State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2415

03/13/2019 Authored by Moran, Huot and Bierman
The bill was read for the first time and referred to the Committee on Ways and Means

A bill for an act

relating to human services; modifying medical assistance coverage for community health workers; modifying medical assistance reimbursement rates for doula services; establishing permanent grant program for integrated care for high-risk pregnancies; requiring reports; appropriating money; amending Minnesota Statutes 2018, sections 256B.0625, subdivision 49; 256B.79, subdivisions 2, 3, 4, 5, 6; proposing coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota Statutes 2018, section 256B.79, subdivision 7.

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

Section 1. Minnesota Statutes 2018, section 256B.0625, subdivision 49, is amended to read:

Subd. 49. **Community health worker.** (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; ~~or~~

(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government~~.~~; or

(3) for a community health worker affiliated with an integrated perinatal care collaborative, a high school diploma and at least one year of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, public health nurse,

or mental health professional as defined in sections 245.462, subdivision 18, clauses (1) to (6), and 245.4871, subdivision 27, clauses (1) to (5).

~~Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.~~

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.

Sec. 2. **[256B.758] REIMBURSEMENT FOR DOULA SERVICES.**

Effective for services provided on or after July 1, 2019, payments for doula services provided by a certified doula shall be $47 per prenatal or postpartum visit, up to a total of six visits, and $488 for attending and providing doula services at a birth.

Sec. 3. Minnesota Statutes 2018, section 256B.79, subdivision 2, is amended to read:

Subd. 2. **~~Pilot~~ Grant program established.** The commissioner shall implement a ~~pilot~~ grant program to improve birth outcomes and strengthen early parental resilience for pregnant women who are medical assistance enrollees, are at significantly elevated risk for adverse outcomes of pregnancy, and are in targeted populations. The program must promote the provision of integrated care and enhanced services to these pregnant women, including postpartum coordination to ensure ongoing continuity of care, by qualified integrated perinatal care collaboratives.

Sec. 4. Minnesota Statutes 2018, section 256B.79, subdivision 3, is amended to read:

Subd. 3. **Grant awards.** The commissioner shall award grants to qualifying applicants to support interdisciplinary, integrated perinatal care. ~~Grants must be awarded beginning July 1, 2016.~~ Grant funds must be distributed through a request for proposals process to a designated lead agency within an entity that has been determined to be a qualified integrated perinatal care collaborative or within an entity in the process of meeting the qualifications to become a qualified integrated perinatal care collaborative, and priority shall be given to qualified integrated perinatal care collaboratives that received grants under this section prior

to January 1, 2019. Grant awards must be used to support interdisciplinary, team-based needs assessments, planning, and implementation of integrated care and enhanced services for targeted populations. In determining grant award amounts, the commissioner shall consider the identified health and social risks linked to adverse outcomes and attributed to enrollees within the identified targeted population.

Sec. 5. Minnesota Statutes 2018, section 256B.79, subdivision 4, is amended to read:

Subd. 4. **Eligibility for grants.** To be eligible for a grant under this section, an entity must ~~show that the entity meets or is in the process of meeting~~ meet qualifications established by the commissioner to be a qualified integrated perinatal care collaborative. These qualifications must include evidence that the entity has ~~or is in the process of developing~~ policies, services, and partnerships to support interdisciplinary, integrated care. The policies, services, and partnerships must meet specific criteria and be approved by the commissioner. The commissioner shall ~~establish a process to~~ review the collaborative's capacity for interdisciplinary, integrated care, to be reviewed at the commissioner's discretion. In determining whether the entity meets the qualifications for a qualified integrated perinatal care collaborative, the commissioner shall verify and review whether the entity's policies, services, and partnerships:

(1) optimize early identification of drug and alcohol dependency and abuse during pregnancy, effectively coordinate referrals and follow-up of identified patients to evidence-based or evidence-informed treatment, and integrate perinatal care services with behavioral health and substance abuse services;

(2) enhance access to, and effective use of, needed health care or tribal health care services, public health or tribal public health services, social services, mental health services, chemical dependency services, or services provided by community-based providers by bridging cultural gaps within systems of care and by integrating community-based paraprofessionals such as doulas and community health workers as routinely available service components;

(3) encourage patient education about prenatal care, birthing, and postpartum care, and document how patient education is provided. Patient education may include information on nutrition, reproductive life planning, breastfeeding, and parenting;

(4) integrate child welfare case planning with substance abuse treatment planning and monitoring, as appropriate;

(5) effectively systematize screening, collaborative care planning, referrals, and follow up for behavioral and social risks known to be associated with adverse outcomes and known to be prevalent within the targeted populations;

(6) facilitate ongoing continuity of care to include postpartum coordination and referrals for interconception care, continued treatment for substance abuse, identification and referrals for maternal depression and other chronic mental health conditions, continued medication management for chronic diseases, and appropriate referrals to tribal or county-based social services agencies and tribal or county-based public health nursing services; and

(7) implement ongoing quality improvement activities as determined by the commissioner, including collection and use of data from qualified providers on metrics of quality such as health outcomes and processes of care, and the use of other data that has been collected by the commissioner.

Sec. 6. Minnesota Statutes 2018, section 256B.79, subdivision 5, is amended to read:

Subd. 5. **Gaps in communication, support, and care.** A collaborative receiving a grant under this section must ~~develop means of identifying and reporting~~ identify and report gaps in the collaborative's communication, administrative support, and direct care, if any, that must be remedied for the collaborative to continue to effectively provide integrated care and enhanced services to targeted populations.

Sec. 7. Minnesota Statutes 2018, section 256B.79, subdivision 6, is amended to read:

Subd. 6. **Report.** By January 31, ~~2019~~ 2021, and every two years thereafter, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on the status and ~~progress~~ outcomes of the ~~pilot~~ grant program. The report must:

(1) describe the capacity of collaboratives receiving grants under this section;

(2) contain aggregate information about enrollees served within targeted populations;

(3) describe the utilization of enhanced prenatal services;

(4) for enrollees identified with maternal substance use disorders, describe the utilization of substance use treatment and dispositions of any child protection cases; and

(5) contain data on outcomes within targeted populations and compare these outcomes to outcomes statewide, using standard categories of race and ethnicity~~; and~~.

~~(6) include recommendations for continuing the program or sustaining improvements through other means beyond June 30, 2019.~~

Sec. 8. **APPROPRIATION; INTEGRATED CARE FOR HIGH-RISK PREGNANT WOMEN.**

$..... in fiscal year 2020 and $..... in fiscal year 2021 are appropriated from the general fund to the commissioner of human services for the integrated care for high-risk pregnant women grant program under Minnesota Statutes, section 256B.79.

Sec. 9. **REPEALER.**

Minnesota Statutes 2018, section 256B.79, subdivision 7, is repealed.

EFFECTIVE DATE. This section is effective the day following final enactment.

256B.79 INTEGRATED CARE FOR HIGH-RISK PREGNANT WOMEN.

Subd. 7. **Expiration.** This section expires June 30, 2019.