25, 2007

Committee Recommendation and Adoption of Report: To Pass and Read Second Time

February 26, 2007

By motion, re-referred to the Committee on Commerce and Labor

March 8, 2007

Committee Recommendation and Adoption of Report: To Pass as Amended and Read Second Time

May 22, 2007

Pursuant to Rule 4.20, re-referred to the Committee on Commerce and Labor

February 19, 2008

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

1.1 A bill for an act
1.2 relating to health; promoting preventive health care by requiring high deductible
1.3 health plans used with a health savings account to cover preventive care with
1.4 no deductible as permitted by federal law; amending Minnesota Statutes 2006,
1.5 section 62Q.65.

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

1.7 Section 1. Minnesota Statutes 2006, section 62Q.65, is amended to read:

1.8 **62Q.65 ACCESS TO PROVIDER DISCOUNTS AND PREVENTIVE CARE.**

1.9 Subdivision 1. **Requirement.** A high deductible health plan must, when used in
1.10 connection with a medical savings account or health savings account;

1.11 (1) provide the enrollee access to any discounted provider fees for services covered
1.12 by the high deductible health plan, regardless of whether the enrollee has satisfied the
1.13 deductible for the high deductible health plan; and

1.14 (2) cover preventive care without a deductible, co-payment, or other patient
1.15 cost-sharing, provided, however, that this requirement does not apply to care that is not
1.16 permitted to be provided without a deductible by a high deductible health plan under
1.17 Internal Revenue Code of 1986, section 223(c)(2)(C), and federal regulations adopted or
1.18 guidance issued by the Internal Revenue Service related to that provision. The scope
1.19 and frequency of such coverage must be detailed in the policy in accordance with, or
1.20 by reference to, an evidence-based set of preventive care guidelines that addresses
1.21 recommendations for both asymptomatic low-risk individuals and individuals with higher
1.22 risk factors. Nothing in this subdivision limits voluntary coverage of other preventive care.

1.23 Subd. 2. **Definitions.** For purposes of this section, the following terms have the
1.24 meanings given:

2.1 (1) "high deductible health plan" has the meaning given under the Internal Revenue
2.2 Code of 1986, section 220(c)(2), with respect to a medical savings account; and the
2.3 meaning given under Internal Revenue Code of 1986, section 223(c)(2), with respect to a
2.4 health savings account;

2.5 (2) "medical savings account" has the meaning given under the Internal Revenue
2.6 Code of 1986, section 220(d)(1);

2.7 (3) "discounted provider fees" means fees contained in a provider agreement entered
2.8 into by the issuer of the high deductible health plan, or an affiliate of the issuer, for use
2.9 in connection with the high deductible health plan; ~~and~~

2.10 (4) "health savings account" has the meaning given under the Internal Revenue
2.11 Code of 1986, section 223(d); and

2.12 (5) "preventive care" has the meaning given in Internal Revenue Code of 1986,
2.13 section 223(c)(2)(C).

2.14 **EFFECTIVE DATE.** This section is effective January 1, 2009, and applies to high
2.15 deductible health plans offered, sold, issued, or renewed on or after that date.