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REVISOR

State of Minnesota

20-7480

H. F. No. 3892

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

Authored by Morrison, Richardson, Albright, Moran, Pinto and others The bill was read for the first time and referred to the Committee on Health and Human Services Policy 02/27/2020

1.1	A bill for an act
1.2 1.3 1.4 1.5 1.6	relating to human services; exempting women from MinnesotaCare cost-sharing and premiums during postpartum period; requiring commissioner of human services to provide recommendations on ensuring continuous health coverage for women transitioning from medical assistance postpartum coverage; amending Minnesota Statutes 2018, sections 256L.03, subdivision 5; 256L.15, subdivision 2.
1.7	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.8	Section 1. Minnesota Statutes 2018, section 256L.03, subdivision 5, is amended to read:
1.9	Subd. 5. Cost-sharing. (a) Co-payments, coinsurance, and deductibles do not apply to
1.10	children under the age of 21 and to American Indians as defined in Code of Federal
1.11	Regulations, title 42, section 600.5. Co-payments, coinsurance, and deductibles do not apply
1.12	to women who enrolled in MinnesotaCare following termination of medical assistance
1.13	eligibility as pregnant women, for the 12-month postpartum period.
1.14	(b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
1.15	services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
1.16	The cost-sharing changes described in this paragraph do not apply to eligible recipients or
1.17	services exempt from cost-sharing under state law. The cost-sharing changes described in
1.18	this paragraph shall not be implemented prior to January 1, 2016.
1.19	(c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
1.20	for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
1.21	title 42, sections 600.510 and 600.520.

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2.1	Sec. 2. Minnesota Statutes 2018, section 256L.15, subdivision 2, is amended to read:				
2.2	Subd. 2. Sliding fee scale; monthly individual or family income. (a) The commissioner				
2.3	shall establish a sliding fee scale to determine the percentage of monthly individual or family				
2.4	income that households at different income levels must pay to obtain coverage through the				
2.5	MinnesotaCare program. The sliding fee scale must be based on the enrollee's monthly				
2.6	individual or family income.				
2.7 2.8	(b) Beginning January 1, 2014, MinnesotaCare enrollees shall pay premiums according to the premium scale specified in paragraph (d).				
2.9	(c) Paragraph (b) does not apply to:				
2.10	(1) children 20 years of age or younger; and				
2.11	(2) individuals with household incomes below 35 percent of the federal poverty				
2.12	guidelines-; and				
2.13	(3) women who enrolled in MinnesotaCare following termination of medical assistance				
2.14	eligibility as pregnant women, for the 12-month postpartum period.				
2.15	(d) The following premium scale	is established for e	ach individual in the household who		
2.16	is 21 years of age or older and enrolled in MinnesotaCare:				
2.17	Federal Poverty Guideline	Less than	Individual Premium		
2.18	Greater than or Equal to		Amount		
2.19	35%	55%	\$4		
2.20	55%	80%	\$6		

2.19	35%	55%	\$4
2.20	55%	80%	\$6
2.21	80%	90%	\$8
2.22	90%	100%	\$10
2.23	100%	110%	\$12
2.24	110%	120%	\$14
2.25	120%	130%	\$15
2.26	130%	140%	\$16
2.27	140%	150%	\$25
2.28	150%	160%	\$37
2.29	160%	170%	\$44
2.30	170%	180%	\$52
2.31	180%	190%	\$61
2.32	190%	200%	\$71
2.33	200%		\$80

3.1	Sec. 3. CONTINUOUS COVERAGE DURING POSTPARTUM PERIOD.
3.2	The commissioner of human services shall examine methods to ensure continuous health
3.3	care coverage for women and infants following the medical assistance 60-day postpartum
3.4	coverage period, including but not limited to extending medical assistance coverage by
3.5	submitting a federal section 1115 waiver. The commissioner shall present recommendations
3.6	to the chairs and ranking minority members of the legislative committees with jurisdiction
3.7	over health and human services policy and finance by December 15, 2020.