Minnesota Coalition
FOR FAMILY HOME VISITING

April 13, 2026

Judiciary Finance and Civil Law Finance and Policy Committee
HF4428: Community engagement requirements established for Medical Assistance

Dear Chair Scott, Chair Liebling, and Members of the Judiciary & Civil Law Committee,

Minnesota Coalition for Family Home Visiting is a statewide coalition of home visitors, advocates, and community partners working to make sure every Minnesota family has the support they need to thrive. From conception through a child's earliest years, home visiting supports families and builds connections, confidence, and opportunities to increase their stability and support their children's healthy growth and development.

MCFHV is writing to express our concerns over how community engagement requirements, as proposed in HF4428, will impact how expecting families and households with infants, toddlers, and young children access Medical Assistance across Minnesota.

Increasing the number of uninsured people in Minnesotans is not an effective strategy to support perinatal health in rural Minnesota and does not improve health outcomes in young children. Imposing engagement requirements for some adults will increase the cost and administrative burden to administer coverage to everybody receiving Medical Assistance—including populations who are legitimately exempt from these requirements, including expecting families and caregivers with infants, toddlers, and young children.

Please consider how HF4428 will impact how Medical Assistance is administered to all Minnesotans who rely on its lifesaving and lifechanging coverage. Join MCFHV in advocating for greater investment in the infrastructure and technology to more efficiently administer Medical Assistance to everybody who qualifies for this critical health insurance.

Sincerely,

Paula Frisk,
Minnesota Coalition for Family Home Visiting (MCFHV), Chair
St. David's, Program Director of Parent & Child Services
Mental Health Practitioner & Infant-Parent Specialist

Legal Services Advocacy Project

April 12, 2026

The Honorable Peggy Scott, Co-Chair
Judiciary Finance and Civil Law Committee
Minnesota House of Representatives
2nd Floor Centennial Office Building
St. Paul, MN 55155

The Honorable Tina Liebling, Co-Chair
Judiciary Finance and Civil Law Committee
Minnesota House of Representatives
5th Floor Centennial Office Building
St. Paul, MN 55155

Re: HF 4428

Dear Co-Chair Scott, Co-Chair Liebling and Members of the Committee:

The Legal Services Advocacy Project (LSAP) writes to express its deep concern regarding the impact on the health, safety, and wellbeing on the most vulnerable Minnesotans that the "community engagement" requirements for Medical Assistance (MA) recipients will have. LSAP provides legislative and administrative policy advocacy on behalf of Legal Aid's clients, who include low-income Minnesotans, Minnesotans with disabilities, and elder Minnesotans statewide.

LSAP, in the strongest possible manner, urges the Minnesota Legislature to take every conceivable step to ensure that Minnesotans do not unnecessarily lose health coverage that will cost the state and health care providers, including hospitals, more money in uncompensated care and severely harm those whose health is already fragile.

MA provides health care coverage for nearly 1.3 million Minnesotans statewide. MA is divided into different categories of eligibility, each reflecting different characteristics or groupings of eligible recipients. These categories include minor children, pregnant women, parents and relative caretakers, blind or disabled adults, and people age 65 or older.

The Affordable Care Act created a new category of eligible recipients for single low-income adults, which Minnesota chose to opt into. This group is known as the "expansion population," and, in Minnesota, this group is defined in Minnesota Statutes, section 256B.055, as individuals who are low-income and between the ages of 19 – 64 who do not have dependent children, are not pregnant, and are not receiving MA based on a disability.

HR 1's community engagement requirements were only intended to apply to this "expansion population" category of MA recipients. H.F. 4428 defines "applicable Individuals" to mean the expansion group (i.e., cross-references the definition of "adults without children" under section 256B.055). However, those covered under H.F. 4438 appear to include individuals that HR 1 didn't intend to include.

