

May 7, 2021

Professional Distinction

Personal Dignity

Patient Advocacy

Representative Liebling, Senator Benson and Members of the Health and Human Services Conference Committee:

With 22,000 members, the Minnesota Nurses Association (MNA) is the largest voice for professional nursing in the State of Minnesota. We are a leader in both the labor and health care communities and a voice for our members on issues relating to the professional, economic, and general well-being of nurses and in promoting the health and well-being of the public.

#### **House and Senate provisions that MNA supports:**

### Hennepin County Health Care Directed Financing Arrangement

To make sure that HCMC remains publicly owned and able to serve their diverse population, we need to make sure that it is adequately funded. This language will allow Hennepin Health System to take advantage of a federal funding mechanism passed in 2016 that can help stabilize the financial situation at HHS.

#### **Telehealth**

The pandemic revealed more clearly both the inequities in the health care system and the possibility of new technology to help more people access care. As MNA works through this language more closely, we want to ensure that telehealth does not replace individualized care at the bedside and that lack of local broadband infrastructure and economic barriers to accessing necessary equipment and internet service do not exacerbate health care access issues that already exist in Minnesota. There are some important differences between the House and Senate positions and MNA supports versions that retain parity of payment for services and ensures that if a patient wants, in-person visits are still available to them. We also support the Senate's inclusion of a taskforce on public -private telepresence strategy.

## **Post-Partum Coverage for Medical Assistance**

We are glad to see that both the House and Senate included funding for extending post-partum coverage for new mothers. Ensuring that new families have access to health care for an extended period of time can help reduce health inequities and help Minnesotans live healthier lives. We prefer the House proposal of coverage for a full-year.

## **House provisions that MNA supports:**

#### **Hospital bed license Transfer Requirements**

This provision would give the Commissioner of Health more control over hospital bed licenses: over how they are being used and the ability to not renew them if they are not being utilized for their promised purpose. The changes to the exception list will help keep necessary places for people needing mental health or substance use disorder services in the hospital eco-system.

Requirement of Notice Before a Hospital Closes or Moves Services

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This language will allow patients, workers, and community members to ask questions and to understand how the closure of a hospital or moving of services to another city or part of the metro area will impact their care. This longer timeline for notification and the requirement for a public hearing can help reveal how they plan to care for all their patients, especially people of color, people with mental health conditions, the elderly, and those with substance abuse disorders.

#### **Prescription Drugs**

We are happy to see an entire article dedicated to reforming our broken system of delivering medication to patients and consumers. In hospitals all over the state, nurses see the devastating consequences of expensive prescriptions that are out of reach for too many. The language prohibiting price gouging for certain prescription drugs is especially welcome. These unconscionable price increases not only jeopardize the immediate health of Minnesotans, they also further the disparities that exist in our healthcare system.

# **Health Care Financing and Reform Reports**

There are three reports that MNA believes will help get the best deal for Minnesotans and ensure that healthcare professionals – not insurance companies – are driving patient treatment. The Delivery Reform Analysis Report, the Proposal for A Public Option, and the Annual Report on Provider Reimbursement Rates will ensure that legislators and Minnesotans have the necessary data and information to make informed healthcare reform decisions, centered on patients and consumers.

## Operating Adjustments for DCT, DHS, and MDH

There are about 800 MNA nurses who work for the state of Minnesota, with the majority of them being in DHS and DCT. Funding these operating adjustments will help ensure that nurses have the resources needed to care for patients, some of whom are the most vulnerable in the state.

Just as patients depend on nurses to care for them at the bedside, Minnesotans across the state are counting on legislators to ensure they have access to quality, affordable care. We appreciate and are grateful for the work and passion put into these omnibus bills and look forward to working with you to continue building on this critical piece of legislation.

Thank you,

Mary C. Turner President and RN

Minnesota Nurses Association

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