

256B.0562 WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS.

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Applicable individual" has the meaning given in Public Law 119-21, section 71119, paragraph (9).

(c) "Short-term hardship event" means an event in which a person:

(1) receives inpatient hospital or nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or other services of similar acuity;

(2) resides in a county in which there is an emergency or disaster declared by the President of the United States pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act;

(3) resides in a county that has an unemployment rate at or above the lesser of:

(i) eight percent; or

(ii) 1.5 times the national unemployment rate; or

(4) must travel, or the person's dependent must travel, outside of the person's community for an extended period of time to receive medical services that are not available within the community of residence necessary to treat a serious or complex medical condition of the person or the person's dependent.

Subd. 2. **Application.** To be eligible for medical assistance, an applicable individual applying for medical assistance must either demonstrate work or community engagement or meet an exemption in accordance with Public Law 119-21, section 71119, for the month immediately preceding the month during which the person submits an application for medical assistance.

Subd. 3. **Renewal requirement.** (a) To renew eligibility, an applicable individual must either demonstrate work or community engagement or meet an exemption in accordance with Public Law 119-21, section 71119, for at least one month during the person's previous period of eligibility.

(b) The commissioner must notify an applicable individual of the renewal requirement in paragraph (a) at least 75 days prior to the individual's renewal date.

Subd. 4. **Short-term hardship events.** A person is deemed to have met the requirement to demonstrate work or community engagement for a given month under subdivisions 2 and 3 if (1) the person experiences a short-term hardship event for part or all of that month, and (2) for purposes of a short-term hardship described in subdivision 1, paragraph (c), clause (1) or (4), the person submits a request to the commissioner.

Subd. 5. **Noncompliance procedure.** Before denying or terminating medical assistance eligibility for failure to demonstrate work or community engagement or meet an exemption, the commissioner must comply with the procedures in the case of noncompliance set forth in Public Law 119-21, section 71119, paragraph (6).

Subd. 6. **Interpretation of federal law.** (a) In all cases where an obligation imposed on the commissioner under Public Law 119-21, section 71119, is materially ambiguous, the commissioner must construe the ambiguity in the light most favorable to the applicant, enrollee, or disenrollee, as applicable. For purposes

of this subdivision, an obligation on the commissioner includes but is not limited to an obligation respecting the following:

- (1) enrollee notice and outreach;
- (2) demonstration of work or community engagement;
- (3) medical frailty;
- (4) fair hearing rights;
- (5) the provision of medical assistance benefits or coverage;
- (6) submission documentation, including self-attestations of eligibility or exemption;
- (7) eligibility or termination determinations;
- (8) short-term hardship requests; and
- (9) timing.

(b) Paragraph (a) does not require the commissioner to take any action that the commissioner determines:

- (1) is more likely than not to result in a loss of federal financial participation;
- (2) would be clearly impractical, absurd, or unreasonably detrimental to the medical assistance program or another insurance affordability program; or
- (3) relies on an unreasonable interpretation of federal law.

(c) Prior to the interpretation of an ambiguity under paragraph (a), the commissioner must, in order to determine the reasonable interpretation of the applicable federal law most favorable to an applicant, enrollee, or disenrollee:

- (1) consult with the health care eligibility oversight unit established in section 256.01;
- (2) consult with the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy; and
- (3) take best efforts to consult with, and receive guidance from, the Centers for Medicare and Medicaid Services.

Subd. 7. **Expedited rulemaking authority.** The commissioner may adopt rules necessary to implement and administer this section using the expedited rulemaking process under section 14.389. The 18-month time limit under section 14.125 does not apply to the rulemaking authority under this subdivision.

History: 2026 c 127 art 6 s 11