12/20/24 REVISOR SGS/NS 25-01651 as introduced

SENATE STATE OF MINNESOTA NINETY-FOURTH SESSION

A bill for an act

relating to insurance; prohibiting prior authorization for services resulting in health

S.F. No. 731

(SENATE AUTHORS: ABELER, Mann, Wiklund, Klein and Utke)

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OFFICIAL STATUS

01/27/2025 197 Introduction and first readin

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Referred to Commerce and Consumer Protection

plan company liability of equal to or less than \$100; amending Minnesota Statutes 1.3 2024, section 62M.07, subdivision 2. 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: 1.5 Section 1. Minnesota Statutes 2024, section 62M.07, subdivision 2, is amended to read: 1.6 Subd. 2. **Prior authorization of certain services prohibited.** No utilization review 17 organization, health plan company, or claims administrator may conduct or require prior 1.8 authorization of: 1.9 (1) emergency confinement or an emergency service. The enrollee or the enrollee's 1.10 authorized representative may be required to notify the health plan company, claims 1.11 administrator, or utilization review organization as soon as reasonably possible after the 1.12 beginning of the emergency confinement or emergency service; 1.13 (2) outpatient mental health treatment or outpatient substance use disorder treatment, 1.14 except for treatment which is a medication. Prior authorizations required for medications 1.15 used for outpatient mental health treatment or outpatient substance use disorder treatment 1.16 must be processed according to section 62M.05, subdivision 3b, for initial determinations, 1.17 and according to section 62M.06, subdivision 2, for appeals; 1.18 (3) antineoplastic cancer treatment that is consistent with guidelines of the National 1.19 Comprehensive Cancer Network, except for treatment which is a medication. Prior 1.20 authorizations required for medications used for antineoplastic cancer treatment must be 1.21 processed according to section 62M.05, subdivision 3b, for initial determinations, and 1.22

Section 1.

according to section 62M.06, subdivision 2, for appeals;

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(4) services that currently have a rating of A or B from the United States Preventive Services Task Force, immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or preventive services and screenings provided to women as described in Code of Federal Regulations, title 45, section 147.130;

(5) pediatric hospice services provided by a hospice provider licensed under sections 144A.75 to 144A.755; and

(6) treatment delivered through a neonatal abstinence program operated by pediatric pain or palliative care subspecialists:; and

(7) any service, item, or treatment for which a health plan company's liability would be equal to or less than \$100 if the service, item, or treatment were approved.

Clauses (2) to (6) (7) are effective January 1, 2026, and apply to health benefit plans offered,

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sold, issued, or renewed on or after that date.