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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 745

02/04/2021 Authored by Hornstein
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health care; exempting medications for the prevention or treatment of
1.3 HIV from medical assistance and MinnesotaCare co-payments; amending
1.4 Minnesota Statutes 2020, sections 256B.0631, subdivision 1; 256L.03, subdivision
1.5 5.

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

1.7 Section 1. Minnesota Statutes 2020, section 256B.0631, subdivision 1, is amended to 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 of this
1.12 subdivision, a visit means an episode of service which is required because of a recipient's
1.13 symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting
1.14 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
1.15 practice nurse, audiologist, optician, or optometrist;

1.16 (2) \$3.50 for nonemergency visits to a hospital-based emergency room, except that this
1.17 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, subject
1.19 to a \$12 per month maximum for prescription drug co-payments. No co-payments shall
1.20 apply to antipsychotic drugs when used for the treatment of mental illness. No co-payments
1.21 shall apply to medications when used for the prevention or treatment of the human
1.22 immunodeficiency virus (HIV);

2.1 (4) a family deductible equal to \$2.75 per month per family and adjusted annually by
 2.2 the percentage increase in the medical care component of the CPI-U for the period of
 2.3 September to September of the preceding calendar year, rounded to the next higher five-cent
 2.4 increment; and

2.5 (5) total monthly cost-sharing must not exceed five percent of family income. For
 2.6 purposes of this paragraph, family income is the total earned and unearned income of the
 2.7 individual and the individual's spouse, if the spouse is enrolled in medical assistance and
 2.8 also subject to the five percent limit on cost-sharing. This paragraph does not apply to
 2.9 premiums charged to individuals described under section 256B.057, subdivision 9.

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

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

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

2.21 (e) Notwithstanding paragraph (b), the commissioner, through the contracting process
 2.22 under section 256B.0756 shall allow the pilot program in Hennepin County to waive
 2.23 co-payments. The value of the co-payments shall not be included in the capitation payment
 2.24 amount to the integrated health care delivery networks under the pilot program.

2.25 Sec. 2. Minnesota Statutes 2020, section 256L.03, subdivision 5, is amended to read:

2.26 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
 2.27 children under the age of 21 ~~and~~, to American Indians as defined in Code of Federal
 2.28 Regulations, title 42, section 600.5, or to pre-exposure prophylaxis (PrEP) and postexposure
 2.29 prophylaxis (PEP) medications when used for the prevention or treatment of the human
 2.30 immunodeficiency virus (HIV).

2.31 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
 2.32 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
 2.33 The cost-sharing changes described in this paragraph do not apply to eligible recipients or

3.1 services exempt from cost-sharing under state law. The cost-sharing changes described in
3.2 this paragraph shall not be implemented prior to January 1, 2016.

3.3 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
3.4 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
3.5 title 42, sections 600.510 and 600.520.

3.6 Sec. 3. **EFFECTIVE DATE.**

3.7 Sections 1 and 2 are effective January 1, 2022, subject to federal approval. The
3.8 commissioner of human services shall notify the revisor of statutes when federal approval
3.9 is obtained.