



May 7, 2021

To: Senate and House Health and Human Services Conference Committee Members

RE: HF 2128/SF 2360

Dear Chair Benson, Chair Abeler, Senator Utke, Senator Koran, Senator Hoffman, Chair Liebling, Chair Schultz, Chair Pinto, Chair Gomez, and Representative Schomacker,

Thank you for all of your hard work this session to advance legislation that positively impacts the children and families that Gillette serves. We are grateful for many of the provisions in both the Senate and House Health and Human Services Omnibus bills.

Gillette was created by the Minnesota legislature over 120 years ago to provide treatment for children with disabilities and complex medical conditions. Now an independent nonprofit specialty children's hospital with clinics throughout the state, including in Greater Minnesota, we see patients from every Minnesota county. We focus on conditions that are complex, rare and traumatic. Our patients typically require intense lifelong care and medical intervention due to conditions such as cerebral palsy, spinal cord injury, spina bifida, epilepsy, skeletal deformities and rare diseases. The vast majority of our patients have multiple overlying conditions. At Gillette we focus on the care and interventions that will best improve quality of life, functionality and patients' ability to participate in their community.

Provisions of support in both the House and Senate bills:

- **Telehealth (Senate Article 8, House Article 7)**

We are grateful for all of the work that has been done to advance the use of telehealth. We have seen firsthand the direct positive impact telehealth has had for Gillette patients both prior to and during this pandemic. In particular we support language allowing the originating site to be a patient's residence, the removal of the cap on three telemedicine visits per week under Medical Assistance, and the continuation of rate parity for telehealth visits.

While virtual visits give patients an option for a new way to access our care, it does not necessarily cost less to deliver that care. There are costs that remain the same regardless of whether care is being delivered in person or virtually. Virtual care has not resulted in a reduction in medical staff. To deliver equitable quality of care, professional staff remain the same whether in-person or virtual. In many ways, staffing costs to support virtual visits can be higher than in person visits. The need to

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ensure effective communication and connectivity between the provider, support staff, and patient/family, who are all in different physical locations, creates additional time and work effort that does not exist with in-person visits. And, importantly, the salaries of medical personnel supporting a patient encounter, whether done virtually or in-person, do not change. There are also additional costs associated with virtual care that are not present for in-person visits, including a virtual care platform, support staff, and devices equipped to deliver care. Gaining access to a quality HIPAA compliant video conferencing platform comes at an additional consequential cost. Virtual care also creates new and unique tasks in program management, coordination of appointments, technical support, IT administration and the roll out or conversion of PCs and tablets to those enabled with webcams and microphones. Finally, telehealth does not alleviate the need for a brick and mortar presence in our communities and subsequent expenses. While virtual care has proven to be helpful for many services (including physical therapy, speech therapy and occupational therapy) a large number of the services Gillette provides cannot be conducted virtually.

- **Extension of Temporary Personal Care Assistance (PCA) Reimbursement for Parents and Spouses (Senate Article 14, Section 72; House Article 14, Section 42)**

We are grateful for the many provisions in both bills that positively impact the provision and payment of PCA services and in particular for this provision ensuring that parents of children who have disabilities and spouses of adults who have disabilities are able to continue providing PCA services until the new Community First Services and Supports program is fully implemented.

- **Inclusive Child Care Grants for Child Care Providers to Support Children with Disabilities (Senate Article 19, Section 8; House Article 16, Section 16)**

Provisions of support in the Senate bill:

- **Personal Care Assistant (PCA) /Direct Support Professional (DSP) Support During Hospital Stays (Article 14, Section 68)**

Support from PCAs and DSPs who know individuals' unique needs will help health care staff optimize care on an ongoing basis, as they are uniquely able to express concerns and changes in care plans, implement new care plans during hospitalization and post-discharge, and improve understanding of and compliance with those care plans.

- **Relief for Families Who Pay Parental Fees (Article 9, Sections 2-3)**

Any reduction or elimination of these fees paid by parents of children with disabilities would be helpful for families.

- **Vivian Act (Article 2, Section 10)**

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Provisions of support in the House bill:

- **Pharmacy and Provider Choice Related to Prescribing and Dispensing of Biological Products (Article 5, Sections 9, 11, 12 and 21)**

Many of the specialty drugs coming into the market that are beneficial for Gillette's patient population are biological products or a biosimilar. This legislation protects patient and provider choice related to the prescribing and dispensing of biological products. From a patient perspective biosimilars provide a more affordable option for expensive treatments, including treatment for rare diseases. From a provider perspective it is difficult and expensive for providers to maintain several different brands of a biosimilar drug.

- **Enhanced Asthma Care Benefit (Article 1, Sections 15, 33, and 35)**

Provision of concern in the House bill:

- **Nonemergency Medical Transportation (NEMT) (Article 1, Sections 6, 14, 15, 28, 29, 31)**

While we recognize the need for improvement in the current NEMT program, we are concerned that this proposal, and in particular the extensive projected associated savings, could result in reduced access to needed transportation services for the patients that Gillette serves across the state. We respectfully ask that this not move forward this session and that discussions take place moving forward around meaningful reforms that would serve to improve the program for recipients, including children and adults with disabilities and complex medical conditions, relying on this important service.

Additional Thank You:

We are grateful that the proposal to modify rates for durable medical equipment (DME) and prosthetics and orthotics was not included in either final omnibus bill.

Thank you all for your hard work and your service on this conference committee. We appreciate the opportunity to share our viewpoints and ask for your consideration. Please feel free to contact Marnie Falk, marniefalk@gillettechildrens.com with any questions.

Sincerely,



Barbara Joers
President and CEO

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