

HF402 - 4E - Required Return; Health Systems Charitable Asset

Chief Author: **Robert Bierman**
 Committee: **Ways And Means**
 Date Completed: **5/2/2023 10:43:44 AM**
 Lead Agency: **Health Dept**
 Other Agencies:
 Attorney General Minn Management and Budget
 University Of Minnesota

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology	X	
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Attorney General						
General Fund	-	719	599	599	599	599
Health Dept						
General Fund	-	1,584	769	710	710	710
State Total						
General Fund	-	2,303	1,368	1,309	1,309	1,309
	Total	-	2,303	1,368	1,309	1,309
	Biennial Total		3,671		2,618	

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
Attorney General					
General Fund	-	3	3	3	3
Health Dept					
General Fund	-	-	-	-	-
	Total	-	3	3	3

Lead LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Shannon Zila **Date:** 5/2/2023 10:43:44 AM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2023	FY2024	FY2025	FY2026	FY2027
Attorney General						
General Fund	-	719	599	599	599	599
Health Dept						
General Fund	-	1,584	769	710	710	710
Total	-	2,303	1,368	1,309	1,309	1,309
	Biennial Total		3,671		2,618	2,618
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Attorney General						
General Fund	-	719	599	599	599	599
Health Dept						
General Fund	-	1,584	769	710	710	710
Total	-	2,303	1,368	1,309	1,309	1,309
	Biennial Total		3,671		2,618	2,618
2 - Revenues, Transfers In*						
Attorney General						
General Fund	-	-	-	-	-	-
Health Dept						
General Fund	-	-	-	-	-	-
Total	-	-	-	-	-	-
	Biennial Total		-		-	-

HF402 - 4E - Required Return; Health Systems Charitable Asset

Chief Author: **Robert Bierman**
 Committee: **Ways And Means**
 Date Completed: **5/2/2023 10:43:44 AM**
 Agency: **Health Dept**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	1,584	769	710	710	
Total	-	1,584	769	710	710	710
Biennial Total			2,353			1,420

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	-	-	-	-
Total	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Alyssa Holterman Rosas **Date:** 5/2/2023 7:47:31 AM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
General Fund	-	1,584	769	710	710	
Total	-	1,584	769	710	710	710
Biennial Total			2,353			1,420
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	1,584	769	710	710	
Total	-	1,584	769	710	710	710
Biennial Total			2,353			1,420
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

This bill requires MDH, in consultation with the attorney general, to review transactions between health care entities (entities) where at least one of the entities has an average annual revenue of at least \$40,000,000 or the entity created as a result of the transaction is projected to have average annual revenue of at least \$40,000,000 once the entity is operating at full capacity. The bill defines a variety of eligible transactions that may be a single transaction or a series of transactions over a five-year period. Entities would be required to provide notice of all transactions to MDH and the attorney general at least 90 days before the effective date of the transaction. As part of the notice, the entities involved must disclose the 14 items listed in the bill and produce another 12 items listed in the bill in addition to any other information requested by the attorney general or MDH. The attorney general or MDH may hold public listening sessions or forums to obtain input from providers or community members impacted by the transaction. The attorney general or MDH may bring an action in district court to compel compliance with the notice requirements.

The bill identifies prohibited transactions as those that will substantially lessen competition or those that tend to create a monopoly or monopsony. The bill specifies additional requirements for nonprofit entities. The attorney general, in consultation with MDH, determines whether a transaction is contrary to the public interest per the criteria listed in the bill and the attorney general enforces compliance. The bill specifically requires any change in ownership of the University of Minnesota health care facilities to be reviewed in consultation with the commissioner of health.

MDH is authorized to use data collected under Minnesota Statutes, section 62U.04 and sections 144.695 to 144.705 to conduct analyses and issue periodic reports of the aggregate impact of health care transactions on access to and the cost of health care services, health care quality, and health care market consolidation.

Sections 1, 2, and 3 of the bill, pertaining to reviewing health care entity transactions, return of charitable assets, and ownership and control of University of Minnesota health care facilities, are effective the day after enactment and applies to transactions completed on or after that date. The bill extends the moratorium on health maintenance organization (HMO) conversion from nonprofit to for-profit to 2026, effective the day after enactment, and requires a study with recommendations for nonprofit HMO conversions and other transactions. Preliminary findings are due January 15, 2024; the final report is due June 30, 2024.

The bill includes a blank general fund appropriation.

