

1.1 moves to amend H.F. No. 3365 as follows:

1.2 Page 7, delete section 5 and insert:

1.3 "Sec. 5. Minnesota Statutes 2020, section 256B.0631, as amended by Laws 2021, First
1.4 Special Session chapter 7, article 1, section 17, is amended to read:

1.5 **256B.0631 MEDICAL ASSISTANCE CO-PAYMENTS.**

1.6 Subdivision 1. **Cost-sharing.** (a) Except as provided in subdivision 2, the medical
1.7 assistance benefit plan shall include the following cost-sharing for all recipients, effective
1.8 for services provided on or after September 1, 2011, through December 31, 2022:

1.9 (1) \$3 per nonpreventive visit, except as provided in paragraph (b). For purposes of this
1.10 subdivision, a visit means an episode of service which is required because of a recipient's
1.11 symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting
1.12 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
1.13 practice nurse, audiologist, optician, or optometrist;

1.14 (2) \$3.50 for nonemergency visits to a hospital-based emergency room, except that this
1.15 co-payment shall be increased to \$20 upon federal approval;

1.16 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
1.17 prescription for a brand-name multisource drug listed in preferred status on the preferred
1.18 drug list, subject to a \$12 per month maximum for prescription drug co-payments. No
1.19 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness;

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

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

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

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

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

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

2.21 (f) Paragraphs (a) through (e) apply only for services provided through December 31,
2.22 2022. Effective for services provided on or after January 1, 2023, the medical assistance
2.23 program shall not require deductibles, co-payments, coinsurance, or any other form of
2.24 enrollee cost-sharing.

2.25 Subd. 2. **Exceptions.** Co-payments and deductibles shall be subject, through December
2.26 31, 2022, to the following exceptions:

2.27 (1) children under the age of 21;

2.28 (2) pregnant women for services that relate to the pregnancy or any other medical
2.29 condition that may complicate the pregnancy;

2.30 (3) recipients expected to reside for at least 30 days in a hospital, nursing home, or
2.31 intermediate care facility for the developmentally disabled;

2.32 (4) recipients receiving hospice care;

- 3.1 (5) 100 percent federally funded services provided by an Indian health service;
- 3.2 (6) emergency services;
- 3.3 (7) family planning services;
- 3.4 (8) services that are paid by Medicare, resulting in the medical assistance program paying
- 3.5 for the coinsurance and deductible;
- 3.6 (9) co-payments that exceed one per day per provider for nonpreventive visits, eyeglasses,
- 3.7 and nonemergency visits to a hospital-based emergency room;
- 3.8 (10) services, fee-for-service payments subject to volume purchase through competitive
- 3.9 bidding;
- 3.10 (11) American Indians who meet the requirements in Code of Federal Regulations, title
- 3.11 42, sections 447.51 and 447.56;
- 3.12 (12) persons needing treatment for breast or cervical cancer as described under section
- 3.13 256B.057, subdivision 10; and
- 3.14 (13) services that currently have a rating of A or B from the United States Preventive
- 3.15 Services Task Force (USPSTF), immunizations recommended by the Advisory Committee
- 3.16 on Immunization Practices of the Centers for Disease Control and Prevention, and preventive
- 3.17 services and screenings provided to women as described in Code of Federal Regulations,
- 3.18 title 45, section 147.130.
- 3.19 Subd. 3. **Collection.** (a) The medical assistance reimbursement to the provider shall be
- 3.20 reduced by the amount of the co-payment or deductible, except that reimbursements shall
- 3.21 not be reduced:
- 3.22 (1) once a recipient has reached the \$12 per month maximum for prescription drug
- 3.23 co-payments; or
- 3.24 (2) for a recipient who has met their monthly five percent cost-sharing limit.
- 3.25 (b) The provider collects the co-payment or deductible from the recipient. Providers
- 3.26 may not deny services to recipients who are unable to pay the co-payment or deductible.
- 3.27 (c) Medical assistance reimbursement to fee-for-service providers and payments to
- 3.28 managed care plans shall not be increased as a result of the removal of co-payments or
- 3.29 deductibles effective on or after January 1, 2009.
- 3.30 (d) Paragraphs (a) to (c) apply only for services provided through December 31, 2022."

3.31 Page 11, delete section 10 and insert:

4.1 "Sec. 10. Minnesota Statutes 2020, section 256L.03, subdivision 5, is amended to read:

4.2 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
4.3 children under the age of 21 and to American Indians as defined in Code of Federal
4.4 Regulations, title 42, section 600.5.

4.5 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
4.6 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
4.7 The cost-sharing changes described in this paragraph do not apply to eligible recipients or
4.8 services exempt from cost-sharing under state law. The cost-sharing changes described in
4.9 this paragraph shall not be implemented prior to January 1, 2016, or after December 31,
4.10 2022.

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

4.14 (d) Paragraphs (a) to (c) apply only to services provided through December 31, 2022.
4.15 Effective for services provided on or after January 1, 2023, the MinnesotaCare program
4.16 shall not require deductibles, co-payments, coinsurance, or any other form of enrollee
4.17 cost-sharing."

4.18 Page 12, line 11, delete "sections" and insert "section" and delete everything after
4.19 "256B.063"

4.20 Page 12, line 12, delete "are" and insert "is"

4.21 Renumber the sections in sequence and correct the internal references

4.22 Amend the title accordingly