

March 23, 2026

*Submitted Electronically*

Chair Bierman, Chair Backer and Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Hospital Association (MHA) and the patients that our 139 hospital and health system members across the state serve, we write to you today in support of HF 4349 (Bierman) and HF 4064 (Reyer).

**HF 4349 (Bierman):** We support the proposed Medical Assistance (MA) reimbursement methodology that carves out payment for the full class of inpatient cell and gene therapies (CGT) and removes the requirement for individual outcomes-based agreements (OBA) as a condition of reimbursement. The current OBA-based process is proving too slow to effectively support the delivery of treatment and the advancement of life-saving care in Minnesota. The proposed MA reimbursement methodology will create clarity for providers, the Department of Human Services (DHS), and most importantly, the Minnesotans seeking the lifesaving care only CGT can deliver.

Additionally, reimbursement for CGT via any framework does not include coverage for the often 30-day-plus inpatient stay that is needed to successfully deliver CGT. This is a significant cost to providers that is not currently contemplated in existing reimbursement methodology. We urge the legislature and DHS to consider the implications of including the inpatient stay as a covered benefit going forward.

**HF 4064 (Reyer):** We support and encourage the ongoing advancement, commercialization, and clinical translation of new technologies and applications in the fields of CGT in Minnesota, for Minnesotans first and foremost. The proposed study in HF 4064 would capitalize on Minnesota's exceptional and cutting-edge healthcare system to advance the understanding and use of CGT.

Cell and gene therapies (CGT) offer life-changing and life-saving treatments, and Minnesota is poised to lead the nation in their use as patient access to these groundbreaking treatments for rare and severe genetic conditions continues to grow. Such care is an incredible opportunity for the emerging future of health equity in Minnesota, and both HF 4349 (Bierman) and HF 4064 (Reyer) advance that future's true potential.

Sincerely,



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