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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3469

02/12/2024 Authored by Keeler, Noor, Hollins, Gomez, Frazier and others
The bill was read for the first time and referred to the Committee on Children and Families Finance and Policy

1.1 A bill for an act
1.2 relating to human services; establishing the SNAP as medicine program;
1.3 appropriating money; proposing coding for new law in Minnesota Statutes, chapter
1.4 256D.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. 256D.59] SNAP AS MEDICINE PROGRAM.

1.7 Subdivision 1. Purpose; establishment. The SNAP as medicine program is established
1.8 to:

1.9 (1) acknowledge the crisis created by a statewide labor shortage of mental health and
1.10 other health care practitioners and the multiple unmet needs of Minnesota's homeless adults;

1.11 (2) acknowledge that access to healthy food improves health outcomes; and

1.12 (3) serve adults who are at significant risk of hunger due to federal SNAP time limits.

1.13 Subd. 2. Definitions. (a) For purposes of this section, the following terms have the
1.14 meanings given unless otherwise indicated.

1.15 (b) "Commissioner" means the commissioner of human services.

1.16 (c) "Department" means the Department of Human Services.

1.17 (d) "Internet telepresence" means a system of real-time, two-way audio-video
1.18 communication over the Internet.

1.19 Subd. 3. Eligibility. To be eligible for the SNAP as medicine program, a participant
1.20 must:

1.21 (1) be between the ages of 18 and 54;

2.1 (2) be enrolled in medical assistance under chapter 256B or MinnesotaCare under chapter
2.2 256L;

2.3 (3) not meet the requirements under Code of Federal Regulations, title 7, section
2.4 273.24(a)(1); and

2.5 (4) meet all other initial and ongoing eligibility requirements for the federal Supplemental
2.6 Nutrition Assistance Program.

2.7 Subd. 4. Food benefits assessment. (a) The county agency or Tribe must attempt to
2.8 meet face-to-face or via Internet telepresence with the SNAP as medicine participant within
2.9 30 days. If a participant is already assigned to a county or Tribal case manager or a designated
2.10 case manager in social services, disability services, or housing services, that case manager
2.11 may work with the participant for the purposes of a SNAP as medicine assessment. During
2.12 the face-to-face or Internet telepresence meeting, the county agency or Tribe shall:

2.13 (1) determine whether the participant's loss of federal SNAP benefits may be explained
2.14 by illness, injury, addiction, disability, or homelessness;

2.15 (2) determine whether the participant is eligible for an exemption under Code of Federal
2.16 Regulations, title 7, section 273.24;

2.17 (3) assist the participant in obtaining a current assessment by a behavioral health or
2.18 medical professional to identify any barriers that would impede the participant's ability to
2.19 consistently comply with the requirements of Code of Federal Regulations, title 7, section
2.20 273.24; and

2.21 (4) identify available resources that may assist a participant who is attempting to meet
2.22 the requirements of Code of Federal Regulations, title 7, section 273.24.

2.23 (b) If a face-to-face or Internet telepresence meeting is not conducted, the county agency
2.24 or Tribe shall send the participant a written notice describing the purposes of the SNAP as
2.25 medicine program.

2.26 (c) If a caseworker determines the participant may meet a federal exemption, then a
2.27 referral to the appropriate provider to determine the exemption must be made. While the
2.28 participant is waiting to be assessed by the provider, the participant must be immediately
2.29 placed in the SNAP as medicine program to prevent any gap in access to food resources.

2.30 (d) If, based on the assessment, the county agency or Tribe determines the participant
2.31 is eligible for a federal exemption under Code of Federal Regulations, title 7, section 273.24,
2.32 the participant must exit the SNAP as medicine program and convert to the federal
2.33 Supplemental Nutrition Assistance Program.

3.1 (e) If the county agency or Tribe determines the participant is able to consistently meet
3.2 the federal requirements in Code of Federal Regulations, title 7, section 273.24, the
3.3 participant must exit the SNAP as medicine program and convert to the federal Supplemental
3.4 Nutrition Assistance Program.

3.5 Subd. 5. **Health care enrollment.** Eligibility for the program under this section requires
3.6 ongoing enrollment in either medical assistance or MinnesotaCare.

3.7 Subd. 6. **Benefits issuance and monthly amount.** (a) During the period of the emergency
3.8 moratorium, the commissioner is authorized to issue benefits under this section under the
3.9 P-EBT emergency issuance processes established during the COVID-19 public health
3.10 emergency.

3.11 (b) Each participant in the program under this section shall receive a monthly benefit
3.12 equal to \$175.

3.13 Subd. 7. **Sustainable solutions to food insecurity for single adults.** The commissioner,
3.14 in collaboration with the commissioner of health, advocates, and community members, must
3.15 develop recommendations for possible federal waivers and state measures to address food
3.16 insecurity among adults in Minnesota including, but not limited to, pursuing a SNAP as
3.17 medicine waiver under a federal 1115 Medicaid demonstration.

3.18 **Sec. 2. SNAP AS MEDICINE PROGRAM; EVALUATION.**

3.19 (a) The commissioner of health must:

3.20 (1) study the impact of the SNAP as medicine program and make recommendations to
3.21 ensure availability of adequate, affordable, accessible, and culturally responsive food as a
3.22 social determinant of health; and

3.23 (2) submit a report to the chairs and ranking minority members of the legislative
3.24 committees with jurisdiction over food support and health by January 1, 2027.

3.25 (b) The commissioner of human services may share with the commissioner of health,
3.26 according to Minnesota Statutes, section 13.05, subdivision 9, any not public data, as defined
3.27 in Minnesota Statutes, section 13.02, subdivision 8a, held by the commissioner of human
3.28 services needed by the commissioner of health to conduct the evaluation. The commissioner
3.29 of health must maintain this data with the same classification according to Minnesota
3.30 Statutes, section 13.03, subdivision 4, paragraph (d).

4.1 Sec. 3. **MORATORIUM ON CASE CLOSURES.**

4.2 Beginning January 1, 2024, through January 1, 2026, the commissioner administering
4.3 the Supplemental Nutrition Assistance Program shall enact an emergency moratorium on
4.4 the termination of food assistance for adults enrolled in medical assistance or MinnesotaCare
4.5 where there is no current medical or behavioral health assessment indicating a participant's
4.6 ability to consistently comply with the federal requirements in Code of Federal Regulations,
4.7 title 7, section 273.24.

4.8 Sec. 4. **APPROPRIATION; SNAP AS MEDICINE PROGRAM.**

4.9 (a) \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner
4.10 of human services for the SNAP as medicine program under Minnesota Statutes, section
4.11 256D.59.

4.12 (b) \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner
4.13 of health for the SNAP as medicine program evaluation. This is a onetime appropriation
4.14 and is available until December 31, 2026.