

March 12, 2026

Submitted Electronically

Chair Heintzeman, Chair Fischer and Members of the House Environment and Natural Resources Finance and Policy Committee,

On behalf of the Minnesota Hospital Association (MHA) and our 139 member hospitals and health systems we respectfully express concerns regarding HF4017 (Johnson, W.).

MHA represents hospitals and health systems of all sizes across Minnesota—from large urban systems to small rural facilities—and we strongly share the goal of protecting public health, the health and wellbeing of waste management facility workers, and ensuring the safe handling and disposal of infectious waste. However, the bill as currently drafted raises significant operational, financial, and legal concerns for our member hospitals.

Hospitals all across Minnesota manage large volumes of waste created delivering patient care across multiple departments and multiple shifts each day. Our members maintain extensive policies, staff training programs, and compliance protocols to ensure infectious waste is handled in accordance with numerous state and federal regulations monitored and enforced by the Minnesota Department of Health (MDH), the Minnesota Pollution Control Agency (MPCA), the U.S. Department of Labor Occupational Safety and Health Administration (OSHA), the U.S. Department of Transportation, the U.S. Centers for Medicare and Medicaid Services (CMS), the Joint Commission, and the U.S. Centers for Disease Control and Prevention (CDC).

Under current state law today, if infectious waste is mistakenly sent to a solid waste management facility that is not approved to accept such waste, existing MDH and MPCA environmental enforcement authorities already provide state regulators with tools and procedures to investigate and address violations – as has taken place in recent years, with the inclusion of six figure monetary penalties.

In complex clinical environments where waste is generated continuously across emergency departments, operating rooms, inpatient units, and outpatient settings, even robust compliance systems cannot entirely eliminate the possibility of isolated sorting errors – let alone the potential for a patient or a member of the public to introduce such waste into the system. Penalties at the scale proposed in HF 4017 would therefore expose hospitals to extraordinary financial liability for inadvertent mistakes despite otherwise compliant and heavily regulated systems.

Additionally, HF 4017 oddly requires MPCA to remit 50 percent of the proposed fines collected to the waste management facility that mistakenly received infectious waste. Based on our understanding of the disproportionately limited number of recent reported, investigated, and resolved instances via current law, HF 4017 would generate millions in revenue for one facility

alone. This arrangement raises questions about oversight integrity and would most likely create incentives to identify and report violations for financial gain rather than solely for environmental, worker, and public health safety protection – protections which we strongly support.

The legislation also contains ambiguity regarding how violations would be procedurally determined. It is unclear whether penalties would apply per load, per incident, or per day, creating the possibility of substantial cumulative fines arising from a single mistake. The bill also grants the commissioner of health authority to impose additional conditions, but the scope and implications of those conditions for hospital licenses and operations are not clearly defined and in our opinion, they clearly are not needed.

Finally, HF 4017 wildly escalates and expands the necessary response to limited mistakes away from maintaining waste management worker and public health safety towards a level of action that cannot penalize compliance into existence and will not create a workable or shared long-term solution. Imposing penalties in the hundreds of thousands or millions of dollars for any reported mistake, regardless of scale or lack of malicious intent, will create an excessive and unnecessary regulatory burden—particularly for smaller hospitals with limited resources. Given these risks, hospitals may choose alternative waste solutions that result in more garbage in landfills.

For these reasons, we respectfully urge the committee to reconsider HF 4017 (Johnson, W.) in its current form and work with hospitals and health systems, waste management operators, and regulators to develop a more balanced approach to protect waste management facility workers and public health in Minnesota.

Sincerely,



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