EM/JK

SENATE STATE OF MINNESOTA SECOND SPECIAL SESSION

S.F. No. 34

(SENATE AUTH	IORS: HOUS	SLEY, Lang, Draheim and Koran)
DATE	D-PG	OFFICIAL STATUS
07/13/2020	15	Introduction and first reading Referred to Rules and Administration

1.1	A bill for an act
1.2 1.3 1.4	relating to health; establishing requirements for hospitals to discharge patients to long-term care facilities; requiring hospitals to be reimbursed for certain COVID-19-related extended stays; appropriating money.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. HOSPITAL DISCHARGE OF PATIENTS TO LONG-TERM CARE
1.7	FACILITIES.
1.8	Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.
1.9	(b) "Adult foster care" means a setting licensed as adult foster care under Minnesota
1.10	Rules, parts 9555.5105 to 9555.6265.
1.11	(c) "Assisted living setting" means (1) a housing with services establishment registered
1.12	under Minnesota Statutes, section 144D.02, and operating under title protection under
1.13	Minnesota Statutes, sections 144G.01 to 144G.07; or (2) a housing with services
1.14	establishment registered under Minnesota Statutes, section 144D.02, and required to disclose
1.15	special care status under Minnesota Statutes, section 325F.72.
1.16	(d) "Community residential setting" means a setting licensed as a community residential
1.17	setting under Minnesota Statutes, section 245A.11, subdivision 8.
1.18	(e) "Health plan" has the meaning given in Minnesota Statutes, section 62A.011,
1.19	subdivision 3.
1.20	(f) "Hospital" means a facility licensed as a hospital under Minnesota Statutes, sections
1.21	<u>144.50 to 144.58.</u>

	07/10/20	REVISOR	EM/JK	20-8934	as introduced
2.1	(g) "Inte	ermediate care facilit	y for persons wi	th developmental disabilit	ies" has the
2.2	meaning giv	ven in Minnesota Sta	ututes, section 24	5D.02, subdivision 11a.	
2.3	<u>(h)</u> "Lor	ng-term care facility"	means adult fos	ster care, an assisted living	s setting, a
2.4	community	residential setting, a	n intermediate ca	are facility for persons with	n developmental
2.5	disabilities,	or a nursing home.			
2.6	<u>(i)</u> "No l	longer infectious" me	eans either (1) at	least 72 hours have passe	d since (i) the
2.7	resolution o	of fever without fever	r-reducing medic	cation and (ii) the commer	icement of
2.8	improvement	nt in respiratory sym	ptoms such as co	oughing and shortness of l	preath; or (2)
2.9	testing nega	ative for COVID-19	using an RT-PC	R test.	
2.10	<u>(j)</u> "Nurs	sing home" means a f	acility licensed as	s a nursing home under Mi	nnesota Statutes,
2.11	chapter 144	<u>A.</u>			
2.12	<u>(k)</u> "RT-	-PCR test" means a r	everse transcript	ion polymerase chain read	tion test that is
2.13	used to dete	ect SARS-CoV-2, the	e virus that cause	es the infectious disease C	OVID-19, and
2.14	that has bee	en approved by the fe	ederal Food and	Drug Administration.	
2.15	<u>Subd. 2.</u>	Requirements for a	lischarge of pat	ients to long-term care fa	cilities. (a) Prior
2.16	to dischargi	ing a patient to a long	g-term care facil	ity, a hospital must test the	e patient for
2.17	COVID-19	using an RT-PCR te	<u>st.</u>		
2.18	<u>(b)</u> Exce	ept as provided in pa	ragraph (c), a ho	spital is prohibited from d	ischarging a
2.19	patient who	tests positive for CO	OVID-19 to a lor	ng-term care facility, until	the patient is no
2.20	longer infec	ctious.			
2.21	<u>(c) A ho</u>	ospital may discharge	e a patient who to	ests positive for COVID-1	9 to a separate
2.22	unit or build	ding of a long-term c	are facility that	is dedicated to caring for i	ndividuals who
2.23	test positive	e for COVID-19, pro	vided the person	nel staffing the separate u	nit or building
2.24	of the long-	term care facility on	ly provide care t	o residents in that unit or l	ouilding and do
2.25	<u>not also pro</u>	ovide care to resident	s outside that un	it or building.	
2.26	Subd. 3.	Hospital reimburs	ement for patie	nts; extended stay. (a) Ev	ery health plan
2.27	that provide	es coverage to Minne	sota residents m	ust reimburse a hospital fo	r the cost of any
2.28	extended in	patient hospital stay	that results from	compliance with subdivis	sion 2. This
2.29	reimbursem	nent must be in additi	on to the payme	nt that would otherwise be	provided to the
2.30	hospital for	services provided to	similarly situated	l patients whose discharge	was not delayed
2.31	due to comp	pliance with subdivis	sion 2 and must l	be sufficient to cover the a	dditional costs
2.32	incurred by	the hospital for prov	viding services d	uring the extended stay.	

3.1	(b) The medical assistance program under Minnesota Statutes, chapter 256B, and the
3.2	MinnesotaCare program under Minnesota Statutes, chapter 256L, must reimburse a hospital
3.3	for the cost of any extended inpatient hospital stay that results from compliance with
3.4	subdivision 2. This reimbursement must be in addition to the payment that would otherwise
3.5	be provided to the hospital for services provided to similarly situated patients whose discharge
3.6	was not delayed due to compliance with subdivision 2 and must be sufficient to cover the
3.7	additional costs incurred by the hospital for providing services during the extended stay.
3.8	(c) The commissioner of human services must reimburse a hospital for the cost of any
3.9	extended inpatient hospital stay that results from compliance with subdivision 2, for a patient
3.10	who is uninsured. This reimbursement must be in addition to any payment that would be
3.11	owed to the hospital by a similarly situated, uninsured patient whose discharge was not
3.12	delayed due to compliance with subdivision 2 and must be sufficient to cover the additional
3.13	costs incurred by the hospital for providing services during the extended stay. For purposes
3.14	of this paragraph, "uninsured" means that a patient does not have coverage under a health
3.15	plan, medical assistance, or MinnesotaCare, and does not otherwise have health coverage
3.16	or another form of third-party reimbursement for the services provided.
3.17	(d) In fiscal year 2021 an amount sufficient to reimburse hospitals according to paragraph
3.18	(c) is appropriated from the coronavirus relief federal fund to the commissioner of human
3.19	services in order to reimburse hospitals according to paragraph (c). This is a onetime
3.20	appropriation.
3.21	Subd. 4. Expiration. This section expires 60 days after the end of the peacetime
3.22	emergency declared under Minnesota Statutes, section 12.31, subdivision 2, related to an
3.23	outbreak of COVID-19.
3.24	EFFECTIVE DATE. This section is effective the day following final enactment, except
3.25	that subdivision 3, paragraph (b), is effective upon any necessary federal approval.