

March 28, 2023

Representative Tina Liebling  
477 State Office Building  
St. Paul, MN 55155

Re: HF2930 (Liebling) Health Finance omnibus bill

Dear Chair Liebling and members of the committee.

On behalf of Allina Health, thank you for your ongoing efforts to pass meaningful legislative proposals that will better the lives of Minnesotans. We are pleased to see several provisions included that will help address workforce challenges, operational support, and access to services. These include:

- **2-year extension for the use of audio-only communication for telehealth until July 1, 2025 (Article 1, Section 2, 28)** Over the past few years, the ability for our patients to utilize audio-only communications when receiving telehealth services has decreased appointment cancellations and made a positive impact on the overall patient care experience. We appreciate the extension and continue to support permanently allowing audio-only telehealth.
- **Expanding reimbursement for tobacco cessation treatment (Article 1, Section 8, 20, 27)** Adding more provider types that can be reimbursed will increase health equity by expanding access to care in communities most impacted by tobacco use - rural Minnesota, Minnesotans living with mental health or substance use conditions, low-income Minnesotans, and in communities of color. Smoking costs our Medicaid program more than \$600 million every year. Removing barriers to quitting will save money and lives.
- **Requiring MA coverage for Recuperative Care services (Article 1, Section 21)** Access to appropriate levels of care and the opportunity for patients to recuperate in a safe and supportive environment reduces the probability that a patient will readmit to the hospital and ensures access for patients who need hospital level care.
- **Providing workplace safety grants for health care entities (Article 3, Section 200)** The safety and security of our staff is vital to our success as health care providers. This bill would help address the rising trend of violence against health care workers by allowing entities to apply for grants for help fund investments in security infrastructure, improved IT, and self-defense and de-escalation training for staff.
- **Start-up and capacity-building grants for Psychiatric Residential Treatment Facilities (Article 7, Section 22)** Given the current demand for mental health services in Minnesota, there is an urgent need to expand the unique services provided in PRTFs. Improving capacity in PRTFs across the state will also help alleviate the growing discharge and patient boarding issues patients are currently experiencing. Too often, patients are forced to seek treatment in emergency departments—even if they do not need that level of care—because there are no services available elsewhere. This funding will help address these issues.
- **Requiring health plans to cover additional diagnostic services or testing after a mammogram, with no enrollee cost sharing (Article 12, Section 1-2, 13)** After skin cancer, breast cancer is the most common type of cancer and the second leading cause of cancer death in women. Fortunately, when breast cancer is found early, before it has had a chance to spread, the five-year survival rate is 99 percent. In order to confirm a diagnosis, patients are often advised post mammogram results they may need additional or follow up testing.

While we are supportive of the provisions listed above, we do have significant concern about several items included in the DE amendment. On an individual basis these items are concerning and when coupled together, the compounding impact on healthcare would be significant. These include:

- **Removing the income limit to enroll in MinnesotaCare (Article 2, Section 9, 22-29)** Allina Health is devoted to ensuring that Minnesota patients have access to care where and when they need it and is

supportive of the bill's intended goal of making insurance coverage more affordable and accessible for Minnesotans. However, over the past few years, the reimbursement rate for government-sponsored health plans has failed to improve or stay consistent with the rising costs of inflation and providing care (labor, supplies, etc.) Currently, Medicare reimburses providers 80 cents on the dollar for care, and Medicaid reimburses 73 cents on the dollar. These rates, combined with a larger pool of eligible patients, creates additional financial instability for Minnesota's health care continuum.

- **Requiring the establishment of certain staffing committees, mandated nurse staffing ratios, and the denial of patients (Article 3, Section 82, 87-94,192,202)** By requiring mandated staffing ratios to be made by a committee and penalizing any deviation from those plans, this bill reduces real time decision making and flexibility and could force hospitals to limit patient admissions or close entire units.
- **Prohibiting and expanding notice requirements of certain health care transactions (Article 3, Sections 78, 182, 196-197)** Hospitals and health systems across the state are experiencing significant challenges that threaten our ability to provide care for the communities they serve. The ability to remain flexible, responsive, and innovative is key to ensuring the future of health services in Minnesota. The excessive and burdensome requirements included in this language will negatively impact Minnesota's health care continuum.

We look forward to continuing to work with committee members towards the best outcome possible for our patients, providers, and communities.

Sincerely,

A handwritten signature in blue ink that reads "Kristen McHenry".

Kristen McHenry  
Director of Public Affairs  
Allina Health