

This Document can be made available
in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **3784**

03/14/2018 Authored by Thissen
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; authorizing the commissioner of health to establish a state
1.3 necessary provider program and designate certain rural hospitals as necessary
1.4 providers; appropriating money; amending Minnesota Statutes 2016, section
1.5 144.1483.

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

1.7 Section 1. Minnesota Statutes 2016, section 144.1483, is amended to read:

1.8 **144.1483 RURAL HEALTH INITIATIVES.**

1.9 The commissioner of health, through the Office of Rural Health, and consulting as
1.10 necessary with the commissioner of human services, the commissioner of commerce, the
1.11 Minnesota Office of Higher Education, and other state agencies, shall:

1.12 (1) develop a detailed plan regarding the feasibility of coordinating rural health care
1.13 services by organizing individual medical providers and smaller hospitals and clinics into
1.14 referral networks with larger rural hospitals and clinics that provide a broader array of
1.15 services;

1.16 (2) develop recommendations regarding health education and training programs in rural
1.17 areas, including but not limited to a physician assistants' training program, continuing
1.18 education programs for rural health care providers, and rural outreach programs for nurse
1.19 practitioners within existing training programs;

1.20 (3) develop a statewide, coordinated recruitment strategy for health care personnel and
1.21 maintain a database on health care personnel as required under section 144.1485;

1.22 (4) develop and administer technical assistance programs to assist rural communities
1.23 in: (i) planning and coordinating the delivery of local health care services; and (ii) hiring

2.1 physicians, nurse practitioners, public health nurses, physician assistants, and other health
2.2 personnel;

2.3 (5) study and recommend changes in the regulation of health care personnel, such as
2.4 nurse practitioners and physician assistants, related to scope of practice, the amount of
2.5 on-site physician supervision, and dispensing of medication, to address rural health personnel
2.6 shortages;

2.7 (6) support efforts to ensure continued funding for medical and nursing education
2.8 programs that will increase the number of health professionals serving in rural areas;

2.9 (7) support efforts to secure higher reimbursement for rural health care providers from
2.10 the Medicare and medical assistance programs;

2.11 (8) coordinate the development of a statewide plan for emergency medical services, in
2.12 cooperation with the Emergency Medical Services Advisory Council;

2.13 (9) establish a Medicare rural hospital flexibility program pursuant to section 1820 of
2.14 the federal Social Security Act, United States Code, title 42, section 1395i-4, by developing
2.15 a state rural health plan and designating, consistent with the rural health plan, rural nonprofit
2.16 or public hospitals in the state as critical access hospitals. Critical access hospitals shall
2.17 include facilities that are certified by the state prior to January 1, 2006, as necessary providers
2.18 of health care services to residents in the area. Necessary providers of health care services
2.19 are designated as critical access hospitals on the basis of being more than 20 miles, defined
2.20 as official mileage as reported by the Minnesota Department of Transportation, from the
2.21 next nearest hospital, being the sole hospital in the county, being a hospital located in a
2.22 county with a designated medically underserved area or health professional shortage area,
2.23 or being a hospital located in a county contiguous to a county with a medically underserved
2.24 area or health professional shortage area. A critical access hospital located in a county with
2.25 a designated medically underserved area or a health professional shortage area or in a county
2.26 contiguous to a county with a medically underserved area or health professional shortage
2.27 area shall continue to be recognized as a critical access hospital in the event the medically
2.28 underserved area or health professional shortage area designation is subsequently withdrawn;
2.29 ~~and~~

2.30 (10) establish a state necessary provider program, in which the commissioner designates
2.31 rural nonprofit or public hospitals in the state as necessary providers and provides hospitals
2.32 so designated with the benefits and flexibility available to critical access hospitals under
2.33 the Medicare rural hospital flexibility program, United States Code, title 42, section 1395i-4.
2.34 To be designated as a necessary provider of health care services, a hospital must be (i) more

3.1 than 20 miles from the next nearest hospital, as determined by official mileage as reported
3.2 by the Department of Transportation; (ii) the sole hospital in the county; (iii) a hospital
3.3 located in a county with a designated medically underserved area or health professional
3.4 shortage area; or (iv) a hospital located in a county contiguous to a county with a medically
3.5 underserved area or health professional shortage area. Any costs associated with providing
3.6 hospitals designated as necessary providers under this clause with the benefits and flexibility
3.7 available under the Medicare rural hospital flexibility program shall be paid by the state;
3.8 and

3.9 (11) carry out other activities necessary to address rural health problems.

3.10 **EFFECTIVE DATE.** This section is effective July 1, 2018.

3.11 Sec. 2. **APPROPRIATION; NECESSARY PROVIDERS.**

3.12 \$..... in fiscal year 2019 is appropriated from the general fund to the commissioner of
3.13 health for costs associated with the state necessary provider program under Minnesota
3.14 Statutes, section 144.1483, clause (10).