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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 95

02/10/2025 Authored by Clardy, Virnig and Pursell
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; requiring coverage for certain diagnostic and screening colorectal
1.3 cancer tests; requiring early colorectal cancer screening; developing an education
1.4 program; amending Minnesota Statutes 2024, section 62A.30, subdivisions 2, 6,
1.5 by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2024, section 62A.30, subdivision 2, is amended to read:

1.8 Subd. 2. Required coverage. Every policy, plan, certificate, or contract referred to in
1.9 subdivision 1 that provides coverage to a Minnesota resident must provide coverage for
1.10 routine screening procedures for cancer and the office or facility visit, including
1.11 mammograms, surveillance tests for ovarian cancer for women who are at risk for ovarian
1.12 cancer as defined in subdivision 3, pap smears, and colorectal screening and diagnostic tests
1.13 for men and women individuals as specified in subdivision 7, when ordered or provided by
1.14 a physician in accordance with the standard practice of medicine.

1.15 EFFECTIVE DATE. This section is effective January 1, 2026, and applies to health
1.16 plans offered, issued, or sold on or after that date.

1.17 Sec. 2. Minnesota Statutes 2024, section 62A.30, subdivision 6, is amended to read:

1.18 Subd. 6. Application. If the application of subdivision 5 or 7 before an enrollee has met
1.19 their health plan's deductible would result in: (1) health savings account ineligibility under
1.20 United States Code, title 26, section 223; or (2) catastrophic health plan ineligibility under
1.21 United States Code, title 42, section 18022(e), then subdivision 5 or 7 shall apply to
1.22 diagnostic services or testing only after the enrollee has met their health plan's deductible.

2.1 **EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to health  
 2.2 plans offered, issued, or sold on or after that date.

2.3 Sec. 3. Minnesota Statutes 2024, section 62A.30, is amended by adding a subdivision to  
 2.4 read:

2.5 Subd. 7. **Colorectal diagnostic and screening tests.** (a) For purposes of subdivision 2,  
 2.6 in order to facilitate early detection and treatment of colorectal cancer, every policy, plan,  
 2.7 certificate, or contract in subdivision 1 must provide coverage of colorectal screening and  
 2.8 diagnostic tests to all Minnesota residents regardless of age.

2.9 (b) Screening and diagnostic tests include colonoscopy; flexible sigmoidoscopy; blood  
 2.10 and stool tests including Shield test, guaiac-based fecal occult blood test, fecal  
 2.11 immunochemical test, and FIT-DNA test; and other proven colorectal diagnostic and  
 2.12 screening tests currently being evaluated by the federal Food and Drug Administration or  
 2.13 by the National Cancer Institute.

2.14 (c) If a health care provider determines an enrollee requires additional diagnostic services  
 2.15 or testing after colorectal diagnostic and screening tests, a health plan must provide coverage  
 2.16 for the additional diagnostic service or testing with no cost-sharing, including co-pay,  
 2.17 deductible, or coinsurance.

2.18 **EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to health  
 2.19 plans offered, issued, or sold on or after that date.

2.20 Sec. 4. **COLORECTAL CANCER EDUCATION AND AWARENESS PROGRAM.**

2.21 The commissioner of health shall conduct a long-term coordinated education program  
 2.22 to raise public awareness of colorectal cancer and the diagnostic and screening tests available.  
 2.23 The education program must be designed to disseminate information through social media,  
 2.24 physician offices and medical clinics, and other sources about risk factors, screening tests,  
 2.25 and ways to prevent the disease. The education program must also focus on best practices  
 2.26 for screening, development of screening and referral services, screening questions, and  
 2.27 promotion of early access to screening.

2.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.