

**EBS Work Group
Handout I
Mandated Benefits under Minnesota Law**

This list, updated in September 2009, is a description of current health insurance benefit mandates in Minnesota law that apply to private, fully-insured group and nongroup (unless otherwise noted) policies. It is intended to be a list of specific services that the law requires to be covered by health plans, or services obtained from specific types of providers. The list does *not* include other types of mandates, such as who must be covered by a health plan (e.g., newborns from moment of birth, handicapped dependents beyond the usual limiting age) or other market rules such as regulation of premiums and enrollee cost sharing. The mandates are classified under the “Type” column consistent with prior work group handouts discussing EBS design options where 1 = service only and 2 = service + diagnosis or condition option.

Mandated Benefit	Type
• Maternity benefits (62A.041) – group market only.	2
• Minimum maternity stay (62A.0411)	2
• Cleft palate (62A.042)	2
• Temporomandibular joint disorder (TMJ) and craniomandibular disorder (CMD) treatment – 62A.043	2
• Well-child visits, including immunizations (62A.047)	1
• Pre-natal care (62A.047)	2
• Treatment for alcoholism and chemical dependency (62A.149: applies to group policies written by nonprofit health service plan corporations licensed under chapter 62C, and to all nongroup policies unless waived by subscriber in writing)	2
• Residential treatment for emotionally handicapped children (62A.151) – group market only	2
• Ambulatory mental health services (62A.152) – group market only	1
• Outpatient medical/surgical services (62A.153)	1
• DES-related cancers (62A.154)	2
• Communicator/interpreter for ventilator-dependent patients in hospital: If policy provides coverage for personal care assistant or private nurse for ventilator-dependent patients in home, must also cover up to 120 hours of services provided by a private duty nurse or personal care assistant during the time the ventilator-dependent person is hospitalized (62A.155)	1
• Reconstructive surgery (62A.25)	1
• PKU treatment (62A.26)	2
• Lyme disease treatment (62A.265)	2
• Scalp-hair prostheses for alopecia areata (62A.28)	2
• Complications from breast implants (62A.285)	2

- Routine screening procedures for cancer (62A.30) – includes mammograms, ovarian cancer screening for women at risk (added in 2004), pap smears 2
- Port-wine stain removal (62A.304) 2
- Anesthesia and hospital charges for dental care to child under age 5 or person who is disabled or requires hospitalization or general anesthesia for dental care treatment (62A.308) 2
- Coverage for diabetes (62A.3093) 2
- Coverage for chemical dependency in corrections facilities (62Q.137) 2
- Full parity for treatment for mental health and chemical dependency (62Q.47) – if a health plan covers mental health and chemical dependency services, cost-sharing requirements and benefit or service limitations can't place a greater financial burden on the enrollee or be more restrictive than the requirements and limitations for other medical services. 2
- No exclusion of coverage for suicide attempts (62Q.471) 2
- Prostate cancer screening (62Q.50) 1
- Direct access to obstetric and gynecological services (62Q.52) 1
- Coverage for off-label drugs to treat cancer in certain circumstances (62Q.525) 2
- Coverage of non-formulary drugs for mental illness and emotional disturbance (62Q.527) – coverage for antipsychotic drugs regardless of whether they are on the health plan's formulary 2
- Coverage for mental health medically necessary care (62Q.53) 2
- Coverage for court-ordered mental health services (62Q.535) – if a health plan includes coverage for mental health services, coverage for mental health services that are ordered by a court must be included 2
- Emergency services (62Q.55) 1
- Continuity of care (62Q.56) 1
- Access to specialty care (62Q.58) 1
- Durable medical equipment (62Q.66) – if policy covers DME, coverage can't be limited solely to equipment used in the home. 1
- Hearing aids for certain individuals 18 years of age or younger (62Q.675) 2