

SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION

S.F. No. 3926

(SENATE AUTHORS: HOFFMAN, Mann and Abeler)		
DATE	D-PG	OFFICIAL STATUS
02/19/2024	11648	Introduction and first reading Referred to Commerce and Consumer Protection
03/11/2024	12114a	Comm report: To pass as amended and re-refer to Health and Human Services See HF5247

1.1

A bill for an act

1.2

relating to insurance; requiring health plans to cover intermittent catheters;

1.3

amending Minnesota Statutes 2022, section 256B.0625, by adding a subdivision;

1.4

proposing coding for new law in Minnesota Statutes, chapter 62Q.

1.5

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

1.6

Section 1. [62Q.665] INTERMITTENT CATHETERS.

1.7

Subdivision 1. Required coverage. A health plan must provide coverage for intermittent

1.8

urinary catheters and insertion supplies if intermittent catheterization is recommended by

1.9

the enrollee's health care provider. Up to 180 intermittent catheters per month with insertion

1.10

supplies must be covered unless a lesser amount is prescribed by the enrollee's health care

1.11

provider. A health plan providing coverage under the medical assistance program may be

1.12

required to provide coverage for more than 180 intermittent catheters per month with

1.13

insertion supplies.

1.14

Subd. 2. Cost-sharing requirements. A health plan is prohibited from imposing a

1.15

deductible, co-payment, coinsurance, or other restriction on intermittent catheters and

1.16

insertion supplies that the health plan does not apply to durable medical equipment in general.

1.17

EFFECTIVE DATE. This section is effective for any health plan issued or renewed

1.18

on or after January 1, 2025.

1.19

Sec. 2. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision

1.20

to read:

1.21

Subd. 72. Intermittent catheters. Medical assistance covers intermittent urinary catheters

1.22

and insertion supplies if intermittent catheterization is recommended by the enrollee's health

- 2.1
- care provider. Medical assistance must meet the requirements that would otherwise apply
- 2.2
- to a health plan under section 62Q.665.