

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 200

(SENATE AUTHORS: ABELER, Clausen, Hoffman, Tomassoni and Pratt)

DATE
01/21/2021

D-PG
126

Introduction and first reading
 Referred to Health and Human Services Finance and Policy

OFFICIAL STATUS

- 1.1 A bill for an act
- 1.2 relating to health care; requiring medical assistance to cover telemonitoring services;
- 1.3 amending Minnesota Statutes 2020, section 256B.0625, by adding a subdivision.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
- 1.6 to read:
- 1.7 Subd. 3h. **Telemonitoring services.** (a) For purposes of this subdivision, "telemonitoring
- 1.8 services" means the remote monitoring of data related to an individual's vital signs or
- 1.9 biometric data by a monitoring device or equipment that transmits the data electronically
- 1.10 to a provider for analysis and includes:
- 1.11 (1) all necessary equipment, computer systems, connections, and software for monitoring;
- 1.12 (2) in-home installation of the equipment, equipment maintenance, and equipment
- 1.13 removal;
- 1.14 (3) patient education and support;
- 1.15 (4) monitoring of the data that would otherwise require a home visit including the
- 1.16 interpretation of the health information transmitted by the equipment and ongoing assessment
- 1.17 and management of the telemonitored data; and
- 1.18 (5) contact with the recipient at least once per month to determine whether the equipment
- 1.19 is being utilized and is operating correctly.
- 1.20 (b) Medical assistance covers telemonitoring services if a recipient:

2.1 (1) has been diagnosed and is receiving services for at least one of the following chronic
2.2 conditions: hypertension, cancer, congestive heart failure, chronic obstructive pulmonary
2.3 disease, asthma, or diabetes;

2.4 (2) requires monitoring at least five times per week to manage the chronic condition, as
2.5 ordered by the recipient's health care provider;

2.6 (3) has had two or more emergency room or inpatient hospitalization stays within the
2.7 last 12 months due to the chronic condition, or the recipient's health care provider has
2.8 identified that telemonitoring services would likely prevent the recipient's admission or
2.9 readmission to a hospital, emergency room, or nursing facility; and

2.10 (4) resides in the community and not in a setting that has health care staff on site.

2.11 (c) To be eligible for reimbursement of telemonitoring services, the provider must be a
2.12 home health provider licensed under chapter 144A or other qualified provider authorized
2.13 by the commissioner. The monitoring and interpreting of the health information transmitted
2.14 by telemonitoring services must be performed by one of the following licensed health care
2.15 professionals: a physician, podiatrist, registered nurse, advanced practice registered nurse,
2.16 physician assistant, respiratory therapist, or licensed professional working under the
2.17 supervision of a medical director.

2.18 (d) The payment rate paid to the provider must be paid on a per-person, per-month basis
2.19 for each recipient who receives telemonitoring services from the provider.