State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1038

01/30/2023 Authored by Huot, Elkins and Hemmingsen-Jaeger
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

A bill for an act

relating to state government; requiring coverage for self-measured blood pressure monitoring devices; requiring related reimbursement for recipients and providers; requiring commissioner of human services to create medical assistance data practices and clinical oversight policy; amending Minnesota Statutes 2022, section 256B.0625, subdivision 31; proposing coding for new law in Minnesota Statutes, chapter 62Q.

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

Section 1. **[62Q.671] COVERAGE FOR SELF-MEASURED BLOOD PRESSURE MONITORING DEVICES.**

A health plan must cover self-measured blood pressure monitoring devices and related services for enrollees diagnosed with uncontrolled hypertension. Coverage required under this section is limited to one blood pressure monitoring device every three years. Health plan coverage must include reimbursement for providers for costs associated with training patients, transmitting blood pressure data, interpretation of readings, and costs of delivering co-interventions.

Sec. 2. Minnesota Statutes 2022, section 256B.0625, subdivision 31, is amended to read:

Subd. 31. **Medical supplies and equipment.** (a) Medical assistance covers medical supplies and equipment. Separate payment outside of the facility's payment rate shall be made for wheelchairs and wheelchair accessories for recipients who are residents of intermediate care facilities for the developmentally disabled. Reimbursement for wheelchairs and wheelchair accessories for ICF/DD recipients shall be subject to the same conditions and limitations as coverage for recipients who do not reside in institutions. A wheelchair purchased outside of the facility's payment rate is the property of the recipient.

(b) Vendors of durable medical equipment, prosthetics, orthotics, or medical supplies must enroll as a Medicare provider.

(c) When necessary to ensure access to durable medical equipment, prosthetics, orthotics, or medical supplies, the commissioner may exempt a vendor from the Medicare enrollment requirement if:

(1) the vendor supplies only one type of durable medical equipment, prosthetic, orthotic, or medical supply;

(2) the vendor serves ten or fewer medical assistance recipients per year;

(3) the commissioner finds that other vendors are not available to provide same or similar durable medical equipment, prosthetics, orthotics, or medical supplies; and

(4) the vendor complies with all screening requirements in this chapter and Code of Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare and Medicaid Services approved national accreditation organization as complying with the Medicare program's supplier and quality standards and the vendor serves primarily pediatric patients.

(d) Durable medical equipment means a device or equipment that:

(1) can withstand repeated use;

(2) is generally not useful in the absence of an illness, injury, or disability; and

(3) is provided to correct or accommodate a physiological disorder or physical condition or is generally used primarily for a medical purpose.

(e) Electronic tablets may be considered durable medical equipment if the electronic tablet will be used as an augmentative and alternative communication system as defined under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must be locked in order to prevent use not related to communication.

(f) Notwithstanding the requirement in paragraph (e) that an electronic tablet must be locked to prevent use not as an augmentative communication device, a recipient of waiver services may use an electronic tablet for a use not related to communication when the recipient has been authorized under the waiver to receive one or more additional applications that can be loaded onto the electronic tablet, such that allowing the additional use prevents the purchase of a separate electronic tablet with waiver funds.

(g) An order or prescription for medical supplies, equipment, or appliances must meet the requirements in Code of Federal Regulations, title 42, part 440.70.

(h) Allergen-reducing products provided according to subdivision 67, paragraph (c) or (d), shall be considered durable medical equipment.

(i) Medical assistance must cover self-measured blood pressure monitoring devices and related services for enrollees diagnosed with uncontrolled hypertension. The commissioner shall create a policy to enable data integration, storage, and transfer and enable clinical oversight and compliance with this paragraph. The commissioner shall amend the Medicaid state plan to include specific home blood pressure requirements for:

(1) coverage determination for uncontrolled hypertension;

(2) inclusion of a self-measured blood pressure monitoring device;

(3) replacement frequency of self-measured blood pressure monitoring devices;

(4) reimbursement for providers for costs associated with training patients, transmitting blood pressure data, interpretation of readings, and costs of delivering co-interventions; and

(5) reimbursement for self-measured blood pressure monitoring devices and related services.