

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 3967

(SENATE AUTHORS: **BOLDON and Maye Quade**)

DATE	D-PG	OFFICIAL STATUS
02/26/2026	6414	Introduction and first reading Referred to Human Services
03/18/2026	6770a 6807	Comm report: To pass as amended Second reading
05/17/2026	11090 11751a 11752	Chief author stricken, shown as co-author Maye Quade Chief author added Boldon Special Order: Amended Third reading Passed as amended

1.1 A bill for an act

1.2 relating to health; modifying coverage of home care nursing; amending Minnesota

1.3 Statutes 2024, section 62Q.545.

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

1.5 Section 1. Minnesota Statutes 2024, section 62Q.545, is amended to read:

1.6 **62Q.545 COVERAGE OF HOME CARE NURSING.**

1.7 Subdivision 1. Home care nursing services mandated coverage. (a) Home care nursing

1.8 services, as provided under section 256B.0625, subdivision 7, with the exception of section

1.9 256B.0654, subdivision 4, shall be covered under a health plan for persons who are

1.10 concurrently covered by both the health plan and enrolled in medical assistance under

1.11 chapter 256B.

1.12 (b) For purposes of this section, a period of home care nursing services may be subject

1.13 to the co-payment, coinsurance, deductible, or other enrollee cost-sharing requirements that

1.14 apply under the health plan. Cost-sharing requirements for home care nursing services must

1.15 not place a greater financial burden on the insured or enrollee than those requirements

1.16 applied by the health plan to other similar services or benefits. Nothing in this section is

1.17 intended to prevent a health plan company from requiring prior authorization by the health

1.18 plan company for such services as required by section 256B.0625, subdivision 7, or use of

1.19 contracted providers under the applicable provisions of the health plan.

1.20 (c) Notwithstanding section 62J.26, a health plan must not impose any quantity limitation

1.21 on the coverage under this section.

2.1 Subd. 2. **Legislative findings and purpose.** The mandated coverage on home care
2.2 nursing services in subdivision 1 has been intended, since its enactment in 2010, to require
2.3 health plans to cover all prescribed, medically necessary home care nursing services. Pursuant
2.4 to Code of Federal Regulations, title 45, section 155.170, a benefit required by state action
2.5 taking place before December 31, 2011, is considered an EHB, such that the state is not
2.6 required to make payments to defray the cost of benefits. To minimize unnecessary state
2.7 payments, including costs to the medical assistance program for potential coverage of
2.8 recipients of home care nursing services, the commissioner must not make payments to
2.9 defray the cost of benefits under this section and must facilitate the provision of
2.10 comprehensive coverage of home care nursing services in the private insurance market.

2.11 Subd. 3. **Use of terminology.** (a) Notwithstanding section 62J.26, a health plan must
2.12 refer to all services meeting the definition of home care nursing services in paragraph (b)
2.13 as home care nursing services in the health plan's policy, certificate, contract, or other
2.14 evidence of coverage and related documents, including but not limited to utilization review
2.15 policies, claims forms, instructions, and communications to enrollees and providers.

2.16 (b) For purposes of this subdivision, "home care nursing services" means ongoing,
2.17 individual, and continuous nursing services that are:

2.18 (1) ordered by a physician, advanced practice registered nurse, or physician assistant;

2.19 (2) provided by a registered nurse or licensed practical nurse acting within the provider's
2.20 scope of practice;

2.21 (3) medically necessary to maintain, stabilize, or restore the recipient's health due to
2.22 medical complexity or the need for sustained skilled nursing assessment, intervention, or
2.23 monitoring; and

2.24 (4) required for a duration or frequency that cannot be safely or effectively met through
2.25 intermittent, episodic, or visit-based nursing services.

2.26 **EFFECTIVE DATE.** Subdivisions 1 and 2 are effective retroactively from January 1,
2.27 2026, and apply to policies issued, offered, or renewed and causes of action accruing on or
2.28 after that date. Subdivision 3 is effective August 1, 2026.