



May 6, 2021

To: Members of the HHS Conference Committee

RE: HF 2128 / SF 2360

Dear Chair Benson, Chair Abeler, Chair Liebling, Chair Schultz, Chair Gomez, Chair Pinto, Senator Utke, Senator Koran, Senator Hoffman and Representative Kresha:

The Legal Services Advocacy Project (LSAP) writes on behalf of itself and the Minnesota Disability Law Center (MDLC) to share its views on HF 2128 / SF 2360, the Omnibus Health and Human Services Policy and Finance Bill. LSAP and MDLC are statewide projects of Mid-Minnesota Legal Aid. LSAP is a statewide division of Legal Aid, providing policy advocacy on issues affecting low-wealth Minnesotans, children, seniors, and Minnesotans with disabilities in legislative and administrative forums. MDLC serves as the Protection and Advocacy (P&A) organization for Minnesota, and, along with every other state and territory, is the largest network of legally based advocacy services for people with disabilities in the United States. MDLC provides free legal services to children and adults with disabilities.

DHS Health Care Programs

Senate and House Article 1

Provisions of support in both bills:

- Expansion of Medical Assistance Coverage Postpartum (*Senate Article 1, Sections 15, 18; House Article 1, Sections 16, 17, 19, 66*). We strongly support this expansion and hope you consider adopting the House proposal to expand to a year.
- 90-day Prescriptions (*Senate Article 1, Section 25; House Article 1, Section 24*).

Provisions of support in the House proposal:

- Public Transit Passes for NEMT Recipients (*House Article 1, Section 30*). We support this provision. We would like to see language incorporating the recipient's choice more clearly as a requirement for utilizing this option.
- Enhanced Asthma Care Benefit (*House Article 1, Section 35*).
- Allowing persons subject to the family glitch to be eligible for MinnesotaCare (*House Article 1, Section 56*).
- Maintaining Medicaid and MinnesotaCare policies pending potential changes to federal law (*House Article 1, Section 61*). We support these changes and also support the similar changes to Chapter 62 in Article 6.
- Income and Asset Exclusion for St. Paul Guaranteed Income Demonstration Project (*House Article 1, Section 64*).

- Response to Covid-19 Public Health Emergency (House Article 1, Section 68). We strongly support not collecting unpaid premiums for months that were during the Covid-19 Public Health Emergency.

Provision of support in the Senate proposal:

- Covid-19 Grants to Navigator Organizations (Senate Article 21, Section 2, Subdivision 25, lines 827.17-827.30). Navigator organizations are essential to helping Minnesotans enroll in available public health programs and need these grants to sustain operations disrupted by Covid-19.

Provisions of concern:

- Non-Emergency Medical Transportation Contract (House Article 1, Sections 6, 14, 15, 28, 29, 31). We are concerned that the amount of savings gained by this proposal reflects program changes that could result in reduced access to needed transportation services by participants.
- Coverage for Undocumented Minnesotans (House Article 1, Sections 67). We support the plan and study but are disappointed that no coverage expansion is included for undocumented Minnesotans.
- Tobacco Use Cessation Program and MinnesotaCare (Senate Article 1, Section 48). Tobacco use can be inextricably tied to systemic challenges individuals face. We do not support making incentives unavailable to people on this basis.

Health Department

Senate Article 2—House Article 3

Provisions of support in the House bill:

- Integrated Care High-risk Pregnant Women Program (House Article 3, Section 35).
- Equity in Vaccine Distribution (House Article 3, Sections 17 - 20, 99).
- Assisted Living Facilities Changes (House Article 3, Sections 57, 58, and 59). We strongly support the definition of an “assisted living facility” in Section 57 and the technical and other clean-up details in Sections 58 and 59.

Telehealth

Senate Article 8—House Article 7

Expanded use of telehealth has the potential to help our clients better access needed care and services. But we have concerns generally about proceeding with a statutory telehealth approach before we have more information about the use of telehealth by Black, Indigenous, and people of color and low-income Minnesotans and Minnesotans who have disabilities.

We also have specific concerns about the current telehealth language with regard to clearly centering patient choice about care delivery method and ensuring adequate in-person interactions for certain types of visits. We will share a separate letter with Conferees outlining these concerns and offering suggestions.

Economic Supports

Senate Article 9—House Articles 8 and 21

LSAP welcomes all investments that help families and children participating in MFIP meet their basic needs for shelter, transportation, food, diapers, and clothing.

