

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

S.F. No. 1395

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DATE	D-PG	OFFICIAL STATUS
02/18/2019	428	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health care; establishing telemonitoring services pilot project; requiring

1.3 reports.

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

1.5 Section 1. **TELEMONITORING SERVICES PILOT PROJECT.**

1.6 Subdivision 1. Establishment; services provided. (a) The commissioner of human

1.7 services shall establish a telemonitoring services pilot project that awards two grants, with

1.8 one grantee serving eligible individuals residing in a geographic area within the seven-county

1.9 metropolitan area and one grantee serving eligible individuals residing in a geographic area

1.10 outside the seven-county metropolitan area. Each grant shall be awarded for a four-year

1.11 period to an eligible provider of telemonitoring services to provide telemonitoring services

1.12 to eligible individuals. Each grant must serve at least 30 eligible individuals. The

1.13 commissioner shall award the two grants through a request for proposal process. The pilot

1.14 project design, including the payment rates for the services provided, must be agreed upon

1.15 by the commissioner and the grantee.

1.16 (b) To be eligible to participate in the pilot project, a grant applicant must be a home

1.17 health provider licensed under Minnesota Statutes, chapter 144A, or other qualified provider

1.18 approved by the commissioner. The monitoring and interpreting of the health information

1.19 transmitted by telemonitoring must be performed by one of the following licensed health

1.20 care professionals: physician, podiatrist, registered nurse, advanced practice registered nurse,

1.21 physician assistant, respiratory therapist, or a licensed professional working under the

1.22 supervision of a medical director.

1.23 Subd. 2. Eligibility. To be eligible to participate in the pilot project, an individual must:

2.1 (1) be eligible for medical assistance and not have other insurance;

2.2 (2) be diagnosed and receiving services with at least one of the following chronic
2.3 conditions: hypertension, cancer, congestive heart failure, chronic obstructive pulmonary
2.4 disease, asthma, or diabetes;

2.5 (3) require monitoring at least five times weekly to manage the condition, as ordered by
2.6 the individual's health care provider;

2.7 (4) have had two or more emergency room or inpatient hospitalization stays within the
2.8 last 12 months due to one of the conditions or diseases identified in clause (2), or the
2.9 individual's health care provider has identified that telemonitoring services would likely
2.10 prevent the admission or readmission to a hospital, emergency department, or nursing
2.11 facility;

2.12 (5) reside in the community and not in a setting with health care staff on site; and

2.13 (6) be willing to participate in the pilot project and receive services through
2.14 telemonitoring.

2.15 Subd. 3. **Payment for services.** (a) The payment rates must include:

2.16 (1) all necessary equipment, computer systems, connections, software, in-home
2.17 installation of the equipment, equipment maintenance, patient education and support, and
2.18 equipment removal when the services are no longer needed;

2.19 (2) monitoring services that would otherwise require a home visit including the
2.20 interpretation of the health information transmitted by the equipment and ongoing assessment
2.21 and management of the telemonitored data; and

2.22 (3) contact with the individual at least once a month to determine whether the equipment
2.23 is being utilized and is operating correctly.

2.24 (b) A payment rate may be paid on a per person per month basis for each individual who
2.25 receives telemonitoring services from the grantee.

2.26 (c) The commissioner shall ensure that the services provided by the grantee as a part of
2.27 the pilot project are not a duplication of services.

2.28 Subd. 4. **Performance measures.** The commissioner shall develop performance measures
2.29 to evaluate the pilot project. These performance measures shall include:

2.30 (1) the reduction of emergency department use, hospitalizations, and nursing facility
2.31 stays;

3.1 (2) patient functional status and satisfaction; and

3.2 (3) the effect on workforce usage in relation to addressing workforce shortages and
3.3 health care access.

3.4 Subd. 5. **Report.** The commissioner shall submit an interim report by January 15, 2022,
3.5 and a final report by January 15, 2023, to the chairs and ranking minority members of the
3.6 legislative committees with jurisdiction over health and human services policy and finance.
3.7 Each report shall include an evaluation of the project based on the performance measures
3.8 developed under subdivision 4. The final report may also include a recommendation on
3.9 increasing access to telemonitoring services as a medical assistance service.

3.10 Subd. 6. **Definition.** For the purpose of this section, "telemonitoring services" means
3.11 the remote monitoring of data related to an individual's health, including the individual's
3.12 vital signs or biometric data by a monitoring device that transmits the data electronically
3.13 to a provider for analysis.