



200 First Street SW
Rochester, Minnesota 55905
507-284-2511
mayoclinic.org

May 9, 2022

Chair Jim Abeler
3215 Minnesota Senate Building
St. Paul, MN 55155

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

Dear Chair Abeler, Chair Liebling, and members of the Health and Human Services Conference Committee,

Thank you for your leadership in addressing the health and human services needs in our state, and thank you for the opportunity to share Mayo Clinic's priorities as we near the end of the legislative session. The below priorities reflect Mayo's three shields of practice, research and education, and recognize Mayo Clinic's role as the state's largest private employer as well as a provider of care from the most primary of needs to the most complex for residents of our communities and for those who travel to us from all 50 states.

Nurse Licensure Compact (HF 2184/SF 2302)

Mayo Clinic appreciates the attention that has been given to the nursing profession throughout the session. Nurses have an invaluable role in the delivery of care and have long been recognized for their dedication to patients, but none more so than during the last two years as we faced a global pandemic. For nurses to have the opportunity to leverage their skills to the greatest ability and pursue opportunities available to them, and for provider organizations to have more flexibility to staff in times of need, Mayo Clinic strongly supports the adoption of the Nurse Licensure Compact (NLC). We appreciate the Senate's passage of the NLC and would ask that it also be included in the conference committee report.

White Bagging Mandate Prohibition (HF 3280/SF 3265)

The rapidly increasing practice of "white bagging," whereby a payer mandates which specialty pharmacy a patient must use for the distribution of injectable medications, has raised significant concerns related to patient safety, higher out-of-pocket costs and supply chain transparency. Recognizing these concerns and increased incidence of risk—including delays in medication arrival, incorrect dosage and compromised quality just to name a few—Mayo Clinic respectfully asks for support of legislation to prohibit the mandated practice of white bagging. Sometimes white bagging is necessary, but permitting the practice to be mandated increases its use and attendant risks and costs for patients. We appreciate the language included by the House and would ask for your support.

Biosimilar Parity (HF 1516/SF 990)

As Mayo Clinic continues to identify new ways to transform care and achieve our primary value—the needs of the patient come first—we support efforts to improve access to biosimilar drugs. These medications are the off-brand complements to biologic drugs ('biologics'), which are medical products derived from living sources. Biosimilars have been used for several decades and are an increasingly used form of medications. They are also some of the highest expenditure drugs in the

country. However, expanded use of biosimilars has been reduced due to lack of competition more typically seen in the infrastructure for non-biologic drugs. Increasing access to biosimilar medication by establishing insurance coverage will increase competition and help streamline the process for providers to access biosimilars for their patients. It would also be a nation-leading effort that keeps Minnesota at the forefront of health reform. We appreciate the language included by the House and would ask for your support.

Cancer Registry Changes (HF 3871)

Minnesota has been an outlier as a state not sharing information from its cancer registry with other states and federal partners, such as the Centers for Disease Control. Recognizing the value and need for strong data to advance the science of medicine, Mayo Clinic has long supported the needed change for the state to share data with other registries. We agree that this needs to happen in a manner that continues to ensure the privacy and safety of patients diagnosed with cancer, and the language included from HF 3871 achieves those goals while also providing the data needed to advance cancer research and care. We respectfully ask for this language to be included in the conference committee report.

Emergency Studies Reprocessing Deadline and Licensure Streamlining

Mayo Clinic appreciates the flexibilities that providers received last year allowing for a year to reprocess background studies, as the traditional process was paused for a majority of the pandemic. Providers currently have until July 2 to reprocess. At Mayo Clinic, where we are not only a health care provider but also the state's largest private employer, we have more than 5,500 studies to redo by the deadline. While we have invested to have equipment on-site to make the background study process as efficient as possible, due to the number of studies and external factors it is very likely that we will not be able to meet the July 2 deadline. Such an outcome will undoubtedly result in impact to our practice. We appreciate the House including an extension to January 1 to reprocess and would request that the extension language be included in the final conference committee report. In addition, we appreciate the changes to reduce background study duplication and provide short-term permitting processes for physicians, physician assistants and respiratory therapists included by the Senate and would also request for these to be included in the final committee report.

On behalf of Mayo Clinic, thank you for your service to our state, including our health and human services sectors. We appreciate your consideration of the above topics and would respectfully ask for inclusion in the final conference committee report.

Please do not hesitate to contact either of us with any questions.

Sincerely,

Kate Johansen
Director, Government Engagement

Nikki Vilendrer
Manager, Government Engagement

Cc: Senate Majority Leader Jeremy Miller
Speaker of the House Melissa Hortman