

# HOUSE RESEARCH

## Bill Summary

**FILE NUMBER:** H.F. 955

**DATE:** March 11, 2005

**Version:** As introduced

**Authors:** Seifert and others

**Subject:** Tobacco Use Cessation for State Health Care Programs and MFIP

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### Overview

This bill establishes eligibility requirements related to nonuse of tobacco products and tobacco use cessation for state health care programs and MFIP.

#### Section

**1 Eligibility; tobacco use cessation.** Amends § 256B.0565

**Subd. 1. Requirement for adult recipients.** Establishes a new eligibility requirement related to nonuse of or cessation of use of tobacco products for adult recipients of Medical Assistance. If a recipient was using tobacco products at initial enrollment and does not complete a tobacco use cessation program within six months of initial enrollment, subjects the recipient to twice the level of cost-sharing required under the Medical Assistance co-payment system and a \$40 per month maximum for prescription drug co-payments, until the recipient completes the program. Provides that pregnant women are not exempt from the higher cost-sharing requirement.

**Subd. 2. Renewal of eligibility.** Requires the commissioner to apply the requirements of subdivision 1 to randomly selected adult recipients who renew their eligibility for Medical Assistance. Requires the commissioner to apply all requirements of subdivision 1 to the selected recipients, with the timeline for compliance beginning with the date of renewal of eligibility rather than the date of initial enrollment.

**Subd. 3. Coordination.** Requires the commissioner to coordinate the approval of

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tobacco use cessation programs with specified entities. Limits the commissioner to only approving tobacco use cessation programs that participate in the Medical Assistance program or that offer services without charge to Medical Assistance recipients.

**Subd. 4. Federal approval; other law.** Requires the commissioner to seek any federal waivers and law changes necessary to implement this section. Requires the commissioner to implement this section notwithstanding any state law to the contrary.

**Effective date.** Makes this section effective July 1, 2005, or upon receipt of any necessary federal approvals, whichever is later, and makes it apply to initial applications and renewals submitted on or after that date.

**2** **General assistance medical care; eligibility.** Amends § 256D.03, subd. 3. (a) Makes reference to a new paragraph (m).

(m) Establishes a new eligibility requirement related to nonuse of or cessation of use of tobacco products for adult recipients of General Assistance Medical Care (GAMC). If a recipient was using tobacco products at initial enrollment and does not complete a tobacco use cessation program within six months of initial enrollment, subjects the recipient to twice the level of cost-sharing required under the GAMC program and a \$40 per month maximum for prescription drug co-payments, until the recipient completes the program. Requires the commissioner to apply the requirements of this paragraph to randomly selected adult recipients who renew their eligibility for GAMC. Requires the commissioner to apply all requirements of this paragraph to the selected recipients, with the timeline for compliance beginning with the date of renewal of eligibility rather than the date of initial enrollment. Requires the commissioner to coordinate the approval of tobacco use cessation programs with specified entities. Limits the commissioner to only approving tobacco use cessation programs that participate in the GAMC program or that offer services without charge to GAMC recipients. Requires the commissioner to implement this section notwithstanding any state law to the contrary.

**Effective date.** Makes this section effective July 1, 2005, for initial applications and renewals submitted on or after that date.

**3** **Eligibility; tobacco use cessation.** Amends § 256J.145.

**Subd. 1. Requirement.** Establishes a new eligibility requirement related to nonuse of or cessation of use of tobacco products for adult MFIP recipients. If a recipient was using tobacco products at initial enrollment and does not complete a tobacco use cessation program within six months of initial enrollment, requires the commissioner to reduce the recipient's MFIP grant amount by 10 percent, until the recipient completes the program.

**Subd. 2. Renewal of eligibility.** Requires the commissioner to apply the requirements of subdivision 1 to randomly selected adult recipients who renew their eligibility for MFIP. Requires the commissioner to apply all requirements of subdivision 1 to the selected recipients, with the timeline for compliance beginning with the date of

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renewal of eligibility rather than the date of initial enrollment.

**Subd. 3. Coordination.** Requires the commissioner to coordinate the approval of tobacco use cessation programs with specified entities. Limits the commissioner to only approving tobacco use cessation programs that participate in the MFIP program or that offer services without charge to MFIP enrollees.

**Subd. 4. Federal approval.** Requires the commissioner to seek any federal waivers and law changes necessary to implement this section.

**Effective date.** Makes this section effective July 1, 2005, or upon receipt of any necessary federal approvals, whichever is later, and makes it apply to initial applications and renewals submitted on or after that date.

**4 Tobacco use cessation required for adult enrollees.** Amends § 256L.07, by adding subd. 5. (a) Establishes a new eligibility requirement related to nonuse of or cessation of use of tobacco products for adult enrollees of MinnesotaCare. If a recipient was using tobacco products at initial enrollment and does not complete a tobacco use cessation program within six months of initial enrollment, subjects the recipient to twice the level of cost-sharing required under the MinnesotaCare program, double the out-of-pocket maximums for inpatient hospital services, and a \$40 per month maximum for prescription drug co-payments, until the recipient completes the program. Provides that parents, relative caretakers, and pregnant women are not exempt from the higher cost-sharing requirement.

(b) Requires the commissioner to apply the requirements of paragraph (a) to randomly selected adult recipients who renew their eligibility for MinnesotaCare. Requires the commissioner to apply all requirements of paragraph (a) to the selected recipients, with the timeline for compliance beginning with the date of renewal of eligibility rather than the date of initial enrollment.

(c) Requires the commissioner to coordinate the approval of tobacco use cessation programs with specified entities. Limits the commissioner to only approving tobacco use cessation programs that participate in the MinnesotaCare program or that offer services without charge to MinnesotaCare enrollees.

(d) Requires the commissioner to seek any federal waivers and law changes necessary to implement this section. Requires the commissioner to implement this section notwithstanding any state law to the contrary, for all enrollees for whom federal approval is not necessary.

**Effective date.** Makes this section effective July 1, 2005, for all enrollees for whom federal approval is not necessary, and makes this section effective July 1, 2005, or upon receipt of any necessary federal approvals, whichever is later, for all enrollees for whom federal approval is necessary. States that this section applies to initial applications and renewals submitted on or after those dates.