

## HF 1639 / SF 1229 – Legal Referral Bill

### Bill Summary

#### Authors

- HF 1639 (Authors: Rep. Pierson, Chief; Rep. Carolyn Laine, co-author)
- SF 1229 (Authors: Sen. Rosen, Chief; Sen. Jeff Hayden, co-author)

#### What the Bill Does

- Renews a competitive grant program, administered by DHS, appropriated for in the 2013 Health and Human Services Omnibus Finance Bill.<sup>1</sup> Under that grant to date, awarded to Legal Aid, services have been provided to more than 100 clients in 15 counties, including Anoka, Beltrami, Carver, Dakota, Hennepin, Kandiyohi, Lyon, Olmstead, Ramsey, Sherburne, Stearns, Steele, Todd, Washington, and Wright Counties.
- Continues a medical-legal partnership between hospitals and nursing homes and legal services organizations to ensure that Emergency Medical Assistance (EMA) patients obtain the legal help they need to secure the proper legal status classification and eligibility for lower-cost and more federal-state shared cost services.
- Seeks to save hospitals and nursing homes in uncompensated care costs and avoid highcost emergency services.
- Seeks \$300,000 for the biennium for grants to legal services organizations to continue for the next biennium to provide legal assistance to uninsured patients requiring emergency or chronic care who were not eligible for Medical Assistance (MA) because of their immigration status. Last biennium's appropriation for this program was \$200,000.
- The appropriation is one-time only.

#### Background on the Emergency Medical Assistance Program

- Under the 1986 Social Security Act, the federal government required states to provide emergency medical services to Medicaid-ineligible non-citizens; since 1987 Minnesota has complied with this requirement with its Emergency Medical Assistance (EMA) program.
- The federal government and state share the costs of EMA.
- EMA covers emergency and certain chronic care services for: (1) undocumented persons; and (2) nonimmigrants, which include, among others, tourists, and foreign students.
- EMA primarily covers: (1) services provided in an emergency room, ambulance, or inpatient setting following a hospital admission; or (2) situations where lack of care would reasonably be expected to result in an emergency department admittance or inpatient hospitalization within the next 48 hours.

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<sup>1</sup> 2013 Minn. Laws, ch. 108, art. 14, sec 2. (The specific language is at subdivision 6(h).)

### **Eligibility for the Grant**

- One or more nonprofit organizations providing legal services based on indigency.

### **Services Grantees Provide**

- Upon referral from hospitals and nursing homes, the legal services organization grantee provides legal assistance to determine if the patient's legal status is incorrectly classified and, if so, assist the patient to obtain the correct classification.

### **The Significance of Having EMA Patients on the Correct Legal Status**

- EMA primarily pays for inpatient and outpatient hospital services that are necessary to resolve the patient's medical emergency.
- However, once the crisis is resolved EMA does not pay for follow-up services that might be necessary to ensure the medical crisis does not reoccur. According to a DHS report, this has resulted in poor health outcomes for this population and significant amounts of uncompensated care for providers when these individuals present to emergency departments and require post-emergency care that EMA does not cover.<sup>2</sup>

### **Case Examples**

- One client, a stroke victim, entered a nursing home from the hospital. A clerical mistake on a routine recertification caused the client to incorrectly lose his eligibility for MA. With legal assistance through the grant, the mistake was rectified, the client's correct status restored, and the nursing home received payment of more than seven months of uncompensated care.
- In another case, a child and his mother, were legally in the United States on K-visas. The mother subsequently became a United States citizen and assumed the child's status would be automatically adjusted. It was not. With legal assistance through the grant, the child's status is in the process of being corrected and the state's share of the cost for EMA services will be reduced by one-half.

### **Supporters**

- Legal Aid
- Immigrant Law Center
- Hennepin County Medical Center

### **Opponents**

- None

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<sup>2</sup> Minnesota Department of Human Services, Health Care Administration, *Emergency Medical Assistance Report* (2014), at 7.