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February 23, 2022

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

Dear Chair Liebling and Members of the Committee:

The Minnesota Council of Health Plans — representing Minnesota’s nonprofit health plans — works every day to support access to high-quality affordable health care. The Council appreciates the willingness of Rep. Reyer and proponents to hear concerns from our members and work on solutions in the bill. However, the Council has concerns over three areas within HF626.

Negative Impact to Provider Networks

One of the tools health plans use to lower health care costs to enrollees is to create provider networks. Providers contract with a health plan at a discounted rate, with the expectation a high volume of enrollees will seek care from these in-network providers. The Council is concerned the language in HF626 would incent providers to not contract with a health plan, which could result in increasing health care costs for everyone in the fully insured market.

We would also like to remind the committee that health plans are already required under Minnesota Statute 62K.10 to find care for an individual who requires treatment that is not available within a network. This is required for all enrollees, regardless of whether they live with a rare disease. Health plans have a process to evaluate network exceptions so enrollees are not prevented from accessing specialty care needed that is out of their network. This process allows enrollees to access appropriate medical services with an appropriate qualified health care provider. We are currently working with Rep. Reyer to determine if there are gaps in the state regulated markets and if the issues experienced by patients are those in the self-insured market, which is regulated at the federal level.

Definition of a Rare Disease

The Council is concerned about how a rare disease is defined in the bill and would want to ensure the definition does not include conditions that may be statistically rare, but not rare when it comes to treatment. For example, measles has become, statistically, a rare disease due to advancements in prevention and treatment, but it would not be considered rare by medical professionals because there is a common understanding on how to diagnose and treat the condition. We appreciate Rep. Reyer and proponents being receptive to our concerns. The Council is currently reviewing the changes in the A1 amendment to see if it alleviates our concerns.

Application to State Public Programs

The Council has a standing position that any proposed mandate on commercial insurance should also be applied equally to state public programs to ensure proper consideration of the impact and equal application in coverage. We appreciate the changes made in the A1 amendment to apply the requirements in the bill to the Medical Assistance and MinnesotaCare programs.

We look forward to continuing to work with Rep. Reyer and proponents on this bill to ensure we work to lower health care costs, maintain stability in the market, and help Minnesotans gain access to needed care.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lucas Nesse', written in a cursive style.

Lucas Nesse
President and CEO