

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FOUR

H.P. 1377 - L.D. 2153

An Act to Clarify MaineCare Copayments

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

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

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

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 A, §61, is repealed.

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

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

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

H. Primary care services; and

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

I. Community-based behavioral health services.

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

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

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

- A. Outpatient hospital services, ~~\$3~~;
- B. Home health services, ~~\$3~~;
- C. Durable medical equipment services, ~~\$3~~;
- D. Private duty nursing and personal care services, ~~\$5 per month~~;
- E. Ambulance services, ~~\$3~~;
- F. Physical therapy services, ~~\$2~~;
- G. Occupational therapy services, ~~\$2~~;
- H. Speech therapy services, ~~\$2~~;
- I. Podiatry services, ~~\$2~~;
- J. Psychologist services, ~~\$2~~;
- K. Chiropractic services, ~~\$2~~;
- L. Laboratory and x-ray services, ~~\$1~~;
- M. Optical services, ~~\$2~~;
- N. Optometric services, ~~\$3~~;
- ~~O. Mental health clinic services, \$2;~~
- ~~P. Substance use disorder services, \$2;~~
- Q. Hospital inpatient services, ~~\$3 per patient day~~; and
- ~~R. Federally qualified health center services, \$3 per patient day, effective July 1, 2004; and~~
- ~~S. Rural health center services, \$3 per patient day.~~
- T. Prescription drug services.

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

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

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