

**SENATE
STATE OF MINNESOTA
SPECIAL SESSION**

S.F. No. 131

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DATE
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Introduction and first reading

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to health; establishing requirements for hospitals to discharge patients to
1.3 long-term care facilities; requiring hospitals to be reimbursed for certain
1.4 COVID-19-related extended stays; appropriating money.

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

1.6 Section 1. **HOSPITAL DISCHARGE OF PATIENTS TO LONG-TERM CARE**
1.7 **FACILITIES.**

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

1.9 (b) "Adult foster care" means a setting licensed as adult foster care under Minnesota
1.10 Rules, parts 9555.5105 to 9555.6265.

1.11 (c) "Assisted living setting" means (1) a housing with services establishment registered
1.12 under Minnesota Statutes, section 144D.02, and operating under title protection under
1.13 Minnesota Statutes, sections 144G.01 to 144G.07; or (2) a housing with services
1.14 establishment registered under Minnesota Statutes, section 144D.02, and required to disclose
1.15 special care status under Minnesota Statutes, section 325F.72.

1.16 (d) "Community residential setting" means a setting licensed as a community residential
1.17 setting under Minnesota Statutes, section 245A.11, subdivision 8.

1.18 (e) "Health plan" has the meaning given in Minnesota Statutes, section 62A.011,
1.19 subdivision 3.

1.20 (f) "Hospital" means a facility licensed as a hospital under Minnesota Statutes, sections
1.21 144.50 to 144.58.

2.1 (g) "Intermediate care facility for persons with developmental disabilities" has the
2.2 meaning given in Minnesota Statutes, section 245D.02, subdivision 11a.

2.3 (h) "Long-term care facility" means adult foster care, an assisted living setting, a
2.4 community residential setting, an intermediate care facility for persons with developmental
2.5 disabilities, or a nursing home.

2.6 (i) "No longer infectious" means either (1) at least 72 hours have passed since (i) the
2.7 resolution of fever without fever-reducing medication and (ii) the commencement of
2.8 improvement in respiratory symptoms such as coughing and shortness of breath; or (2)
2.9 testing negative for COVID-19 using an RT-PCR test.

2.10 (j) "Nursing home" means a facility licensed as a nursing home under Minnesota Statutes,
2.11 chapter 144A.

2.12 (k) "RT-PCR test" means a reverse transcription polymerase chain reaction test that is
2.13 used to detect SARS-CoV-2, the virus that causes the infectious disease COVID-19, and
2.14 that has been approved by the federal Food and Drug Administration.

2.15 **Subd. 2. Requirements for discharge of patients to long-term care facilities.** (a) Prior
2.16 to discharging a patient to a long-term care facility, a hospital must test the patient for
2.17 COVID-19 using an RT-PCR test.

2.18 (b) Except as provided in paragraph (c), a hospital is prohibited from discharging a
2.19 patient who tests positive for COVID-19 to a long-term care facility, until the patient is no
2.20 longer infectious.

2.21 (c) A hospital may discharge a patient who tests positive for COVID-19 to a separate
2.22 unit or building of a long-term care facility that is dedicated to caring for individuals who
2.23 test positive for COVID-19, provided the personnel staffing the separate unit or building
2.24 of the long-term care facility only provide care to residents in that unit or building and do
2.25 not also provide care to residents outside that unit or building.

2.26 **Subd. 3. Hospital reimbursement for patients; extended stay.** (a) Every health plan
2.27 that provides coverage to Minnesota residents must reimburse a hospital for the cost of any
2.28 extended inpatient hospital stay that results from compliance with subdivision 2. This
2.29 reimbursement must be in addition to the payment that would otherwise be provided to the
2.30 hospital for services provided to similarly situated patients whose discharge was not delayed
2.31 due to compliance with subdivision 2 and must be sufficient to cover the additional costs
2.32 incurred by the hospital for providing services during the extended stay.

3.1 (b) The medical assistance program under Minnesota Statutes, chapter 256B, and the
3.2 MinnesotaCare program under Minnesota Statutes, chapter 256L, must reimburse a hospital
3.3 for the cost of any extended inpatient hospital stay that results from compliance with
3.4 subdivision 2. This reimbursement must be in addition to the payment that would otherwise
3.5 be provided to the hospital for services provided to similarly situated patients whose discharge
3.6 was not delayed due to compliance with subdivision 2 and must be sufficient to cover the
3.7 additional costs incurred by the hospital for providing services during the extended stay.

3.8 (c) The commissioner of human services must reimburse a hospital for the cost of any
3.9 extended inpatient hospital stay that results from compliance with subdivision 2, for a patient
3.10 who is uninsured. This reimbursement must be in addition to any payment that would be
3.11 owed to the hospital by a similarly situated, uninsured patient whose discharge was not
3.12 delayed due to compliance with subdivision 2 and must be sufficient to cover the additional
3.13 costs incurred by the hospital for providing services during the extended stay. For purposes
3.14 of this paragraph, "uninsured" means that a patient does not have coverage under a health
3.15 plan, medical assistance, or MinnesotaCare, and does not otherwise have health coverage
3.16 or another form of third-party reimbursement for the services provided.

3.17 (d) In fiscal years 2020 and 2021 an amount sufficient to reimburse hospitals according
3.18 to paragraph (c) is appropriated from the coronavirus relief federal fund to the commissioner
3.19 of human services in order to reimburse hospitals according to paragraph (c). These are
3.20 onetime appropriations.

3.21 Subd. 4. **Expiration.** This section expires 60 days after the end of the peacetime
3.22 emergency declared under Minnesota Statutes, section 12.31, subdivision 2, related to an
3.23 outbreak of COVID-19.

3.24 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
3.25 that subdivision 3, paragraph (b), is effective upon any necessary federal approval.