



**Minnesota Hospital Association**

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June 11, 2020

**Sent via email to:** [sen.jim.abeler@senate.mn](mailto:sen.jim.abeler@senate.mn); [sen.michelle.benson@senate.mn](mailto:sen.michelle.benson@senate.mn);  
[rep.tina.liebling@house.mn](mailto:rep.tina.liebling@house.mn); [rep.rena.moran@house.mn](mailto:rep.rena.moran@house.mn)

Dear Senator Abeler, Senator Benson, Representative Liebling and Representative Moran:

On behalf of hospitals and health systems throughout the state, I write to express our support for the Department of Human Services' waiver extension bill that is under consideration in the special legislative session.

The Minnesota Hospital Association (MHA) supports extending all waivers currently included in the draft SC7625-2 bill discussed at the Senate Human Services Reform Finance and Policy Committee on June 10. Minnesotans across the state have benefited from the expanded use of telemedicine as well as expanding the allowable modalities to include telephone communications. This includes:

- Allowing phone or video visits for waiver programs;
- Expanding access to telemedicine services for Children's Health Insurance Program, Medical Assistance and MinnesotaCare enrollees;
- Allowing telemedicine flexibility for school-linked mental health services;
- Allowing phone or video use for targeted case management visits; and
- Expanding telemedicine in health care, mental health and substance use disorder settings.

These important modalities of providing needed health care virtually have been especially critical during the COVID-19 crisis over the past few months, further highlighting the importance of telemedicine in ensuring access to healthcare across the state.

#### **Extend waivers regarding criminal background checks and fingerprinting**

While this is good legislation, it is not comprehensive. We urge you to include an extension of all waivers that have been issued regarding criminal background checks and the fingerprinting process. The DHS criminal background check process is duplicative for health care professionals who are licensed by the Minnesota Boards of Medical Practice and Nursing. While broader reform in this area is needed to reduce administrative burden, extending the waivers past the end date of the emergency powers is needed to allow some time for the very limited number of fingerprinting sites across the state to become operational again. There was limited availability and access to fingerprinting sites prior to the COVID-19 pandemic, and the 60-day period envisioned in this legislation as the waiver extension timeframe after the emergency powers have ended would allow for the staffing and operations of these fingerprinting sites to get underway.

While this is not directly part of the DHS waivers that were previously granted, it is a related issue of concern: Executive Order 20-23 specifically authorized the Minnesota health-related licensing boards to modify fingerprinting requirements, specifically delaying the necessary submission of fingerprints until the first renewal application is due. This policy also needs a grace period. If a licensed health care

professional has his/her/their renewal date up prior to fingerprinting facilities being reopened, this could exacerbate current staffing shortages. Please consider adding language that would extend this policy for a time period after the executive order ends.

Our members have shared with us that Executive Order 20-12 allowing for temporary modifications of certain background study requirements has helped streamline the process for onboarding health care providers to respond to changing workforce needs. This has reduced administrative burden within health care systems and has improved timelines for frontline workers to begin duties. Transitioning some of these changes from temporary to permanent and identifying additional, innovative policy changes will be critical in a time when COVID-19 has put a significant financial strain on health systems. Having the above processes be administratively simple is important to not just health care organizations but equally as important to our frontline health care professionals.

In closing, MHA asks the legislature to recognize how much and how fast telemedicine has changed as a result of the pandemic. Providers who were never using telemedicine now need to deliver care this way. Patients who were reluctant to try telemedicine now tell their providers they love it. Most important, those in remote areas who lacked access to services and those without transportation can now get the services they need. It is heartwarming for me to hear that mental health and chemical dependency services are now being provided to individuals who were no-shows for in-person appointments due to a variety of reasons.

The legislation that you are considering is a short-term fix. MHA looks forward to working with you to make temporary telemedicine flexibilities permanent in addition to enhancing coverage and payment for telemedicine in the commercial insurance market.

Sincerely,

A handwritten signature in black ink that reads "R. Koranne." The signature is written in a cursive, slightly slanted style.

Rahul Koranne, M.D., MBA, FACP  
President & CEO