

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 3285**

(SENATE AUTHORS: WIKLUND and Lourey)

DATE  
03/14/2018

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act  
1.2 relating to human services; prohibiting health care providers from charging more  
1.3 than one MinnesotaCare co-payment for the same service; prohibiting  
1.4 MinnesotaCare co-payments for outpatient hospital mental health services;  
1.5 amending Minnesota Statutes 2017 Supplement, section 256L.03, subdivision 5.

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

1.7 Section 1. Minnesota Statutes 2017 Supplement, section 256L.03, subdivision 5, is amended  
1.8 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.

1.12 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered  
1.13 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.  
1.14 The cost-sharing changes described in this paragraph do not apply to eligible recipients or  
1.15 services exempt from cost-sharing under state law. The cost-sharing changes described in  
1.16 this paragraph shall not be implemented prior to January 1, 2016.

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

1.20 (d) The cost-sharing changes authorized under paragraph (b) must:

1.21 (1) require a health care provider to charge an enrollee a co-payment only for a  
1.22 nonpreventive visit and prohibit the health care provider from also charging an additional

2.1 co-payment for an outpatient hospital visit, when the enrollee receives a nonpreventive  
2.2 service from an outpatient hospital clinic; and

2.3 (2) prohibit a health care provider from charging a co-payment when an enrollee receives  
2.4 a mental health service from an outpatient hospital clinic.

2.5 **EFFECTIVE DATE.** This section is effective July 1, 2018, and applies to services  
2.6 provided on or after that date.