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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2077

02/20/2023 Authored by Bierman, Kiel, Fischer, Elkins, Nadeau and others
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 seizure detection
1.3 devices; amending Minnesota Statutes 2022, section 256B.0625, subdivision 31.

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

1.5 Section 1. Minnesota Statutes 2022, section 256B.0625, subdivision 31, is amended to
1.6 read:

1.7 Subd. 31. Medical supplies and equipment. (a) Medical assistance covers medical
1.8 supplies and equipment. Separate payment outside of the facility's payment rate shall be
1.9 made for wheelchairs and wheelchair accessories for recipients who are residents of
1.10 intermediate care facilities for the developmentally disabled. Reimbursement for wheelchairs
1.11 and wheelchair accessories for ICF/DD recipients shall be subject to the same conditions
1.12 and limitations as coverage for recipients who do not reside in institutions. A wheelchair
1.13 purchased outside of the facility's payment rate is the property of the recipient.

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

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

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

1.21 (2) the vendor serves ten or fewer medical assistance recipients per year;

2.1 (3) the commissioner finds that other vendors are not available to provide same or similar
2.2 durable medical equipment, prosthetics, orthotics, or medical supplies; and

2.3 (4) the vendor complies with all screening requirements in this chapter and Code of
2.4 Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from
2.5 the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare
2.6 and Medicaid Services approved national accreditation organization as complying with the
2.7 Medicare program's supplier and quality standards and the vendor serves primarily pediatric
2.8 patients.

2.9 (d) Durable medical equipment means a device or equipment that:

2.10 (1) can withstand repeated use;

2.11 (2) is generally not useful in the absence of an illness, injury, or disability; and

2.12 (3) is provided to correct or accommodate a physiological disorder or physical condition
2.13 or is generally used primarily for a medical purpose.

2.14 (e) Electronic tablets may be considered durable medical equipment if the electronic
2.15 tablet will be used as an augmentative and alternative communication system as defined
2.16 under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must
2.17 be locked in order to prevent use not related to communication.

2.18 (f) Notwithstanding the requirement in paragraph (e) that an electronic tablet must be
2.19 locked to prevent use not as an augmentative communication device, a recipient of waiver
2.20 services may use an electronic tablet for a use not related to communication when the
2.21 recipient has been authorized under the waiver to receive one or more additional applications
2.22 that can be loaded onto the electronic tablet, such that allowing the additional use prevents
2.23 the purchase of a separate electronic tablet with waiver funds.

2.24 (g) An order or prescription for medical supplies, equipment, or appliances must meet
2.25 the requirements in Code of Federal Regulations, title 42, part 440.70.

2.26 (h) Allergen-reducing products provided according to subdivision 67, paragraph (c) or
2.27 (d), shall be considered durable medical equipment.

2.28 (i) Seizure detection devices are covered as durable medical equipment under this
2.29 subdivision if:

2.30 (1) the seizure detection device is medically appropriate based on the recipient's medical
2.31 condition or status; and

3.1 (2) the recipient's health care provider has identified that a seizure detection device
3.2 would:

3.3 (i) likely assist in reducing bodily harm to or death of the recipient as a result of the
3.4 recipient experiencing a seizure; or

3.5 (ii) provide data to the health care provider necessary to appropriately diagnose or treat
3.6 a health condition of the recipient that causes the seizure activity.

3.7 (j) For purposes of paragraph (i), "seizure detection device" means a United States Food
3.8 and Drug Administration-approved monitoring device and related service or subscription
3.9 supporting the prescribed use of the device, including technology that provides ongoing
3.10 patient monitoring and alert services that detect seizure activity and transmit notification
3.11 of the seizure activity to a caregiver for appropriate medical response or collects data of the
3.12 seizure activity of the recipient that can be used by a health care provider to diagnose or
3.13 appropriately treat a health care condition that causes the seizure activity.

3.14 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
3.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
3.16 when federal approval is obtained.