



April 4th, 2024

Professional Distinction

Personal Dignity

Patient Advocacy

Chair Liebling  
MN House Health Finance and Policy  
Minnesota State Office Building  
100 Rev. Dr. Martin Luther King Jr. Blvd.  
Saint Paul, MN 55155

Chair Liebling and committee members,

With 22,000 members, the Minnesota Nurses Association (MNA) is the leading voice for professional nursing in the State of Minnesota. As leaders in labor and health care, we are a voice for frontline hospital nurses around the state who strongly support evidence-based health policy that enables patients to access healthcare, including reproductive healthcare, gender affirming care, and regulating health maintenance organizations (HMO) conversions.

### **Support for HF4853: HMO transaction oversight**

H.F. 4853 is a much-needed piece of legislation that targets the largest contributors to rising patient costs, barriers to accessing the medically necessary services (or services at all), and blatant profiteering off the backs of patients and taxpayers. Profit-driven behaviors and motivations should not be the guiding force behind the policies and practices that guide HMOs, something that Legislature at least partially recognized across the aisle in the past when the current HMO conversion moratorium became law.

Until the Legislature takes the additional steps laid out in H.F. 4853 to prohibit for-profit entities from accessing public assets when converting to for-profits, this is an issue that will continue to come before this committee and the risks and current problems will remain. Notably, there is little stopping the private health insurance companies – who are currently sitting on almost \$6 billion in assets, including many charitable assets they have acquired from nonprofit entities at a fraction of their actual value – from furthering their monopolization of our healthcare system. This bill takes us forward by protecting our state's assets, better regulating charitable assets, and preventing harmful profit-based takeovers that seem inevitable under current law.

### **Support for HF4053: Health plan coverage of abortion and related services**

We know that most Minnesotans support access to full reproductive healthcare options and for individuals to have autonomy over medical decisions affecting them. MNA's own stance reflects support of this position as well. Unfortunately, there are many laws in place that prevent full access to healthcare and the overturning of Roe v. Wade led to a flood of cruel and harmful laws attacking not only abortion rights. MNA is proud to see the work that the Minnesota legislature completed last year and we applaud the continued work to ensure everyone has access to the full scope of healthcare services, including abortion care.

Patients should not have to face financial repercussions for accessing abortion care nor should providers struggle through a mess of complicated funding options and barriers to receiving payment. Healthcare should be affordable and accessible. H.F. 4053 is an

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important step toward changing this and ensuring more people can access the care they need.

Nurses see the results of these policies that restrict access regularly in their own profession. Barriers often result in more serious healthcare issues which burden our already understaffed emergency departments and hospitals. It's important to provide coverage for people of all economic status.

**Support for HF2607 Health plans clarified to require coverage of gender-affirming care**

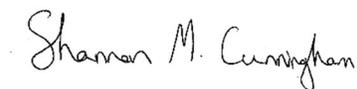
Minnesota nurses firmly stand with all transgender, gender non-binary, and gender non-conforming people. We strongly oppose all state and federal legislative efforts that impair the human rights of transgender people, including those that limit transgender people's access to gender-affirming healthcare, school activities, employment, and public facilities. And we fully support creating systems to ensure more access and affordability for these lifesaving and life changing healthcare services.

Studies show that access to gender affirming care mitigates negative mental health outcomes and reduces the rates of moderate to severe depression. A study published in *Jama* found that "having access to hormones and puberty blockers for youth ages 13 to 20 was associated with a 60% lower odds of moderate to severe depression and a 73% lower odds of self-harm or suicidal thoughts compared to youth who did not receive these medications over a 12-month period." This is a huge difference in the lives of Minnesotans and many more studies show additional benefits for providing access to gender affirming care.

Knowing that access to gender affirming care can greatly improve lives and save lives, it's easy to see that everyone should have access to affordable and accessible gender affirming healthcare. HF 2607 is an important step towards this. Now is the time for Minnesota to remove these barriers to care and ensure that we continue to be a leader in providing equitable healthcare, access, and support for those in need. For the health, safety, and economic well-being of patients across the state, we urge you to support HF 2607.

We applaud the bill authors on all of these important pieces of legislation and strongly encourage you to support these important changes to healthcare coverage and regulation.

