

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1453

03/04/2015 Authored by Zerwas, Isaacson and Moran

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

1.1 A bill for an act
1.2 relating to human services; establishing an enhanced asthma care services benefit
1.3 for medical assistance; providing for medical assistance coverage of certain
1.4 products to reduce asthma triggers; amending Minnesota Statutes 2014, section
1.5 256B.0625, subdivision 31, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2014, section 256B.0625, subdivision 31, is amended to
1.8 read:

1.9 Subd. 31. **Medical supplies and equipment.** (a) Medical assistance covers medical
1.10 supplies and equipment. Separate payment outside of the facility's payment rate shall
1.11 be made for wheelchairs and wheelchair accessories for recipients who are residents
1.12 of intermediate care facilities for the developmentally disabled. Reimbursement for
1.13 wheelchairs and wheelchair accessories for ICF/DD recipients shall be subject to the same
1.14 conditions and limitations as coverage for recipients who do not reside in institutions. A
1.15 wheelchair purchased outside of the facility's payment rate is the property of the recipient.
1.16 The commissioner may set reimbursement rates for specified categories of medical
1.17 supplies at levels below the Medicare payment rate.

1.18 (b) Vendors of durable medical equipment, prosthetics, orthotics, or medical supplies
1.19 must enroll as a Medicare provider.

1.20 (c) When necessary to ensure access to durable medical equipment, prosthetics,
1.21 orthotics, or medical supplies, the commissioner may exempt a vendor from the Medicare
1.22 enrollment requirement if:

1.23 (1) the vendor supplies only one type of durable medical equipment, prosthetic,
1.24 orthotic, or medical supply;

1.25 (2) the vendor serves ten or fewer medical assistance recipients per year;

(3) the commissioner finds that other vendors are not available to provide same or similar durable medical equipment, prosthetics, orthotics, or medical supplies; and

(4) the vendor complies with all screening requirements in this chapter and Code of Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare and Medicaid Services approved national accreditation organization as complying with the Medicare program's supplier and quality standards and the vendor serves primarily pediatric patients.

(d) Durable medical equipment means a device or equipment that:

(1) can withstand repeated use;

(2) is generally not useful in the absence of an illness, injury, or disability; and

(3) is provided to correct or accommodate a physiological disorder or physical condition or is generally used primarily for a medical purpose.

(e) Electronic tablets may be considered durable medical equipment if the electronic tablet will be used as an augmentative and alternative communication system as defined under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must be locked in order to prevent use not related to communication.

(f) Allergen-reducing products provided according to subdivision 64, paragraph (b), clause (3), shall be considered durable medical equipment.

EFFECTIVE DATE. This section is effective January 1, 2016, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2014, section 256B.0625, is amended by adding a subdivision to read:

Subd. 64. **Enhanced asthma care services.** (a) Medical assistance covers enhanced asthma care services and related products for children with poorly controlled asthma, to be provided in the children's homes. To be eligible for services and products under this subdivision, a child must be under age 21, have poorly controlled asthma, have received health care for the child's asthma from a hospital emergency department at least one time in the past year or have been hospitalized for the treatment of asthma at least one time in the past year, and receive a referral for services and products under this subdivision from a treating health care provider.

(b) Covered services and products include:

(1) a home assessment for asthma triggers provided by a healthy homes specialist currently credentialed by the National Environmental Health Association;

(2) targeted asthma education services in the child's home by an asthma educator certified by the National Asthma Educator Certification Board. Asthma education services provided under this clause include education on self-management, avoiding asthma triggers, identifying worsening asthma symptoms, and medication uses and techniques; and

(3) allergen-reducing products that are recommended for the child by the healthy homes specialist or the certified asthma educator and proven to reduce asthma triggers identified in the child's home assessment, including:

(i) encasements for mattresses, box springs, and pillows;

(ii) a HEPA vacuum cleaner, filters, and bags;

(iii) a dehumidifier and filters;

(iv) single-room air cleaners and filters;

(v) nontoxic pest control systems, including traps and starter packages of food storage containers;

(vi) a damp mopping system;

(vii) if the child does not have access to a bed, a waterproof hospital-grade mattress; and

(viii) for homeowners only, furnace filters.

(c) If a child receiving services and products under this subdivision resides in rental housing, the healthy homes specialist who provided a home assessment for the child shall report to the appropriate local housing authority charged with enforcing health, safety, or building codes in rental property, any structural or cosmetic modifications needed to reduce mold and pests that are present in the rental housing and that are asthma triggers for the child. No person shall be subject to retaliation or discrimination of any kind due to a report made under this paragraph.

(d) A child is limited to one home assessment and one visit by a certified asthma educator to provide education on the use and maintenance of the products listed in paragraph (b), clause (3), except that a child may receive an additional home assessment if the child moves to a new home; if a new asthma trigger, including tobacco smoke, enters the home; or if the child's health care provider identifies a new allergy for the child, including an allergy to mold, pests, pets, or dust mites. The commissioner shall determine the frequency with which a child may receive a product listed in paragraph (b), clause (3), based on the reasonable expected lifetime of the product.

EFFECTIVE DATE. This section is effective January 1, 2016, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.