

2024 MDH Policy Bill

SF4573/HF4802

Sec. 1: Administrative Simplification Public Review Process Improvements

This proposal updates the current process for submitting comments with an email address for submission of comments, which is simpler, more flexible, more timely, and more effective method for achieving communication and accountability with regulated entities.

Sec. 2: Clarifying One Health Antimicrobial Stewardship Collaborative Director Status

This proposal clarifies that the director for the One Health Antimicrobial Stewardship Collaborative is a civil servant and not an appointed position.

Sec. 3, 23-26: Health Occupation License and Mortuary Science Application Fees; Body Art Licensure Updates

MDH regulates/registers several professions, including Body Art, Mortuary Science/Funeral Establishments, and Interpretive Services. This proposal clarifies for applicants that fees are nonrefundable and directs them to the appeals process outlined in statute. This proposal also clarifies that a provisional body art establishment will require a new provisional license if they wish to relocate and removes the fee language concerning relocation for provisional establishments.

Sec. 4-11 Case Mix Review Conformity

Minnesota Case Mix is a system that classifies residents into distinct groups based on the resident's condition and the care the resident was receiving at the time of the assessment. These groups determine the daily rate the facility charges for the resident's care. A value is assigned to each classification, which is used to calculate the daily rate of payment for both Medicaid and Private Pay residents. CMS has updated/revised their payment system requiring languages change in Minnesota Statute, 144.0724 related to categorizing nursing home Medicaid and private pay residents for calculation of payment. These changes will ensure nursing home providers are appropriately reimbursed for the care and services they provide to their residents. This is a federal conformity issue.

Sec. 12: International Medical Graduate (IMG) Program Expansion to Include Temporary Refugees

This proposal would allow refugees from Afghanistan and Ukraine to seek guidance and support for preparing to use their medical background to serve communities in Minnesota. This proposal would give IMGs who are in the US on a temporary status the ability to receive support in building toward a career in Minnesota as a licensed health care provider.

Sec. 13: Chapter 16C Waiver for Procurement of Contractors to Conduct Trauma Hospital Designation Reviews

MDH is required to follow 16C, but the potential contractor market for this work is very limited based on expertise and availability. These contractors are agreeing to work for very little pay at the expense of their clinical practices because they are committed to the public policy benefits of the state trauma system. They are not professional contractors who know how to navigate state contracting bureaucracy, especially when some requirements do not pertain to the work. This is seeking to waive our 16C process for this specific contract.

Sec. 14-15: Nursing Home Informal Appeal Revision

Minnesota nursing homes are governed under both state statute (Chapter 144A) and federal regulations (42 CFR parts 483 and 488). The Department is responsible for following both sets of laws when surveying and implementing enforcement against nursing homes in the state. This conforms the state processes to the federal regulations and provides clarity for nursing home administrators.

Sec. 16-22: Assisted Living & Home Care Licensure Updates

The Legislature passed Assisted Living licensure in 2019 to set consistent, clear expectations for providers and create more protections for people living in assisted living establishments. Since implementation on August 1, 2021, MDH has continued to engage in a robust stakeholder conversation on how to best operationalize these licensing laws, and these reflect the latest updates based on those discussions.

Sec. 27: Office of Medical Cannabis updates

With the newly established Office of Cannabis Management, the MDH Office of Medical Cannabis will be moving in 2025. The changes in this bill update the process for veteran enrollment, changes the determination of a qualifying medical condition from annually to every three years.

Repealer: ST-elevation myocardial infarction (STEMI) Reporting

STEMI is the most serious type of heart attack, often involving complete blockage of a coronary artery. EMS agencies, hospitals, and care teams strive to meet time-critical benchmarks to diagnose and treat STEMI to ensure the best possible outcome for the patient. The landscape of STEMI data reporting has shifted and there is not one unified place to report these events, thus making any data we do receive incomplete and unhelpful in understanding STEMI incidents in Minnesota. Absent a federal mandate or a new statewide approach to STEMI care and data collection, we're unable to meet the current statute.