This fact is clear when reading the list of "exceptions" under beginning at line 2.16. First, the list of exceptions conflicts with Minnesota's Medicaid program and therefore creates confusion. One glaring example is found at lines 2.27 to 2.28, where included in the exceptions are individuals receiving benefits under the Minnesota Family Investment Program (MFIP). MFIP is a program for families with minor children in the home and for pregnant women. No one receiving MFIP would meet the definition of "applicable individuals" (i.e., adults without children) and therefore wouldn't need an exemption in the first place.

By not limiting the bill's exemptions to individuals that fall under the definition, it could be interpreted as extending community engagement requirements to all individuals who cannot – by definition – be included.

These contradictions raise significant risk that the result will be an unwarranted expansion of the community engagement requirement provisions to populations to which HR1 is not applicable. This inappropriate overinclusion will lead to higher administrative costs. Based on the bill's definition of "applicable individual," no parent should ever need an exemption from community engagement because they should never be included in the first place. Thus, by including the exclusion for parents with children 13 and under but by not specifically excluding those with children 14 to 18, this bill creates an ambiguity that could sweep in those Minnesotans who are, by definition (i.e., not adults without children), automatically excluded.

Besides these structural issues, LSAP is also concerned with requiring applicants to demonstrate two months of compliance prior to application instead of one month as allowed by HR 1. This increased requirement will create more burdens on applicants and will lead to increases in uncompensated care. Since HR 1 also decreases retroactive coverage from three months to one month, the longer the Minnesota requires an individual to prove compliance with community engagement requirements, the longer the gap of non-coverage that for which individuals will be responsible. H.F. 4428 chooses two months of compliance prior to application instead of one, which will likely lead to an increase in uncompensated care, the burden of which will fall on an already overburdened healthcare system.

In short, H.F. 4428 inappropriately expands community engagement requirements to individuals that HR 1 does not reach. As a result, it will create a significant administrative burden, unnecessarily increase agency costs, increase uncompensated care, and most importantly, harm our clients by worsening their health outcomes.

As this committee and this legislature deliberates on how to implement HR 1 with respect to community engagement requirements for MA recipients, the legislation so doing must be precisely crafted so as to include only those covered under the federal law, ensure that those who were never intended to be covered are explicitly excluded, and ensure that no Minnesotan will unnecessarily lose vital MA benefits, and the resultant costs and damage to the health of individuals is not an unintended consequence.

Thank you for your consideration. We urge the committee to not advance H.F. 4428. Thank you for the opportunity to express our viewpoint.

Sincerely,

Andrew Knox
Staff Attorney

Minnesota Hospital Association

161 Rondo Ave, St. 1010
St. Paul, MN 55103

April 14, 2026

Submitted Electronically

Chair Scott, Chair Liebling and members of the House Judiciary Finance and Civil Law Committee,

On behalf of the Minnesota Hospital Association and the patients that our 139 member hospitals and health systems serve, we thank you for bringing HF 4428 (Nadeau) before the committee and for continuing work on the consequential and timely decisions facing Minnesota's health care system. We urge the committee to evaluate the bill closely within the broader context of unavoidable challenges, potential costs of noncompliance, and the sweeping federal Medicaid changes imposed under H.R. 1.

According to the Department of Human Services (DHS), H.R. 1 is estimated to reduce federal funding to Minnesota by $1.6 billion over the next four years and cause up to 140,000 Minnesotans to lose health coverage. Minnesota hospitals face an estimated $354 million annual loss in revenue due to enrollment reductions and a $269 million annual increase in charity care. These changes represent a fundamental restructuring of how low-income Minnesotans access care, and they form the backdrop against which both HF4428 must be considered.

HF 4428 (Nadeau): Community engagement requirements for the Medical Assistance program established. HF 4428 establishes community engagement requirements – work reporting requirements – for the Medical Assistance (MA) program, aligning state policy with the federal mandate under H.R. 1 that requires certain Medicaid expansion adults ages 19–64 to document at least 80 hours per month of work or community engagement, beginning January 1, 2027.

MHA's central concern is that this requirement will result in significant coverage losses among individuals who are already eligible for MA. Most Minnesota's expansion adults already work, attend school, serve as caregivers, or live with health limitations that affect their ability to work. For many enrollees, the requirement will not change behavior, but it will add a reporting obligation that many will struggle to navigate with no additional benefit.

