Request for Information

Mandated Health Benefit Proposal Evaluations

08/03/2026

Contact Information

Minnesota Department of Commerce
85 7th Place East
St. Paul, MN 55101
651-539-1734

mn.gov/commerce

Upon request, this material will be made available in an alternative format such as large print, Braille, or audio recording.

Contents

Background on Evaluation Requests under Minn. Stat. § 62J.26

In accordance with Minn. Stat. § 62J.26, the Minnesota Department of Commerce (Commerce), in coordination with the Minnesota Department of Health and Minnesota Management and Budget, evaluates mandated health benefit proposals for potential fiscal, economic, and public health impacts. Per statute, a mandated health benefit proposal is a proposal that would require health plan companies to (1) provide coverage or (2) increase the amount of coverage for treatment of certain conditions, diseases, or other health care needs.[1] A mandated health benefit proposal also includes bills that (3) require coverage for care performed by a specific type of provider or (4) impose limitations on a contract between a provider and a health plan company.

Evaluations of mandated health benefit proposals must consider the following:

- the potential **scientific or medical benefit** of the proposal relative to any applicable alternatives;
- the **public health and fiscal impact** of the proposal on both the health care system in general, and in Minnesota;
- description of the **extent to which the service/item in the proposal is used** by a significant portion of the population;
- the **extent to which insurance already covers the services/items** in the proposal, including a description of how the mandated health benefit proposal would apply to all categories of health insurance;
- an analysis of **how much the proposal would increase or decrease the cost** of the applicable service/item;
- the overall **extent to which the proposal would increase or decrease enrollee premiums**; and
- the potential **amount required by the state to defray costs** associated with the proposal (for Affordable Care Act (ACA) benefit mandates).

Commerce is directed by Minnesota Laws 2026, Chapter 124, Article 3, Section 11 to complete a written report with the Minn. Stat. § 62J.26 requirements and complete additional fiscal impact analyses for HF4347/SF4502. Minn. Stat. § 62J.26 requires Commerce to publish preliminary information on mandated health benefit proposals to ensure that proposals that receive a final evaluation report include input from those who may be impacted by the mandate, such as individuals, health care plans, and providers. Accordingly, Commerce seeks public comment on HF4347/SF4502 – Prohibition of Quantity Limits for Home Care Nursing. After reviewing

[1] In this case, "health care needs" may refer to general health care needs, or it may refer to specific health care services, items, or equipment.

public feedback received in response to this request for information (RFI), Commerce will produce an evaluation report for this mandate based on topic and data availability (Appendix A).

Solicitation of Public Comment

Obtaining feedback from the public is an important part of the evaluation process to understand the potential impact of each proposal. Commerce will accept and review public comments pertaining to HF4347/SF4502 and may display comments verbatim in the evaluation report to the legislature. As a result, commenters should label any information provided in their comments that meets the definition of trade secret information, as defined in section 13.37, subdivision 1(b).

- For example, "This sample language contains [begin trade secret information] propriety information that meets each of the trade secret criteria [end trade secret information] found in Minn. Stat. § 13.37, subd. 1(b)."

In developing public comments for this mandated health benefit proposal, Commerce encourages commenters to consider:

- As it is written now, does this mandated health benefit proposal achieve its presumed purpose?
- Does the mandated health benefit proposal include all services or items that should be covered under home care nursing? If not, what else should be considered?
- If the mandated health benefit proposal were signed into law, how would it impact access to home care nursing for individuals dually enrolled in Medical Assistance and a commercial health plan?
- Are there any currently established health care policies or waivers (e.g., Community Alternative Care waivers) related to this mandated health benefit proposal that Commerce should consider during their evaluation?
- If the mandated health benefit proposal were signed into law, would you expect there to be a difference in the cost of services or items covered for patients or payers? Have these costs changed over time?
- Based on the Data Availability and Sources (Appendix A) outlined in the RFI, are there resources or considerations Commerce should assess during their evaluation of the mandated health benefit proposal (e.g., journal articles, databases, etc.)?
- If the mandated health benefit proposal were signed into law, are there any other potential outcomes that should be considered (e.g., health outcomes)?

Directions for Submitting Comments

To submit a public comment for this mandated health benefit proposal, please fill out the form at this link.[2] If you have already prepared a document with a public comment, you can upload it with your submission or email it to PJ Mitchell at pj.mitchell@state.mn.us. To ensure Commerce has sufficient time to review suggested data sources and incorporate new information into the final report, interested parties should submit comments by **September 17, 2026**. Commerce may follow up with RFI respondents to request additional information about their submissions as needed.

