

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

S.F. No. 4094

(SENATE AUTHORS: MAYE QUADE)

DATE
02/22/2024

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Introduction and first reading
Referred to Human Services
See SF5335, HF5247

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to human services; establishing a grant for a pilot program for pediatric
1.3 hospital discharge to home care nursing services; requiring a report; appropriating
1.4 money.

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

1.6 Section 1. **APPROPRIATION; PEDIATRIC HOSPITAL-TO-HOME TRANSITION**
1.7 **PILOT PROGRAM.**

1.8 (a) \$1,040,000 in fiscal year 2025 is appropriated from the general fund to the
1.9 commissioner of human services for a single competitive grant to a home care nursing
1.10 provider to develop and implement in coordination with the commissioner of human services,
1.11 Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's
1.12 Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric
1.13 hospital-to-home discharges for patients receiving services in this state under medical
1.14 assistance, including under the community alternative care waiver, community access for
1.15 disability inclusion waiver, and developmental disabilities waiver. This is a onetime
1.16 appropriation and is available until June 30, 2027.

1.17 (b) Grant money awarded under this section must be used only to support the
1.18 administrative, training, and auxiliary services necessary to reduce: (1) delayed discharge
1.19 days due to unavailability of home care nursing staffing to accommodate complex pediatric
1.20 patients; (2) avoidable rehospitalization days for pediatric patients; (3) unnecessary
1.21 emergency department utilization by pediatric patients following discharge; (4) long-term
1.22 nursing needs for pediatric patients; and (5) the number of school days missed by pediatric
1.23 patients.

2.1 (c) Grant money must not be used to supplement payment rates for services covered
2.2 under Minnesota Statutes, chapter 256B.

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

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