Assumptions

MDH assumes it will receive notifications of an unknown number of transactions and will provide consultation to the attorney general’s office regarding whether each transaction is contrary to the public interest based on its expertise

specific to the criteria listed in the bill. Most of the transactions submitted pursuant to this bill are likely to be large and highly complex.

The bill does not provide a specific timeline for the review. MDH assumes the review timeline is 90 days after all necessary information from the entities has been received and notice has been given to the entities involved that the review application is complete. To contribute to the reviews of potentially complex transactions within 90 days, MDH must maintain standing staff capacity for legal and economics expertise in the assessment of anticompetitive activities, analyze data, and address questions from potential parties to transactions. Assumed staffing levels are based on our recent experience with implementing new, complex data collection and reporting initiatives. Beginning in fiscal year 2024 and thereafter, the duties under the bill require a 1.0 FTE Research Scientist 3 with expertise in economics to create analysis plans and lead analysis, a 1.0 FTE State Program Administrator Principal to provide program management and support and manage the consulting relationship with the Attorney General's office and contractual relationships, and a 1.0 FTE Research Scientist Supervisor 2 to supervise the day-to-day activities. Also, in fiscal year 2024 and ongoing, a 0.25 FTE State Program Administrator Manager Senior will provide leadership over the operations of the transaction review program, coordinate expertise across MDH and with the Attorney General's office and be responsible for managing and completing the Health Maintenance Organization study.

In fiscal year 2024, MDH assumes some time will be needed to hire the appropriate staff therefore, MDH assumes it will procure vendor services to assist with reviewing information by entities subject to reporting under the bill. Based on procurements in the past, MDH estimates that the cost for this level of consultation will be \$175,000 in fiscal year 2024. Again, drawing on previous procurement of professional and technical services, MDH assumes it will require ongoing economic consultation in the area of mergers and acquisitions beginning in fiscal year 2025 and thereafter at \$100,000 annually.

MDH assumes costs with providing in-house legal counsel to advise on program implementation, contracting, litigation coordination, and data practices. MDH counsel will also provide case-by-case review such as conferring about the application of the statute to specific transactions and coordinating when there are administrative appeals. We anticipate the need for 0.5 FTE Staff Attorney 3 in fiscal years 2024 and 2025 and then decreasing to 0.2 FTE Staff Attorney 3 in fiscal year 2026 and ongoing.

MDH assumes the attorney general's office will be responsible for building a data submission portal and seeking public comment on transactions.

To complete the study on the regulation of HMO conversions, mergers, transfers of assets, and other transactions, MDH assumes it will obtain public feedback, requiring a vendor to facilitate the public meetings and compile feedback for MDH at a cost of \$50,000 in fiscal year 2024. MDH assumes a 0.5 FTE Planner Senior State in fiscal year 2024 to coordinate seeking public comment, working with the facilitation vendor, and coordinating with other agencies as necessary. A 0.5 FTE State Program Administrator Intermediate will also assist with research and report preparation in fiscal year 2024. To provide expertise in drafting regulatory recommendations, MDH assumes it will hire a vendor to assist with drafting the report at a cost of \$150,000 in fiscal year 2024. The study requires actuarial analysis that will be conducted by an actuarial vendor in fiscal year 2024 at a cost of \$225,000. To manage contracting, conduct background research, and lead the drafting of the report, MDH assumes a 1.0 FTE Agency Policy Specialist in fiscal year 2024. Contracting costs and staffing levels are based on experience with recent similarly complex studies.

Expenditure and/or Revenue Formula

Expenditure (Actual Dollars)	Amount	FY 2024	FY 2025	FY 2026	FY 2027
Salary & Fringe:		FTE	FTE	FTE	FTE
Research Scientist Supv 2	153,670	1.00	1.00	1.00	1.00
State Prog Admin Prin	129,602	1.00	1.00	1.00	1.00
Research Scientist 3	145,917	1.00	1.00	1.00	1.00
Staff Attorney 3	163,492	0.50	0.50	0.20	0.20
State Prog Admin Manager Sr	162,755	0.25	0.25	0.25	0.25
HMO Study					
Planner Senior State	116,165	0.50			

