

COMMITTEE ACTION ON A BILL

[For use when taking action on the green jackets]

Committee/Division/Subcommittee: Long Term Care Division

Chairperson: Jennifer Schwetz

CLA: Lynnday Hanson Room#: H11A Ext: 63806

H.F. 1046 S.F. _____ ENGROSSMENT _____ Hearing date: March 25th, 2019

DIVISION/SUBCOMMITTEE ACTION ONLY

- Recommended the bill be returned to the Committee on with a recommended re-referral to the Division on
- Recommended the bill, as amended, be returned to the Committee on HHS Finance
- Recommended the bill be returned to the Committee on
- Recommended the bill, as amended, be returned to the Committee on with a recommended re-referral to the Division on

COMMITTEE ACTION

- Unamended and recommended to be re-referred to the committee on _____
- Amended and re-referred to the committee on _____

GENERAL REGISTER

- Recommended the bill be placed on the General Register (unamended).
- Recommended the bill be amended and placed on the General Register.

WITHOUT RECOMMENDATION:

- Reported to the House without recommendation (unamended).
- Reported to the House, as amended, but without further recommendation.
- Be re-referred to the Committee on _____ but without further recommendation.
- Be re-referred, as amended, to the Committee on _____ but without further recommendation.

Non amended action: attach one copy of bill

Amended action: Attach two (2) copies of bill and one copy of each adopted amendment(s), numbered in the order they were adopted. Amendment(s) should be clearly marked "ADOPTED."

Division action form on colored paper

Approved by
Revisor of Statutes



- 1.1 Schultz from the Long-Term Care Division to which was referred:
- 1.2 H. F. No. 1046, A bill for an act relating to human services; phasing in an increase in
- 1.3 the medical assistance income limit for persons who are elderly, blind, or have disabilities;
- 1.4 amending Minnesota Statutes 2018, section 256B.056, subdivision 4.
- 1.5 Reported the same back with the following amendments:
- 1.6 Delete everything after the enacting clause and insert:
- 1.7 "Section 1. Minnesota Statutes 2018, section 256B.056, subdivision 4, is amended to read:
- 1.8 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under section
- 1.9 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of the federal
- 1.10 poverty guidelines through December 31, 2019. The commissioner shall increase the income
- 1.11 limit under this paragraph to the levels specified according to the following schedule:
- 1.12 (1) 105 percent of the federal poverty guidelines, effective January 1, 2020;
- 1.13 (2) 110 percent of the federal poverty guidelines, effective January 1, 2021;
- 1.14 (3) 115 percent of the federal poverty guidelines, effective January 1, 2022;
- 1.15 (4) 120 percent of the federal poverty guidelines, effective January 1, 2023; and
- 1.16 (5) 125 percent of the federal poverty guidelines, effective January 1, 2024.
- 1.17 Effective January 1, 2000, and each successive January, recipients of Supplemental Security
- 1.18 Income may have an income up to the Supplemental Security Income standard in effect on
- 1.19 that date.
- 1.20 (b) Effective January 1, 2014, to be eligible for medical assistance, under section
- 1.21 256B.055, subdivision 3a, a parent or caretaker relative may have an income up to 133
- 1.22 percent of the federal poverty guidelines for the household size.

- 2.1 (c) To be eligible for medical assistance under section 256B.055, subdivision 15, a
- 2.2 person may have an income up to 133 percent of federal poverty guidelines for the household
- 2.3 size.
- 2.4 (d) To be eligible for medical assistance under section 256B.055, subdivision 16, a child
- 2.5 age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines for
- 2.6 the household size.
- 2.7 (e) To be eligible for medical assistance under section 256B.055, subdivision 3a, a child
- 2.8 under age 19 may have income up to 275 percent of the federal poverty guidelines for the
- 2.9 household size or an equivalent standard when converted using modified adjusted gross
- 2.10 income methodology as required under the Affordable Care Act. Children who are enrolled
- 2.11 in medical assistance as of December 31, 2013, and are determined ineligible for medical
- 2.12 assistance because of the elimination of income disregards under modified adjusted gross
- 2.13 income methodology as defined in subdivision 1a remain eligible for medical assistance
- 2.14 under the Children's Health Insurance Program Reauthorization Act of 2009, Public Law
- 2.15 111-3, until the date of their next regularly scheduled eligibility redetermination as required
- 2.16 in subdivision 7a.
- 2.17 (f) In computing income to determine eligibility of persons under paragraphs (a) to (e)
- 2.18 who are not residents of long-term care facilities, the commissioner shall disregard increases
- 2.19 in income as required by Public Laws 94-566, section 503; 99-272; and 99-509. For persons
- 2.20 eligible under paragraph (a), veteran aid and attendance benefits and Veterans Administration
- 2.21 unusual medical expense payments are considered income to the recipient."
- 2.22 With the recommendation that when so amended the bill be returned to the Committee
- 2.23 on Health and Human Services Finance.

2.24 This Division action taken March 25, 2019

2.25 ....., Chair