

SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION

S.F. No. 4094

(SENATE AUTHORS: MAYE QUADE)

DATE  
02/22/2024

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Introduction and first reading  
Referred to Human Services

OFFICIAL STATUS

1.1A bill for an act

1.2relating to human services; establishing a grant for a pilot program for pediatric

1.3hospital discharge to home care nursing services; requiring a report; appropriating

1.4money.

1.5BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6Section 1. APPROPRIATION; PEDIATRIC HOSPITAL-TO-HOME TRANSITION

1.7PILOT PROGRAM.

1.8(a) \$1,040,000 in fiscal year 2025 is appropriated from the general fund to the

1.9commissioner of human services for a single competitive grant to a home care nursing

1.10provider to develop and implement in coordination with the commissioner of human services,

1.11Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's

1.12Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric

1.13hospital-to-home discharges for patients receiving services in this state under medical

1.14assistance, including under the community alternative care waiver, community access for

1.15disability inclusion waiver, and developmental disabilities waiver. This is a onetime

1.16appropriation and is available until June 30, 2027.

1.17(b) Grant money awarded under this section must be used only to support the

1.18administrative, training, and auxiliary services necessary to reduce: (1) delayed discharge

1.19days due to unavailability of home care nursing staffing to accommodate complex pediatric

1.20patients; (2) avoidable rehospitalization days for pediatric patients; (3) unnecessary

1.21emergency department utilization by pediatric patients following discharge; (4) long-term

1.22nursing needs for pediatric patients; and (5) the number of school days missed by pediatric

1.23patients.

2.1 (c) Grant money must not be used to supplement payment rates for services covered  
2.2 under Minnesota Statutes, chapter 256B.

2.3 (d) No later than December 15, 2026, the commissioner must prepare a report  
2.4 summarizing the impact of the pilot program that includes but is not limited to: (1) the  
2.5 number of delayed discharge days eliminated; (2) the number of rehospitalization days  
2.6 eliminated; (3) the number of unnecessary emergency department admissions eliminated;  
2.7 (4) the number of missed school days eliminated; and (5) an estimate of the return on  
2.8 investment of the pilot program.

2.9 (e) The commissioner must submit the report under paragraph (d) to the chairs and  
2.10 ranking minority members of the legislative committees with jurisdiction over health and  
2.11 human services.