

**Bill Comparison Summary of  
Senate File 2934 (third engrossment) / Senate File 2934 (second  
unofficial engrossment)**

**Senate Article 3: Health Care**

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May 1, 2023

**Comparison Summary of S.F. 2934 – Senate (S.F. 2934, third engrossment) / House (S.F. 2934, second unofficial engrossment)**

Section	SENATE Article 3: Health Care	Comparison	HOUSE
1	<b>(252.27, subdivision 2a - Contribution amount)</b> eliminates the requirement that parents of children with disabilities or a chronic disease who access medical assistance through the Tax Equity and Fiscal Responsibility Act (TEFRA) option do not need to contribute to the cost of publicly funded medical care. The contribution to care is often referred to as “TEFRA fees.”	Senate only	
2	<b>(256B.04, subdivision 26 - Notice of employed persons with disabilities program)</b> requires the commissioner to ensure that all medical assistances enrollees who indicate they have a disability be informed annually about the medical assistance for employed people with disabilities program.	Senate only	
3	<b>(256B.056, subdivision 3 - Asset limitations for certain individuals)</b> strikes language disapproved by CMS regarding the disregard of a spouse’s income when an enrollee transitions from MA-EPD to MA as a person aged 65 or older or who is blind or disabled (MA-ABD), and makes a conforming change related to the elimination of asset limits for MA-EPD enrollees.	Different.  The Senate makes conforming changes related to eliminating asset limits for MA-EPD enrollees and the House does not.  Changes related to the disregard of a spouse’s income when an enrollee transitions from MA-EDP to MA as a person aged 65 or older or who is blind or disabled are identical.  Effective dates are different.	<b>House article 1, section 13. Asset limitations for certain individuals.</b>  Amends § 256B.056, subd. 3. Removes language disregarding the income of a spouse of a person enrolled in MA-EPD during each of the 24 consecutive months before the person’s 65th birthday when determining eligibility for MA under the aged, blind, or persons with disabilities category.  Provides an immediate effective date.
4	<b>(256B.057, subdivision 9 - Employed persons with disabilities)</b> modifies the MA-EPD program by (1) eliminating the asset limit, (2) eliminating premiums, (3) authorizes DHS to correct and refund MA-EPD premiums billed and collected in error, (4) authorizes medical assistance to pay the Part A and Part B Medicare premiums for MA-EPD enrollees who are also eligible for Medicare, and (5) allows individuals who were previously	Different.  Senate eliminates MA-EPD premiums and asset limits and the House does not. Senate authorizes MA to pay the Medicare Part A and Part B premiums for MA-EPD enrollees who are also eligible for Medicare and the House does not.	<b>House article 1, section 14. Employed persons with disabilities.</b>  Amends § 256B.057, subd. 9. Authorizes the commissioner to determine that a premium amount was calculated or billed in error, make corrections to financial records and billing systems, and refund premiums collected in error.

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Section	SENATE Article 3: Health Care	Comparison	HOUSE
	enrolled in MA-EPD but were disenrolled due to nonpayment of premiums to reenroll without paying past due premiums.	Changes related to authorizing DHS to correct and refund MA-EPD premiums billed and collected in error are identical.  Effective dates are different.	Provides an immediate effective date.
5	<p><b>(256B.0625, subdivision 17 - Transportation costs)</b> increases rates for nonemergency medical transportation.</p> <p><b>Paragraph (m)</b> increases the base rate and milage rates for unassisted transport, assisted transport and ramp- or lift-equipped transport by approximately 17.5%.</p> <p><b>Paragraph (r)</b> establishes a monthly fuel cost adjustor for NEMT reimbursement rates, pegged to \$3.00 per gallon.</p>	Senate only	
6	<b>(256B.0625, subdivision 17a - Payment for ambulance services)</b> establishes a monthly fuel cost adjustor for ambulance services reimbursement rates, pegged to \$3.00 per gallon.	Senate only	
7	<b>(256B.0625, subdivision 18h - Nonemergency medical transportation provisions related to managed care)</b> requires managed care plans and county-based purchasing plans to provide a rate adjustment for the fuel adjustments.	Senate only	
8	<b>(256B.0625, subdivision 22 - Hospice care)</b> is a clarifying change related to the residential hospice and hospice respite for children proposal.	Senate only	
9	<b>(256B.0625, subdivision 22a - Residential hospice facility; hospice respite and end-of-life care for children)</b> establishes a new covered medical assistance benefit for hospice respite and	Senate only	

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	end-of-life care for children when provided in a licensed residential hospice facility and specifies a reimbursement rate to be paid with state-only funds if federal participation is not available.		
10	<p><b>(256B.073, subdivision 3 – Requirements)</b> modifies provisions related to the electronic visit verification system.</p> <p><b>Paragraph (e)</b> requires the commissioner to publish on the Department’s website the name and contact information of the vendor of the state-selected electronic visit verification system.</p>	Senate only	
11	<p><b>(256B.073, subdivision 5 – Vendor requirements)</b> requires the vendor of the state-selected electronic visit verification system or any of the vendor’s affiliates to disclose to prospective clients certain information about the vendor’s products or its affiliates’ products and to refrain from using non-public information received through its contract with the state to market its or its affiliates’ fee-based products.</p>	Senate only	
12	<p><b>(256B.14, subdivision 2 - Actions to obtain payment)</b> clarifies that the commissioner’s authority to require responsible relatives to contribute to the cost of care of medical assistance recipients does not apply to the parents of children accessing medical assistance through the TEFRA option.</p>	Senate only	
13	<p><b>(256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES)</b> establishes a new medical assistance reimbursement calculation for enteral nutrition and supplies.</p>	Senate only	

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14	<p><b>(INCREASED MEDICAL ASSISTANCE INCOME LIMIT FOR OLDER ADULTS AND PERSONS WITH DISABILITIES)</b> is placeholder language for an increase in the income limit for medical assistance for older adults and people with disabilities that is worth \$5,000,000 in biennium ending June 30, 2027.</p>	Senate only	