

April 27, 2022

To: Chair Moran and Members of the House Ways and Means Committee

RE: HF 4579 & HF 4706 (Schultz & Liebling)

Dear Chair Moran and Committee Members,

This is Medicaid is a coalition of over 50 nonpartisan organizations in Minnesota partnering to protect and improve Medicaid. We are writing in support of a number of Medicaid provisions included in HF 4579 and HF 4706.

Thank you for including provisions that expand coverage for specific care:

- Covering seizure detection devices, potentially life saving devices for people with epilepsy, under Medical Assistance (HF4706, Article 3, Section 27).
- Removing barriers to commercial tobacco cessation treatment for Medical Assistance and MinnesotaCare enrollees and expanding the types of providers that can bill for reimbursement for providing tobacco treatment counseling (HF 4706, Article 3, Sections 12, 25, 27, 40).
- Dental services, which have long been in need of improvement to meet the needs of people using Medicaid, and will ensure that people can more easily get the medically necessary dental care they need.
- 50% rate increase for Mental Health Adult Day Treatment. Patients and clients rely on this multidisciplinary program to prevent hospitalization, and support discharge from inpatient services, and this increase will support the continuation of these programs (HF 4579, Article 3, Section 91).
- Increased access to the right specialist for the diagnosis, monitoring, and treatment of a rare disease (HF 4706, Article 7, Sections 6,7).
- The establishment of the Task Force on Disability Services Accessibility and pilot projects. Stakeholder involvement is essential for improvement and redesign of a human service system that is flexible and responsive to individuals' support needs and expands their choice and control, while using resources effectively (HF 4579, Article 2, Section 38).

We appreciate the inclusion of the following provisions that improve PCA services:

- Increase in implementation factor in the PCA/CFSS rate framework, which brings the rate closer to the actual cost of service, helping alleviate the workforce crisis through increased wages (HF 4579, Article 2, Sec 17 Line 81).
- Adjustments to PCA driving rules, which allow PCAs to drive clients and providers to bill for the time (HF 4579, Article 2, Sections 8 to 11).
- Increasing the weekly hourly limit for parents of minors and spouses who provide PCA services for their family members, maximizing the work already being done by workers (HF 4975, Article 2, Sections 12, 16, 17).

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Other provisions supported by This is Medicaid:

- Increasing access to Life Sharing through stakeholder engagement and development of recommendations for a new medical assistance waiver service (HF4579, Article 2, Sec 37).
- 12 Month continuous eligibility for children up to 21, which will help children access continuous and predictable healthcare (HF 4706, Article 3, Section 18).
- Increase in MA Income, Asset, and Spend Down standards. We support the House position to
 increase the Medical Assistance Income and Asset qualifying standards. This will allow individuals
 in the low income elderly and disabled category to get the support they need without being driven
 so deeply into poverty and brings these standards into line with other MA eligibility categories (HF
 4706, Article 3, Section 17).

We also support the inclusion of several provisions that will help our state and Medicaid enrollees wind down from the federal public health emergency. Provisions like aligning MA-EPD and MinnesotaCare premiums with the timing of an enrollee's first enrollment period, continuing coverage until each enrollee's enrollment period, and allowing an extension of the Covid-19 asset limit for a short period of time will greatly ease this transition and help ensure continuous coverage for eligible enrollees (HF 4706, Article 3, Sections 3, 16, 53, 54; Article 10, Section 2, Subdivision 4(c))

If you have any questions on This is Medicaid policy positions, please reach out to Policy Co-chairs Sara Goodno (sgoodno@efmn.org) from the Epilepsy Foundation of Minnesota, and Adrián Rafael Magaña (adrian.magana@wilder.org) from the Wilder Foundation.

Sincerely,

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