**Minnesota HomeCare Association**

**2016 Legislative Agenda**

**(as approved by the MHCA Board of Directors on November 10, 2015)**

The MHCA believes that individuals should have access to necessary, cost effective, and evidenced-informed home care services and that the infrastructure for and access to such services be promoted in Minnesota. Accordingly the MHCA supports and will actively work for legislative, administrative, and other initiatives that promote the following policies:

**1. Medical Assistance Rate Increase.** In recent years, the rate paid by Medical Assistance for home care services has not kept pace with the costs of providing those services. The MHCA has supported the “5% Campaign” (now known as the “Best Life Alliance”) in seeking an across-the-board rate increase of 5 percent for home and community based disability and senior services in the past.

*The MHCA supports continued efforts to increase the rates paid for all home care and related services under Medical Assistance.*

**2. Medical Assistance Spenddown Reform (MA Spenddown).** The MA Spenddown requires that providers collect spenddown payments from the client if the client’s Medical Assistance eligibility requires it. This requirement adds an increased administrative burden to providers and increased costs related to uncollectible charges thus lowering the effective rate paid to providers for those services provided under Medical Assistance.

*The MHCA supports initiatives to decrease the provider and client costs of the current spenddown income and asset limits and to add transparency to the current Medical Assistance rate system. More specifically, the MHCA supports efforts to reduce the spenddown amount that clients have to pay. Additionally, we will continue to educate policymakers about the need to shift the responsibility for collection of spenddowns to the State, as the entity that determines Medical Assistance eligibility.*

**3. Medical Cannabis.** In 2014 legislation legalizing the limited use of Cannabis for medical purposes was enacted. The legalization of Cannabis in Minnesota puts Minnesota law in conflict with federal law and has led to uncertainty on the application of federal, state and local laws on issues related to illegal drug use and possession. During the 2015 session, protections from the laws against possession of cannabis were obtained for employees and agents of health care facilities licensed under chapter 144A, boarding care homes licensed under section 144.50, assisted living facilities, and facilities owned, controlled, managed, or under common control with hospitals licensed under chapter 144.

The law states that these employees or agents are not subject to violations for possession of medical cannabis while carrying out employment duties, including providing or supervising care to a registered patient, or distribution of medical cannabis to a registered patient who resides at or is actively receiving treatment or care at the facility with which the employee or agent is affiliated.

*The MHCA will pursue legislation to add employees of home health agencies licensed under chapter 144A to the list of those individuals protected from violations for possession of medical cannabis while fulfilling employment duties.*

**4. Other Home Care Issues.** Many known and unknown issues will be of interest to MHCA members in 2016.

*The MHCA will engage on issues as necessary to ensure a strong and viable home care system in Minnesota. This would include, but is not limited to, monitoring Minnesota Department of Health Licensing issues, the transition to the new CFSS by the Minnesota Department of Human Services, the Unified Bill of Rights, the Compassionate Care Act, PCA licensure, and Community Health Worker legislation.*