

Subject COVID-19 response activities; grants for eligible providers and telemedicine coverage

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Article 1: Public health response contingency account

This article authorizes the commissioner of health to use money in the public health response contingency account to provide grants to providers for COVID-19 response activities. \$50,000,000 is transferred into the account for these purposes.

Section Description – Public health response contingency account

- 1 Public health response contingency account.**

Amends § 144.4199, subd. 1. Adds a cross-reference to the new subdivision 4a establishing additional uses for money in the account.
- 2 Uses of funds; emergency purposes.**

Adds subd. 4a to § 144.4199. Allows the commissioner, in consultation with appropriate entities, to make payments from the public health response contingency account to ambulance services, health care clinics, pharmacies, health care facilities and long-term care facilities, and health systems, for costs to respond to pandemic influenza or a communicable or infectious disease. Allows these funds to be used for:

 - temporary sites for testing, treatment beds, or isolation or quarantine;
 - temporary conversion of space for another purpose that will revert to its original use;
 - staff overtime and hiring additional staff;
 - staff training and orientation;
 - purchasing consumable protective or treatment supplies;
 - implementing screening and testing procedures;
 - patient outreach;
 - additional emergency transportation of patients;
 - temporary IT and systems costs to support patient triage, screening, and telemedicine;
 - purchasing replacement parts or filters for medical equipment;
 - specialty cleaning supplies;
 - expenses, other than wages, for isolation or quarantine of staff; and

Section Description – Public health response contingency account

- other expenses that cannot reasonably be expected to generate income for the grant recipient after the outbreak ends.

3 Transfer; public health response contingency account.

Requires the commissioner of management and budget to make a onetime transfer in fiscal year 2020 of \$50,000,000 from the general fund to the public health response contingency account for the uses listed in section 2 to address COVID-19. Provides that the commissioner does not need to make certain determinations, notify members of certain legislative committees, or receive a recommendation from the Legislative Advisory Commission, in order to make expenditures using these funds.

Article 2: Health care response fund and provider grant program

This article establishes a health care response fund and appropriates money in the fund to the commissioner of health to provide grants to providers for COVID-19 response; to establish temporary testing, treatment, and isolation or quarantine sites; and to administer the grant program. \$150,000,000 is transferred to the fund for these purposes.

Section Description – Health care response fund and provider grant program

1 Health care response fund and provider grant program.

Creates a health care response fund and authorizes the commissioner to issue provider grants with money in the fund.

Subd. 1. Definitions. Defines terms for this section: commissioner, COVID-19, eligible provider, fund, isolation, and quarantine.

Subd. 2. Health care response fund. Establishes a health care response fund in the state treasury and appropriates money in the fund to the commissioner of health to make grants to eligible providers, operate temporary sites, and administer the grant program. Credits to the fund, interest earned on money in the fund.

Subd. 3. Legislative Advisory Commission review. Requires the commissioner of management and budget to submit proposed expenditures from the fund that exceed \$1,000,000 to the Legislative Advisory Commission for review and recommendation. Lists what a submission must include, and gives the commission two days to review the proposed expenditure. Allows commission members to make a positive recommendation, negative recommendation, or no recommendation. Provides that if a majority of commission members from the senate and a majority of commission members from the house make a negative

Section Description – Health care response fund and provider grant program

recommendation, the commissioner cannot expend the money. Allows the commission to approve or disapprove an expenditure with a public meeting, by meeting remotely, or by written communication.

Subd. 4. Grants. Allows the commissioner to make grants to eligible providers that have an urgent or emergency need to plan for, prepare for, or respond to COVID-19. Requires the commissioner to establish priorities for issuance of grants and to determine the number of grants issued and grant amounts.

Subd. 5. Application; grant agreement. Directs the commissioner to develop an application form and application process, and specifies information an applicant must provide. Requires the commissioner to obtain a signed grant agreement before issuing a grant.

Subd. 6. Allowable uses of funds. Allows the commissioner to issue grants for:

- temporary sites for testing, treatment beds, or isolation or quarantine;
- temporary conversion of space for another purpose that will revert to its original use;
- staff overtime and hiring additional staff;
- staff training and orientation;
- purchasing consumable protective or treatment supplies;
- implementing screening and testing procedures;
- patient outreach;
- additional emergency transportation of patients;
- temporary IT and systems costs to support patient triage, screening, and telemedicine;
- purchasing replacement parts or filters for medical equipment;
- specialty cleaning supplies;
- expenses, other than wages, for isolation or quarantine of staff; and
- other expenses that cannot reasonably be expected to generate income for the grant recipient after the outbreak ends.

Subd. 7. Temporary health care sites. Allows the commissioner to establish and operate temporary sites if no eligible provider is able to establish and operate temporary sites for testing, treatment beds, or isolation or quarantine. Also allows the commissioner to direct local units of government and eligible providers to establish and operate these temporary sites, and allows the commissioner to make expenditures from the fund for the establishment and operation of these temporary sites.

Section Description – Health care response fund and provider grant program

Subd. 8. Condition of accepting grant. Requires an eligible provider that accepts a grant to agree not to bill uninsured patients for the cost of COVID-19 screening, testing, or treatment. Also requires an eligible provider that accepts a grant, is out of network, and provides COVID-19 screening, testing, or treatment, to agree to accept to the median network rate as payment in full for the services provided and to not bill the patient any amount more than the cost-sharing that would apply if the patient was in-network.

Subd. 9. Use of funds for unauthorized purposes. If the commissioner determines that a grant recipient used a grant for an unauthorized purpose, allows the commissioner to terminate the grant agreement, recover any money used for the unauthorized purpose, and pursue other available remedies.

Subd. 10. Assistance from other sources. Requires an eligible provider or local unit of government that receives funds from a nonstate source for COVID-19 planning, preparation, or response to notify the commissioner. Requires an eligible provider or local unit of government to pay back to the commissioner any amount that exceeds the provider's or local unit of government's total cost for COVID-19 planning, preparation, or response, up to the amount of the grant.

Subd. 11. Evaluation; report. Allows the commissioner to require applicants and grant recipients to provide information needed for the commissioner to evaluate the need for or use of the grant. Requires a report to certain members of the legislature on grants issued, and requires this information to be posted on the Department of Health web site.

Subd. 12. Data classification. Classifies certain data held by the commissioner related to the grant program.

Subd. 13. Expiration. Makes this section expire June 30, 2022.

2 Transfer; health care response fund.

Requires the commissioner of management and budget to make a onetime transfer in fiscal year 2020 of \$150,000,000 from the general fund to the health care response fund for the uses specified in section 1. Transfers any unobligated and unexpended amount in the fund on February 1, 2021, to the general fund.

Article 3: Coverage of telemedicine services

This article requires health carriers to cover health care services provided via telemedicine directly to a patient at the patient's residence.

Section **Description – Coverage of telemedicine services**

1 **Coverage of telemedicine services provided directly to a patient at the patient’s residence; response to COVID-19.**

Provides that the definition of originating site includes a patient’s residence, and that the definition of telemedicine includes health care services or consultations delivered to a patient at the patient’s residence. Prohibits a health carrier from excluding or reducing coverage for a service or consultation solely because the service or consultation is provided via telemedicine directly to a patient at the patient’s residence. Makes this section expire February 1, 2021.



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