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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3970

04/25/2016 Authored by Zerwas

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; adding home health care providers and community-based
1.3 services providers to essential community providers; amending Minnesota
1.4 Statutes 2014, section 62Q.19, subdivision 1.

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

1.6 Section 1. Minnesota Statutes 2014, section 62Q.19, subdivision 1, is amended to read:

1.7 Subdivision 1. **Designation.** (a) The commissioner shall designate essential
1.8 community providers. The criteria for essential community provider designation shall be
1.9 the following:

1.10 (1) a demonstrated ability to integrate applicable supportive and stabilizing services
1.11 with medical care for uninsured persons and high-risk and special needs populations,
1.12 underserved, and other special needs populations; and

1.13 (2) a commitment to serve low-income and underserved populations by meeting the
1.14 following requirements:

1.15 (i) has nonprofit status in accordance with chapter 317A;

1.16 (ii) has tax-exempt status in accordance with the Internal Revenue Service Code,
1.17 section 501(c)(3);

1.18 (iii) charges for services on a sliding fee schedule based on current poverty income
1.19 guidelines; and

1.20 (iv) does not restrict access or services because of a client's financial limitation;

1.21 (3) status as a local government unit as defined in section 62D.02, subdivision 11, a
1.22 hospital district created or reorganized under sections 447.31 to 447.37, an Indian tribal
1.23 government, an Indian health service unit, or a community health board as defined in
1.24 chapter 145A;

2.1 (4) a former state hospital that specializes in the treatment of cerebral palsy, spina
 2.2 bifida, epilepsy, closed head injuries, specialized orthopedic problems, and other disabling
 2.3 conditions;

2.4 (5) a sole community hospital. For these rural hospitals, the essential community
 2.5 provider designation applies to all health services provided, including both inpatient and
 2.6 outpatient services. For purposes of this section, "sole community hospital" means a
 2.7 rural hospital that:

2.8 (i) is eligible to be classified as a sole community hospital according to Code
 2.9 of Federal Regulations, title 42, section 412.92, or is located in a community with a
 2.10 population of less than 5,000 and located more than 25 miles from a like hospital currently
 2.11 providing acute short-term services;

2.12 (ii) has experienced net operating income losses in two of the previous three
 2.13 most recent consecutive hospital fiscal years for which audited financial information is
 2.14 available; and

2.15 (iii) consists of 40 or fewer licensed beds;

2.16 (6) a birth center licensed under section 144.615; ~~or~~

2.17 (7) a hospital and affiliated specialty clinics that predominantly serve patients who
 2.18 are under 21 years of age and meet the following criteria:

2.19 (i) provide intensive specialty pediatric services that are routinely provided in fewer
 2.20 than five hospitals in the state; and

2.21 (ii) serve children from at least one-half of the counties in the state;

2.22 (8) a home health care agency licensed under chapter 144 or a home and
 2.23 community-based services provider licensed under chapter 245D that provides culturally
 2.24 sensitive and competent services to high-risk and special needs populations. For the
 2.25 purposes of this section, "culturally sensitive and competent services" means the ability
 2.26 to provide services that are receptive and sensitive to cultural differences, as well as the
 2.27 awareness of behavior particular to a specific culture, and the ability to carry out home
 2.28 health care services consistent with this awareness, and specifically includes the following:

2.29 (i) services to refugees who have resided in Minnesota for three or fewer years;

2.30 (ii) the home health care agency or home and community-based services provider
 2.31 that provides these services to 100 or more refugees; and

2.32 (iii) for clients with limited English proficiency, the home health care agency or
 2.33 home and community-based services provider has the ability to provide these services in
 2.34 the client's preferred language; or

2.35 (9) a linguistic services provider that meets the following requirements:

3.1 (i) employs or contracts with only health care interpreters listed on the statewide
3.2 roster established under section 144.058 and who have received training in health care
3.3 terminology and HIPAA;

3.4 (ii) provides language interpretation services for 100 languages or more;

3.5 (iii) makes readily available rare or hard to find language interpretation services to
3.6 other essential community providers; and

3.7 (iv) has current contracts with at least two managed care organizations contracted
3.8 with the Department of Human Services.

3.9 (b) Prior to designation, the commissioner shall publish the names of all applicants
3.10 in the State Register. The public shall have 30 days from the date of publication to submit
3.11 written comments to the commissioner on the application. No designation shall be made
3.12 by the commissioner until the 30-day period has expired.

3.13 (c) The commissioner may designate an eligible provider as an essential community
3.14 provider for all the services offered by that provider or for specific services designated by
3.15 the commissioner.

3.16 (d) For the purpose of this subdivision, supportive and stabilizing services include at
3.17 a minimum, transportation, child care, cultural, and linguistic services where appropriate.