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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3533

02/12/2024 Authored by Fischer, Curran, Elkins, Hicks and Smith
The bill was read for the first time and referred to the Committee on Human Services Policy
02/22/2024 Adoption of Report: Re-referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; requiring the commissioner of human services to
1.3 develop a county-administered rural medical assistance model; requiring a report;
1.4 appropriating money.

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

1.6 Section 1. COUNTY-ADMINISTERED RURAL MEDICAL ASSISTANCE MODEL.

1.7 Subdivision 1. Model development. (a) The commissioner of human services, in
1.8 collaboration with the Association of Minnesota Counties and county-based purchasing
1.9 plans, shall develop a county-administered rural medical assistance (CARMA) model and
1.10 a detailed plan for implementing the CARMA model.

1.11 (b) The CARMA model must be designed to achieve the following objectives:

1.12 (1) provide a distinct county-owned and administered alternative to the prepaid medical
1.13 assistance program;

1.14 (2) facilitate greater integration of health care and social services to address social
1.15 determinants of health in rural communities, with the degree of integration of social services
1.16 varying with each county's needs and resources;

1.17 (3) account for the smaller number of medical assistance enrollees and locally available
1.18 providers of behavioral health, oral health, specialty and tertiary care, nonemergency medical
1.19 transportation, and other health care services in rural communities; and

1.20 (4) promote greater accountability for health outcomes, health equity, customer service,
1.21 community outreach, and cost of care.

2.1 Subd. 2. **County participation.** The CARMA model must give each rural county the
2.2 option of applying to participate in the CARMA model as an alternative to participation in
2.3 the prepaid medical assistance program. The CARMA model must include a process for
2.4 the commissioner to determine whether and how a rural county can participate.

2.5 Subd. 3. **Report to the legislature.** (a) The commissioner shall report recommendations
2.6 and an implementation plan for the CARMA model to the chairs and ranking minority
2.7 members of the legislative committees with jurisdiction over health care policy and finance
2.8 by January 15, 2025. The CARMA model and implementation plan must address the issues
2.9 and consider the recommendations identified in the document titled "Recommendations
2.10 Not Contingent on Outcome(s) of Current Litigation," attached to the September 13, 2022,
2.11 e-filing to the Second Judicial District Court (Correspondence for Judicial Approval Index
2.12 #102), that relates to the final contract decisions of the commissioner of human services
2.13 regarding *South Country Health Alliance v. Minnesota Department of Human Services*, No.
2.14 62-CV-22-907 (Ramsey Cnty. Dist. Ct. 2022).

2.15 (b) The report must also identify the clarifications, approvals, and waivers that are needed
2.16 from the Centers for Medicare and Medicaid Services and include any draft legislation
2.17 necessary to implement the CARMA model.

2.18 Sec. 2. **APPROPRIATION.**

2.19 \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of
2.20 human services to develop a county-administered rural medical assistance model and
2.21 implementation plan and report to the legislature as required under section 1.