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Subject: **MEMO: Unconscionable**

MEMORANDUM

To: Members of the Press
From: Linden Zakula, Deputy Chief of Staff, Governor Dayton
Subject: Unconscionable
Date: January 20, 2017

If anyone had forgotten what health insurance looked like before essential consumer protections guaranteed a basic level of health insurance coverage for all Minnesotans, Speaker Daudt and the House Republican Majority just took us on a trip down memory lane.

Rather than simply delivering health insurance premium relief to 125,000 Minnesotans who urgently need it, the Minnesota House of Representatives loaded up the premium relief bill with an amendment designed to significantly diminish the quality of care Minnesotans are currently guaranteed when they purchase health insurance.

Yesterday, Minnesota House Republicans supported a series of “reforms,” from eliminating coverage for pregnant women and newborns, to allowing insurance companies to cancel your coverage without notice, to eliminating chemotherapy coverage and letting insurers refuse to pay for hearing aids for children. With their votes, House Republicans are effectively putting insurance companies in charge of Minnesotans’ health care. At a news conference yesterday, Speaker Daudt called the changes “essential.”

The bill passed by House Republicans authorized health insurance companies to sell policies to Minnesotans without essential health benefits such as:

62A.041, subdivision 2: Requires coverage of maternity benefits.

62A.0411: Requires that maternity benefits must provide coverage of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours for a C-section.

62A.042: Requires that newborns must be covered from birth on family policies.

62A.043: Requires that certain dental disorders are covered (surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder).

62A.047: Requires that prenatal services and children’s health services must be covered, including preventive care, immunizations, developmental assessments and laboratory services.

62A.149, subdivision 1: Requires that treatment for alcoholism and chemical dependency must be covered.

62A.151: Requires that treatment for “emotionally disabled children” in a licensed residential treatment facility must be covered at the same level as inpatient hospital coverage.

62A.152: Requires coverage of mental health services.

62A.153: Requires coverage of outpatient medical and surgical services.

62A.154: Requires coverage of DES related conditions.

62A.155: Requires coverage of services for ventilator-dependent persons.

62A.25: Requires coverage of reconstructive surgery related to injury or illness, and congenital diseases.

62A.265: Requires coverage of treatment for Lyme disease.

62A.: Require coverage for scalp hair prostheses for people who have alopecia.

62A.285, subdivisions 1, 2, and 3: Prohibits exclusion/limitation of coverage for conditions caused by breast implants.

62A.30: Requires coverage of diagnostic procedures for cancer.

62A.304: Requires coverage for removal of port-wine stains (a type of birthmark).

62A.305: Requires that coverage cannot be reduced or denied based on a diagnosis of fibrocystic breast conditions.

62A.3075: Requires coverage of cancer chemotherapy treatments.

62A.308: Requires that anesthesia and hospital charges be covered for dental care for children under 5, the severely disabled and other medical conditions that require these services.

62A.3093: Requires coverage of diabetes treatment.

62D.102: Requires that family therapy be covered by HMOs.

62D.103: Requires that second opinions be allowed for chemical and mental health conditions when the HMO determines that no treatment is necessary.

62Q.47: Requires health plans to provide mental/chemical health coverage in parity with medical coverage.

62Q.471: Prohibits exclusion of coverage related to a suicide attempt.

62Q.50: Requires health plans to cover prostate cancer screening for men of certain ages.

62Q.52: Requires health plans to allow direct access to in-network providers for obstetrics and gynecologic services.

62Q.525: Requires coverage of off-label drug use in certain cases.

62Q.527: Requires antipsychotic drugs be covered even when they are not on a health plan's formulary.

62Q.53: Prohibits mental health providers from applying “medical necessity” requirements to mental health services.

62Q.535: Requires coverage of court ordered mental health services.

62Q.545: Requires home care nursing be covered for people who are covered by both the health plan and enrolled in Medical Assistance.

62Q.55: Requires coverage of emergency services.

62Q.56: Requires health plans to provide notifications to enrollees regarding various issues such as plan requirements and terminations. Requires health plans to provide access to providers for certain serious health conditions for 120 days if the health plan terminated the contract without cause.

62Q.58: Requires health plans to establish a process so enrollees can access specialty care.

62Q.66: Prohibits health plans from limiting durable medical equipment solely to equipment used in the home.

62Q.67: Requires health plans to disclose the level of coverage available for durable medical equipment.

62Q.675: Requires coverage of hearing aids for individuals 18 ears or younger for hearing loss that cannot be corrected by other procedures.

The amended bill has now proceeded to conference committee. Minnesotans still have an opportunity to make their voices heard, and speak out in opposition to the unconscionable repeal of these essential consumer protections. Minnesotans can contact their legislators by using this online tool (<http://www.gis.leg.mn/iMaps/districts/>) to find their state representatives and senators.