There are many provisions we support in each bill:

- Emergency \$750 TANF Payment (*House Article 21, Section 11*).
- Increase to MFIP Housing Grant (*Senate Article 9, Section 14*).
- Program Uniformity and Simplification (*House Article 8, Sections 1, 3, 10-41*).
- Ongoing MFIP COLA (*House Article 8, Section 22*).
- Emergency Assistance Grants with Federal American Rescue Plan Funds (*Senate Article 9, Section 61*).
- SNAP Income Limit Adjustment to Help Parents Leaving MFIP (*House Article 8, Section 9*).

LSAP opposes:

- Unspecified MFIP Consolidated Fund Appropriations (*Senate Article 9, Section 62*).
We strongly oppose the appropriation of American Rescue Plan Act TANF dollars to the counties for unspecified usage within the MFIP Consolidated Fund. Because counties will be receiving unprecedented levels of funding for pandemic relief, federal TANF relief should go to families to meet basic needs – not to county administrative expenses.

Child Care Assistance

Senate Article 10—House Article 9

Provisions of support in the House bill:

- Reprioritizing Basic Sliding Fee Waiting List (*House Article 9, Sections 1 - 2*).
- Overpayments Changes (*House Article 9, Section 4, Lines 392.11 – 392.12*). We support permitting DHS to decide to compromise debt and permit continued family eligibility.
- Increasing Maximum CCAP Provider Rate (*House Article 9, Section 6, Lines 393.32 - 394.6*). We support setting the minimum maximum provider rate at 50% and giving DHS authority to go higher.
- Absent Day Policy Change (*House Article 9, Section 9*). We support the language at lines 399.6-399.9 removing failure to report a change in circumstances as a basis for a family being assessed an overpayment.

Child Protection Policy

Senate Article 12—House Article 11

Provisions of support in the Senate bill:

- Permitting Appeal of Good Cause Determinations (*Senate Article 12, Sections 1- 2*).
- Removing Interest Charging Requirements on Child Support Judgments (*Senate Article 12, Sections 6, 18 - 23*).
- Changes to Child Support Guidelines (*Senate Article 12, Sections 7 - 16*).

In the House bill, LSAP supports:

- Raising Age for Juvenile Delinquency to 13 (*House Article 11, Section 13*).

Disability Services and Continuing Care for Older Adults

Senate and House Article 14

LSAP and MDLC are grateful for the investments in both bills in the Personal Care Assistance program. The PCA program has long been in need of greater investment, and without access to needed personal care supports, Minnesotans who have disabilities will not have full access to life in their homes and communities. It is of utmost importance to our clients to see a rate framework put into law, along with needed rate increases.

PCA provisions of support:

- PCA Rate Framework (*House Article 14, Section 30*).
- PCA Rate Increases (*Senate Article 14, Section 75; House Article 14, Section 43*). We would prefer using state dollars for this increase and utilizing available and applicable federal funds to implement the rate increase sooner than planned.
- Ratifying the Collective Bargaining Agreement (*House Article 14, Section 38*).
- PCA Paid Parent and Spouse (*Senate Section 72; House Section 42*).
- Restoring Community Access for the PCA Program (*Senate Section 69, line 511.28*).

Other provisions of support:

- Informed Choice in Independent Living, Employment, Self-Direction, and Technology (*Senate Sections 12, 24-34, 62*). We worked on this language with a large stakeholder group for months and believe this will remove barriers to people living in the homes they choose and with the services they need.
- Direct Service Professional/PCA Hospitalization Billing Study (*Senate Section 68*).
- Requirements of Providers in Designated Setting (*House Article 14, Section 37*). LSAP strongly urges adoption of this provision preserving existing basic protections for residents of facilities that have a HUD designation or are recipients of Low-Income Tax Credits that, without this provision, will otherwise be lost.

Provisions of Concern:

- Waiver growth limits (*Senate Section 73, Line 513.4*).
- MSOCs study (*Senate Section 66, Line 510.14*).
- Waiver Reimagine (*House Sections 18, 44*). We generally support the direction of Waiver Reimagine, for reasons we've shared in previous letters, but we do have specific concerns and believe that a stakeholder advisory group with oversight responsibilities is needed to ensure this large project reflects stakeholder input.

Miscellaneous

Senate Article 19— House Article 16

Provisions of Support:

- Inclusive Child Care Grants for Child Care Providers to Support Children with Disabilities (*Senate Section 8; House Section 16*).
- Non-discrimination in access to organ transplants (*Senate Section 4*). We strongly support this proposal and note that it is included in the House Omnibus Judiciary and Public Safety Omnibus bill. We hope you will include this in your final report.

Thank you for your work on the Conference Committee and for your commitment to ensuring our Health and Human Services programs serve Minnesotans well. We appreciate your consideration of our views on HF 2128/SF 2360.

Sincerely,



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