



March 29, 2023

Dear Members of the Health Finance and Policy Committee,

On behalf of over 10,000 members of the Minnesota Medical Association (MMA), thank you for the opportunity to comment on HF 2930. The MMA's mission is to make Minnesota the healthiest state in the nation and the best place to practice medicine. With that in mind, the MMA supports many items in this bill, and appreciates efforts to improve items with which the MMA has concerns.

Art. 1, Sec. 2 (pg. 4): Telehealth is a valuable tool for Minnesota's providers. Audio-only telehealth is particularly important for many patients who may not have access to reliable internet or broadband connectivity, low-income patients who may not have access to video-only technology, or patients who are less comfortable using video-only services. The MMA supports continuing the study into telehealth and coverage of audio-only services and extending the sunset date for these items to July 1, 2025.

Art. 1, Sec. 6 (pg. 9): The MMA supports coverage and reimbursement of postpartum use of long-acting reversible contraception (LARC). LARCs are safe and highly effective for decreasing unintended pregnancy. The use of LARC in the immediate postpartum setting has the potential to provide cost savings and decrease the incidence of adverse maternal and child health outcomes.

Art. 1, Sec. 21 (pg. 29): Medical assistance (MA) coverage of recuperative care services is a top legislative priority for the MMA. Patients experiencing homelessness face severe health risks when they do not have access to recuperative care services and will oftentimes not recover and require readmission. An individual's health is heavily influenced by the conditions in which they live. These social drivers of health, such as homelessness, not only drive health outcomes, but also contribute to the significant health inequities experienced by many Minnesotans. The MMA strongly supports expanding MA coverage to include recuperative care services to address homelessness as a social driver of health.

Art. 1, Sec. 25 (pg. 41): The MMA supports increased reimbursement rates for family planning services. Family planning services are critical for families and allow Minnesotans to make informed decisions about their reproductive health and future.

Art. 2, Sec. 1 (pg. 45): While the MMA supports efforts to improve planning for healthcare spending, including the Governor's recommendation to establish spending growth targets, the MMA cannot support the proposed authority of the Health Care Affordability Commission to assess regulatory and civil penalties to a health care entity of up to \$500,000. The MMA stands ready to participate in efforts to improve our healthcare planning, including establishing growth targets that we can all work to achieve. However, the MMA asks that you do not include the regulatory and civil penalties in the final version of the bill.

Art. 2, Sec. 25 (pg.79): The MMA appreciates the attention to increasing the affordability of health plans with high actuarial values (AVs) regarding a proposed public option. In Minnesota, the percent of

patients who are underinsured is greater than those who are uninsured. Minnesota has one of the highest rates of enrollment in high-deductible insurance plans, which results in severe underinsurance and patients avoiding or delaying care.

In addition to the transitional cost-sharing reductions for individuals who choose to enroll in gold plans through MNSure, the MMA would like to see an AV minimum of at least 70% established for the public option. To offer low-premium plans with AVs below 70% is to run the risk of attracting Minnesotans to plans which will render them underinsured. Underinsured Minnesotans often delay and forgo care.

The MMA supports the expanded MA coverage to undocumented Minnesotans to ensure the entirety of the state's population is receiving cost-effective care. Additionally, while the bill does not specifically call for a formal actuarial analysis of any new plan, we believe this is necessary before an implementation plan is adopted. The MMA is concerned with the ability of clinics to continue operations if too large of the clinic's patient population are reimbursed at the Medical Assistance level.

Art. 3, Sec. 31 (pg. 113): The MMA supports updating the All-Payer Claims Database to ensure it remains a useful tool to evaluate how Minnesotans are paying for healthcare. Currently only gathers claims data, that does not reflect the entire picture of healthcare payments.

Art. 3, Secs. 53-56 (pg. 139): The MMA supports efforts to address the healthcare workforce shortages in underserved areas. The funding for loan forgiveness, clinical training grants, and primary care residency training programs are critical to address the healthcare workforce shortages in underserved areas.

Art. 3, Sec. 78 (pg. 169): The MMA continues to work with the authors to address unintended consequences with the broad authority for the Attorney General oversight regarding private facility transactions. While we agree that over-consolidation results in higher costs and lower patient outcomes, the current language goes far beyond that.

Art. 3, Sec. 198 (pg. 283): The MMA supports the creation of a statewide database for Provider Order for Lift-Sustaining Treatment (POLST) forms included in the bill. POLST forms are a valuable tool for providers offering end-of-life care. However, POLST forms are currently only available in a physical paper copy that can get lost, damaged, or become otherwise inaccessible for these forms.

Art. 3, Sec. 200 (pg. 284): the MMA supports grant funding to healthcare entities to improve worker safety. Violence against healthcare workers has increased in recent years. This leads to worsened healthcare worker satisfaction and has a negative impact on patient care.

Thank you for the opportunity to provide input on HF 2930.

Sincerely,



William Nicholson, MD
President, Minnesota Medical Association