



March 23, 2023

Dear Members of the House Health Finance and Policy Committee,

On behalf of the more than 10,000 members of the Minnesota Medical Association (MMA), I appreciate the opportunity to comment on several important items in HF 2900, the Minnesota Department of Human Services (DHS) budget bill.

The MMA supports continued coverage for audio-only telehealth services beyond the June 30, 2023 sunset. Audio-only telehealth is important for many patients who do not have access to reliable internet or broadband connectivity, low-income patients who may not have access to video-only technology, or patients who are less comfortable using video-only services.

The MMA also supports the efforts needed to ensure maximum federal funds for the Medical Education and Research Costs (MERC). To ensure the funding, it is needed to transfer the funding from Minnesota Department of Health to DHS, as required under recent federal changes. This transfer of funding is not new funding, so should not be applied against the committee's target. MERC has been a critical funding source for our future physicians and other healthcare providers. Thank you for ensuring full funding.

The MMA supports the increase in medical assistance (MA) rates for family planning services and coverage for undocumented children under 19 years of age.

The MMA appreciates the bill's attention to increasing the affordability of health plans with high actuarial values (AVs) in Article 8 regarding Public Option. In Minnesota, the percent of patients who are "underinsurance" is greater than those who are "uninsured." Minnesota has one of the highest rates of enrollment in high-deductible insurance plans, which results in severe underinsurance and patients avoiding or delaying care. In addition to the transitional cost-sharing reductions for individuals who choose to enroll in gold plans through MNSure, the MMA would like to see an AV minimum of at least 70% established for the public option. To offer low-premium plans with AVs below 70% is to run the risk of attracting Minnesotans to plans which will render them underinsured. Underinsured Minnesotans often delay and forgo care.

Article 8 includes language to ensure sufficient provider participation. The MMA suggests adding before the semicolon, "including adequate reimbursement levels." The MMA's primary concern is whether practices will be able to continue to stay in business if too large of the patient base is reimbursed at MA payment rates that do not cover the cost of doing business.

The MMA supports expanded public option coverage to undocumented Minnesotans. We must provide coverage to ensure this population is receiving cost-effective care.



The MMA supports the expanded MA coverage to undocumented Minnesotans. We must provide coverage to ensure this population is receiving cost-effective care. Additionally, while the bill does not specifically call for actuarial studies, portions do require the Commissioner of Human Services to present an implementation plan with recommended changes.

Finally, the MMA opposes the expanded sanctions for the opioid prescribing improvement program in Article 7, section 9. While we continue to have an opioid overdose crisis in Minnesota, that problem is less about prescribed opioids and is more related to illicit fentanyl. We question whether the Department of Human Services is the appropriate agency to determine the standard of care, especially for physicians who are treating patients with chronic pain.

Thank you for the opportunity to weigh in on these critical provisions in HF 2900.

Sincerely,

A handwritten signature in black ink that reads "William Nicholson".

William Nicholson, MD
President, Minnesota Medical Association