

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-EIGHTH SESSION**

**S.F. No. 2234**

(SENATE AUTHORS: HAYDEN and Rosen)

DATE	D-PG	OFFICIAL STATUS
03/03/2014	5934	Introduction and first reading Referred to Health, Human Services and Housing
03/20/2014	6470a	Comm report: To pass as amended and re-refer to Finance

A bill for an act

relating to health; establishing a state-only health care program to cover uninsured children who are ineligible for medical assistance and MinnesotaCare; amending Minnesota Statutes 2012, section 256B.06, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 256L.

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

**ARTICLE 1**

**COVERAGE FOR LOW-INCOME UNINSURED CHILDREN**

Section 1. **[256L.30] LOW-INCOME UNINSURED CHILDREN'S HEALTH PROGRAM.**

Subdivision 1. **General.** (a) The commissioner shall establish a program that provides coverage to low-income uninsured children who are not eligible for medical assistance or MinnesotaCare.

(b) A child is eligible for the program under this section if the child is under the age of 21, and meets all other MinnesotaCare eligibility requirements under this chapter, except as otherwise specified in this section, and:

(1) has been determined eligible for the emergency medical assistance program under section 256B.06, subdivision 4, paragraph (e) or (f); or

(2) the child's treating health care provider certifies that the child has an emergency medical condition as defined in United States Code, title 42, section 1396b(v), that is likely to lead to the child being admitted to a hospital or emergency department unless intervening outpatient health care treatment is provided.

(c) Eligibility continues under this section for as long as the child continues to have the underlying medical condition that gave rise to the initial emergency medical condition.

2.1 (d) Children eligible for the program under this subdivision are exempt from the  
2.2 income eligibility limits under section 256L.04 and section 256L.07, and remain eligible  
2.3 for the program so long as their family income is equal to or less than 275 percent of federal  
2.4 poverty guidelines, and the citizenship requirements under section 256L.04, subdivision 10.

2.5 (e) Children who are eligible for medical assistance under chapter 256B, or  
2.6 MinnesotaCare under this chapter, are not eligible for the program under this section.

2.7 (f) All application, navigation services, eligibility determination, enrollment,  
2.8 disenrollment, and premium requirements and procedures of the MinnesotaCare program  
2.9 apply to this program, except as otherwise specified in this section.

2.10 Subd. 2. **Covered services.** (a) The program covers the services described under  
2.11 section 256L.03, except as otherwise specified in this subdivision.

2.12 (b) The program does not cover services for an emergency medical condition that are  
2.13 covered by the emergency medical assistance program under section 256B.06, subdivision  
2.14 4, paragraphs (e) to (h). The commissioner shall coordinate the program with the federally  
2.15 subsidized emergency medical assistance program with the goal of making transitions  
2.16 between the programs seamless and invisible to the enrollee to the extent possible.

2.17 (c) For children who are eligible under subdivision 1, the program covers nursing  
2.18 facility services described under section 144.0724, subdivision 11, and home and  
2.19 community-based services described in paragraph (d), if the child's family income is equal  
2.20 to or less than the medical assistance income eligibility standards described in section  
2.21 256B.056, subdivision 4, or meets the excess income standards described in section  
2.22 256B.056, subdivisions 5 and 5c. All requirements of the medical assistance program  
2.23 under chapter 256B relating to these services apply to the program under this section.

2.24 (d) For purposes of this section, home and community-based services include:

2.25 (1) home and community-based waived services for persons with developmental  
2.26 disabilities, including consumer-directed community supports under section 256B.092;

2.27 (2) waived services under community alternatives for disabled individuals,  
2.28 including consumer-directed community supports under section 256B.49;

2.29 (3) community alternative care waived services, including consumer-directed  
2.30 community supports under section 256B.49;

2.31 (4) brain injury waived services, including consumer-directed community supports  
2.32 under section 256B.49;

2.33 (5) home and community-based waived services for the elderly under section  
2.34 256B.0915;

2.35 (6) nursing services and home health services under section 256B.0625, subdivision  
2.36 6a;

3.1 (7) personal care services and qualified professional supervision of personal care  
3.2 services under section 256B.0625, subdivisions 6a and 19a;

3.3 (8) private duty nursing services under section 256B.0625, subdivision 7; and

3.4 (9) community first services and supports under section 256B.85.

3.5 Subd. 3. **Premiums and cost-sharing.** For children who are eligible under  
3.6 subdivision 1, the premium and cost-sharing provisions of the MinnesotaCare program  
3.7 apply.

3.8 Subd. 4. **Service delivery.** (a) The commissioner may contract with managed care  
3.9 plans, county-based purchasing plans, provider networks, nonprofit coverage programs,  
3.10 counties, or health care delivery systems established under section 256B.0755 or  
3.11 256B.0756 to administer the program authorized under this section in order to control the  
3.12 costs of the program through care coordination, limited provider networks, fee discounts,  
3.13 and other methods. The commissioner may delegate to a contractor the responsibility  
3.14 to perform case reviews and authorize payment. The commissioner may contract on  
3.15 a capitated or fixed budget basis under which the contractor shall be responsible for  
3.16 providing the covered services to eligible children within the limits of the capitation  
3.17 or budgeted amount. The commissioner may also contract using gain-sharing and  
3.18 risk-sharing methods authorized for demonstration projects established under sections  
3.19 256B.0755 and 256B.0756. If the commissioner contracts with a contractor under  
3.20 this subdivision, the commissioner may separate nursing facility services, home and  
3.21 community-based services, and pharmacy services from other covered services and may  
3.22 provide payment for these services under the commissioner's fee-for-service payment  
3.23 system instead of payment to the contracted entity.

3.24 (b) If no qualified contractors are available and willing to contract on alternative  
3.25 payment terms in a geographic area of the state, the commissioner shall administer the  
3.26 program as a fee-for-service program in that area, but may establish additional utilization  
3.27 review and care management programs and requirements in order to control the costs  
3.28 of the program.

3.29 (c) The commissioner shall ensure that an eligible child is provided the opportunity  
3.30 to receive covered services from any essential community provider, as defined in section  
3.31 62Q.19, and that the terms of participation of the essential community provider are in  
3.32 conformance with the requirements of section 62Q.19.

3.33 **EFFECTIVE DATE.** This section is effective July 1, 2014.

4.1 **ARTICLE 2**

4.2 **MEDICAL ASSISTANCE**

4.3 Section 1. Minnesota Statutes 2012, section 256B.06, is amended by adding a  
4.4 subdivision to read:

4.5 Subd. 6. **Federal authority.** The commissioner shall seek federal authority to make  
4.6 changes to the emergency medical assistance program established under section 256B.06,  
4.7 subdivision 4, paragraphs (e) to (h), to allow coverage and payment for cost-effective  
4.8 community-based and outpatient services as an alternative to hospital inpatient and  
4.9 emergency department services in order to reduce the total cost of care.

4.10 **EFFECTIVE DATE.** This section is effective the day following final enactment.

APPENDIX  
Article locations in S2234-1

ARTICLE 1 COVERAGE FOR LOW-INCOME UNINSURED CHILDREN ..... Page.Ln 1.7  
ARTICLE 2 MEDICAL ASSISTANCE ..... Page.Ln 4.1