

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 2422

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DATE	D-PG	OFFICIAL STATUS
03/10/2016	4938	Introduction and first reading Referred to Health, Human Services and Housing
03/17/2016	5084a	Comm report: To pass as amended and re-refer to Finance

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A bill for an act
relating to human services; establishing a health care program for low-income
uninsured adults and children who are ineligible for medical assistance or
MinnesotaCare; proposing coding for new law in Minnesota Statutes, chapter
256L.

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

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Section 1. **[256L.30] LOW-INCOME UNINSURED HEALTH CARE PROGRAM.**

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Subdivision 1. **General.** (a) The commissioner shall establish a program that

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provides coverage to low-income uninsured adults and children.

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(b) A child or adult is eligible for the program under this section if the child's or

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adult's family income is equal to or less than 200 percent of the federal poverty guidelines,

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adjusted for family size, and if the child or adult meets all other eligibility requirements

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under this chapter, with the exception of the citizenship requirements under section

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256L.04, subdivision 10.

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(c) Children and adults who are eligible for medical assistance under chapter 256B

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or MinnesotaCare under this chapter, or advance premium tax credits under the Affordable

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Care Act, are not eligible for the program under this section.

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(d) All application, navigation services, eligibility determination, enrollment,

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disenrollment, and premium requirements and procedures of the MinnesotaCare program

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apply to this program, except as otherwise specified in this section.

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Subd. 2. **Covered services.** (a) The program covers the services described under

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section 256L.03, except as otherwise specified in this subdivision. Children and adults with

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family income of less than 138 percent of the federal poverty guidelines are also eligible for

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the services covered under section 256B.0625 that are not covered under section 256L.03.

(b) The program does not cover services for an emergency medical condition that are covered by emergency medical assistance under section 256B.06, subdivision 4, paragraphs (e) to (h). The commissioner shall coordinate the program with the federally subsidized emergency medical assistance program with the goal of making transitions between the programs seamless and invisible to the enrollee to the extent possible.

Subd. 3. **Premiums and cost-sharing.** For children and adults who are eligible under subdivision 1, the premium and cost-sharing provisions of the MinnesotaCare program shall apply.

Subd. 4. **Service delivery.** (a) The commissioner may contract with managed care plans, county-based purchasing plans, provider networks, nonprofit coverage programs, counties, or health care delivery systems established under section 256B.0755 or 256B.0756 to administer the program authorized under this section and may delegate to a contractor the responsibility of performing case reviews and authorize payment. The commissioner may administer the program through a fee-for-service payment system in rural areas and other regions in the state, if other delivery options are not feasible or appropriate.

(b) The commissioner shall ensure that each eligible child and adult is provided the opportunity to receive covered services from any essential community provider, as defined in section 62Q.19, and that the terms of participation of the essential community provider conform with the requirements of section 62Q.19.

Subd. 5. **Information.** The commissioner shall ensure that information collected under this section is only used by the commissioner for eligibility determination, payment, or program administration or coverage as established under this section.

Sec. 2. **FEDERAL APPROVAL.**

The commissioner of human services shall seek federal approval for changes to the emergency medical assistance program to allow coverage and payment for cost-effective community-based and outpatient services as an alternative to hospital inpatient and emergency department services to reduce the total cost of care.