Notably, we are concerned that HF 4428 goes beyond what federal law requires in ways that would further increase coverage loss. H.R. 1 requires a one month "look back", meaning an applicant needs to demonstrate compliance in the single month preceding initial application. HF 4428 instead requires compliance in the two consecutive months immediately preceding the month of application, a stricter standard than federal law demands.

Minnesota Hospital Association

161 Rondo Ave, St. 1010
St. Paul, MN 55103

A longer look-back period for initial applications may disproportionately affect individuals with seasonal or fluctuating work schedules, temporary job transitions, caregiving disruptions, or short-term health episodes that interrupt employment. By requiring a two-month look-back rather than adopting the one-month federal minimum, Minnesota would impose a higher barrier to coverage than required under H.R. 1 and may increase the likelihood that otherwise eligible individuals are denied or lose coverage due to short-term instability.

The consequences for Minnesota's health care infrastructure will be direct and measurable. Work reporting requirements are projected to reduce hospital Medicaid revenue by 8.8 percent and increase uncompensated care by 21.5 percent, while imposing substantial new administrative costs on the state and counties. When individuals lose coverage, their health needs do not disappear. Care is delayed until conditions worsen, and patients ultimately present in emergency departments. The cost is not eliminated – it shifts to uncompensated care, charity care, bad debt, and worse patient health outcomes.

Compounding these concerns, federal guidance from CMS is not expected until June 1, 2026, leaving a narrow implementation window and an even narrower window for legislative input. Within months, the state will need to build new IT systems, train county and Tribal workers, conduct enrollee outreach, and operationalize exemption and verification processes.

Hospitals cannot absorb unlimited increases in uncompensated care. As coverage erodes, financial strain intensifies, particularly for rural and safety-net providers, affecting service lines, staffing, and – above all else – the patients and communities that depend on them.

We respectfully urge the Committee to evaluate HF 4428 (Nadeau) not only on its provisions but also within considering the full scale of what Minnesota's health care system will be asked to absorb. We welcome the opportunity to continue working with the Committee and stand ready to provide additional information or technical assistance as these discussions move forward.

Sincerely,

Michelle Benson
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Greater Twin Cities UNITED WAY

April 14, 2026

Judiciary Finance and Civil Law Committee
Minnesota House of Representatives
Saint Paul, Minnesota

Dear Chair Liebling, Chair Scott and Members of the Committee,

Greater Twin Cities United Way respectfully urges the Committee to thoughtfully reconsider **HF 4428**. Our organization has worked to advance health, stability, and economic opportunity by mobilizing the caring power of communities. Through our direct services, funding, and policy work, we see firsthand how access to health coverage is foundational to individual and family well-being.

Evidence and experience show that work requirements in Medicaid create significant administrative burdens and result in eligible individuals losing coverage due to paperwork, reporting challenges, and system complexity -- not a lack of work or contribution. These barriers disproportionately impact people with employment with fluctuating work hours, caregivers, people facing language access barriers, and those experiencing short-term crises, undermining equitable access to care.

Medical Assistance is often the stabilizing force that allows individuals to address health needs first, making sustained employment possible. Policies that risk coverage loss before adequate navigation, outreach, and support systems are fully in place may unintentionally weaken, rather than strengthen community engagement.

Greater Twin Cities United Way encourages the Legislature to pursue approaches that invest in voluntary support, robust navigation, and systems alignment without risking loss of health coverage for eligible Minnesotans. Thank you for your consideration and for your commitment to advancing health equity and economic stability across our state.

Sincerely,

Jackson Gunvalson
Senior Advocacy Specialist
Greater Twin Cities United Way

The Arc Minnesota

April 13, 2026

Dear Co-Chair Liebling, Co-Chair Scott, and Members of the House Judiciary Finance and Civil Law Committee:

On behalf of The Arc Minnesota, I am writing to express our concerns with HF 4428.

