



Minnesota Hospital Association

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April 6, 2020

Dear Senator Majority Leader Gazelka, Speaker of the House Hortman, Senate Minority Leader Kent, House Minority Leader Daudt, Chair Benson, Chair Abeler, Chair Liebling and Chair Moran,

On behalf of the Minnesota Hospital Association, thank you for your support of our hospitals and health care systems during the COVID-19 pandemic. We are navigating in uncharted territory on many levels and each day brings challenging issues. Hospitals and health systems are experiencing extraordinary financial strain and we continue to work on legislative proposals to address financial concerns. In addition to finance issues, we respectfully request the legislature take action on the following policy proposals:

1. Health Care Workforce Licensure

While the federal 1135 waiver approved by the United States Department of Health and Human Services states there is regulatory relief from medical professional licensure requirements, this only extends to the care of Medicare patients for purposes of reimbursement. This does not require the state licensure boards to give full reciprocity to providers from other states. We urge you to consider allowing healthcare workers licensed in other states to provide care in Minnesota by temporarily waiving or suspending licensure requirements or enacting the Interstate Emergency Medical Assistance Compact (EMAC) during the COVID-19 pandemic. We need to be able to bring in doctors, nurse practitioners, respiratory therapists, nurses, CNAs, and other licensed healthcare workers quickly and without having to navigate the various regulations imposed by the state licensure boards. Many other states have already taken action to ensure there is access to additional professionals to back up our Minnesota healthcare workers.

2. Prior Authorization

We appreciate the insurance industry waiving prior authorization requirements for patients diagnosed with COVID-19, however there are patients across Minnesota with other health conditions that are having their care unreasonably delayed or are paying out of pocket due to waiting for their health insurer to approve payment for a procedure or medication that has been prescribed or ordered by their physician and is part of their current covered benefit set.

HF3398 (Morrison)/ SF3204 (Rosen) updates existing state prior authorization laws to include reasonable criteria to better define the prior authorization process. The updates will help patients by reducing delays in care, as well as decreasing physician frustration and administrative expenses associated with the current cumbersome prior authorization process.

3. Disclosure of Hospital Charges

In the 2019 Health and Human Services omnibus bill the legislature passed a provision amending MN statute 144.591 to require all hospitals to provide an itemized description of billed charges for medical services and goods the patient received during the hospital stay within 30 days of discharge. The law is



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effective August 1, 2020. Implementing this law is taking a significant amount of IT resources that now need to be directed to preparing for the COVID-19 pandemic. We ask for the disclosure law to be effective January 1, 2021 or later to allow more time for implementation and align with upcoming federal changes.

4. Hospital Bed Moratorium

Hospitals and health care systems are preparing for a surge of COVID-19 patients that will potentially exceed current bed capacity. Consistent with the federal emergency declaration and subsequent waivers, we request a temporary waiver of the hospital bed moratorium restrictions under Minn. Stat. 144.551 subd. 2 during a peacetime emergency.

5. Minnesota Health Records Act

Please support an exemption during a peacetime emergency to amend the Minnesota Health Records Act to allow for the clinically appropriate release of information as permitted under HIPAA for treatment, payment and operations. It is critical now more than ever for providers to be able to share medically appropriate information between providers as we have patients diagnosed with COVID-19 potentially moving from their existing provider to a more specialized provider. Hospitals are also being asked by county health departments to disclose to EMS/first responder dispatchers the identification of COVID-19 patients, which is currently prohibited under this law.

6. Removing barriers for Physician Assistants

In addition to needing additional temporary hospital bed capacity, we will need all workforce available to help care for the expected surge of COVID-19 patients. In addition to waiving and/or expediting licensure requirements, please consider proposals to enhance the workforce; including allowing physician's assistants to work without a signed supervision agreement as included in the amended version of SF 2043/HF 3402 (Kiffmeyer/Schultz), currently on the Senate floor.

Thank you for your consideration of these timely, important legislative proposals.

Sincerely,

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