

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2664

03/21/2019 Authored by Elkins, Edelson, Mann, Morrison, Demuth and others
The bill was read for the first time and referred to the Committee on Commerce

1.1 A bill for an act
1.2 relating to health coverage; requiring coverage for lymphedema compression
1.3 treatment items; proposing coding for new law in Minnesota Statutes, chapter 62A.

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

1.5 Section 1. 62A.255] COVERAGE OF LYMPHEDEMA TREATMENT.

1.6 Subdivision 1. Scope of coverage. This section applies to all health plans that are sold,
1.7 issued, or renewed to a Minnesota resident.

1.8 Subd. 2. Required coverage. (a) Each health plan must provide coverage for lymphedema
1.9 treatment, including coverage for compression treatment items, complex decongestive
1.10 therapy, and outpatient self-management training and education during lymphedema treatment
1.11 if prescribed by a licensed health care professional. Lymphedema compression treatment
1.12 items include: (1) compression garments, stockings, and sleeves; (2) compression devices;
1.13 and (3) bandaging systems, components, and supplies that are primarily and customarily
1.14 used in the treatment of lymphedema.

1.15 (b) If applicable to the enrollee's health plan, a health carrier may require the prescribing
1.16 health care professional to be within the enrollee's health plan provider network if the
1.17 provider network meets network adequacy requirements under section 62K.10.

1.18 (c) A health plan must not apply any cost-sharing requirements, benefit limitations, or
1.19 service limitations for lymphedema treatment and compression treatment items that place
1.20 a greater financial burden on the enrollee or are more restrictive than cost-sharing
1.21 requirements or limitations applied by the health plan to other similar services or benefits.

- 2.1 **EFFECTIVE DATE.** This section is effective August 1, 2019, and applies to any health
- 2.2 plan issued, sold, or renewed on or after that date.