SF2521 **REVISOR** ES S2521-1 1st Engrossment

SENATE STATE OF MINNESOTA EIGHTY-EIGHTH SESSION

A bill for an act

relating to human services; redefining a designated rural area for the health

S.F. No. 2521

(SENATE AUTHORS: HOFFMAN)

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D-PG DATE **OFFICIAL STATUS** 03/10/2014 Introduction and first reading Referred to Health, Human Services and Housing 6078 03/19/2014 6296a Comm report: To pass as amended and re-refer to Finance

1.3	professional education loan forgiveness program; requiring a public comment
1.4	period for Medicaid waiver requests and state plan amendments; exempting
1.5	federally qualified health centers and rural health clinics from payment limits
1.6	for Medicare crossover claims; appropriating money for subsidies to federally
1.7	qualified health centers; amending Minnesota Statutes 2012, sections 144.1501,
1.8	subdivision 1; 256B.04, by adding a subdivision; 256B.0625, subdivision 57.
1.9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.10	Section 1. Minnesota Statutes 2012, section 144.1501, subdivision 1, is amended to read
1.11	Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
1.12	apply.
1.13	(b) "Dentist" means an individual who is licensed to practice dentistry.
1.14	(c) "Designated rural area" means a city an area defined as a small rural area or
1.15	isolated rural area according to the four category classifications of the Rural Urban
1.16	Commuting Area system developed for the United States Health Resources and Services
1.17	Administration that is:
1.18	(1) outside the seven-county metropolitan area as defined in section 473.121,
1.19	subdivision 2; and
1.20	(2) has a population under 15,000.

(d) "Emergency circumstances" means those conditions that make it impossible for

(e) "Medical resident" means an individual participating in a medical residency in

the participant to fulfill the service commitment, including death, total and permanent

family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

Section 1. 1

disability, or temporary disability lasting more than two years.

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(f) "Midlevel	practitioner'	' means a	nurse	practitioner,	nurse-midwife,	nurse
anesth	etist, advanc	ed clinical nu	ırse speci	alist, or	physician a	assistant.	

- (g) "Nurse" means an individual who has completed training and received all licensing or certification necessary to perform duties as a licensed practical nurse or registered nurse.
- (h) "Nurse-midwife" means a registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse-midwives.
- (i) "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners.
 - (j) "Pharmacist" means an individual with a valid license issued under chapter 151.
- (k) "Physician" means an individual who is licensed to practice medicine in the areas of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.
 - (l) "Physician assistant" means a person licensed under chapter 147A.
- (m) "Qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a health care professional.
- (n) "Underserved urban community" means a Minnesota urban area or population included in the list of designated primary medical care health professional shortage areas (HPSAs), medically underserved areas (MUAs), or medically underserved populations (MUPs) maintained and updated by the United States Department of Health and Human Services.
- Sec. 2. Minnesota Statutes 2012, section 256B.04, is amended by adding a subdivision to read:
- Subd. 24. Medicaid waiver requests and state plan amendments. Prior to submitting any Medicaid waiver request or Medicaid state plan amendment to the federal government for approval, the commissioner shall publish the text of the waiver request or state plan amendment, or a Web link to the text, in the State Register, and provide a 30-day public comment period. The commissioner shall consider public comments when preparing the final waiver request or state plan amendment that is to be submitted to the federal government for approval. The commissioner shall also publish in the State Register notice of any federal decision related to the state request for approval, within 30 days of the decision. This notice must describe any modifications to the state request that have been agreed to by the commissioner as a condition of receiving federal approval.
 - Sec. 3. Minnesota Statutes 2012, section 256B.0625, subdivision 57, is amended to read:

Sec. 3. 2

Subd. 57. **Payment for Part B Medicare crossover claims.** (a) Effective for services provided on or after January 1, 2012, medical assistance payment for an enrollee's cost-sharing associated with Medicare Part B is limited to an amount up to the medical assistance total allowed, when the medical assistance rate exceeds the amount paid by Medicare.

- (b) Excluded from this limitation are payments for mental health services and payments for dialysis services provided to end-stage renal disease patients. The exclusion for mental health services does not apply to payments for physician services provided by psychiatrists and advanced practice nurses with a specialty in mental health.
- (c) Excluded from this limitation are payments to federally qualified health centers and rural health clinics. Medical assistance payments to these providers shall equal the difference between the provider rate specified in United States Code, title 42, section 1396a(bb), and the amount paid by Medicare.

Sec. 4. COMMUNITY HEALTH CENTER SUBSIDIES.

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\$2,000,000 for fiscal year 2015 is appropriated from the general fund to the commissioner of health to provide subsidies to federally qualified health centers under Minnesota Statutes, section 145.9269. This appropriation is in addition to existing funding for that purpose, and shall become part of the base funding for the subsidy program.

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Sec. 4.