

**Subject** Integrated perinatal care; community health workers; doula reimbursement

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## Overview

This bill removes the sunset for an integrated care program for high-risk pregnant women, appropriates money for the program, and makes related changes. The bill also expands MA coverage of community health worker services and increases MA reimbursement for doula services.

## Summary

Section	Description
1	<b>Community health worker.</b> Amends § 256B.0625, subd. 49. Expands MA coverage of care coordination and patient education services provided by a community health worker, to include coverage of these services when provided by a community health worker affiliated with an integrated perinatal care collaborative, who has at least one year of supervised experience with a specified health care professional. Also strikes obsolete language.
2	<b>Reimbursement for doula services.</b> Adds § 256B.758. Effective for services provided on or after July 1, 2019, sets payment rates for a certified doula at \$47 per prenatal or postpartum visit, up to a total of six visits, and \$488 for attending and providing doula services at a birth.
3	<b>Grant program established.</b> Amends § 256B.79, subd. 2. Redesignates, as a grant program, an integrated care pilot program for high-risk pregnant women on MA.
4	<b>Grant awards.</b> Amends § 256B.79, subd. 3. Requires the commissioner, when awarding grants under the integrated care program, to give priority to qualified integrated perinatal care collaboratives that had received grants prior to January 1, 2019. Also strikes obsolete language.

Section	Description
5	<p><b>Eligibility for grants.</b></p> <p>Amends § 256B.79, subd. 4. Updates language related to eligibility for grants under the integrated care program, in part to reflect grants being awarded to entities that had previously received grants.</p>
6	<p><b>Gaps in communication, support, and care.</b></p> <p>Amends § 256B.79, subd. 5. Updates language related to the reporting of gaps under the integrated care program, in part to reflect grants being awarded to entities that had previously received grants.</p>
7	<p><b>Report.</b></p> <p>Amends § 256B.79, subd. 6. Requires the commissioner to report on the outcomes of the integrated care grant program for high-risk pregnant women by January 1, 2021, and every two years thereafter. Also strikes obsolete language.</p>
8	<p><b>Appropriation; integrated care for high-risk pregnant women.</b></p> <p>Appropriates money in fiscal years 2020 and 2021 from the general fund to the commissioner of human services for the integrated care for high-risk pregnant women grant program under Minnesota Statutes, §256B.79.</p>
9	<p><b>Repealer.</b></p> <p>Repeals § 256B.79, subd. 7 (June 30, 2019 expiration date for the integrated care program for high-risk pregnant women).</p>



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