[2] https://redcap.link/HCN

HF4347/ SF4502 – Prohibition of Quantity Limits for Home Care Nursing

Author(s):
HF4347

- Rep. Bierman
- Rep. Scott
- Rep. Curran
- Rep. Huot
- Rep. Koegel
- Others

SF4502

- Sen. Boldon
- Sen. Limmer
- Sen. Abeler
- Sen. Klein
- Sen. Utke

Legislative Session:
94th Legislature (2025-2026)

Date Introduced:
HF4347: 03/16/2026
SF4502: 03/17/2026

Bill Version:
As Introduced

Existing Statute:
Minnesota Statues 2024, section 62Q.545

New Statute:
None

Proposed Mandate Summary

This proposed mandate would prohibit health plans from imposing quantity limits on coverage for home care nursing services for enrollees who are covered by both a commercial health plan and Medical Assistance. For services meeting the definition of home care nursing, the proposed mandate allows a health plan to apply cost-sharing (e.g., co-payment, deductible, coinsurance) at the same rate applied to similar services or benefits.

Key Terms

For the purposes of this mandate, "home care nursing services" means ongoing, individual, and continuous nursing services that are:

- Ordered by a physician, advanced practice registered nurse, or physician assistant;
- Provided by a registered nurse or licensed practical nurse acting within the provider's scope of practice;
- Medically necessary to maintain, stabilize, or restore the recipient's health due to medical complexity or the need for sustained skilled nursing assessment, intervention, or monitoring; and
- Required for a duration or frequency that cannot be safely or effectively met through intermittent, episodic, or visit-based nursing services.

Associated/ Relevant Conditions:

Home care nursing services are a type of home care service which are provided in an individual's home and performed by a registered nurse or licensed practical nurse.[1,2] They are used when a recipient requires individualized and ongoing care in order to maintain or restore health.[2] Home care nursing may serve as an alternative to inpatient care for individuals whose medical needs can be safely managed at home.[3] Individuals may receive approved home care nursing services outside the home as needed to support normal daily activities.[4]

These services support individuals with a wide range of conditions and care needs including, but not limited to:[5]

- Individuals, including children and youth, managing complex and chronic conditions;
- Patients recovering from surgery;
- Individuals with disabilities who require ongoing care at home; and
- Older adults managing age-related health needs.

	Associated Services/ Treatments: Home care nursing services assist individuals who have trouble moving around independently, need education about their medical condition, and/ or need help with daily activities such as bathing, dressing, and meals.[6] These services are more extensive than a skilled nurse visit and may include, but are not limited to:[5,7,8] • Medication administration, including intravenous or nutrition therapy and injections; • Performing physical assessments; • Providing patient education; • Monitoring vital signs; and • Monitoring unstable health status. **Applicable Plans:** This proposed mandate would apply to fully insured small and large group commercial health plans, individual market plans, the State Employee Group Insurance Program (SEGIP), and Minnesota public health insurance programs (e.g., Medical Assistance). This would not apply to self-insured employer plans, grandfathered plans, or Medicare supplemental policies.

Appendix A – Data Availability and Sources

Literature Review Data Sources:

- Peer-reviewed scientific literature database - PubMed
- Evidence-based clinical practice updates - UpToDate
- Google Scholar
- Open Evidence
- Grey literature including articles, opinion statements/pieces, news briefings, reports, working papers (i.e. those in National Bureau of Economic Research)

All included literature must meet the following inclusion criteria: (1) Published within the last 10 years, (2) Independent publication and primary data source (3) Based on data from the United States (4) relevant to the proposal (5) and moderate to high quality of research, as guided by the Joanna Briggs Institute Clinical Appraisal Tools.

Actuarial Analysis Sources:

- Minnesota state population projections are from Long-Term Population Projections for Minnesota, published by the Minnesota State Demographic Center
- Minnesota non-public health insurance coverage levels are from Minnesota Public Health Data Access.
- Trends and projection factors are derived from National Health Expenditure data compiled by the Centers for Medicare & Medicaid Services
- Minnesota Department of Health tabulations of data from the Minnesota All Payer Claims Database (MN APCD) for 2022-2025

