

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 146

(SENATE AUTHORS: HOFFMAN, Abeler, Newton and Rosen)

DATE	D-PG	OFFICIAL STATUS
01/17/2019	97	Introduction and first reading Referred to Health and Human Services Finance and Policy
02/07/2019	305	Author added Rosen
02/11/2019	318	Comm report: To pass
	318	Second reading

1.1 A bill for an act

1.2 relating to health care; requiring care coordination before a child with a complex

1.3 medical condition is discharged from a hospital; amending Minnesota Statutes

1.4 2018, section 144.586, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2018, section 144.586, is amended by adding a subdivision

1.7 to read:

1.8 Subd. 3. Care coordination. (a) This subdivision applies to hospital discharges involving

1.9 a child with a high-cost medical or chronic condition who needs post-hospital continuing

1.10 aftercare, including but not limited to home health care services, post-hospital extended

1.11 care services, or outpatient services for follow-up or ancillary care, or is at risk of recurrent

1.12 hospitalization or emergency room services due to a medical or chronic condition.

1.13 (b) In addition to complying with the discharge planning requirements in subdivision

1.14 2, the hospital must ensure that the following conditions and arrangements are met before

1.15 discharging any patient as described in paragraph (a):

1.16 (1) the patient's primary care provider and health carrier or managed care organization

1.17 if the patient is enrolled in medical assistance must be notified of the patient's date of

1.18 discharge and a copy of the patient's discharge plan and aftercare needs must be provided,

1.19 including any necessary medical information release forms;

1.20 (2) the appropriate arrangements for home health care or post-hospital extended care

1.21 services must be made and the initial services as indicated on the discharge plan must be

1.22 scheduled; and

- 2.1 (3) if the patient is eligible for care coordination services through a health plan or health
- 2.2 certified medical home, connections are made with the appropriate care coordinator.