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State of Minnesota
HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 1041

02/11/2019 Authored by Poston, Miller, Acomb and Schomacker
The bill was read for the first time and referred to the Committee on Commerce
03/04/2019 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health insurance; requiring coverage for treatments related to ectodermal
1.3 dysplasias; amending Minnesota Statutes 2018, sections 62A.25, subdivision 2;
1.4 62A.28, subdivision 2; 256B.0625, by adding a subdivision; proposing coding for
1.5 new law in Minnesota Statutes, chapter 62A.

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

1.7 Section 1. Minnesota Statutes 2018, section 62A.25, subdivision 2, is amended to read:

1.8 Subd. 2. **Required coverage.** (a) Every policy, plan, certificate or contract to which this
1.9 section applies shall provide benefits for reconstructive surgery when such service is
1.10 incidental to or follows surgery resulting from injury, sickness or other diseases of the
1.11 involved part or when such service is performed on a covered dependent child because of
1.12 congenital disease or anomaly which has resulted in a functional defect as determined by
1.13 the attending physician.

1.14 (b) The coverage limitations on reconstructive surgery in paragraph (a) do not apply to
1.15 reconstructive breast surgery: (1) following mastectomies; or (2) if the patient has been
1.16 diagnosed with ectodermal dysplasia and has congenitally absent breast tissue or nipples.
1.17 ~~In these cases, Coverage for reconstructive surgery must be provided if the mastectomy is~~
1.18 ~~medically necessary as determined by the attending physician.~~

1.19 (c) Reconstructive surgery benefits include all stages of reconstruction ~~of the breast on~~
1.20 ~~which the mastectomy has been performed,~~ including surgery and reconstruction of the
1.21 other breast to produce a symmetrical appearance, and prosthesis and physical complications
1.22 at all stages ~~of a mastectomy,~~ including lymphedemas, in a manner determined in consultation
1.23 with the attending physician and patient. Coverage may be subject to annual deductible,

2.1 co-payment, and coinsurance provisions as may be deemed appropriate and as are consistent
2.2 with those established for other benefits under the plan or coverage. Coverage may not:

2.3 (1) deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage
2.4 under the terms of the plan, solely for the purpose of avoiding the requirements of this
2.5 section; and

2.6 (2) penalize or otherwise reduce or limit the reimbursement of an attending provider, or
2.7 provide monetary or other incentives to an attending provider to induce the provider to
2.8 provide care to an individual participant or beneficiary in a manner inconsistent with this
2.9 section.

2.10 Written notice of the availability of the coverage must be delivered to the participant upon
2.11 enrollment and annually thereafter.

2.12 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health
2.13 plans offered, issued, or sold on or after that date.

2.14 Sec. 2. Minnesota Statutes 2018, section 62A.28, subdivision 2, is amended to read:

2.15 Subd. 2. **Required coverage.** Every policy, plan, certificate, or contract referred to in
2.16 subdivision 1 ~~issued or renewed after August 1, 1987,~~ must provide coverage for scalp hair
2.17 prostheses worn for hair loss suffered as a result of alopecia areata or ectodermal dysplasias.

2.18 The coverage required by this section is subject to the co-payment, coinsurance,
2.19 deductible, and other enrollee cost-sharing requirements that apply to similar types of items
2.20 under the policy, plan, certificate, or contract and may be limited to one prosthesis per
2.21 benefit year.

2.22 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health
2.23 plans offered, issued, or sold on or after that date.

2.24 Sec. 3. **[62A.3096] COVERAGE FOR ECTODERMAL DYSPLASIAS.**

2.25 Subdivision 1. **Definition.** For purposes of this chapter, "ectodermal dysplasias" means
2.26 a genetic disorder involving the absence or deficiency of tissues and structures derived from
2.27 the embryonic ectoderm.

2.28 Subd. 2. **Coverage.** A health plan must provide coverage for the treatment of ectodermal
2.29 dysplasias.

3.1 Subd. 3. **Dental coverage.** (a) A health plan must provide coverage for dental treatments
3.2 related to ectodermal dysplasias. Covered dental treatments must include but are not limited
3.3 to bone grafts, dental implants, orthodontia, dental prosthodontics, and dental maintenance.

3.4 (b) If a dental treatment is eligible for coverage under a dental insurance plan or other
3.5 health plan, the coverage under this subdivision is secondary.

3.6 **EFFECTIVE DATE.** This section is effective January 1, 2020, and applies to health
3.7 plans offered, issued, or sold on or after that date.

3.8 Sec. 4. Minnesota Statutes 2018, section 256B.0625, is amended by adding a subdivision
3.9 to read:

3.10 Subd. 66. **Ectodermal dysplasias.** Medical assistance and MinnesotaCare cover treatment
3.11 for ectodermal dysplasias. Coverage must meet the requirements of sections 62A.25, 62A.28,
3.12 and 62A.3096. This subdivision applies to services delivered under fee-for-service or by a
3.13 managed care plan under section 256B.69, a county-based purchasing plan under section
3.14 256B.692, or an integrated health partnership under section 256B.0755.

3.15 **EFFECTIVE DATE.** This section is effective January 1, 2020.