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**ARTICLE 7**

**HUMAN SERVICES HEALTH CARE POLICY**

Section 1. Minnesota Statutes 2024, section 62Q.522, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Contraceptive method" means a drug, device, or other product approved by the Food and Drug Administration to prevent unintended pregnancy.

(c) "Contraceptive service" means consultation, examination, procedures, and medical services related to the prevention of unintended pregnancy, ~~excluding vasectomies~~. This includes but is not limited to voluntary sterilization procedures, patient education, counseling on contraceptives, and follow-up services related to contraceptive methods or services, management of side effects, counseling for continued adherence, and device insertion or removal.

(d) "Medical necessity" includes but is not limited to considerations such as severity of side effects, difference in permanence and reversibility of a contraceptive method or service, and ability to adhere to the appropriate use of the contraceptive method or service, as determined by the attending provider.

(e) "Therapeutic equivalent version" means a drug, device, or product that can be expected to have the same clinical effect and safety profile when administered to a patient under the conditions specified in the labeling, and that:

(1) is approved as safe and effective;

(2) is a pharmaceutical equivalent: (i) containing identical amounts of the same active drug ingredient in the same dosage form and route of administration; and (ii) meeting compendial or other applicable standards of strength, quality, purity, and identity;

(3) is bioequivalent in that:

(i) the drug, device, or product does not present a known or potential bioequivalence problem and meets an acceptable in vitro standard; or

(ii) if the drug, device, or product does present a known or potential bioequivalence problem, it is shown to meet an appropriate bioequivalence standard;

(4) is adequately labeled; and

(5) is manufactured in compliance with current manufacturing practice regulations.

**EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to health plans offered, issued, or renewed on or after that date.

SENATE ARTICLE 7, SECTION 2, HAS BEEN MOVED TO MATCH HOUSE ARTICLE 5, SECTION 6.

263.24 Sec. 3. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision  
263.25 to read:

263.26 Subd. 77. **Vasectomies.** (a) Medical assistance covers vasectomies.

263.27 (b) Medical assistance must meet the requirements with respect to coverage of  
263.28 vasectomies that would otherwise apply to a health plan under section 62Q.522, except that  
263.29 medical assistance is not required to comply with any provision of section 62Q.522 if  
263.30 compliance with the provision would:

263.31 (1) prevent the state from receiving federal financial participation for the coverage under  
263.32 this subdivision;

264.1 (2) result in a lower level of coverage or reduced access to coverage for medical assistance  
264.2 enrollees; or

264.3 (3) violate Code of Federal Regulations, title 42, part 441, subpart F.

264.4 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
264.5 whichever is later. The commissioner of human services shall notify the revisor of statutes  
264.6 when federal approval is obtained.

264.7 Sec. 4. Minnesota Statutes 2024, section 256B.76, is amended by adding a subdivision to  
264.8 read:

264.9 Subd. 1a. **Certain long-term ambulatory electrocardiogram monitoring services.** (a)  
264.10 For the purpose of this subdivision, "long-term ambulatory electrocardiogram monitoring  
264.11 services" means the provision of external cardiac patch monitoring devices to patients to  
264.12 wear for 48 hours or greater and the interpretation of data gathered by such devices to detect  
264.13 heart arrhythmias that can lead to stroke, cardiac arrest, or other comorbidities or medical  
264.14 complications if not correctly diagnosed.

264.15 (b) Effective January 1, 2026, or upon federal approval, whichever is later, the  
264.16 commissioner must reimburse diagnostic testing facilities providing long-term ambulatory  
264.17 electrocardiogram monitoring services at 100 percent of the Medicare Physician Fee Schedule  
264.18 rate for such services or higher.

264.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.