

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 147

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DATE	D-PG	OFFICIAL STATUS
01/28/2013	104	Introduction and first reading Referred to Health, Human Services and Housing
01/31/2013	133	Author added Sheran
02/13/2013	210	Comm report: To pass and re-referred to Finance

1.1 A bill for an act
 1.2 relating to human services; modifying medical assistance co-payment
 1.3 requirements; amending Minnesota Statutes 2012, section 256B.0631,
 1.4 subdivision 1.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2012, section 256B.0631, subdivision 1, is amended to
 1.7 read:

1.8 Subdivision 1. **Cost-sharing.** (a) Except as provided in subdivision 2, the medical
 1.9 assistance benefit plan shall include the following cost-sharing for all recipients, effective
 1.10 for services provided on or after September 1, 2011:

1.11 (1) \$3 per nonpreventive visit, except as provided in paragraph (b). For purposes
 1.12 of this subdivision, a visit means an episode of service which is required because of
 1.13 a recipient's symptoms, diagnosis, or established illness, and which is delivered in an
 1.14 ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, nurse
 1.15 midwife, advanced practice nurse, audiologist, optician, or optometrist;

1.16 (2) \$3.50 for nonemergency visits to a hospital-based emergency room, except that
 1.17 this co-payment shall be increased to \$20 upon federal approval;

1.18 (3) \$3 per brand-name drug prescription and \$1 per generic drug prescription,
 1.19 subject to a \$12 per month maximum for prescription drug co-payments. No co-payments
 1.20 shall apply to antipsychotic drugs when used for the treatment of mental illness;

1.21 (4) effective January 1, 2012, a family deductible equal to the maximum amount
 1.22 allowed under Code of Federal Regulations, title 42, part 447.54; and

1.23 (5) for individuals identified by the commissioner with income at or below 100
 1.24 percent of the federal poverty guidelines, total monthly cost-sharing must not exceed five

2.1 percent of family income. For purposes of this paragraph, family income is the total
2.2 earned and unearned income of the individual and the individual's spouse, if the spouse is
2.3 enrolled in medical assistance and also subject to the five percent limit on cost-sharing.

2.4 (b) Recipients of medical assistance are responsible for all co-payments and
2.5 deductibles in this subdivision.

2.6 (c) Notwithstanding paragraph (b), the commissioner, through the contracting
2.7 process under sections 256B.69 and 256B.692, may allow managed care plans and
2.8 county-based purchasing plans to waive the family deductible under paragraph (a),
2.9 clause (4). The value of the family deductible shall not be included in the capitation
2.10 payment to managed care plans and county-based purchasing plans. Managed care plans
2.11 and county-based purchasing plans shall certify annually to the commissioner the dollar
2.12 value of the family deductible.

2.13 (d) Notwithstanding paragraph (b), the commissioner may waive the collection of
2.14 the family deductible described under paragraph (a), clause (4), from individuals and
2.15 allow long-term care and waived service providers to assume responsibility for payment.

2.16 (e) Notwithstanding paragraph (b), the commissioner, through the contracting
2.17 process under section 256B.0756 shall allow the pilot program in Hennepin County to
2.18 waive co-payments. The value of the co-payments shall not be included in the capitation
2.19 amount to the managed care organization.