



March 29, 2023

Re: HF2930

Chair Liebling and Members of the House Health Finance and Policy Committee,

Thank you for the opportunity to share our comments on HF2930.

This Is Medicaid (TIM) is a diverse coalition of more than 50 nonpartisan organizations from across Minnesota partnering to protect and improve Medicaid. We seek measurable and positive outcomes for all Minnesotans – in particular, policies that improve the health outcomes of Black, Indigenous, People of Color (BIPOC) communities; address geographic, racial, and economic inequities; and promote health justice in Minnesota. TIM is committed to identifying opportunities to preserve and improve Minnesota's Medicaid program, Medical Assistance, as we continue to grapple with the pandemic and the compounding health impacts it leaves in its wake. While our coalition is thankful for many of the provisions included in HF2930, we want to call your attention to the following in particular:

Continuous Medical Assistance (MA) Eligibility

We're thankful for the included provision to provide continuous MA eligibility for children. This will help ensure young children who are enrolled in Medicaid have uninterrupted continuous coverage from the time they are first determined eligible until age six. Consistent access to medical care and check-ups improves children's health outcomes, supports school readiness, supports health equity, and lowers administrative burdens on families. Continuous coverage will help children be prepared for all future physical, mental, and emotional learning. It will also reduce churn - the temporary loss of Medicaid coverage in which enrollees disenroll and then re-enroll within a short period of time - and allow for more predictable access to care, facilitating early screenings and early interventions that improve health outcomes.

However, we kindly request continuous eligibility for all MA enrollees. Continuous eligibility for all strengthens the benefit to children through continuity of family coverage, offers an off-ramp to adults transitioning to better paying jobs, and stabilizes access to mental health care and critical medications for vulnerable adults. Continuous eligibility is also an important health equity policy. A report from federal HHS projected that people of color and children will be more likely to lose Medicaid coverage for procedural reasons when the continuous coverage protection ends.

Tobacco Cessation Treatment

TIM supports the inclusion of HF1574 (Bierman) language (Article 1, Sections 8, 20, and 27) to ensure Medical Assistance and MinnesotaCare enrollees receive comprehensive tobacco cessation treatment benefits without barriers and expands the types of providers that can be reimbursed for providing tobacco treatment counseling.

Medical Assistance Coverage for Seizure Detection Devices

We are supportive of and thankful for the provision included in HF2930 to cover seizure detection devices under Medical Assistance. Seizure detection devices can detect convulsive seizures and alert caregivers, allowing caregivers to provide prompt first aid. This provision will help reduce the risk of death and increase quality of life for those living with convulsive seizures.

Medical Assistance Coverage for Recuperative Care

This Is Medicaid supports the provision in HF2930 to provide Medical Assistance coverage for Recuperative

Care. Recuperative Care is a nationally recognized model and serves as short-term care for people experiencing homelessness who are not ill enough to be in a hospital, yet too ill to recuperate on the streets. This provision will help improve health outcomes, reduce emergency department visits, increase appropriate access to care, and may decrease the use of detox and the criminal justice system as de-facto behavioral health and shelter systems.

Expansion of the DHS Drug Formulary Committee and Preferred Drug List Reform

We are grateful that language was added from HF1159 to expand the committee membership to enhance expertise and include consumers with a direct personal or professional connection to Medical Assistance. We ask that you please consider adding additional language from HF1159 that requires the Committee to provide 30 days' notice to the public of the drug, drug class, and proposed prior authorization requirements allowing busy patients and doctors time to understand proposed changes and additions to provide informed public comment. We would also be grateful if you would please consider adding to HF2930 language that was amended on to the Senate companion, to allow timely access to liquid methadone, and to an oral liquid form of a drug when a patient utilizes an enteral tube for feedings or medication administration.

Increase Access to Services for the Diagnosis, Monitoring, and Treatment of Rare Diseases

We kindly request your consideration of the addition of HF 384. Minnesota is fortunate to have several providers with rare disease expertise. But this expertise is limited; no single delivery system or physician is an expert in every rare disease. In addition, many rare diseases affect several aspects of the body, requiring care from different types of specialists. When a needed specialist is out of network this presents a barrier to a timely and effective diagnosis or treatment. A person's health can suffer when appropriate, timely interventions are not provided or delayed, or when interventions based on misdiagnoses cause harm. In addition, multiple diagnostic tests, medical appointments, repeated emergency room visits, and ultimately unwarranted interventions can add to the costs of the disease. Many people with rare diseases experience irreversible damage as the disease progresses. Some may miss points in time when interventions could help. Access to the right provider at the right time can provide cost savings to both the health care system and to individual patients and their families, and most importantly can increase quality of life for Minnesotans with a rare disease.

Please reach out to us with any questions or concerns at thisismedicaid@gmail.com.

Sincerely,

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