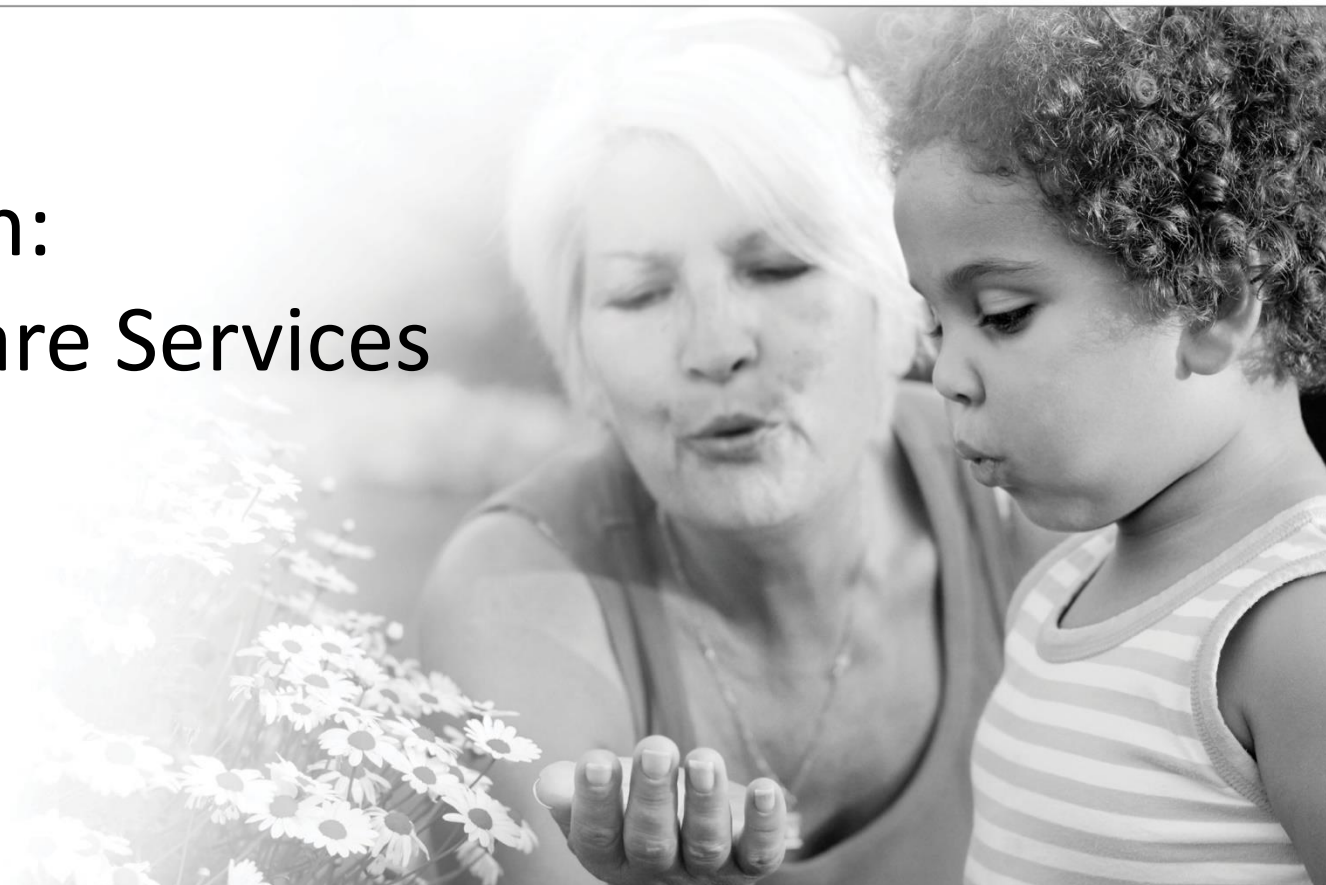


# Minnesota Legislation: Enhancing Asthma Care Services

Thursday, June 9, 2016



# Presentation Overview

1. Coalition
2. Writing the Legislation
3. Passing the Legislation
4. Implementation
5. Overview of Minnesota Legislation
6. Progress for 2016

