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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3966

03/02/2020 Authored by Haley, Halverson, Bennett and Poppe
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health care access; requesting that the Board of Regents of the University
1.3 of Minnesota establish certain rural training programs for physicians and nurses;
1.4 establishing a grant program to increase rural access to prenatal care; appropriating
1.5 money; amending Minnesota Statutes 2018, section 137.40, by adding a
1.6 subdivision; proposing coding for new law in Minnesota Statutes, chapters 137;
1.7 145.

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

1.9 Section 1. Minnesota Statutes 2018, section 137.40, is amended by adding a subdivision
1.10 to read:

1.11 Subd. 4. Rural residency training program in obstetrics and gynecology; rural
1.12 rotation in geriatrics. (a) The medical school is requested to establish a rural residency
1.13 training program in obstetrics and gynecology. The program shall be four years in length.
1.14 At least 20 percent of a resident's training over the four-year period shall take place in local
1.15 clinics and community hospitals in rural communities.

1.16 (b) The medical school is requested to establish a rural geriatrics rotation for internal
1.17 medicine residents and family medicine and community health residents. The rural geriatrics
1.18 rotation shall provide resident training in local clinics, community hospitals, and nursing
1.19 facilities in rural communities.

1.20 Sec. 2. [137.445] RURAL NURSE RESIDENCY PROGRAM.

1.21 The Board of Regents of the University of Minnesota, through the University of
1.22 Minnesota School of Nursing, is requested to establish a rural residency program for nurses
1.23 working in the fields of geriatrics and obstetrics and gynecology. The nurse residency

2.1 program shall be two years in length and shall include classroom, peer support, and clinical  
 2.2 components. The program shall place nurses with less than one year of nursing experience  
 2.3 in rural communities to provide care and receive training in local clinics, community  
 2.4 hospitals, and nursing facilities in the area.

2.5 **Sec. 3. [145.9295] GRANTS TO HEALTH CLINICS AND HOSPITALS; ACCESS**  
 2.6 **TO PRENATAL CARE.**

2.7 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

2.8 (b) "Designated rural area" means an area that is outside the seven-county metropolitan  
 2.9 area as defined in section 473.121, subdivision 2, and that does not include the cities of  
 2.10 Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

2.11 (c) "High deductible health plan" has the meaning given in section 62Q.01, subdivision  
 2.12 4a.

2.13 Subd. 2. **Grant program established.** (a) Within the limits of available appropriations,  
 2.14 the commissioner of health shall award grants to health clinics and hospitals located in  
 2.15 designated rural areas, that provide prenatal care services to pregnant women, to increase  
 2.16 access to prenatal care for women covered by a high deductible health plan.

2.17 (b) A health clinic or hospital seeking a grant under this section must apply to the  
 2.18 commissioner at a time and in a manner established by the commissioner. In its application,  
 2.19 a health clinic or hospital must describe the methods the clinic or hospital will use to identify  
 2.20 women covered by high deductible health plans, and the method the clinic or hospital will  
 2.21 use to reduce out-of-pocket payments for prenatal care. In determining which health clinics  
 2.22 and hospitals will receive grants under this section, the commissioner shall give preference  
 2.23 to grant applicants that provide evidence of pursuing multiple approaches to increasing  
 2.24 patient access to prenatal care in the clinic's or hospital's service area.

2.25 Subd. 3. **Uses of grant funds.** A clinic or hospital receiving a grant under this section  
 2.26 shall use grant funds to reduce the out-of-pocket payment amounts for prenatal care paid  
 2.27 by women covered by a high deductible health plan.

2.28 Subd. 4. **Progress reports; evaluation.** The commissioner shall collect progress reports  
 2.29 from grant recipients on uses of grant funds, measures of the amount and type of prenatal  
 2.30 care provided to women who are covered by a high deductible health plan and whose  
 2.31 out-of-pocket payments for prenatal care are reduced, and other information required by  
 2.32 the commissioner. Using this information, the commissioner shall evaluate the effectiveness  
 2.33 of the grant program in increasing access to prenatal care for women in designated rural

3.1 areas covered by a high deductible health plan, and shall make that evaluation available to  
3.2 the public.

3.3 Sec. 4. **APPROPRIATIONS.**

3.4 (a) \$..... in fiscal year 2021 is appropriated from the general fund to the Board of Regents  
3.5 of the University of Minnesota for rural residency training activities for physicians and  
3.6 nurses. Of this amount:

3.7 (1) \$..... is for the establishment of a rural residency training program in obstetrics and  
3.8 gynecology under Minnesota Statutes, section 137.40, subdivision 4, paragraph (a);

3.9 (2) \$..... is for the establishment of a rural geriatrics rotation under Minnesota Statutes,  
3.10 section 137.40, subdivision 4, paragraph (b); and

3.11 (3) \$..... is for establishment of a rural nurse residency program under Minnesota  
3.12 Statutes, section 137.445.

3.13 (b) \$..... in fiscal year 2021 is appropriated from the general fund to the commissioner  
3.14 of health for a grant program under Minnesota Statutes, section 145.9295, to increase access  
3.15 in designated rural areas to prenatal care for women covered by a high deductible health  
3.16 plan.