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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 239

01/11/2023 Authored by Reyer, Vang, Bierman, Clardy, Jordan 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; establishing a hospice respite and end-of-life care
1.3 medical assistance benefit for individuals under the age of 22; amending Minnesota
1.4 Statutes 2022, section 256B.0625, subdivision 22, 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, subdivision 22, is amended to
1.7 read:

1.8 Subd. 22. Hospice care. Medical assistance covers hospice care services under Public
1.9 Law 99-272, section 9505, to the extent authorized by rule, except that a recipient age 21
1.10 or under who elects to receive hospice services does not waive coverage for services that
1.11 are related to the treatment of the condition for which a diagnosis of terminal illness has
1.12 been made. Hospice respite and end-of-life care under subdivision 22a are not hospice care
1.13 services under this subdivision.

1.14 Sec. 2. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
1.15 to read:

1.16 Subd. 22a. Residential hospice facility; hospice respite and end-of-life care for
1.17 children. (a) Medical assistance covers hospice respite and end-of-life care if the care is
1.18 for recipients age 21 or under who elect to receive hospice care delivered in a facility that
1.19 is licensed under sections 144A.75 to 144A.755 and that is a residential hospice facility
1.20 under section 144A.75, subdivision 13, paragraph (a). Hospice care services under
1.21 subdivision 22 are not hospice respite or end-of-life care under this subdivision.

- 2.1 (b) The payment rates for coverage under this subdivision are the same as for covered  
2.2 respite care delivered in a licensed residential hospice under 1915(c) waiver programs.  
2.3 Payment for hospice respite and end-of-life care under this subdivision must be made from  
2.4 state funds, though the commissioner must seek to obtain federal financial participation for  
2.5 the payments. Payment for hospice respite and end-of-life care must be paid to the residential  
2.6 hospice facility and are not included in any limit or cap amount applicable to hospice services  
2.7 payments to the elected hospice services provider.
- 2.8 (c) Certification of the residential hospice facility by the federal Medicare program must  
2.9 not be a requirement of medical assistance payment for hospice respite and end-of-life care  
2.10 under this subdivision.