

1.1 ..... moves to amend H.F. No. 4145 as follows:

1.2 Page 1, after line 5, insert:

1.3 "Section 1. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision  
1.4 to read:

1.5 Subd. 43. **Education on contraceptive options.** The commissioner shall require hospitals  
1.6 and primary care providers serving medical assistance and MinnesotaCare enrollees to  
1.7 develop and implement protocols to provide these enrollees, when appropriate, with  
1.8 comprehensive and scientifically accurate information on the full range of contraceptive  
1.9 options, in a medically ethical, culturally competent, and noncoercive manner. The  
1.10 information provided must be designed to assist enrollees in identifying the contraceptive  
1.11 method that best meets their needs and the needs of their families. The protocol must specify  
1.12 the enrollee categories to which this requirement will be applied, the process to be used,  
1.13 and the information and resources to be provided. Hospitals and providers must make this  
1.14 protocol available to the commissioner upon request."

1.15 Page 1, after line 14, insert:

1.16 "Sec. 3. Minnesota Statutes 2020, section 256B.0631, subdivision 2, is amended to read:

1.17 Subd. 2. **Exceptions.** Co-payments and deductibles shall be subject to the following  
1.18 exceptions:

1.19 (1) children under the age of 21;

1.20 (2) pregnant women for services that relate to the pregnancy or any other medical  
1.21 condition that may complicate the pregnancy;

1.22 (3) recipients expected to reside for at least 30 days in a hospital, nursing home, or  
1.23 intermediate care facility for the developmentally disabled;

- 2.1 (4) recipients receiving hospice care;
- 2.2 (5) 100 percent federally funded services provided by an Indian health service;
- 2.3 (6) emergency services;
- 2.4 (7) family planning services, including but not limited to the placement and removal of
- 2.5 long-acting reversible contraceptives;
- 2.6 (8) services that are paid by Medicare, resulting in the medical assistance program paying
- 2.7 for the coinsurance and deductible;
- 2.8 (9) co-payments that exceed one per day per provider for nonpreventive visits, eyeglasses,
- 2.9 and nonemergency visits to a hospital-based emergency room;
- 2.10 (10) services, fee-for-service payments subject to volume purchase through competitive
- 2.11 bidding;
- 2.12 (11) American Indians who meet the requirements in Code of Federal Regulations, title
- 2.13 42, sections 447.51 and 447.56;
- 2.14 (12) persons needing treatment for breast or cervical cancer as described under section
- 2.15 256B.057, subdivision 10; and
- 2.16 (13) services that currently have a rating of A or B from the United States Preventive
- 2.17 Services Task Force (USPSTF), immunizations recommended by the Advisory Committee
- 2.18 on Immunization Practices of the Centers for Disease Control and Prevention, and preventive
- 2.19 services and screenings provided to women as described in Code of Federal Regulations,
- 2.20 title 45, section 147.130.
- 2.21 **EFFECTIVE DATE.** This section is effective January 1, 2023."
- 2.22 Renumber the sections in sequence and correct the internal references
- 2.23 Amend the title accordingly