This Document can be made available in alternative formats upon request

REVISOR

State of Minnesota

HOUSE OF REPRESENTATIVES H. F. No. 3943

NINETY-THIRD SESSION

Authored by Nelson, M.; Lee, F.; Freiberg; Robbins; Nadeau and others The bill was read for the first time and referred to the Committee on Health Finance and Policy 02/19/2024

1.1	A bill for an act
1.2 1.3 1.4	relating to human services; requiring commissioner of human services to develop a program to provide supplemental medical assistance payments to a provider of level I trauma care and statewide emergency medical transportation services.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. DIRECTION TO COMMISSIONER; DEVELOP AND RECOMMEND
1.7	SUPPLEMENTAL PAYMENT PROGRAM.
1.8	(a) The commissioner of human services shall develop a voluntary program to increase
1.9	medical assistance funding to a level I trauma hospital, as defined in Minnesota Statutes,
1.10	section 144E.001, subdivision 6d, located in Hennepin County that receives local government
1.11	support and provides ground and air emergency medical transportation services across the
1.12	state. The program must also increase medical assistance funding to physicians, ambulance
1.13	services, and other billing professionals affiliated with the level I trauma hospital.
1.14	(b) In developing the program, the commissioner shall consider a range of approaches,
1.15	including but not limited to intergovernmental transfers, directed payments, and certified
1.16	public expenditures, as allowed under Code of Federal Regulations, title 42, section 433.51.
1.17	The program must supplement, and not supplant or replace, any existing medical assistance
1.18	funding provided to the level I trauma hospital and its affiliated physicians, ambulance
1.19	services, and billing professionals.
1.20	(c) The commissioner shall present recommendations and draft legislation to implement
1.21	the program to the chairs and ranking minority members of the legislative committees with
1.22	jurisdiction over health care finance and policy by December 15, 2024.