

# MA-EPD Reform

SF 3645, Hoffman/HF 4273, Pryor

Medical Assistance for Employed Persons with Disabilities (MA-EPD) has helped disabled Minnesotans to work, thrive, and contribute to Minnesota's communities and economy since 2001. Now, after over 20 years, it's time to update and modernize the structure and premiums. We must update MA-EPD to better reflect today's costs of living requirements, minimize barriers, reduce unnecessary administrative burdens, and revitalize the workforce.

"High monthly cost for MA-EPD means I make choices monthly between things like fresh produce and my premiums, or paying my car payment on time or paying for MA-EPD on time."

*MA-EPD Recipient*

## How Minnesota Can Improve MA-EPD

- **Increase the asset limit from \$20,000 to \$40,000 with inflationary adjustment**
  - The asset limit should reflect today's cost of living and enable folks to save for a home, cover health care needs, and save for emergencies
- **Adjust the premium schedule**
  - The current premium schedule escalates very quickly and needs updating
- **Account for other health insurance payments**
  - People who use MA-EPD are often required to participate in Medicare or private insurance.
    - This proposal would make Medicare premiums reimbursable for all participants and would subtract non-reimbursable insurance payments from MA-EPD premiums
- **Streamline administrative aspects of the program**
  - Change income review from every 6 months to 12 months, unless there's a change
  - Make premiums based on either previous 30 days or total annual income
- **Change what happens when a payment isn't made on time** to help folks maintain coverage and keep getting the health care they need:
  - Do not terminate benefits, coverage, or eligibility until non-payment for 180 days
  - Require proactive outreach to participant and negotiation of repayment plan for unpaid premiums or work with participant to consider other coverage options

