

This Document can be made available  
in alternative formats upon request

## State of Minnesota

## HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1122

02/23/2015 Authored by Zerwas; Schoen; Hamilton; Murphy, E.; Slocum and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/16/2015 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to human services; establishing an intensive pediatric care category  
1.3 for home care nursing services; increasing payment rate for home care nursing  
1.4 services; requiring additional revenue be spent on patient-specific training;  
1.5 amending Minnesota Statutes 2014, section 256B.0654, subdivision 1, by adding  
1.6 a subdivision.

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

1.8 Section 1. Minnesota Statutes 2014, section 256B.0654, subdivision 1, is amended to  
1.9 read:

1.10 Subdivision 1. **Definitions.** (a) "Complex home care nursing" means home care  
1.11 nursing services provided to recipients who meet the criteria for regular home care nursing  
1.12 and require life-sustaining interventions to reduce the risk of long-term injury or death.

1.13 (b) "Home care nursing" means ongoing physician-ordered hourly nursing services  
1.14 performed by a registered nurse or licensed practical nurse within the scope of practice as  
1.15 defined by the Minnesota Nurse Practice Act under sections 148.171 to 148.285, in order  
1.16 to maintain or restore a person's health.

1.17 (c) "Home care nursing agency" means a medical assistance enrolled provider  
1.18 licensed under chapter 144A to provide home care nursing services.

1.19 (d) "Intensive pediatric home care nursing" means home care nursing services  
1.20 provided to pediatric recipients who meet the criteria for the provision of complex home  
1.21 care nursing, for whom recurrent or complex life-saving interventions are necessary to  
1.22 avoid permanent harm or death, and who would require an intensive care unit (ICU)  
1.23 level of care if admitted to the hospital.

1.24 (e) "Regular home care nursing" means home care nursing provided because:

2.1 (1) the recipient requires more individual and continuous care than can be provided  
2.2 during a skilled nurse visit; or

2.3 (2) the cares are outside of the scope of services that can be provided by a home  
2.4 health aide or personal care assistant.

2.5 ~~(e)~~ (f) "Shared home care nursing" means the provision of home care nursing  
2.6 services by a home care nurse to two recipients at the same time and in the same setting.

2.7 Sec. 2. Minnesota Statutes 2014, section 256B.0654, is amended by adding a  
2.8 subdivision to read:

2.9 Subd. 5. **Home care nursing services rate adjustments.** (a) Effective for services  
2.10 provided after June 30, 2015, payments for intensive pediatric home care nursing services  
2.11 shall be set at a level 25 percent higher than the payment rate for complex home care nursing  
2.12 services in effect on July 1, 2015. This increase does not apply to federally qualified health  
2.13 centers, rural health centers, and Indian health services. The commissioner shall adjust  
2.14 payment rates to managed care and county-based purchasing plans to reflect this increase,  
2.15 and shall require plans to pass on the full amount of the rate increase to eligible home care  
2.16 nursing agencies, in the form of higher payments for home care nursing services.

2.17 (b) Home care nursing agencies that receive a rate increase under this subdivision  
2.18 must use 25 percent of the additional revenue to pay for patient-specific intensive pediatric  
2.19 home care training of nursing staff and 50 percent of the additional revenue to increase  
2.20 pay and benefits for intensive pediatric home care nurses.