

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



131st MAINE LEGISLATURE

SECOND REGULAR SESSION-2024

Legislative Document

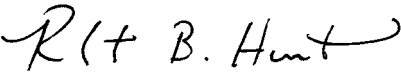
No. 2153

H.P. 1377

House of Representatives, January 3, 2024

An Act to Clarify MaineCare Copayments

Submitted by the Department of Health and Human Services pursuant to Joint Rule 203.
Reference to the Committee on Health and Human Services suggested and ordered printed.


ROBERT B. HUNT
Clerk

Presented by Representative ZAGER of Portland.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA §3173-C, sub-§2**, as amended by PL 2011, c. 458, §1 and
3 affected by §4, is further amended to read:

4 **2. Prescription drug services.** ~~Except as provided in this subsection and subsections~~
5 ~~3 and 4, a pharmacy shall charge a MaineCare member \$3.00 for each drug prescription~~
6 ~~that is an approved MaineCare service. The department shall adopt and follow procedures~~
7 ~~to ensure compliance with the requirements of 42 United States Code, Section 1396o-1. A~~
8 ~~pharmacy that has followed the procedures adopted by the department to ensure~~
9 ~~compliance with the requirements of 42 United States Code, Section 1396o-1 may refuse~~
10 ~~to dispense the drug if the copayment is not paid. Copayments must be capped at \$30 per~~
11 ~~month per member. Total copayments must be capped per member per month at no more~~
12 ~~than the dollar amount equivalent to 10 times the copayment amount. If a member is~~
13 ~~prescribed a drug in a quantity specifically intended by the provider or pharmacist, for the~~
14 ~~recipient's health and welfare, to last less than one month, only one payment for that drug~~
15 ~~for that month is may be required.~~

16 **Sec. 2. 22 MRSA §3173-C, sub-§3, ¶F**, as amended by PL 2023, c. 405, Pt. A,
17 §61, is repealed.

18 **Sec. 3. 22 MRSA §3173-C, sub-§3, ¶G**, as enacted by PL 1983, c. 240, is amended
19 to read:

20 G. Any other service or services required to be exempt under the provisions of the
21 United States Social Security Act, Title XIX and successors to it;

22 **Sec. 4. 22 MRSA §3173-C, sub-§3, ¶H** is enacted to read:

23 H. Primary care services; and

24 **Sec. 5. 22 MRSA §3173-C, sub-§3, ¶I** is enacted to read:

25 I. Community-based behavioral health services.

26 **Sec. 6. 22 MRSA §3173-C, sub-§7**, as amended by PL 2017, c. 407, Pt. A, §76, is
27 further amended to read:

28 **7. Copayments.** ~~Notwithstanding any other provision of law, the following~~
29 ~~copayments per service per day are imposed and reimbursements are reduced, or both, to~~
30 ~~the following levels: The department shall consider, in any reduction in reimbursement to~~
31 ~~providers or imposition of copayments, the need to maintain provider participation in the~~
32 ~~Medicaid program to the extent required by 42 United States Code, Section~~
33 ~~1396a(a)(30)(A) or any successor provision of law.~~

34 The department shall maintain copayments on the following services that are nominal in
35 amount and that may contain exclusions per service category:

36 A. Outpatient hospital services, ~~\$3~~;

37 B. Home health services, ~~\$3~~;

38 C. Durable medical equipment services, ~~\$3~~;

39 D. Private duty nursing and personal care services, ~~\$5 per month~~;

40 E. Ambulance services, ~~\$3~~;

- 1 F. Physical therapy services, ~~\$2~~;
- 2 G. Occupational therapy services, ~~\$2~~;
- 3 H. Speech therapy services, ~~\$2~~;
- 4 I. Podiatry services, ~~\$2~~;
- 5 J. Psychologist services, ~~\$2~~;
- 6 K. Chiropractic services, ~~\$2~~;
- 7 L. Laboratory and x-ray services, ~~\$1~~;
- 8 M. Optical services, ~~\$2~~;
- 9 N. Optometric services, ~~\$3~~;
- 10 ~~O. Mental health clinic services, \$2;~~
- 11 ~~P. Substance use disorder services, \$2;~~
- 12 Q. Hospital inpatient services, ~~\$3 per patient day~~; and
- 13 ~~R. Federally qualified health center services, \$3 per patient day, effective July 1, 2004;~~
- 14 ~~and~~
- 15 ~~S. Rural health center services, \$3 per patient day.~~
- 16 T. Prescription drug services.

17 ~~The department may adopt rules to adjust the copayments set forth in this subsection. The~~
 18 ~~rules may adjust amounts to ensure that copayments are deemed nominal in amount and~~
 19 ~~may include monthly limits or exclusions per service category. The need to maintain~~
 20 ~~provider participation in the Medicaid program to the extent required by 42 United States~~
 21 ~~Code, Section 1396a(a)(30)(A) or any successor provision of law must be considered in~~
 22 ~~any reduction in reimbursement to providers or imposition of copayments.~~

23 **Sec. 7. 22 MRSA §3173-C, sub-§8**, as enacted by PL 2011, c. 458, §2 and affected
 24 by §4, is amended to read:

25 **8. Notification.** The department shall notify each MaineCare member who is subject
 26 to the copayment requirement in subsection 2 of the copayment requirements, any
 27 exemptions and limitations prior to coding the member's information for required
 28 copayments and shall notify the member again during annual recertification of eligibility.
 29 The department shall publish a list of all copayments and amounts by service category on
 30 the department's publicly accessible website.

31 **SUMMARY**

32 This bill amends the laws authorizing MaineCare member copayments. The bill
 33 removes references to certain service categories subject to copayments, prohibits
 34 copayments for community-based behavioral health and primary care services, clarifies the
 35 list of service categories subject to copayments and provides the Department of Health and
 36 Human Services authority to set copayment amounts.