State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1326

02/16/2017 Authored by Zerwas and Schultz
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to human services; establishing an enhanced asthma care services benefit for medical assistance; providing for medical assistance coverage of certain services and products to reduce asthma triggers; amending Minnesota Statutes 2016, sections 256B.04, subdivision 14; 256B.0625, subdivision 31, by adding a subdivision.

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

Section 1. Minnesota Statutes 2016, section 256B.04, subdivision 14, is amended to read:

Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and feasible, the commissioner may utilize volume purchase through competitive bidding and negotiation under the provisions of chapter 16C, to provide items under the medical assistance program including but not limited to the following:

(1) eyeglasses;

(2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation on a short-term basis, until the vendor can obtain the necessary supply from the contract dealer;

(3) hearing aids and supplies; ~~and~~

(4) durable medical equipment, including but not limited to:

(i) hospital beds;

(ii) commodes;

(iii) glide-about chairs;

(iv) patient lift apparatus;

(v) wheelchairs and accessories;

(vi) oxygen administration equipment;

(vii) respiratory therapy equipment;

(viii) electronic diagnostic, therapeutic and life-support systems; and

(ix) allergen-reducing products as described in section 256B.0625, subdivision 65, paragraph (c);

(5) nonemergency medical transportation level of need determinations, disbursement of public transportation passes and tokens, and volunteer and recipient mileage and parking reimbursements; and

(6) drugs.

(b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not affect contract payments under this subdivision unless specifically identified.

(c) The commissioner may not utilize volume purchase through competitive bidding and negotiation for special transportation services under the provisions of chapter 16C.

EFFECTIVE DATE. This section is effective January 1, 2018, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2016, section 256B.0625, subdivision 31, is amended to read:

Subd. 31. **Medical supplies and equipment.** (a) Medical assistance covers medical supplies and equipment. Separate payment outside of the facility's payment rate shall be made for wheelchairs and wheelchair accessories for recipients who are residents of intermediate care facilities for the developmentally disabled. Reimbursement for wheelchairs and wheelchair accessories for ICF/DD recipients shall be subject to the same conditions and limitations as coverage for recipients who do not reside in institutions. A wheelchair purchased outside of the facility's payment rate is the property of the recipient.

(b) Vendors of durable medical equipment, prosthetics, orthotics, or medical supplies must enroll as a Medicare provider.

(c) When necessary to ensure access to durable medical equipment, prosthetics, orthotics, or medical supplies, the commissioner may exempt a vendor from the Medicare enrollment requirement if:

(1) the vendor supplies only one type of durable medical equipment, prosthetic, orthotic, or medical supply;

(2) the vendor serves ten or fewer medical assistance recipients per year;

(3) the commissioner finds that other vendors are not available to provide same or similar durable medical equipment, prosthetics, orthotics, or medical supplies; and

(4) the vendor complies with all screening requirements in this chapter and Code of Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare and Medicaid Services approved national accreditation organization as complying with the Medicare program's supplier and quality standards and the vendor serves primarily pediatric patients.

(d) Durable medical equipment means a device or equipment that:

(1) can withstand repeated use;

(2) is generally not useful in the absence of an illness, injury, or disability; and

(3) is provided to correct or accommodate a physiological disorder or physical condition or is generally used primarily for a medical purpose.

(e) Electronic tablets may be considered durable medical equipment if the electronic tablet will be used as an augmentative and alternative communication system as defined under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must be locked in order to prevent use not related to communication.

(f) Notwithstanding the requirement in paragraph (e) that an electronic tablet must be locked to prevent use not as an augmentative communication device, a recipient of waiver services may use an electronic tablet for a use not related to communication when the recipient has been authorized under the waiver to receive one or more additional applications that can be loaded onto the electronic tablet, such that allowing the additional use prevents the purchase of a separate electronic tablet with waiver funds.

(g) Allergen-reducing products as described in subdivision 65, paragraph (c), shall be considered durable medical equipment.

EFFECTIVE DATE. This section is effective January 1, 2018, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 3. Minnesota Statutes 2016, section 256B.0625, is amended by adding a subdivision to read:

Subd. 65. **Enhanced asthma care services.** (a) Medical assistance covers enhanced asthma care services and related products for a child with poorly controlled asthma, to be provided in the child's home. To be eligible for services and products under this subdivision, a child must:

(1) be younger than 21 years of age;

(2) have poorly controlled asthma, defined as the child having received health care for asthma from a hospital emergency department at least once in the past year or having been hospitalized for the treatment of asthma at least once in the past year; and

(3) receive a referral for services and products under this subdivision from a treating health care provider.

(b) Covered services include home visits provided by a healthy homes specialist who is credentialed by the National Environmental Health Association. A child is limited to two home visits through 20 years of age to identify asthma triggers in the home and to provide education on trigger-reducing products, except that a child may receive additional home visits if:

(1) the child moves to a new home;

(2) a new asthma trigger, including tobacco smoke, enters the home; or

(3) the child's health care provider identifies a new allergy for the child, including an allergy to mold, pests, pets, or dust mites.

(c) Covered products include allergen-reducing products that are recommended for the child by a healthy homes specialist, certified asthma educator, public health nurse, or other health care professional providing asthma care for the child, and proven to reduce asthma triggers, including:

(1) encasements for mattresses, box springs, and pillows;

(2) HEPA vacuum cleaners, filters, and bags;

(3) dehumidifiers and filters;

(4) single-room air cleaners and filters;

(5) nontoxic pest control systems, including traps and starter packages of food storage containers;

(6) damp mopping systems;

(7) if the child does not have access to a bed, a waterproof hospital-grade mattress; and

(8) for homeowners only, furnace filters.

The commissioner shall cover additional products under this paragraph as new best practices for asthma care are identified. The commissioner shall determine the frequency with which a child may receive a product listed in this paragraph based on the reasonable expected lifetime of the product.

EFFECTIVE DATE. This section is effective January 1, 2018, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.