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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 5115

03/21/2024 Authored by Bierman
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; requiring medical assistance to cover palliative care
1.3 services; requiring rulemaking; appropriating money; amending Minnesota Statutes
1.4 2022, section 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
1.7 to read:

1.8 Subd. 72. Palliative care. (a) Effective July 1, 2026, or upon federal approval, whichever
1.9 is later, medical assistance covers palliative care services. For purposes of this subdivision,
1.10 "palliative care" has the meaning provided in section 144A.75, subdivision 12.

1.11 (b) Medical assistance must cover palliative care services for all enrollee populations,
1.12 including underserved populations, populations in all geographic areas of the state, and
1.13 populations in all care settings. Care settings include but are not limited to inpatient hospitals,
1.14 community-based facilities, and the residence of the enrollee.

1.15 (c) Reimbursement for palliative care services must be available to all participating
1.16 medical assistance providers who are part of the patient's full palliative care interdisciplinary
1.17 team. Reimbursement must be available for all palliative care services provided by the
1.18 patient's full palliative care interdisciplinary team, as appropriate based on the plan of care
1.19 and regardless of the care setting in which the service was provided.

1.20 (d) The commissioner shall adopt rules to implement this section. Rules must be based
1.21 on national guidelines and standards for quality palliative care. In developing rules and
1.22 implementing this section, the commissioner shall convene stakeholder groups to develop
1.23 consensus standards for the palliative care benefit, including but not limited to palliative

2.1 care assessment, including patient identification and eligibility; core palliative care services;  
2.2 composition of the full palliative care interdisciplinary team; and reimbursement models  
2.3 that include payment for the full palliative care interdisciplinary team.

2.4 (e) The provision of a palliative care benefit must not result in the elimination or reduction  
2.5 of covered benefits or services generally available to all medical assistance enrollees. The  
2.6 provision of a palliative care benefit must not affect an enrollee's eligibility to receive,  
2.7 concurrently with receipt of palliative care services, home health care and other health  
2.8 services for which the enrollee would have been eligible in the absence of a palliative care  
2.9 benefit, to the extent that these services are not duplicative.

2.10 (f) Managed care plans and county-based purchasing plans providing services under this  
2.11 chapter and chapter 256L must provide coverage for palliative care services as required by  
2.12 this subdivision and the rules adopted by the commissioner.

2.13 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.14 Sec. 2. **APPROPRIATION; DEVELOPMENT OF PALLIATIVE CARE BENEFIT.**

2.15 \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of  
2.16 human services to develop a medical assistance palliative care benefit as required under  
2.17 Minnesota Statutes, section 256B.0625, subdivision 72. This is a onetime appropriation and  
2.18 is available until June 30, 2026.