## Easier Said than Done

Housing

Health



# Coalition

# Coalition

1. Minneapolis Department of Health
2. County Public Health Association
3. American Lung Association in Minnesota
4. 17 organizations total



# Writing the Legislation

# Writing the Legislation

1. Who would benefit from this legislation?
2. How do you get allergen-reducing products covered?
3. How many visits would be covered?
4. Who can conduct the assessments and asthma education?
5. Would additional home remediation be covered?
6. How do we get the bill drafted?
7. How do you get the fiscal note drafted?

# Writing the Legislation

## 1. Who would benefit from this legislation?

- All kids with asthma?
- Low-income kids?
- Medicaid kids (0-21)?
- Uncontrolled asthma?
- Hospital/ER visit?
- Will impact the fiscal note



**MN Legislation:** 0-21 on Medicaid with a hospitalization or emergency department visit in the last year.



## 2. How do you get allergen-reducing products covered?

- Durable Medical Equipment
- What has worked across the country?

### MN Legislation:

- Allergen encasements for mattress, box spring and pillow
- HEPA vacuum cleaner, filters and bags
- Dehumidifier
- Single room air cleaner
- Nontoxic pest control systems including traps and starter package food storage containers
- Damp mopping system
- Waterproof hospital-grade mattress



## 3. How many visits would be covered?

- MN grant work had 2-4 visits
- Impacts the fiscal note
- Visits for a lifetime? Each year?

**MN Legislation:** one home assessment in their lifetime unless they moved to a new home, a new trigger is identified (tobacco smoke, mold, pests, pets, or dust mites.)

## 4. Who can conduct the assessments and asthma education?

- Who has the capacity?
- Licensed health care? Housing professionals? Non-licensed?
- How do you justify to the legislature?
- Bill as a physician extender

**MN Legislation:** AE-C and Healthy Home Specialists

## 5. Would additional home remediation be covered?

- Renters vs. Home-owners
- DHS recommended not to provide \$1,000 for additional remediation

MN Legislation: pulled language

## 6. How do we get the bill drafted?

- Recruit a key author
- Health committee
- Past relationship with healthy housing/your organization, etc.
- Legislator can submit your language to be drafted in bill form.

### 7. How do you get the fiscal note drafted?

- Legislature can request a fiscal note
- Department of Human Services will draft using related study – randomized control trials

**MN Legislation:** DHS drafted based off of the Kattan study. Has -\$0.32 ROI.  
(Hospitalization cost \$895 reduced to \$264.)

## Passing the Legislation

## 8. Who is on your coalition?

- Legislators want to see their constituents need this service
- Connections and influence

## 9. Who will testify?

- Medical expert, program expert, families, etc?

## 10. What is the overall legislative strategy?

- Who is in control, what messages do they want to hear?
- Focus on asthma disparities vs. straight costs?
- Mobilizing constituents



# Implementation

## Implementing the Legislation



- Children on Medicaid
- Hospitalization or ER visit in last 12 months
- Coverage for Healthy Homes Specialists and Certified Asthma Educators
  - Home assessment for asthma triggers
  - Allergen-reducing product delivery and instruction
  - Follow-up education services
- Coverage for allergen-reducing products

- Switched authors in the House to represent party in control
- Hearing in Senate Health and Human Services Policy Committee
- Included in Governor's Budget
- Governor's language included in Senate Supplemental Budget
- Did not get a hearing in the House
- Non-budget year – cut from Joint Supplemental Budget

2017

Questions?

# Our Credo

We will breathe easier when the air in every  
American community is clean and healthy.

We will breathe easier when people are free from the addictive  
grip of tobacco and the debilitating effects of lung disease.

We will breathe easier when the air in our public spaces and  
workplaces is clear of secondhand smoke.

We will breathe easier when children no longer  
battle airborne poisons or fear an asthma attack.

*Until then, we are fighting for air.*