Appendix B - Common Terms and Definitions

- Health Plan– a plan that provides medical or other health care benefits, provided by an employer or union or can be purchased in the private market, and is provided on an individual or group basis.[9] Health plans do not include coverage designed only to provide hearing, dental, or vision care.[10] Specific health plans that will be impacted by the proposed mandate, if enacted, are identified in the individual proposed mandate section.[9] Health plans do not include coverage designed only to provide hearing, dental, or vision care.[10] Specific health plans that will be impacted by the proposed mandate, if enacted, are identified in the individual proposed mandate section.
- Health Plan Company – a insurance company licensed under chapter 60A to offer, sell, or issue a policy of accident and sickness insurance, a nonprofit health service plan corporation, a health maintenance organization, a fraternal benefit society, a joint self-insurance employee health plan, or community integrated service networks.[11]
- Medically Necessary Care – health care services appropriate to the enrollee's diagnosis or condition, and diagnostic testing and preventive services in terms of type, frequency, level, setting, and duration. Medically necessary care must be consistent with generally accepted practice parameters as determined by health care providers in the same or similar general specialty as typically manages the condition, procedure, or treatment at issue. This care must help restore or maintain the enrollee's health or prevent deterioration of the enrollee's condition.[5]
- Scope of Practice – the activities that an individual health care practitioner is permitted to perform

within a specific profession. Those activities should be based on appropriate education, training, and experience. Scope of practice is established by the practice act of the specific practitioner's board, and the rules adopted pursuant to that act.[6] Scope of practice is established by the practice act of the specific practitioner's board, and the rules adopted pursuant to that act. [6]

Appendix C – Prohibition of Quantity Limits for Home Care Nursing

62Q.545 COVERAGE OF HOME CARE NURSING.

(a) Home care nursing services, as provided under section 256B.0625, subdivision 7, with the exception of section 256B.0654, subdivision 4, shall be covered under a health plan for persons who are concurrently covered by both the health plan and enrolled in medical assistance under chapter 256B.

(b) For purposes of this section, a period of home care nursing services may be subject to the co-payment, coinsurance, deductible, or other enrollee cost-sharing requirements that apply under the health plan. Cost-sharing requirements for home care nursing services must not place a greater financial burden on the insured or enrollee than those requirements applied by the health plan to other similar services or benefits. Nothing in this section is intended to prevent a health plan company from requiring prior authorization by the health plan company for such services as required by section 256B.0625, subdivision 7, or use of contracted providers under the applicable provisions of the health plan.

(c) Notwithstanding section 62J.26, a health plan must not impose any quantity limitation on the coverage under this section.

(d) Notwithstanding section 62J.26, a health plan must refer to all services meeting the definition of home care nursing services in paragraph (e) as home care nursing services in the health plan's policy, certificate, contract, or other evidence of coverage and related documents, including but not limited to utilization review policies, claims forms, instructions, and communications to enrollees and providers.

(e) For purposes of this section, "home care nursing services" means ongoing, individual, and continuous nursing services that are:

(1) ordered by a physician, advanced practice registered nurse, or physician assistant;

(2) provided by a registered nurse or licensed practical nurse acting within the provider's scope of practice;

(3) medically necessary to maintain, stabilize, or restore the recipient's health due to medical complexity or the need for sustained skilled nursing assessment, intervention, or monitoring; and

(4) required for a duration or frequency that cannot be safely or effectively met through intermittent, episodic, or visit-based nursing services.

EFFECTIVE DATE. Paragraph (c) is effective January 1, 2026, and applies to policies issued, offered, or renewed and causes of action accruing on or after that date. Paragraphs (d) and (e) are effective August 1, 2026.

Works Cited

1. *2025 Minnesota Statutes, 256B.0651.*

2. *2025 Minnesota Statutes, 256B.0654.*

3. Arsenault-Lapierre G, Henein M, Gaid D, Le Berre M, Gore G, Vedel I. Hospital-at-Home Interventions vs In-Hospital Stay for Patients With Chronic Disease Who Present to the Emergency Department: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2021;4(6):e2111568. doi:10.1001/jamanetworkopen.2021.11568

4. *2025 Minnesota Statutes, 256B.0625, subdivision 7.*

5. McGrath T. The Role of the Home Care Nurse. Nevada State University. March 31, 2025. Accessed July 7, 2026. https://nevadastate.edu/son/rn-bsn/the-role-of-the-home-care-nurse/

6. Home Health Care | HealthInAging.org. Accessed July 7, 2026. https://www.healthinaging.org/age-friendly-healthcare-you/care-settings/home-health-care

7. Home Health Services Coverage. Accessed July 7, 2026. https://www.medicare.gov/coverage/home-health-services

8. Minnesota Department of Human Services. Home care nursing. Accessed July 16, 2026. https://mn.gov/dhs/disability-aging/home-and-community-services/programs-and-services/hcn/

9. *2022 Minnesota Statutes, 518A.41, Subdivision 1*.

10. *2022 Minnesota Statutes, 62A.011, Subdivision 3*.

11. *2023 Minnesota Statutes. 62Q.01, Subdivision 4*.

12. *2022 Minnesota Statutes, 62Q.53, Subdivision 2*.

13. Federation of State Medical Boards of the United States, Inc. Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety. *JAMA J Am Med Assoc*. 2005;216(11):1805. doi:10.1001/jama.1971.03180370079019