



March 29, 2023  
House of Representatives  
Health Policy and Finance Committee  
HF2930 - DE1 Amendment

Members of the Committee,

The Minnesota Business Partnership is a membership organization consisting of business leaders from Minnesota's largest employers, employing almost half a million workers across the state. Minnesota ranks near the top in the nation for health care coverage, and we are grateful to our many world-class health care providers. Health care affordability and access are vitally important to our members, and I write to express some of our concerns regarding the DE1 Amendment.

**Nurse Staffing Ratio (HF1700)**

Prohibiting staffing flexibility that hospitals have relied on throughout the pandemic will leave little option but to reduce services or turn away patients. Instead, we should be supporting team-based care staffing models that allow staffing decisions to be made at local hospitals based on patient needs and the judgment of experienced nursing staff, especially as hospitals face critical staffing shortages.

Beyond the importance our hospitals place on care and wellbeing for their patients, Minnesota currently has a transparent process for public reporting of hospital staffing. Minnesota consistently ranks as one of the top states in the nation for patient care, and this bill does little to improve upon that while creating additional layers of hospital staff management.

**MinnesotaCare Public Option (HF96)**

We support MinnesotaCare as it currently operates and share the goal of affordable and accessible health care for all; however, this provision does not address escalating health insurance costs and may exacerbate the problem. Expanding the public option will lead to greater cost-shifting for private-pay individuals to make up for the lower reimbursement rates from public programs. As higher health care costs are passed along to private health insurers, insurance rates for workers enrolled in employer-sponsored health insurance programs will increase.

This provision could reduce access to health care as the limitations of cost-shifting are reached. As the public-pay population increases, healthcare providers will be increasingly unable to make up for lower reimbursement rates. Providers already operating on the margin may be forced to cut services without an increased allocation from taxpayers, while they are still recovering from the financial impact of the pandemic.



**All Payer Claims Database (HF926)**

The language requiring that third-party administrators (TPA) report data to the Commissioner of Health is concerning, this requirement would require that TPA’s report who does and who does not elect to submit data to the All Payer Claims Database. It is also not clear who would have access to this list and what the Commissioner plans to do with this data. In a Supreme Court ruling in 2016, the Court held that requiring self-insured plans covered by ERISA are not required to report payments relating to health care claims to a state agency for compilation to a state’s All Payer Claims Database.

**Health Entity Transactions (HF402)**

It is vital for healthcare entities in our state to be able to operate with the flexibility they need to ensure quality access and care is provided without the disruption of the increased oversight guidelines. The current oversight and review process we have in place in Minnesota ensures that health entities can make the organizational transactions needed to operate and increase access to the thoughtful care that they provide to patients.

Minnesota is experiencing health care workforce shortages, and allowing providers and health care entities to have the balance and flexibility they need to make decisions to best serve their patients and communities should be our goal. There are circumstances where over-regulation of health care oversight can impact patient care, and we must realize that the sustainability of our health care workforce and our health providers will be affected by this additional oversight.

Minnesota Business Partnership members share the goal of patients having access to the highest quality of care possible at an affordable price. We appreciate Chair Liebling’s effort to improve health care quality, access, and equity, but the provisions outlined above will move us further from that goal.

Thank you for your time and consideration,

Abby Loesch

Health Policy Director