

**SENATE  
STATE OF MINNESOTA  
NINETY-FOURTH SESSION**

**S.F. No. 3967**

(SENATE AUTHORS: **BOLDON and Maye Quade**)

DATE	D-PG	OFFICIAL STATUS
02/26/2026	6414	Introduction and first reading Referred to Human Services
03/18/2026	6770a 6807	Comm report: To pass as amended Second reading
05/17/2026	11090 11750a 11752	Chief author stricken, shown as co-author Maye Quade Chief author added Boldon Special Order: Amended Third reading Passed as amended

1.1 A bill for an act

1.2 relating to human services; modifying the due date of the pediatric hospital-to-home

1.3 transition pilot program report; amending Laws 2024, chapter 125, article 1, section

1.4 47.

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

1.6 Section 1. Laws 2024, chapter 125, article 1, section 47, is amended to read:

1.7 **Sec. 47. DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME**

1.8 **TRANSITION PILOT PROGRAM.**

1.9 (a) The commissioner of human services must award a single competitive grant to a

1.10 home care nursing provider to develop and implement, in coordination with the commissioner

1.11 of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare,

1.12 and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and

1.13 facilitate pediatric hospital-to-home discharges for patients receiving services in this state

1.14 under medical assistance, including under the community alternative care waiver, community

1.15 access for disability inclusion waiver, and developmental disabilities waiver.

1.16 (b) Grant money awarded under this section must be used only to support the

1.17 administrative, training, and auxiliary services necessary to reduce:

1.18 (1) delayed discharge days due to unavailability of home care nursing staffing to

1.19 accommodate complex pediatric patients;

1.20 (2) avoidable rehospitalization days for pediatric patients;

1.21 (3) unnecessary emergency department utilization by pediatric patients following

1.22 discharge;

2.1 (4) long-term nursing needs for pediatric patients; and

2.2 (5) the number of school days missed by pediatric patients.

2.3 (c) Grant money must not be used to supplant payment rates for services covered under  
2.4 Minnesota Statutes, chapter 256B.

2.5 (d) No later than December 15, ~~2026~~ 2027, the commissioner must prepare a report  
2.6 summarizing the impact of the pilot program that includes but is not limited to: (1) the  
2.7 number of delayed discharge days eliminated; (2) the number of rehospitalization days  
2.8 eliminated; (3) the number of unnecessary emergency department admissions eliminated;  
2.9 (4) the number of missed school days eliminated; and (5) an estimate of the return on  
2.10 investment of the pilot program.

2.11 (e) The commissioner must submit the report under paragraph (d) to the chairs and  
2.12 ranking minority members of the legislative committees with jurisdiction over health and  
2.13 human services finance and policy.