

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1183

02/13/2017 Authored by Gruenhagen, Lohmer, Lucero, Nornes, Heintzeman and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health insurance; providing that health plans are not required to cover
1.3 health services related to gender transition; proposing coding for new law in
1.4 Minnesota Statutes, chapter 62Q.

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

1.6 Section 1. [62Q.59] COVERAGE NOT REQUIRED FOR HEALTH SERVICES
1.7 RELATED TO GENDER TRANSITION.

1.8 Subdivision 1. Coverage not required. (a) A health plan is not required to provide
1.9 coverage for health services related to gender transition, including but not limited to sex
1.10 reassignment surgery.

1.11 (b) This subdivision applies to health plans not governed by the requirements of Code
1.12 of Federal Regulations, title 45, part 92. This paragraph expires upon the receipt of any
1.13 federal waivers or upon any changes to federal law that are necessary to allow all health
1.14 plan companies to implement paragraph (a). The commissioner of commerce shall notify
1.15 the revisor of statutes when this paragraph expires.

1.16 Subd. 2. Definition. For purposes of this section, "gender transition" means the process
1.17 in which a person goes from living and identifying as one gender to living and identifying
1.18 as another and which may involve social, legal, or physical changes.

1.19 Subd. 3. Waiver of federal law or law change. The commissioner of commerce shall
1.20 seek any waivers of federal law, including a waiver of Code of Federal Regulations, title
1.21 45, section 92.207(b)(4), or federal law changes that are necessary to allow all health plan
1.22 companies to implement subdivision 1.

- 2.1 **EFFECTIVE DATE.** Subdivisions 1 and 2 are effective January 1, 2018, and apply to
- 2.2 health plans offered, sold, issued, or renewed on or after that date. Subdivision 3 is effective
- 2.3 the day following final enactment.