Minnesota Senate
Minnesota Senate Building
95 West University Avenue
Saint Paul, Minnesota 55155

Minnesota House
State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, Minnesota 55155

June 12, 2026

The Honorable Tim Walz
Governor of Minnesota
130 State Capitol
75 Rev Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

RE: Home care nursing coverage

Dear Governor Walz:

We, the undersigned members of the Minnesota Legislature, respectfully and urgently request that you direct the Department of Commerce (the Department) to interpret existing Minnesota Statute 62Q.545, which provides that "home care nursing services…shall be covered under a health plan for persons who are concurrently covered by both the health plan and enrolled in medical assistance," as requiring unlimited commercial coverage for plan years 2026 and beyond. This statute protects approximately 200-250 of Minnesota's most vulnerable children and their families and prevents cost-shifting of this care onto the state. If the state fails to act, it is not an exaggeration to say that children may die due to lack of access to critical home care nursing services.

1. **Legislative history of home care nursing insurance coverage.**

Home care nursing (HCN; referred to previously by the state and in Code of Federal Regulations, title 42, section 440.80 as "private duty nursing services") keeps medically complex people with high care needs—often children—out of the hospital and at home with their families. This is a continuous, medically necessary service "ordered by a physician, advanced practice registered nurse, or physician assistant and services performed by a registered nurse or licensed practical nurse…to maintain or restore a person's health" (Minn. Stat. § 256B.0654, subd. 1, para. (b)). HCN is defined in Minn. Stat. § 256B.0654 and must not be conflated with home health agency services, which is defined by Minn. Stat. § 256B.0653. In fact, Minnesota statute specifically states that HCN is provided when a patient requires a higher level of care than can be provided during a skilled nurse visit or the care is outside of the scope of what can be provided by a home health aide or personal care assistant (Minn. Stat. § 256B.0654, subd. 1, para. (d)).

When the Minnesota legislature passed Minn. Stat § 62Q.545 in 2010, the intent was crystal clear. In the words of the bill's author and then Chair Thomas Huntley of the House Finance:

Health Care and Human Services Division Committee 2010 hearing[1] on H.F. 3237: "If this passes and becomes law…the health insurance would have to cover the cost of the nursing, and the state would not pay the medical assistance for those people for that particular service" (00:52:17-00:52:41). This law prevented cost-shifting onto the state[2] and ensured that families with both commercial insurance and medical assistance could rely on their commercial insurance plans to cover the cost of their care.

2. **Direct the Department to ensure that commercial health plans follow state law requiring them to cover the cost of home care nursing for families who also have medical assistance.**

Health plan companies followed this mandate without issue until late last year, when two commercial plans—Medica and HealthPartners—imposed coverage limits on HCN benefits, with some families capped at as few as 10 days per year for plan year 2026. This is a dramatic departure from the legislature's original intent in 2010 and from health plan companies' practice for the previous 15 years.

One subset of these affected families had HealthPartners in 2025 and enrolled for plan year 2026 during open enrollment. These families received a letter in December 2025 approving their HCN coverage for all of 2026. After open enrollment closed, they received a letter from HealthPartners which limited their coverage to as few as 10 days per year. When families filed complaints with the Department, the Department ruled that for this group of families, HealthPartners must honor the December 2025 letter approving their coverage. However, this ruling only impacts this subset of families and only reinstates coverage for plan year 2026.

Health plan companies argue that the cost of this care will simply be absorbed by families' waiver budgets. This is not a solution for several reasons. First, waiver budgets are set 12-15 months in advance and families' budgets have not accounted for the cost of HCN. Second, when the cost of HCN is shifted onto waiver budgets, families must forego other needed services that their waivers were intended to cover such as therapies, respite care, and adaptive equipment. Third, when families lack access to HCN, parents decide to reduce employment or leave the workforce altogether so that they can provide care for their child. Fourth, families are now weighing the difficult decision to hospitalize their child so that they can receive adequate medical care. Not only should these children be at home with their families, receiving their prescribed HCN services, but hospitalizing children is much more expensive than providing HCN services. This also puts an additional strain on our already burdened hospital system, taking up needed beds from other patients.

