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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. **1793**

03/01/2021 Authored by Morrison

The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

03/04/2021 By motion, recalled and re-referred to the Committee on Health Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to human services; establishing an enhanced asthma care services benefit
- 1.3 for medical assistance; providing for medical assistance coverage of certain products
- 1.4 to reduce asthma triggers; amending Minnesota Statutes 2020, sections 256B.04,
- 1.5 subdivision 14; 256B.0625, subdivision 31, by adding a subdivision.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2020, section 256B.04, subdivision 14, is amended to read:
- 1.8 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
- 1.9 feasible, the commissioner may utilize volume purchase through competitive bidding and
- 1.10 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
- 1.11 program including but not limited to the following:
- 1.12 (1) eyeglasses;
- 1.13 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
- 1.14 on a short-term basis, until the vendor can obtain the necessary supply from the contract
- 1.15 dealer;
- 1.16 (3) hearing aids and supplies; ~~and~~
- 1.17 (4) durable medical equipment, including but not limited to:
- 1.18 (i) hospital beds;
- 1.19 (ii) commodes;
- 1.20 (iii) glide-about chairs;
- 1.21 (iv) patient lift apparatus;

2.1 (v) wheelchairs and accessories;

2.2 (vi) oxygen administration equipment;

2.3 (vii) respiratory therapy equipment;

2.4 (viii) electronic diagnostic, therapeutic and life-support systems; and

2.5 (ix) allergen-reducing products as described in section 256B.0625, subdivision 67,

2.6 paragraph (c) or (d);

2.7 (5) nonemergency medical transportation level of need determinations, disbursement of
2.8 public transportation passes and tokens, and volunteer and recipient mileage and parking
2.9 reimbursements; and

2.10 (6) drugs.

2.11 (b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not
2.12 affect contract payments under this subdivision unless specifically identified.

2.13 (c) The commissioner may not utilize volume purchase through competitive bidding
2.14 and negotiation under the provisions of chapter 16C for special transportation services or
2.15 incontinence products and related supplies.

2.16 Sec. 2. Minnesota Statutes 2020, section 256B.0625, subdivision 31, is amended to read:

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

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

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

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

2.31 (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.

EFFECTIVE DATE. This section is effective January 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 3. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision to read:

Subd. 67. Enhanced asthma care services. (a) Medical assistance covers enhanced asthma care services and related products to be provided in the children's homes for children with poorly controlled asthma. To be eligible for services and products under this subdivision, a child must:

(1) be under the age of 21;

(2) have poorly controlled asthma defined by having received health care for the child's asthma from a hospital emergency department at least one time in the past year or have been hospitalized for the treatment of asthma at least one time in the past year; and

(3) receive a referral for services and products under this subdivision from a treating health care provider.

(b) Covered services include home visits provided by a registered environmental health specialist or lead risk assessor currently credentialed by the Department of Health or a healthy homes specialist credentialed by the Building Performance Institute.

(c) Covered products include the following allergen-reducing products that are identified as needed and recommended for the child by a registered environmental health specialist, healthy homes specialist, lead risk assessor, certified asthma educator, public health nurse, or other health care professional providing asthma care for the child, and proven to reduce asthma triggers:

(1) allergen encasements for mattresses, box springs, and pillows;

(2) an allergen-rated vacuum cleaner, filters, and bags;

(3) a dehumidifier and filters;

(4) HEPA single-room air cleaners and filters;

(5) integrated pest management, including traps and starter packages of food storage containers;

(6) a damp mopping system;

(7) if the child does not have access to a bed, a waterproof hospital-grade mattress; and

(8) for homeowners only, furnace filters.

(d) The commissioner shall determine additional products that may be covered as new best practices for asthma care are identified.

5.1 (e) A home assessment is a home visit to identify asthma triggers in the home and to
5.2 provide education on trigger-reducing products. A child is limited to two home assessments
5.3 except that a child may receive an additional home assessment if the child moves to a new
5.4 home; if a new asthma trigger, including tobacco smoke, enters the home; or if the child's
5.5 health care provider identifies a new allergy for the child, including an allergy to mold,
5.6 pests, pets, or dust mites. The commissioner shall determine the frequency with which a
5.7 child may receive a product under paragraph (c) or (d) based on the reasonable expected
5.8 lifetime of the product.

5.9 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
5.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
5.11 when federal approval is obtained.