



May 9, 2022

Dear Health and Human Services Conference Committee Members,

On behalf of the more than 11,000 members of the Minnesota Medical Association (MMA), thank you for your work to provide supplemental funding to critical programs in the Health and Human Services (HHS) omnibus bills. As you work to find agreement on a final bill, the MMA encourages you to support the following items:

1. The MMA supports language in both the Senate and House omnibus bills to protect patients with chronic pain who require opioids to manage their pain. Efforts to reduce the overuse and abuse of opioids have caused many patients with chronic pain to taper their medications, even when not clinically appropriate. The language in both bills balances the goal of reducing opioid overuse with the acknowledgement that some patients with chronic pain need ongoing access to these medications.
2. The MMA strongly supports the development of a statewide registry for completed Provider Orders for Life Sustaining Treatment, or POLST, forms. POLST forms enable patients, in consultation with their medical team, to translate their preferences for end-of-life care into a medical order. A statewide registry is necessary to ensure reliable access to the form by EMS professionals, emergency room physicians, and other health professionals. We hope the strong bipartisan support for this effort will ensure its inclusion in the final omnibus bill.
3. The MMA supports the proposed new primary care rural residency training grants. As both the Senate and House have acknowledged, the COVID pandemic has demonstrated the urgency of investing in the healthcare workforce. Minnesota has a great need for additional physicians and other healthcare providers to practice in rural and other underserved regions of our state. According to the Association of American Medical Colleges, an additional 14,100 to 17,600 physicians are needed across the country to address the shortage in rural areas. By locating training in rural areas, we can expose more future physicians to rural practice, and help address the workforce shortage of these professionals in Minnesota.
4. The MMA strongly supports limiting the ability of insurers and pharmacy benefit managers to force patients to change their drug therapy in the middle of their enrollment year. The language in the House bill will protect patients, who often select their insurance plan based on the medications that are covered, from changes to formularies in the middle of a contract. A patient is bound by a contract to remain with their insurer for the enrollment year; the insurer should be held to the same standard.

5. The MMA supports updates to the All-Payer Claims Database (APCD) to authorize the collection of non-claims-based payment information. Health plan payments associated with value-based payments arrangements, which are increasing, are largely missing from the APCD because such payments often flow outside of a traditional healthcare claim. The proposed changes will ensure that a more complete picture of healthcare payments is captured in the APCD.
6. The MMA supports the coverage of tobacco cessation services by public programs. Tobacco and nicotine use continues to be the number one preventable cause of death and disease.

While there are many more important provisions in the HHS bills, the six items listed in this letter are top priorities for the MMA and critical to the health and wellbeing of our patients. The MMA urges members of the Conference Committee to support them.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Rice". The signature is fluid and cursive, with the first name "Randy" and last name "Rice" clearly distinguishable.

Randy Rice, MD
President, Minnesota Medical Association