A bill for an act

relating to health; promoting preventive health care by requiring high deductible health plans used with a health savings account to cover preventive care with no deductible as permitted by federal law; amending Minnesota Statutes 2008, section 62Q.65.

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

Section 1. Minnesota Statutes 2008, section 62Q.65, is amended to read:

62Q.65 ACCESS TO PROVIDER DISCOUNTS AND PREVENTIVE CARE.

Subdivision 1. **Requirement.** A high deductible health plan must, when used in connection with a medical savings account or health savings account~~,~~:

(1) provide the enrollee access to any discounted provider fees for services covered by the high deductible health plan, regardless of whether the enrollee has satisfied the deductible for the high deductible health plan; and

(2) cover preventive care without a deductible, co-payment, or other patient cost-sharing, provided, however, that this requirement does not apply to care that is not permitted to be provided without a deductible by a high deductible health plan under Internal Revenue Code of 1986, section 223(c)(2)(C), and federal regulations adopted or guidance issued by the Internal Revenue Service related to that provision. The scope and frequency of such coverage must be detailed in the policy in accordance with, or by reference to, an evidence-based set of preventive care guidelines that addresses recommendations for both asymptomatic low-risk individuals and individuals with higher risk factors. Nothing in this subdivision limits voluntary coverage of other preventive care.

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given:

(1) "high deductible health plan" has the meaning given under the Internal Revenue Code of 1986, section 220(c)(2), with respect to a medical savings account; and the meaning given under Internal Revenue Code of 1986, section 223(c)(2), with respect to a health savings account;

(2) "medical savings account" has the meaning given under the Internal Revenue Code of 1986, section 220(d)(1);

(3) "discounted provider fees" means fees contained in a provider agreement entered into by the issuer of the high deductible health plan, or an affiliate of the issuer, for use in connection with the high deductible health plan; ~~and~~

(4) "health savings account" has the meaning given under the Internal Revenue Code of 1986, section 223(d); and

(5) "preventive care" has the meaning given in Internal Revenue Code of 1986, section 223(c)(2)(C).

EFFECTIVE DATE. This section is effective January 1, 2010, and applies to high deductible health plans offered, sold, issued, or renewed on or after that date.