Thank you,



**Shannon M. Cunningham**  
Director of Governmental and Community Relations  
Minnesota Nurses Association

**Testimony of Michael Johnson,  
Former Blue Shield of California Public Policy Director,  
In Support of HF 4853 (Bierman)/ SF 4837 (Wiklund)**

Madame Chairwoman and members of the Committee, I write to express my strong support for HF 4853.

I am a former public policy director for Blue Shield of California, which is one of the largest nonprofit health plans in the country. In that role, I came to learn a lot about how nonprofit plans approach their duties as nonprofits—and how some of them seek to evade those duties.

What distinguishes nonprofit HMOs and health plans from for-profit ones is that they are obligated to operate for the benefit of the community, not investors or any other private persons.<sup>1</sup> That is a duty rooted in common law and, when a tax exemption is provided, reinforced as a condition of that exemption. It is the essence of what a nonprofit HMO or health plan is.

However, not all nonprofit HMOs and health plans see it that way. Indeed, the health plan I worked for, Blue Shield of California, has quietly, but officially asserted that it has no legal duty to serve the public good—a position I disagreed with and that led me to leave the organization in 2015. I've spent much of my time since then advocating for increased accountability on the part of nonprofit health plans.

In a variety of other ways, across the country, I have seen health plans fail to fully embrace their duty to benefit the public. This failure has posed an especially significant problem when a nonprofit plan is converted into a for-profit, usually as a result of its acquisition by a for-profit company. It is why Minnesota needs HF 4853. Too often across the country, these

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<sup>1</sup> Some nonprofit health plans may be organized as mutual insurance companies, in which case their duty is to operate for the benefit of their members. Minnesota, however, does not have any nonprofit health plans organized as mutual insurance companies.

transactions appear to have been engineered to enrich individual executives and new private companies, rather than benefit the public.

One egregious case, in 2001, involved a proposal to convert the Blue Cross and Blue Shield plan serving Maryland, Virginia and D.C. into a for-profit in order to sell it to the giant insurance company WellPoint. Under the proposed deal, which was ultimately rejected by regulators, the nonprofits' executives would have received \$120 million in bonuses. According to testimony by Wellpoints' CEO, the executives had demanded the bonuses as a condition of agreeing to sell the nonprofit to Wellpoint: "No bonus, no deal."<sup>2</sup>

A more recent example involves the proposed sale of nonprofit Blue Cross and Blue Shield of Louisiana to Elevance, which was put before regulators just last year. As part of that deal, BCBSLA's board members would each be guaranteed payments of at least \$1 million for service on a post-acquisition "advisory" board. In addition, four board members would be given exclusive control over a multi-billion-dollar nonprofit entity funded with proceeds from the sale.<sup>3</sup> Following intense criticism of the deal by advocates and legislators, BCBSLA has, at least temporarily, withdrawn its request for regulatory approval.

The problem that arrangements such as these pose is not only, or even principally, that it puts assets meant for community benefit at risk of being siphoned off into the pockets of executives. It is that the opportunity for such conduct raises the risk that a conversion that does not benefit the community will be proposed because it benefits the executives involved.

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<sup>2</sup> "For-Profit Non-Conversion And Regulatory Firestorm At CareFirst BlueCross BlueShield," Health Affairs, July/August 2004.

<sup>3</sup> Public Comments of Michael Johnson, Louisiana Department of Insurance, [https://ldi.la.gov/docs/default-source/documents/legaldocs/public-comments/public-comment---michael-johnson-8-10-23.pdf?sfvrsn=fba4652\\_0](https://ldi.la.gov/docs/default-source/documents/legaldocs/public-comments/public-comment---michael-johnson-8-10-23.pdf?sfvrsn=fba4652_0)

There can sometimes be good reasons for a nonprofit health plan or HMO to be sold to a larger for-profit company. A health plan or HMO that is part of a much larger entity may be able to provide products or services that a small nonprofit can't, or it may be able to do it more efficiently. Such improvements, along with the benefits of a conversion foundation established with the proceeds from the sale, may outweigh the benefits of continued operation as a nonprofit. But if the people making that assessment have arranged, as part of the deal, bonuses for themselves or more lucrative jobs with the acquirer, then their assessments can't be trusted.

In my view, this is one of the most important protections provided by HF 4853. By foreclosing the opportunity for nonprofit health plan or HMO executives to be personally enriched via conversion transactions, the bill makes it much more likely that any conversions proposed will be based on an honest assessment of their pros and cons for the community.

