256B.0631 PROHIBITION ON COST-SHARING.

Subdivision 1. MS 2023 Supp [Repealed, 2023 c 70 art 16 s 23]

Subd. 1a. **Prohibition on cost-sharing and deductibles.** Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance benefit plan must not include cost-sharing or deductibles for any medical assistance recipient or benefit.

Subd. 2. MS 2022 [Repealed, 2023 c 70 art 16 s 23]

Subd. 3. MS 2023 Supp [Repealed, 2023 c 70 art 16 s 23]

Subd. 4. MS 2006 [Repealed, 2007 c 147 art 5 s 41]

Subd. 5. **Cost sharing.** (a) Effective for services provided on or after October 1, 2028, except as provided in subdivision 6, the medical assistance benefit plan includes the following cost sharing for recipients eligible under section 256B.055, subdivision 15, with income above 100 percent of the federal poverty level:

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

(2) $3.50 for nonemergency visits to a hospital-based emergency room; and

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

(b) Cost sharing for prescription drugs and related medical supplies to treat chronic disease must comply with the requirements of section 62Q.481.

(c) A person eligible for medical assistance under section 256B.055, subdivision 15, is responsible for all co-payments and deductibles in this subdivision.

Subd. 6. **Exceptions.** Co-payments and deductibles are subject to the exceptions and limits required by Public Law 119-21, section 71120.

Subd. 7. **Collection.** (a) The medical assistance reimbursement to the provider must be reduced by the amount of the co-payment or deductible, except that reimbursements must not be reduced:

(1) once a recipient has reached the $12 maximum per month for prescription drug co-payments; or

(2) for a recipient who has met the recipient's monthly five percent cost-sharing limit.

(b) The provider collects the co-payment or deductible from the recipient. Providers must not deny services to recipients who are unable to pay the co-payment or deductible.

History: *1Sp2003 c 14 art 12 s 37; 2005 c 56 s 1; 1Sp2005 c 4 art 8 s 41,42; 2007 c 147 art 5 s 10,11,41; 2008 c 363 art 17 s 10,11; 1Sp2010 c 1 art 16 s 16,17; 1Sp2011 c 9 art 6 s 49-51; 2012 c 216 art 13 s 12,13; 2012 c 247 art 1 s 10; 2013 c 108 art 6 s 17; 2015 c 71 art 11 s 29; 2016 c 125 s 15; 1Sp2021 c 7 art 1 s 17; 2023 c 57 art 2 s 61; 2023 c 70 art 16 s 12-14,23; 2026 c 127 art 6 s 15-18*