Founded by parents of children with intellectual and developmental disabilities (IDD) in 1946, The Arc Minnesota is a statewide nonprofit organization that promotes and protects the human rights of people who have IDD, supporting them and their families in a lifetime of inclusion and participation in their communities. We believe people who have disabilities are inherently strong, powerful, capable, and resilient. The lived experience of people with disabilities guides our policy priorities.

Across the state of Minnesota, 124,000 people with disabilities rely on Medicaid (Medical Assistance) for care and supports to live independently, with dignity, and to contribute to their families and communities.

While The Arc Minnesota understands the continuation of federal funding for Minnesota's Medicaid program is contingent upon our compliance with new federal mandates in H.R.1, we are concerned that HF 4428 goes further than what is federally mandated. We recommend the state legislature allow demonstration of only one month of compliance, rather than two months, as is currently written in the bill.

Additionally, documentation from other states has shown that work reporting requirements result in an increase in administrative costs and removal of eligible Medicaid enrollees.

We urge the Minnesota Legislature to do everything possible to mitigate the harm these mandates will inflict on Medicaid recipients, and to reduce barriers to the compliance required for people with disabilities to access lifesaving Medicaid services and supports.

Thank you for your support.

Sincerely,

Tina Rucci

Public Policy Director

April 14, 2026

Re: HF4428

Dear Co-Chair Scott, Co-Chair Liebling, and Members of the House Judiciary Finance and Civil Law Committee:

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN respectfully opposes provisions of HF4428. ACS CAN broadly opposes community engagement requirements, also known as work requirements, but acknowledges that our state must implement these requirements beginning January 1, 2027. ACS CAN would request the legislature works to minimize coverage loss as much as possible.

Section 1, Subdivision 1 (b) and (c) include a look-back period of two months to demonstrate compliance with work requirements for applications and renewals. We would request this language be amended to a one-month look-back period; using the shortest look-back period possible, one month, allows individuals to satisfy the requirement and would also help to minimize coverage loss. With the renewals process, we would request any one month in the previous six-month period.

Section 1, Subdivision 2, 9(b) requires the commissioner to develop standard forms that health care providers must complete for an individual to apply for an exception. Cancer treatment and recovery can be difficult and time consuming – leaving patients and caregivers to navigate doctor's visits, surgery, chemotherapy, and radiation. This type of paperwork is an additional burden for cancer patients, survivors, and families. We would request this requirement be removed, and patients are allowed to self-attest their condition to remain eligible for medical assistance.

While it is impossible to entirely shield patients, survivors and caregivers from the impact of devastating federal Medicaid cuts, ACS CAN urges state lawmakers to adopt the least restrictive and burdensome language to protect patients' access to Medical Assistance.

Sincerely,

Emily Myatt

Emily Myatt
Minnesota Government Relations Director
American Cancer Society Cancer Action Network

April 13, 2026

Dear Co-Chair Liebling, Co-Chair Scott, and Members of the House Judiciary Finance and Civil Law Committee,

This Is Medicaid is a diverse coalition of more than 50 organizations from across Minnesota partnering to protect and strengthen Medicaid for the good of all Minnesotans. Our members serve urban, suburban, and rural communities; people with disabilities and serious health conditions; children, adults, and seniors; in other words, the people who rely on Medicaid across our great state. What unites us is our belief that Minnesota is stronger when our communities are healthy.

Currently in Minnesota's Medical Assistance program, 70 percent of adults covered by Medicaid are employed[1] and those who do not work are often already caring for a loved one, are in school, or face substantial barriers to work. Experiences documented from states outside of Minnesota[2] indicate that implementation of work requirements results in high administrative costs and removal of enrollees from health care who should be eligible.

Our coalition understands that the state must comply with this new federal mandate in order to protect federal funding for Minnesota's Medicaid program. However, it is vital that Minnesota do everything possible to mitigate the harm these policies will cause. In Minnesota, as we implement minimum work requirements for compliance, we want to avoid adversely impacting people who are recovering from or living with serious diseases like cancer or other chronic illnesses who often fit this definition of who 'should' work, when they are not able to do so.

