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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1479

03/11/2013 Authored by Isaacson and Schoen

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

03/20/2014 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; providing medical assistance coverage for enhanced
1.3 asthma care services; amending Minnesota Statutes 2012, section 256B.0625, by
1.4 adding a subdivision; Minnesota Statutes 2013 Supplement, section 256B.0625,
1.5 subdivision 58.

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

1.7 Section 1. Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 58,
1.8 is amended to read:

1.9 Subd. 58. **Early and periodic screening, diagnosis, and treatment services.** (a)
1.10 Medical assistance covers early and periodic screening, diagnosis, and treatment services
1.11 (EPSDT). The payment amount for a complete EPSDT screening shall not include charges
1.12 for vaccines that are available at no cost to the provider and shall not exceed the rate
1.13 established per Minnesota Rules, part 9505.0445, item M, effective October 1, 2010.

1.14 (b) EPSDT services include asthma management interventions provided in
1.15 nonclinical settings and asthma education provided by certified asthma educators.

1.16 Sec. 2. Minnesota Statutes 2012, section 256B.0625, is amended by adding a
1.17 subdivision to read:

1.18 Subd. 64. **Enhanced asthma care services.** Medical assistance covers enhanced
1.19 asthma care services and related products. Covered services and products include:

1.20 (1) home assessments for asthma triggers, in-home asthma interventions, and asthma
1.21 education, provided by certified asthma educators and healthy homes specialists;

1.22 (2) allergen-reducing products for asthma triggers identified during a home
1.23 assessment or in-home asthma intervention;

2.1 (3) modification services needed to reduce asthma triggers, including but not limited
2.2 to mold and pest control;

2.3 (4) in-clinic services provided by certified asthma educators; and

2.4 (5) other services and products identified by the commissioner through reviews of
2.5 best-practice asthma care.

2.6 The commissioner shall coordinate these enhanced asthma care services with early and
2.7 periodic screening, diagnosis, and treatment services under subdivision 58 and services
2.8 provided through health care homes under sections 256B.0751 and 256B.0753 and health
2.9 homes under section 256B.0757.