



April 28, 2023

Chair Melissa Wiklund
Senate Health and Human Services Committee
2107 Minnesota Senate Building
St. Paul, MN 55155

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

Chair Wiklund, Chair Liebling and Conferees,

As the state’s largest private employer, and as a health system focused on its mission to inspire hope and promote healing and wellness through practice, research, and education, Mayo Clinic appreciates the work of your committees to address both the opportunities and challenges facing health care. While many inclusions in your respective proposals will have an impact on Mayo Clinic and our ability to serve patients from across Minnesota and all 50 states, below is an abridged and non-exhaustive list of policies we appreciate your inclusion for and those for which we have significant concerns.

Support	Oppose/Concerns
<ul style="list-style-type: none"> SF2052/HF2749 – Safety Grants for Health Care Workers SF1951/HF2081 – Recuperative Care SF2966/HF2900 – Telehealth Extension and MERC Solvency SF2693/SF2966/HF2924 – Hospital Rebasing SF1948 – Biomarker Testing Coverage HF1329 – Cancer Data Sharing 	<ul style="list-style-type: none"> SF1561/HF1700 – Keeping Nurses at the Bedside Act SF2002/HF2202 - Health Care Affordability Board SF1681/HF402 – Health Care Mergers and Acquisitions Significant structural changes to the health care ecosystem without in-depth analysis in advance of passage

Thank you for hearing and including the following proposals, and Mayo Clinic would ask for your continued support during the conference committee process.

- SF 2052/HF 2749: this proposal would establish a grant pool for providers to seek state assistance to improve the safety issues of their practice. The safety of staff and patients is paramount at Mayo Clinic, and we appreciate the funding that has been included but would respectfully ask that you consider increasing this appropriation to the amount requested and keep the scope broad and competitive in applicability.
- SF 1951/HF 2081: thank you for including language to make the structure and funding changes needed to establish coverage for recuperative care services. This type of care is provided to those who are homeless but need a safe and stable environment to convalesce. Your support of this proposal ensures access to care for these vulnerable patients.

- SF 2966/HF 2900: the pandemic highlighted the benefits and efficacy of telehealth service coverage, including audio-only services. Patients and staff alike express satisfaction with and support for this innovative approach to care. Thank you for including an extension to 2025.
- SF 2966/HF 2900: thank you for recognizing the importance of the state's support of medical education and research costs (MERC). The language this year is not a new appropriation but keeps solvent the fund following a federal change. Mayo Clinic also supports the proposed amendment language that would establish a work group to analyze other opportunities to capture federal support and enhance funding for the state.
- SF 2693, SF 2966 and HF 2924: thank you for allowing 2018-2019 as the base years for the 2023 hospital payment rebasing process. The last few years with the COVID-19 pandemic have skewed typical hospital operations and finances, so recognizing this and allowing for the base to be captured from a more stable period will help ensure the intent of the effort.
- SF 1948: biomarker testing is a tool to help patients receive a more individualized approach to their health care. It helps identify key biomarkers that may indicate what therapies or treatments may be more effective for a specific patient. Mayo Clinic appreciates the language included in the Senate version to expand access to this important service. Please include the Senate language in the conference report.
- HF 1329: Minnesota continues to be an outlier by not sharing information from its cancer registry with other states and federal partners like the CDC. Mayo Clinic recognizes the value this change could bring to advance the science of medicine, and we agree this needs to occur in a manner that continues to ensure the privacy and safety of patients diagnosed with cancer. We respectfully ask you to include this language in the conference report.

Thank you for your support of the above, in addition to many other proposals that will be a benefit to patients and help providers meet the needs of our patients. However, not all proposals will have a positive impact, and in fact, some, including the below, will have significant adverse outcomes to Mayo operations and our ability to care for patients under the Mayo Model of Care.

- SF 1561/HF 1700: the guiding principle of Mayo Clinic is that the needs of the patient come first. Serving the needs of our patients also means supporting our staff. Perhaps the greatest challenge facing health care workers is the growing health care workforce shortage, including but not limited to nursing. While we appreciate provisions in the legislation to support mental health resources for health care workers and loan forgiveness for nurses, we believe the provisions related to staffing committees, without exceptions, exacerbate the current staffing challenges. The legislation fails to recognize that staffing is dynamic, time-sensitive, and patient-specific. A complex committee structure that sets staffing ratios is not well aligned to meet the needs of staff or patients. It is also duplicative of current paths for nurses to provide input on staffing. Most importantly, it fails to solve the real problem—to retain and support our nurses, we need more nurses, not more committees.
- SF 2002/HF 2202: Mayo Clinic supports access to transparent data that provides meaningful cost and quality information, whether to patients or other interested partners. But these factors need to reflect care provided in different settings and outcomes through the episode of care. Minnesota has enacted numerous laws and has a health economics program to study similar trends. We believe establishing a new board with the authority to assess penalties and fines is duplicative and will not achieve the outcomes intended without consequences impacting the delivery and transformation of health care.
- SF 1681/HF 402: we appreciate the updates that have been made to this bill as it has evolved throughout session. Mayo Clinic still has concerns related to the sensitivity of information required to be shared as a result of this legislation and the authority given to public entities for an extended period of time. We would encourage the state to pause on the issues related to the threshold (of qualifying transactions) and oversight and conduct a landscape analysis of health care operations in the state to identify the appropriate level of qualifying changes.

Mayo Clinic also supports more in-depth analysis and study of several of the proposals under consideration to assess the impact to the health care ecosystem in our state, including expanding the MinnesotaCare program and significantly altering the state's managed care structure through dissolution, opt-outs, or carve-outs. In addition, as hospital boarding continues to be an increasingly concerning challenge that causes care delays and safety concerns, we urge the state to identify solutions that will address this issue to help ensure that patients are receiving care in the health setting that is most appropriate.

On behalf of Mayo Clinic, thank you for your service to our state, including our health and human services sectors. Mayo appreciates your recognition of the above issues and would respectfully ask for your consideration of our comments as you consider the final conference committee report.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nikki Vilendrer', with a stylized flourish at the end.

Nikki Vilendrer, M.P.P.
Manager, External Engagement
Mayo Clinic