We are concerned that HF 4428 goes beyond what is federally mandated by requiring people to demonstrate two months of compliance (instead of one month), and does not go far enough to protect and ensure continued access to health care for eligible Minnesotans.

We urge the Legislature to only implement these harmful policies to the extent required to maintain federal funding and not add additional barriers to Minnesotans accessing the health care they need. We further ask that any state legislation implementing work requirements minimize any burdens on people seeking health care coverage, avoid unnecessary paperwork and bureaucracy, and ensure strong due process rights and appeal rights for individuals.

Thank you,

This Is Medicaid Co-Conveners:

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[1] https://mnbudgetproject.org/resource/work-reporting-requirements-could-lead-to-large-loss-of-health-care-coverage-across-minnesota
[2] https://www.kff.org/medicaid/understanding-the-intersection-of-medicaid-and-work-an-update/

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AARP Testimony Urging Amendments to HF 4428
Minnesota House of Representatives
Health Finance and Policy Committee
April 14, 2026

Dear Co-Chairs Scott, Liebling, and Committee Members,

On behalf of more than 620,000 AARP members in Minnesota and all older Minnesotans, AARP is committed to being a resource as our state begins to implement the new Medicaid requirements of the One Big Beautiful Bill Act (OBBBA) (P.L. 119-21). The recommendations in this letter reflect broad bipartisan values of strengthening families, reducing unnecessary administrative burden, promoting efficient administration, and safeguarding taxpayer dollars.

Defining family caregivers accurately and fairly
As our state considers how to operationalize federal Medicaid community engagement requirements, we strongly urge the Legislature to explicitly exempt family caregivers using the definition in Section 2 of the RAISE Family Caregivers Act, as cited in OBBBA and consistent with congressional intent. As currently constructed, HF 4428 does not explicitly exempt family caregivers from community engagement requirements. Based on the RAISE definition, we strongly urge amending Section 1. [256B.0562], Subd. 2(a)(3), found on lines 2.23-2.24, to read:

> "an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation."

In Section 71119 of the OBBBA, under (a)(xx)(9)(A)(ii), states determine the definition of "specified excluded individual" (an individual not subject to the Medicaid community engagement requirements) in accordance with standards specified by the Secretary of Health and Human Services (HHS). The law's definition of "specified excluded individual" includes an individual "who is the parent, guardian, caretaker relative, or family caregiver (as defined in section 2 of the RAISE Family Caregivers Act) of a dependent child 13 years of age and under or a disabled individual." As cited above, Section 2 of the RAISE Family Caregivers Act (P.L. 115-119) defines "family caregiver" as "an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation." Congress specifically used this definition of family caregiver that includes those caring for an individual with a chronic or other health condition, disability, or functional limitation, not just caregivers of a

dependent child 13 years of age and younger or a disabled individual. We urge adoption of clear exemption of these caregivers to avoid confusion, ensure compliance with federal expectations, and prevent harmful coverage disruptions.

Family caregivers in Minnesota are already doing their share to keep older adults and individuals with disabilities healthy, safe, and living in their homes, reducing reliance on institutional care. Around 840,000 Minnesotans serve as family caregivers to adults over age 18, and they provide care valued at an estimated $11.1 billion each year, which helps keep their loved ones out of costly nursing homes. They shouldn't have their own health care coverage jeopardized by new requirements and red tape.

Minimizing loss of coverage
The language in Section 1. [256B.0562], Subd. 1(b) and (c), found in lines 1.15-1.23, establishes a look-back period that goes beyond the OBBBA's requirement of one month. Choosing a longer look back period will result in higher administrative costs for the state, and more Minnesotans not being eligible or losing health care coverage during the renewal process. AARP urges amending the bill to one month in both sections.

Thank you for your careful consideration of how to best implement these significant policy changes while ensuring that implementation is clear, workable, family-centered, and fiscally responsible. If you have any questions, please contact Thomas Elness, AARP Minnesota's Advocacy Director, at telness@aarp.org.

Sincerely,

Cathy McLeer, State Director
AARP Minnesota