SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1113

(SENATE AUTHORS: MAYE QUADE, Boldon, Pha, Abeler and Mann)

DATE	D-PG	OFFICIAL STATUS
02/06/2025	312	Introduction and first reading Referred to Health and Human Services
02/10/2025	347	Author added Pha
02/13/2025	392	Author added Abeler
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A bill for an act

relating to medical assistance; requiring medical assistance to cover birth services provided at home; amending Minnesota Statutes 2024, section 256B.0625, by adding a subdivision.

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

Section 1. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision to read:

Subd. 54a. **Home birth.** (a) Medical assistance covers birth services provided at home when the criteria in paragraphs (b) to (d) are met. For purposes of this subdivision, "birth services" are prenatal, labor, birth, and postpartum services.

(b) The birth services must be provided by an eligible provider whose scope of practice and experience includes home birth. For purposes of this subdivision, an "eligible provider" is a certified professional midwife, certified nurse-midwife, physician, certified nurse practitioner, or physician assistant.

(c) The recipient must be deemed a low-risk patient for birth services. For purposes of this subdivision, "low-risk patient for birth services" means a person undergoing a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care who anticipates a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care.

(d) The recipient must have a plan of care that includes the following:

(1) a consent form detailing the risks and benefits of home birth signed by the recipient;

(2) sufficient visits, test results, and follow-up consultations as needed to establish that the recipient is a low-risk patient for birth services; and

(3) a plan for transfer to a hospital, as needed.

(e) Professional services provided by an eligible provider must be paid at 100 percent of the rate paid to a physician performing the same services. An eligible provider who does not perform the delivery must not bill for any delivery services.

(f) The payment for facility services, pertaining to the place of services for the home birth, must be paid at 70 percent of the statewide average for a facility payment rate made to a hospital for an uncomplicated vaginal delivery as determined using the most recent calendar year for which complete claims data are available. If a recipient is transported from a home to a hospital prior to the delivery, the payment for the facility services for delivery to the eligible provider must be the lower of billed charges or 15 percent of the statewide average for a facility payment rate made to a hospital for the services provided for an uncomplicated vaginal delivery as determined using the most recent calendar year for which complete claims data are available.