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February 14, 2024

Health Finance and Policy Committee
Minnesota House
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

Chair Liebling and Members of the Health Finance and Policy Committee,

The Minnesota Council of Health Plans (MCHP) is an association of nonprofit health plans whose mission is to get Minnesotans the affordable, equitable and quality-based care they need today and in the future. We respectfully urge your opposition to HF 3443 because it would lead to delayed access to care, duplication of services, patient frustration and increased costs.

Access to health records is already a highly regulated process under federal and state law. Federal regulations, including HIPAA, the HITECH Act and the Omnibus Privacy Rule strictly govern when, where and to whom health information can be shared. Federal laws carry serious civil and criminal penalties when their requirements are not met. State regulations, including penalties for unauthorized release or access under Minnesota Statute 144.298, also apply. HF 3443 seeks to insert yet another regulatory step on top of the existing regulations, an “extra step” that 48 other states do not deem necessary to protect private health information. A 2018 [study](#) by Avalere Health estimated that extra step would increase costs of care by more than \$606 million over ten years. That estimate does not include savings consumers would also experience by not having to pay for any associated out-of-pocket costs.

We urge your opposition to HF 3443 so Minnesota health care continues to be aligned with 48 other states in supporting cost-effective, high-quality care.

Sincerely,

A handwritten signature in black ink, appearing to read "Lucas Nesse", written over a horizontal line.

Lucas Nesse
President and CEO



Minnesota Hospital Association

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Saint Paul, MN 55103-2382

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February 15, 2023

Chair Liebling and Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Hospital Association (MHA), we write to express general concern regarding the proposed changes to the Minnesota Health Records Act (MHRA) in HF 3443 (Liebling). As the health care landscape has evolved over the last 10-15 years, many Minnesota hospitals and health systems have struggled, at times, to fully develop and implement various payment and care coordination modalities. Such struggles must be viewed in light of some of the limitations that the MHRA appears to impose, particularly in contrast with routine treatment, payment and operation practices authorized under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Following the recent Minnesota Supreme Court ruling in *Schneider v. Children's Health Care* and in light of the updates to HIPAA currently being considered at the federal level, Minnesota's hospitals have begun the process of evaluating how to serve our patients better and more efficiently. MHA believes that the positive clinical and budgetary outcomes of many of the possibilities should be better understood before the Minnesota Legislature re-imposes certain express consent requirements that were initially conceptualized for a very different health care system.

MHA has long supported updates to the MHRA that would more clearly facilitate the kinds of care coordination and cost reduction that policy makers have routinely called for. Before jumping to a solution, we believe that the Minnesota Supreme Court's ruling in *Schneider v. Children's Health Care* should be the start of a new conversation on patient confidentiality. As such, we caution the Minnesota Legislature against a blanket reversion that may not fully consider the totality of the public health considerations underpinning our state privacy laws.

We will remain engaged with our members and other stakeholders as this bill moves through the legislative process and will provide more specific comments in future committee hearings.

Sincerely,

Mary Krinkie
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