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March 28, 2023

Dear House Health Policy and Finance Committee,

On behalf of our more than 3,100 family physician and medical student members, the Minnesota Academy of Family Physicians (MAFP) urges your support of HF 2930. The MAFP is the largest physician specialty society in Minnesota, and our members take care of patients, families and communities across the state. We are leaders in primary care and see it as our job to work with our teams to keep our patients healthy, address health disparities and manage our patients' chronic conditions. Investment in primary care is essential to ensure our health care system works for all Minnesotans and MAFP is pleased to see the many important aspects of this bill that support patients and primary care.

Thank you for the inclusion of the additional collection of non-claims data on page 111, section 29. The APCD will be a stronger tool with this additional data. Policymakers will benefit from the studies outlined on page 280, Section 195 which will assist in the understanding of current utilization of value-based payment arrangements and begin to provide a baseline for Minnesota's investment in primary care.

The MAFP supports the primary care workforce funding recommendations in the bill. Additional investment to support the future primary care workforce is critical. Training family physicians where they are needed most through rural training residency programs and grants to support medical education in rural and underserved areas are an important step in ensuring Minnesota has a physician workforce to meet our needs. We would like to highlight the support of primary care rural residency training programs in Section 55, page 145, the loan forgiveness recruitment program in Section 53, page 139 and the rural and underserved clinical rotation grant program in Section 54, page 142 as being particularly important.

The MAFP supports the creation of the health care spending target commission in Article 2. The establishment of health care spending targets can be a valuable tool to center value and quality of care in our system. As evidenced in other states, targets that increase investment in primary care can help reorientate our health care system to one focused on prevention, continuity of care, and connection to important social support through team-based care. Minnesotans would be well served by a strengthening of the language on line 52.24 to ensure a greater investment in primary care. Furthermore, please consider additional representation of practicing primary care physicians in the make-up of the commission.

Family physicians and primary care are critical to health care in Minnesota. Supporting primary care workforce development, identifying ways to remove barriers to care and ensuring we have a system that adequately values and invests in primary care are essential considerations as this committee looks to the future. Your investment in primary care is much needed and the MAFP is ready to partner on these important initiatives.

Sincerely,

Alexis Vosooney, MD

President, MAFP