

NEW POLICIES THAT SUPPORT THE RARE DISEASE COMMUNITY IN MINNESOTA: WHAT YOU SHOULD KNOW

Expanding Presumptive Eligibility for Infants with Positive Newborn Screening Results (HF 1502 / SF 1175)

Infants who receive a positive newborn screening result for a serious medical condition require immediate access to life-saving care. HF 1502 / SF 1175 expands Minnesota's existing Hospital Presumptive Eligibility (HPE) program to allow a presumptive eligibility determination for Medical Assistance (MA) for these infants, as well as for those with a Social Security Administration (SSA) Compassionate Care Allowance determination. This bill also includes presumptive eligibility for adults requiring a disability determination before discharge to a long-term care facility.

BACKGROUND

Presumptive Eligibility & Newborn Screening – Presumptive eligibility (PE) allows immediate, temporary Medicaid or CHIP coverage while a full application is processed, ensuring patients receive necessary care without delays. Minnesota's Hospital Presumptive Eligibility (HPE) program currently allows participating hospitals to enroll eligible patients in MA using basic demographic and financial information. SF 1175 extends this process to infants with urgent medical needs. Minnesota is a national leader in newborn screening, testing for over 60 conditions that, if left untreated, can cause illness, disability, developmental delays, or death. Early diagnosis and intervention save lives and reduce long-term healthcare costs.

Hospital Capacity & Long-Term Services and Supports (LTSS) – Hospitals face significant capacity challenges, with delays in MA eligibility prolonging hospital stays for patients needing long-term services and supports (LTSS) or home and community-based services (HCBS). Many patients cannot transition to appropriate care settings until MA benefits are active, contributing to unnecessary hospital stays and increased healthcare costs. HF 1502 / SF 1175 facilitates hospital decompression by streamlining the eligibility process.

KEY FACTS

- **Immediate Access to Care:** HF 1502 / SF 1175 ensures infants with serious medical conditions receive timely treatment without financial barriers. These children would qualify for disability services, and this policy simply expedites access to care.
- **Early intervention saves lives and reduces costs.** A study by the EveryLife Foundation¹ found that early diagnosis of rare diseases can save up to \$500,000 per patient in medical expenses and productivity losses. By identifying these disorders early, interventions, medications, or changes in diet can help prevent most health problems caused by the disorders on the newborn screening panel.¹
- **Administrative Efficiency:** The bill reduces burdens on hospitals and healthcare providers by streamlining MA eligibility determinations.
- **Support for Hospital Decompression:** By ensuring MA eligibility for patients needing LTSS, HF 1502 / SF 1175 helps free up critical hospital space and improves patient flow.
- **Safeguards Against Over-Identification:** The rigorous review process for newborn screening ensures accuracy and minimizes false positives. Data from Minnesota's newborn hearing screening program demonstrates a high specificity rate, with only a small percentage of false positives.²
- **No Shift from Commercial Insurance:** MA remains the payer of last resort. Some children will be dual eligible for commercial insurance and Medicaid, ensuring comprehensive coverage without shifting costs unnecessarily.

CONCLUSION

HF 1502 / SF 1175 is a common-sense, life-saving policy that streamlines care for some of Minnesota's most vulnerable children. By ensuring infants with urgent medical needs can access treatment immediately, we can prevent devastating health outcomes and reduce long-term healthcare costs.

¹ EveryLife Foundation for Rare Diseases. (2023, September). *Cost of delayed diagnosis in rare disease*. [everylifefoundation.org/wp-content/uploads/2023/09/EveryLife-Cost-of-Delayed-Diagnosis-in-Rare-Disease-Final-Full-Study-Report_0914223.pdf](https://www.everylifefoundation.org/wp-content/uploads/2023/09/EveryLife-Cost-of-Delayed-Diagnosis-in-Rare-Disease-Final-Full-Study-Report_0914223.pdf)

² Minnesota Department of Health. *Hearing Screenings Programs*. www.health.state.mn.us/people/childreneyouth/ctc/hearingscreen/programs.html