

**SENATE
STATE OF MINNESOTA
SPECIAL SESSION**

S.F. No. 32

(SENATE AUTHORS: HOUSLEY)

DATE	D-PG	OFFICIAL STATUS
06/12/2020	18	Introduction and first reading Referred to Rules and Administration
06/19/2020	195	Withdrawn
	195	Second reading Laid on table

1.1 A bill for an act

1.2 relating to human services; requiring COVID-19-related screening programs in

1.3 certain long-term care settings; appropriating money.

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

1.5 Section 1. **LONG-TERM CARE COVID-19-RELATED SCREENING PROGRAMS.**

1.6 Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.

1.7 (b) "Allowable costs" means costs associated with COVID-19-related testing services

1.8 incurred by a facility while implementing a COVID-19 screening program, provided the

1.9 testing products used have received Emergency Use Authorization under section 564 of the

1.10 federal Food, Drug, and Cosmetic Act.

1.11 (c) "COVID-19-related testing services" means any diagnostic product available for the

1.12 detection of SARS-CoV-2 or the diagnosis of COVID-19; any product available to determine

1.13 whether a person has developed a detectable antibody response to SARS-CoV-2 or had

1.14 COVID-19 in the past; specimen collection; specimen transportation; specimen testing; and

1.15 any associated services from a health care professional, clinic, or laboratory.

1.16 (d) "Facility" means a nursing home licensed under Minnesota Statutes, section 144A.02;

1.17 a housing with services establishment registered under Minnesota Statutes, section 144D.02,

1.18 and operating under title protection under Minnesota Statutes, section 144G.02; and a

1.19 housing with services establishment registered under Minnesota Statutes, section 144D.02,

1.20 and required to disclose special care status under Minnesota Statutes, section 325F.72.

1.21 (e) "Public health care program" means medical assistance under Minnesota Statutes,

1.22 chapter 256B, and Laws 2020, chapter 74, article 1, section 12; MinnesotaCare; Medicare;

and medical assistance for uninsured individuals under Laws 2020, chapter 74, article 1, section 11.

Subd. 2. Testing program required. Each facility shall establish, implement, and maintain a comprehensive COVID-19 infection control program according to the most current SARS-CoV-2 testing guidance for nursing homes released by the United States Centers for Disease Control and Prevention (CDC). A comprehensive COVID-19 infection control program must include a COVID-19 screening program that requires baseline and serial COVID-19 screening of all residents and staff. All staff considered health care workers under the facility's tuberculosis screening program must be included in the facility's COVID-19 screening program. The commissioner of health shall provide technical assistance regarding implementation of the CDC guidance.

Subd. 3. Baseline screening grants. Within the limits of money specifically appropriated to the commissioner of human services under section 2, paragraph (a), the commissioner of human services shall make COVID-19 baseline screening grants to any facility that has not completed COVID-19 baseline screening. The commissioner shall determine the amount of each baseline screening grant.

Subd. 4. Serial screening reimbursement. (a) Within the limits of money specifically appropriated to the commissioner of human services under section 2, paragraph (b), the commissioner of human services shall reimburse each facility for the allowable costs of any eligible COVID-19-related testing services upon submission by a facility of a COVID-19-related testing services cost report.

(b) The commissioner of human services shall develop a COVID-19-related testing services cost report.

(c) A facility must first seek reimbursement from the public health care program for COVID-19-related testing services provided or made available to a resident covered by a public health care program. A facility may only seek reimbursement under this section for COVID-19-related testing services provided or made available to residents covered by a public health care program after the public health care program denies the claim for the testing services.

(d) A facility may submit a COVID-19-related testing services cost report once per month. If the commissioner of human services determines that a facility is in financial crisis, the facility may submit a cost report once every two weeks.

3.1 Sec. 2. **APPROPRIATION; COVID-19 SCREENING PROGRAM.**

3.2 (a) \$..... in fiscal year 2020 is appropriated from the coronavirus relief fund to the
3.3 commissioner of human services for COVID-19 baseline screening grants under section 1.
3.4 This is a onetime appropriation.

3.5 (b) \$..... in fiscal year 2021 is appropriated from the coronavirus relief fund to the
3.6 commissioner of human services for cost-based reimbursement for COVID-19 serial
3.7 screening under section 1. This is a onetime appropriation.