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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. **2272**

March 21, 2007

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to health care; increasing eligibility for single adults and households
1.3 without children in MinnesotaCare; increasing inpatient hospital benefit limit in
1.4 MinnesotaCare; repealing the limited benefit set; amending Minnesota Statutes
1.5 2006, sections 256L.03, subdivisions 1, 3, 5; 256L.04, subdivision 7; repealing
1.6 Minnesota Statutes 2006, section 256L.035.

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

1.8 Section 1. Minnesota Statutes 2006, section 256L.03, subdivision 1, is amended to read:

1.9 Subdivision 1. **Covered health services.** ~~For individuals under section 256L.04,~~
1.10 ~~subdivision 7, with income no greater than 75 percent of the federal poverty guidelines~~
1.11 ~~or for families with children under section 256L.04, subdivision 1, all subdivisions of~~
1.12 ~~this section apply.~~ "Covered health services" means the health services reimbursed
1.13 under chapter 256B, with the exception of inpatient hospital services, special education
1.14 services, private duty nursing services, adult dental care services other than services
1.15 covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency
1.16 medical transportation services, personal care assistant and case management services,
1.17 nursing home or intermediate care facilities services, inpatient mental health services,
1.18 and chemical dependency services. Outpatient mental health services covered under the
1.19 MinnesotaCare program are limited to diagnostic assessments, psychological testing,
1.20 explanation of findings, mental health telemedicine, psychiatric consultation, medication
1.21 management by a physician, day treatment, partial hospitalization, and individual, family,
1.22 and group psychotherapy.

1.23 No public funds shall be used for coverage of abortion under MinnesotaCare
1.24 except where the life of the female would be endangered or substantial and irreversible

2.1 impairment of a major bodily function would result if the fetus were carried to term; or
 2.2 where the pregnancy is the result of rape or incest.

2.3 Covered health services shall be expanded as provided in this section.

2.4 Sec. 2. Minnesota Statutes 2006, section 256L.03, subdivision 3, is amended to read:

2.5 Subd. 3. **Inpatient hospital services.** (a) Covered health services shall include
 2.6 inpatient hospital services, including inpatient hospital mental health services and inpatient
 2.7 hospital and residential chemical dependency treatment, subject to those limitations
 2.8 necessary to coordinate the provision of these services with eligibility under the medical
 2.9 assistance spenddown. ~~Prior to July 1, 1997, the inpatient hospital benefit for adult~~
 2.10 ~~enrollees is subject to an annual benefit limit of \$10,000.~~ The inpatient hospital benefit for
 2.11 adult enrollees who qualify under section 256L.04, subdivision 7, or who qualify under
 2.12 section 256L.04, subdivisions 1 and 2, with family gross income that exceeds ~~175~~ 200
 2.13 percent of the federal poverty guidelines and who are not pregnant, is subject to an annual
 2.14 limit of ~~\$10,000~~ \$20,000.

2.15 (b) Admissions for inpatient hospital services paid for under section 256L.11,
 2.16 subdivision 3, must be certified as medically necessary in accordance with Minnesota
 2.17 Rules, parts 9505.0500 to 9505.0540, except as provided in clauses (1) and (2):

2.18 (1) all admissions must be certified, except those authorized under rules established
 2.19 under section 254A.03, subdivision 3, or approved under Medicare; and

2.20 (2) payment under section 256L.11, subdivision 3, shall be reduced by five percent
 2.21 for admissions for which certification is requested more than 30 days after the day of
 2.22 admission. The hospital may not seek payment from the enrollee for the amount of the
 2.23 payment reduction under this clause.

2.24 Sec. 3. Minnesota Statutes 2006, section 256L.03, subdivision 5, is amended to read:

2.25 Subd. 5. **Co-payments and coinsurance.** (a) Except as provided in paragraphs (b)
 2.26 and (c), the MinnesotaCare benefit plan shall include the following co-payments and
 2.27 coinsurance requirements for all enrollees:

2.28 (1) ten percent of the paid charges for inpatient hospital services for adult enrollees,
 2.29 subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual and
 2.30 \$3,000 per family;

2.31 (2) \$3 per prescription for adult enrollees;

2.32 (3) \$25 for eyeglasses for adult enrollees;

2.33 (4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an
 2.34 episode of service which is required because of a recipient's symptoms, diagnosis, or

3.1 established illness, and which is delivered in an ambulatory setting by a physician or
3.2 physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse,
3.3 audiologist, optician, or optometrist; and

3.4 (5) \$6 for nonemergency visits to a hospital-based emergency room.

3.5 (b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of
3.6 children under the age of 21 ~~in households with family income equal to or less than 175~~
3.7 ~~percent of the federal poverty guidelines. Paragraph (a), clause (1), does not apply to~~
3.8 ~~parents and relative caretakers of children under the age of 21 in households with family~~
3.9 ~~income greater than 175 percent of the federal poverty guidelines for inpatient hospital~~
3.10 ~~admissions occurring on or after January 1, 2001.~~

3.11 (c) Paragraph (a), clauses (1) to (4), do not apply to pregnant women and children
3.12 under the age of 21.

3.13 (d) Adult enrollees with family gross income that exceeds ~~175~~ 200 percent of the
3.14 federal poverty guidelines and who are not pregnant shall be financially responsible for
3.15 the coinsurance amount, if applicable, and amounts which exceed the ~~\$10,000~~ \$20,000
3.16 inpatient hospital benefit limit.

3.17 (e) When a MinnesotaCare enrollee becomes a member of a prepaid health
3.18 plan, or changes from one prepaid health plan to another during a calendar year, any
3.19 charges submitted towards the ~~\$10,000~~ \$20,000 annual inpatient benefit limit, and any
3.20 out-of-pocket expenses incurred by the enrollee for inpatient services, that were submitted
3.21 or incurred prior to enrollment, or prior to the change in health plans, shall be disregarded.

3.22 Sec. 4. Minnesota Statutes 2006, section 256L.04, subdivision 7, is amended to read:

3.23 Subd. 7. **Single adults and households with no children.** The definition of eligible
3.24 persons includes all individuals and households with no children who have gross family
3.25 incomes that are equal to or less than ~~175~~ 200 percent of the federal poverty guidelines.

3.26 Sec. 5. **REPEALER.**

3.27 Minnesota Statutes 2006, section 256L.035, is repealed.