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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. **594**

February 5, 2007

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

March 27, 2007

Committee Recommendation and Adoption of Report:

To Pass as Amended and re-referred to the Committee on Finance

1.1 A bill for an act
1.2 relating to human services; modifying competitive bidding for medical assistance
1.3 nonemergency medical transportation; specifying criteria for level of need
1.4 determinations for nonemergency medical transportation; modifying criteria and
1.5 increasing reimbursement for medical assistance special transportation services;
1.6 requiring a report; amending Minnesota Statutes 2006, sections 256B.04,
1.7 subdivision 14, by adding a subdivision; 256B.0625, subdivision 17.

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

1.9 Section 1. Minnesota Statutes 2006, section 256B.04, subdivision 14, is amended to
1.10 read:

1.11 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical,
1.12 and feasible, the commissioner may utilize volume purchase through competitive bidding
1.13 and negotiation under the provisions of chapter 16C, to provide items under the medical
1.14 assistance program including but not limited to the following:

1.15 (1) eyeglasses;

1.16 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency
1.17 situation on a short-term basis, until the vendor can obtain the necessary supply from
1.18 the contract dealer;

1.19 (3) hearing aids and supplies; and

1.20 (4) durable medical equipment, including but not limited to:

1.21 (i) hospital beds;

1.22 (ii) commodes;

1.23 (iii) glide-about chairs;

1.24 (iv) patient lift apparatus;

1.25 (v) wheelchairs and accessories;

- 2.1 (vi) oxygen administration equipment;
- 2.2 (vii) respiratory therapy equipment;
- 2.3 (viii) electronic diagnostic, therapeutic and life support systems;
- 2.4 (5) ~~special nonemergency medical transportation services~~ level of need
- 2.5 determinations, disbursement of public transportation passes and tokens, and volunteer
- 2.6 and recipient mileage and parking reimbursements; and
- 2.7 (6) drugs.
- 2.8 (b) Rate changes under this chapter and chapters 256D and 256L do not affect
- 2.9 contract payments under this subdivision unless specifically identified.

2.10 Sec. 2. Minnesota Statutes 2006, section 256B.04, is amended by adding a subdivision

2.11 to read:

2.12 Subd. 14a. **Level of need determination.** Nonemergency medical transportation

2.13 level of need determinations must be performed by a physician, a licensed practical nurse,

2.14 a registered nurse working under direct supervision of a physician, a physician's assistant,

2.15 a nurse practitioner, or a discharge planner. Nonemergency medical transportation level of

2.16 need determinations must not be performed more than semiannually on any individual,

2.17 unless the individual's circumstances have sufficiently changed so as to require a new level

2.18 of need determination. Individuals residing in licensed nursing facilities and individuals

2.19 requiring stretcher transportation are exempt from a level of need determination and

2.20 are eligible for special transportation services until the individual no longer resides in a

2.21 licensed nursing facility or no longer requires stretcher transportation.

2.22 Sec. 3. Minnesota Statutes 2006, section 256B.0625, subdivision 17, is amended to

2.23 read:

2.24 Subd. 17. **Transportation costs.** (a) Medical assistance covers transportation costs

2.25 incurred solely for obtaining emergency medical care or transportation costs incurred

2.26 by eligible persons in obtaining emergency or nonemergency medical care when paid

2.27 directly to an ambulance company, common carrier, or other recognized providers of

2.28 transportation services.

2.29 (b) Medical assistance covers special transportation, as defined in Minnesota Rules,

2.30 part 9505.0315, subpart 1, item F, if the recipient has a physical or mental impairment that

2.31 would prohibit the recipient from safely accessing and using a bus, taxi, other commercial

2.32 transportation, or private automobile, or if the recipient resides in a licensed nursing

2.33 facility or requires stretcher transportation.

3.1 The commissioner may use an order by the recipient's attending physician to certify that
3.2 the recipient requires special transportation services. Special transportation includes
3.3 driver-assisted service to eligible individuals. Driver-assisted service includes passenger
3.4 pickup at and return to the individual's residence or place of business, assistance with
3.5 admittance of the individual to the medical facility, and assistance in passenger securement
3.6 or in securing of wheelchairs or stretchers in the vehicle. Special transportation providers
3.7 must obtain written documentation from the health care service provider who is serving
3.8 the recipient being transported, identifying the time that the recipient arrived. Special
3.9 transportation providers may not bill for separate base rates for the continuation of a trip
3.10 beyond the original destination. Special transportation providers must take recipients
3.11 to the nearest appropriate health care provider, using the ~~most direct~~ quickest route
3.12 available as determined by a commercially available mileage software program approved
3.13 by the commissioner. The maximum medical assistance reimbursement rates for special
3.14 transportation services are:

3.15 (1) ~~\$17~~ \$17.50 for the base rate and ~~\$1.35~~ \$1.85 per mile for services to eligible
3.16 persons who need a wheelchair-accessible van;

3.17 (2) ~~\$11.50~~ \$11.55 for the base rate and ~~\$1.30~~ \$1.35 per mile for services to eligible
3.18 persons who do not need a wheelchair-accessible van; and

3.19 (3) ~~\$60~~ \$63 for the base rate and ~~\$2.40~~ \$2.45 per mile, and an attendant rate of \$9
3.20 per trip, for services to eligible persons who need a stretcher-accessible vehicle.

3.21 Sec. 4. **REPORT.**

3.22 The commissioner shall present a plan to the legislature by January 15, 2008,
3.23 regarding the need for and recommended mechanisms for supplementing rates in counties
3.24 with population density lower than 75 percent of the median population density for
3.25 counties in the state.