

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 998

(SENATE AUTHORS: FRANZEN, Hayden, Rosen, Hoffman and Benson)

DATE	D-PG	OFFICIAL STATUS
02/19/2015	368	Introduction and first reading Referred to Health, Human Services and Housing
03/26/2015	1387a	Comm report: To pass as amended and re-refer to Finance See SF1458, Art. 14, Sec. 3

A bill for an act

relating to human services; setting minimum reimbursement rates under medical assistance for public health nurse home visits; appropriating money for nurse-family partnership programs; proposing coding for new law in Minnesota Statutes, chapter 256B.

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

Section 1. **[256B.7625] REIMBURSEMENT FOR PUBLIC HEALTH NURSE HOME VISITS.**

Effective for services provided on or after July 1, 2015, minimum payment rates under this chapter shall be \$140 per visit for managed care and fee-for-service visits for public health nurse home visits administered by home visiting programs that meet the United States Department of Health and Human Services criteria for evidence-based models and are identified by the commissioner of health as eligible to be implemented under the Maternal, Infant, and Early Childhood Home Visiting program. Home visits shall be targeted to mothers and their children beginning with prenatal visits through age three for the child. The commissioner shall adjust managed care and county-based purchasing capitation rates to reflect the payment rates under this section.

Sec. 2. **APPROPRIATIONS; NURSE-FAMILY PARTNERSHIP PROGRAMS.**

(a) \$1,000,000 in fiscal year 2016 is appropriated from the general fund to the commissioner of health to provide planning and start-up grants to community health boards and tribal nations not providing the nurse-family partnership program as of June 30, 2015. The grant funds must be used to establish nurse-family partnership programs in the county, reservation, or region to serve first-time mothers, prenatally by 28 weeks gestation until the child is two years of age, who are eligible for medical assistance under

2.1 Minnesota Statutes, chapter 256B, or the federal Special Supplemental Nutrition Program
2.2 for Women, Infants, and Children. Nurse-family partnership programs must strictly
2.3 adhere to the evidence-based program model established by the Nurse-Family Partnership
2.4 National Service Office, including any clinical, programmatic, and data collection
2.5 requirements. The commissioner shall award grants to community health boards or tribal
2.6 nations in metropolitan and rural areas of the state. Priority shall be given to community
2.7 health boards or tribal nations that establish or expand regional partnerships in rural
2.8 Minnesota to implement the nurse-family partnership program through a Minnesota
2.9 health care program-enrolled provider that accepts medical assistance. This is a onetime
2.10 appropriation and shall not become part of the base. Any unexpended funds in the first
2.11 year of the biennium carry over to the second year.

2.12 (b) \$2,000,000 in fiscal year 2016 and \$2,000,000 in fiscal year 2017 are
2.13 appropriated from the general fund to the commissioner of health to provide expansion
2.14 grants to community health boards and tribal nations to expand existing nurse-family
2.15 partnership programs. Grant funds must be used to expand nurse-family partnership
2.16 programs in the county, reservation, or region to serve additional first-time mothers,
2.17 prenatally by 28 weeks gestation until the child is two years of age, who are eligible
2.18 for medical assistance under Minnesota Statutes, chapter 256B, or the federal Special
2.19 Supplemental Nutrition Program for Women, Infants, and Children. The commissioner
2.20 shall award grants to community health boards or tribal nations in metropolitan and
2.21 rural areas of the state. Priority for all grants shall be given to nurse-family partnership
2.22 programs that provide services through a Minnesota health care program-enrolled provider
2.23 that accepts medical assistance. Additionally, priority for grants to rural areas shall be
2.24 given to community health boards and tribal nations that expand services within regional
2.25 partnerships that provide the nurse-family partnership program. Funding available under
2.26 this paragraph may only be used to supplement, not to replace, funds being used for
2.27 nurse-family partnership home visiting services as of June 30, 2015. This appropriation
2.28 shall become part of the base for the 2018-2019 biennium.