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Dear Chair Liebling and Members of the House Health Finance and Policy Committee:

Thank you for the opportunity to provide comments on the DE amendment to HF 2930 from our perspective as both a provider of care and coverage services.

We first want to thank legislative leaders and this committee for its prompt action on HF 2286/SF 2265, setting aside funding for the unwinding of the public health emergency. We are working in partnership with the Department of Human Services, counties, and other stakeholders to ensure Minnesotans do not lose their health insurance coverage, and this funding will help support these significant redetermination efforts.

We are grateful for the workforce investments in this amendment as training grants and loan forgiveness programs will help to rebuild our health care workforce. We are also pleased to see that critical access dental provider infrastructure grants are included in this language. This proposal will help address the dental access challenges we are seeing across the state by allowing providers to increase clinic capacity. Another critical provision in this bill is the funding from HF 449/SF 2821 for Medical Resource Communications Centers (MRCCs). This restores much needed funding to the East and West MRCCs, which serve an essential role in coordinating emergency medical services and disaster response in Minnesota. We also support the inclusion of HF 2081/SF 1951 that provides medical assistance coverage for recuperative care to provide better care for homeless populations and HF 2749/SF 2052, creating grants to improve safety in health care settings for patients, staff, and guests.

We urge this committee to maintain the managed care integrated care model that benefits members and provides the state financial stability. Proposals in the DE amendment including the carve out of pharmacy services would jeopardize the innovative, coordinated, and whole-person care that managed care enrollees have come to rely on. It is also important for the legislature to prioritize stable health care markets and policies that will minimize the growing costs of health care. We ask you to consider the cost sharing limitations included in this proposal and the collective impact they will have on premium payers. We urge this committee to allow time for the study of the MinnesotaCare buy-in alongside other proposals for expanding access to affordable coverage so that the policymakers and other stakeholders have a better understanding of the operational issues and implications.

We have significant concerns about the provisions in this amendment related to health care entity transactions. We believe this language casts too broad of a net and restricts our ability to raise capital, utilize financing options, and manage our charitable foundations. We also have concerns about the nurse staffing requirements included in the bill as managing patient and staff levels in a hospital is an incredibly dynamic process. All patients are not the same, nor are all staff members – reducing staffing decisions to a simple numbers game, decided by committee well in advance, does a disservice to the skills of our professionals and the needs of our patients.

Thank you for your consideration of this feedback. We look forward to continued discussions on these important issues.

Sincerely,
Barbara Cox