Also critically important is the assurance HF 4853 would provide that in the event of the conversion of any nonprofit HMO or health plan, funds equal to the value of the nonprofit at the time of the conversion would be set aside into a foundation and used to benefit the public. This would ensure that no nonprofit HMO or health plan could ever evade its duty to serve the public good.

Finally, HF 4853 would provide another benefit that could actually serve to improve the HMO and health plan marketplaces—by providing a clear pathway for conversions. As mentioned, under certain conditions, conversions may bring improvements that serve the best interests of consumers. However, absent a clear and transparent process for the review of such transactions by the state's regulators, it could prove more difficult to close them. In Louisiana, the lack of a conversion law resulted in a cloud of confusion and dissension over how the proceeds from the sale of BCBSLA should be used, and that, along with BCBLA's missteps, contributed to the derailment of the conversion deal.

In Minnesota, any nonprofit HMO or health plan seeking to convert would be subject under existing law to a charitable trust obligation requiring that all of its assets be preserved for public benefit purposes. But exactly how that obligation would be enforced and by whom would be left unclear. That lack of clarity, in addition to putting charitable assets at risk of being lost to the community, could actually end up impeding conversions that would well serve consumers.

For the protection of Minnesotans, as both health care consumers and as stakeholders of the billions of dollars in nonprofit HMO and health plan assets in this state, I urge you to vote in favor of HF 4853.



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March 21, 2024

Chair Tina Liebling  
House Health Finance and Policy Committee  
559 State Office Building  
St. Paul, MN 55155

Dear Chair Liebling,

On behalf of Minnesota Farmers Union (MFU), I write to share our organization's support for HF4853, which will put in place strong protections for Minnesota taxpayers when the current moratorium on Health Maintenance Organization (HMO) conversions is lifted. We are grateful for Rep. Bierman's leadership on this important topic.

MFU is a grassroots organization that has represented Minnesota's family farmers, ranchers and rural communities since 1918 and at our most recent annual convention our members voted to make ensuring affordable and accessible care in rural Minnesota a top priority for this year. Protecting the public benefit assets that Minnesota's non-profit HMOs have built up is a key part of meeting those goals.

Without the protections included in HF4853 Minnesota will be at risk when the moratorium on conversions expires in 2026. Other states with weak conversion regulations have seen the value of charitable assets severely undervalued and public assets used to pay millions in executive bonuses. For-profit acquisitions of nonprofit HMOs have also fueled further consolidation in healthcare.

Minnesota's nonprofit HMOs have benefited from significant public investment. HF4853 serves to help ensure that public investment continues to be used for the public's benefit by:

- Recognizing nonprofit health plan assets as public benefit assets.
- Establishing independent valuation of health plan's assets to ensure full and fair value.
- Ensuring opportunities for the public to weigh in on conversions.

We again thank Representative Bierman for his leadership on this issue and urge the committee to support this legislation. If you have any questions, please contact our Government Relations Director, Stu Lourey, at [stu@mfu.org](mailto:stu@mfu.org) or (320) 232-2047 (C). Thank you for considering the needs and perspectives of Minnesota's farm families.

Sincerely,

Gary Wertish  
President, Minnesota Farmers Union



April 4, 2024

Minnesota House of Representatives  
Health Finance and Policy Committee  
HF 4853

Dear Members of the House Health Finance and Policy Committee –

The Minnesota Business Partnership is a membership organization comprised of the top business leaders from Minnesota’s largest employers, employing almost half a million workers across the state. Health care availability, access, and equity are incredibly important to our members, and we appreciate the opportunity to provide feedback relative to the Committee’s consideration of HF 4853 (Bierman).

We advise exercising caution in proceeding with the current bill language, as rushing its passage would be premature without the completion of the final HMO study by the Minnesota Department of Health.

Although the [preliminary report](#) provides valuable insights, Minnesota Department of Health Commissioner Dr. Brooke Cunningham emphasizes in the accompanying cover letter that the final report “will provide more in-depth analysis of how other states approach regulating HMO conversion transactions, as well as options for legislators to consider related to both the ongoing regulation of for-profit and foreign HMOs in Minnesota and the treatment of conversion transactions.”

Following the 2023 legislative session and the enactment of HF 402, a state study was initiated to examine HMO conversion and regulation. The final findings of this study are slated for release on June 30, 2024, and it is crucial to consider these findings and the detailed analysis provided in the final report before proceeding with the legislation.

Sincerely,

Abby Loesch  
Health Policy Director  
Minnesota Business Partnership