

Chair Liebling
Representative Schultz
Representative Gomez
Representative Pinto
Representative Albright

Chair Abeler
Senator Utke
Senator Koran
Senator Benson
Senator Hoffman

Dear members of the Health and Human Services Conference Committee,

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 that we encourage the conferees to adopt in negotiations.

House and Senate:

House Article 9, Section 9-12; Senate Article 1, Section 6,7,9, and 10. We support language regarding PCA Driving rules.

House Article 9, Sections 15, 18, 19; Senate Article 1, Sections 17, 36, 38. We support the removal of the 40 hour cap for PCAs who are parents or spouses of people requiring services.

House Article 9, Section 31, Lines 466.12-467.25; Senate Article 1, Section 59, lines 68.3-69.13. We support both the House and Senate language regarding Life sharing.

House:

Article 2, Section 11. This provision regarding Medicaid screening for uninsured patients will help patients avoid unnecessary, harmful medical debt and that providers receive payment when people who seek care are screened for Medicaid eligibility

Article 2, Section 32. We support the House provision to create a 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

Article 3, Section 14 and 28, lines starting at 196.27 and 218.17-220.22. We support House language to remove barriers to commercial tobacco cessation treatment for Medical Assistance and MinnesotaCare enrollees and expand the types of providers that can bill for reimbursement for providing tobacco treatment counseling. This language will ensure more Minnesotans have a comprehensive cessation benefit that covers individual, group, and telephone counseling and all FDA-approved tobacco cessation medications without barriers like prior authorization

Article 3, Sections 16 and 17. 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 bring these standards into line with other MA eligibility categories

Article 3, Section 16, 49, 50. We support several House 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

Article 3, Section 18. We support the House provision to create 12-month continuous Medicaid eligibility for children, which will help children access continuous and predictable healthcare

Article 3, Section 19. We support provisions that will expand 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.

Article 3, Section 27, starting at line 217.26. We support the inclusion of Seizure detection device language, which will cover potentially life saving devices for people with epilepsy under Medical Assistance.

Article 7, Sections 6 and 7. We support the House language to increase access to the right specialist for the diagnosis, monitoring and treatment of a rare disease. Delays in a correct diagnosis and treatment are associated with a great deal of cost, both economic costs, and the impact on a patient's quality of life.

Senate:

Article 1, Sections 20, 45-50, and 54. We believe it is critical to refine the Disability Waiver Rate System (DWRS) by implementing regular adjustments to the Competitive Workforce Factor. This is an important, long-term solution to reduce the wage gap between direct support professionals and comparable occupations. Additionally, this language allows DWRS to better reflect market costs, allowing providers to adapt and be responsive to market conditions.

Article 1, Section 39, starting at line 44.10. We support PCA/CFSS rate framework adjustments that increase the implementation of the rate framework from 75.45% to 83.5% bringing it closer to fully funding the framework resulting in a higher rate which will support higher wages for PCAs.

Article 3, Section 3. We support updating MA-EPD premiums, which will help ensure this important program still works for people who have disabilities who are employed.