Minnesota Strategies to
Reduce Cost-Sharing for Patients

Reduced Cost-Sharing for Prescription Drugs

This section examines whether states have passed legislation to reduce the amount consumers pay out-of-pocket for select prescriptions drugs including insulin, epinephrine, and asthma inhalers, and specialty drugs. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for Diabetes Medications
- Waived or Reduced Cost-Sharing for Asthma Inhalers
- Waived or Reduced Cost-Sharing for Epinephrine Auto-Injectors
- Waived or Reduced Cost-Sharing for Specialty Drugs

Reduced Cost-Sharing for Behavioral Health Services

High out-of-pocket costs can limit access to behavioral health care. To address this, some states require insurers to waive or reduce cost-sharing for an annual behavioral health visit, ensuring more affordable access to essential mental health services. This section examines whether states have implemented reduced cost-sharing requirements through:

- Waived or Reduced Cost-Sharing for an Annual Behavioral Health Office Visit

Reduced Cost-Sharing for Preventive Care

Preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) are critical to early detection and management of health conditions. States can improve access by requiring insurers to waive or reduce cost-sharing for these services. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for United States Preventive Services Task Force (USPSTF) Recommended Preventive Services

Reduced Cost-Sharing for Maternal and Reproductive Health Services

Some states expand access to reproductive health care by requiring coverage of services such as fertility treatments, doula support, and abortion care without high cost-sharing barriers. These policies aim to improve maternal health outcomes and ensure equitable access to reproductive services. Strategies examined in this section include mandates requiring:

- Individual and Small Group Health Plans to Cover Fertility Treatments
- Individual and Small Group Health Plans to Cover Doula Services
- Individual and Small Group Health Plans to Cover Abortion Services

Reduced Cost-Sharing for Cancer Screening and Testing Services

Early detection of cancer improves outcomes but cost-sharing can be a barrier to recommended screenings. States may require insurers to waive or reduce cost-sharing for services such as colorectal, breast, cervical, lung, prostate, and ovarian cancer screenings, as well as biomarker testing. This section examines whether such requirements are in place to promote timely and affordable cancer screening. Strategies examined in this section include mandates requiring:

- Waived or Reduced Cost-Sharing for Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Follow-Up Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Lung Cancer Screenings
- Waived or Reduced Cost-Sharing for Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Supplementary Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Cervical Cancer Screenings
- Waived or Reduced Cost-Sharing for Ovarian Cancer Screenings
- Waived or Reduced Cost-Sharing for Prostate Cancer Screenings
- Waived or Reduced Cost-Sharing for Biomarker Testing

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Minnesota's Insulin Safety Net and Continuing Need programs limit out-of-pocket costs for uninsured and underinsured residents. As of January 2025, the state also caps cost-sharing for a 30-day supply of prescription insulin at $25 and $50 for related medical supplies.
Waives or Reduces Cost-Sharing for Asthma Inhalers	The state has enacted legislation to limit cost-sharing for asthma inhalers	Minnesota limits cost-sharing for asthma inhalers at $25 per one-month supply per prescription. The state also limits the total cost-sharing for all related medical supplies used to treat asthma at $50 per month.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine auto injector(s)	Minnesota caps cost-sharing for epinephrine auto-injectors at $25 per one-month supply per prescription. The total cost-sharing for all related medical supplies for allergies treated with epinephrine is also capped at $50 per month, regardless of the number of chronic diseases treated.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has not enacted legislation to limit cost-sharing for specialty drugs	

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	State law requires insurance carriers to cover routine colorectal cancer screening examinations. Legislation that would require insurance carriers in Minnesota to cover supplemental colorectal cancer screenings without cost-sharing was introduced in 2025, but the bill has not passed.
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law requires insurers to cover lung cancer screening but allows cost-sharing	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	Minnesota law currently requires health insurance carriers to cover Pap exams and preventive items and services as specified in the current recommendations of the United States Preventive Services Task Force and in the comprehensive guidelines supported by the Health Resources and Services Administration without cost-sharing, which includes cervical cancer screening. However, if relevant provisions in the Affordable Care Act are substantially changed it is unclear if the cost-sharing prohibitions will cease.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Minnesota law currently requires health insurance carriers to cover mammograms and preventive items and services as specified in the current recommendations of the United States Preventive Services Task Force and in the comprehensive guidelines supported by the Health Resources and Services Administration without cost-sharing, which includes breast cancer screening. However, if relevant provisions in the Affordable Care Act are substantially changed it is unclear if these consumer protections will remain in place.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	If a health care provider determines an enrollee requires additional diagnostic services or testing after a mammogram, a health plan must provide coverage for the additional diagnostic services or testing with no cost-sharing, including co-pay, deductible, or coinsurance.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law requires insurers to cover ovarian cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Insurers in Minnesota are required to cover biomarker testing to diagnose, treat, manage, and monitor illness or disease if the test provides clinical utility. Each fiscal year, an amount necessary to make payments to health plan companies to defray the cost of providing coverage under this section is appropriated to the commissioner of commerce.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

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