Even if families' waiver budgets could absorb the cost of HCN without impacting their access to other medically necessary supports, parents' employment, and our hospital system, this would

[1] 2010 hearing on H.F. 3237 can be listened to in full at 00:30:30-00:57:35
[2] Fiscal note for H.F. 3238 (standalone bill prior to being offered as amendment to H.F. 3237)

shift tens of millions of dollars—and potentially more—onto the state budget. Families are also debating whether to forego commercial insurance altogether, which will shift millions more dollars onto the state in future plan years. **We strongly request that you direct the Department to interpret Minn. Stat. § 62Q.545 as requiring that commercial plans cover the cost of home care nursing without quantity limits, as was originally intended by the 2010 legislature, and to bring health plan companies into full compliance with the law.** This is not a new mandate—this is simply bringing these health plans back into compliance with the law that they have followed for the previous 15 years. The Department's lack of enforcement creates a dangerous precedent that leaves even more families vulnerable as additional health insurance companies may choose not to follow this law for the next plan year.

3. **Direct the Department to correct the omission of home care nursing coverage in Minnesota's 2025 Essential Health Benefit Benchmark Plan.**

This dramatic departure in practice can likely be traced back to an erroneous omission in our state's 2025 Essential Health Benefit (EHB) Benchmark Plan, which the Department of Commerce submits to the U.S. Centers for Medicare & Medicaid Services (CMS). Starting in Minnesota's 2014 EHB Benchmark Plan, private duty nursing (the federal term for HCN) was listed as covered with no quantitative limits. Without a change in state statute, private duty nursing coverage was omitted as a covered benefit from Minnesota's 2025 EHB Benchmark Plan.

During testimony at the May 12, 2026 meeting of the Conference Committee on H.F. 4188, Department of Commerce Commissioner Grace Arnold explained that, "in general, all of the plans—and this has been the case since 2014—have limits on that type of coverage of 120 days. Our understanding is maybe those limits weren't enforced until more recently, but they've had that in place for…at least 10 years". On May 16, 2026, the Commissioner again testified in front of the Conference Committee on H.F. 4188 that, "private duty nursing coverage is listed under the home care services section in the essential health benefits." The Commissioner's testimony represents a misunderstanding of the difference between HCN and home health care services which are differentiated in statute and in the EHB Benchmark Plan, and a misunderstanding of the 2014 EHB Benchmark Plan, which limits coverage of home health care services to 120 visits per year but does not limit coverage of HCN services.

Additionally, because HCN is not in fact a subset of home health care services, the omission of HCN services from the EHB Benchmark Plan represents an alarming possibility that the state may be required to defray the entire cost of HCN coverage. This would be disastrous for the impacted children and their families and for our entire state budget. It is critical that you direct the Department to revise the 2025 EHB Benchmark Plan to accurately reflect that HCN is covered pursuant to MN Stat. 62Q.545.

The families who are impacted by coverage caps on HCN have been tirelessly advocating for their families while also balancing childcare responsibilities, filing appeals with their insurance

companies, and the demands of everyday life. In addition to our request that you direct the Department to resolve this issue, we request that you meet with these families so that you can hear directly from them about the impact of these coverage caps on their children and their families.

Our hope is that this can be resolved quickly and smoothly upon this private request. Though we do want to be clear that we are not giving up on these families and will take further public steps should that be necessary.

Sincerely,

Senator Liz Boldon
District 25

Senator Matt Klein
Chair – Commerce and Consumer Protection
District 53

Senator Melissa Wiklund
Chair – Health and Human Services
District 51

Senator Jim Abeler
District 35

Senator Jim Carlson
District 52

Senator Doron Clark
District 60

Senator Scott Dibble
District 61

Senator Omar Fateh
District 62

Senator Amanda Hemmingsen-Jaeger
District 47

Senator Karin Housley
District 33

Senator Ann Johnson Stewart
District 45

Senator Mary Kunesh
District 39

Senator Warren Limmer
District 37

Senator Alice Mann
District 50

Senator John Marty
District 40

Senator Erin Maye Quade
District 56

Senator Sandra Pappas
District 65

Senator Susan Pha
District 38

Senator Lindsey Port
District 55

Senator Bonnie Westlin
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Representative Peter Fischer
District 44A

Representative Mary Franson
District 12B

Representative Mike Frieberg
District 43B

Representative David Gottfried
District 40B

Representative Julie Greene
District 50A

Representative Rick Hansen
District 53B

Representative Kim Hicks
District 25A

Representative Peter Johnson
District 8A

Representative Sydney Jordan
District 60A

Representative Liz Lee
District 67A

Representative Tina Liebling
District 24B

Representative Andrew Myers
District 45A

Representative Mohamud Noor
District 60B

Representative Kristi Pursell
District 58A

Representative Kari Rehrauer
District 35B

Representative Liz Reyer
District 52A

Representative Samantha Sencer-Mura
District 63A

Representative Andy Smith
District 25B

Representative Jay Xiong
District 67B

Representative Cheryl Youakim
District 46B