State Prog Admin Intermediate	107,318	0.50			
Agency Policy Specialist	137,474	1.00			
	FTE	5.75	3.75	3.45	3.45
	Subtotal	800,839	551,624	502,576	502,576
Information Technology:					
	Subtotal	0	0	0	0
Other Operating Costs:					
Contract: Economist		175,000	100,000	100,000	100,000
Contract: Public input facilitation contract		50,000			
Contract: Report and regulatory recommendations development contract		150,000			
Contract: Actuary		225,000			
	Subtotal	600,000	100,000	100,000	100,000
Grants, Aids & Subsidies:					
	Subtotal	0	0	0	0
Indirect (20.3% Eligible Costs)	Subtotal	182,870	117,055	107,098	107,098
Expenditure	Total	1,583,710	768,678	709,674	709,674
Fiscal Tracking (Dollars in Thousands)		FY 2024	FY 2025	FY 2026	FY 2027
Health Improvement BACT 01		1,584	769	710	710
Administration		1,584	769	710	710
Grants		0	0	0	0

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

Agency Contact:

Agency Fiscal Note Coordinator Signature: Char Kimber

Phone: 651-201-4685

Date: 5/1/2023 8:47:11 PM

Email: health.fiscalnotes@state.mn.us

HF402 - 4E - Required Return; Health Systems Charitable Asset

Chief Author: **Robert Bierman**
 Committee: **Ways And Means**
 Date Completed: **5/2/2023 10:43:44 AM**
 Agency: **Attorney General**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology	X	
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	719	599	599	599	599
Total	-	719	599	599	599	599
Biennial Total			1,318			1,198

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
General Fund	-	3	3	3	3
Total	-	3	3	3	3

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Susan Nelson **Date:** 4/25/2023 2:57:18 PM
Phone: 651-296-6054 **Email:** susan.nelson@lbo.mn.gov

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

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General Fund	-	719	599	599	599	599
Total		-	719	599	599	599
Biennial Total				1,318		1,198
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	719	599	599	599	599
Total		-	719	599	599	599
Biennial Total				1,318		1,198
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total		-	-	-	-	-
Biennial Total				-		-

Bill Description

HF402-4E requires certain health care entities to affirmatively provide notice and produce information to the AGO at least 90 days before proceeding with certain transactions as defined. The bill also contains new mandatory and prohibitive terms for health care entities that the AGO will have authority to investigate and enforce, including whether the transaction is in the public interest. HF402-4E also contemplates that the AGO will consult with MDH evaluating whether the transaction is in the public interest.

Assumptions

In addition to MDH’s consultation, the AGO assumes that it will require qualified vendors with expertise in healthcare transactions to assist the AGO in assessing and investigating whether violations of the Bill’s prohibitions have occurred, and to subsequently provide expert testimony in enforcement actions it brings for violations of these prohibitions in accordance with Minn. Stat. § 8.31.

It is presently unknown how many transaction notices the AGO will receive in any given fiscal year. We assume, however, that there could be a substantial number of notifications. Alternatively, even if few notices are received each fiscal year, it is likely they could involve transactions that are large and highly complex in nature.

We assume the affirmative notice requirements of the bill will result in a substantial amount of new information and documents for the AGO to process, review, and analyze which will implicate attorney, legal assistant, and administrative staff time, as well as IT time and storage costs, including the potential retention of sensitive data.

We assume the AGO will require additional staff in its Consumer, Wage, and Antitrust division and Charities division devoted to the new investigatory and enforcement provisions in HF402-4E. The AGO assumes 1.5 FTE attorneys (.75 antitrust, and .75 charities focused) and 1.5 FTE legal assistants (.75 investigator, and .75 financial analyst) will be required. The work of these FTE will include evaluating notices and substantial transaction-related information produced in conjunction with such notices, consulting with MDH in evaluating whether the transaction is in the public interest, engaging in further investigative activity pursuant to section 8.31 after receiving notice, and bringing enforcement actions to challenge proposed transactions that violate the provisions of HF402-4E. The review, investigation, and enforcement under the bill will likely involve issues of substantial complexity and will require experienced staff and the potential retention of outside experts.

Technology Costs

The AGO would expand the scope of its current case management system development project to include an accessible, web-based portal to collect information from health care entities and the public. These technology costs include development of a new matter type, templates, forms, and workflows specific to review of healthcare transactions.

A new, web-based portal for collecting information would:

- Streamline processes for collecting information from health care entities and the public; and
- Improve communications and the sharing and dissemination of information.

Expenditure and/or Revenue Formula

The Office of the Attorney General uses billing rates to calculate revenue and costs. The billing rates effective from July 1, 2023-June 30, 2025 are \$163/hour for attorneys and \$103/hour for legal assistants (including investigators, paralegals, mediators, financial analysts, and support staff). The billable hour rate reflects the cost of providing legal services. One FTE is 1500 billable hours per year.

	Hourly Billing Rate	Hours	Total Cost to AGO
Attorney	\$163	2,250	\$366,750
Legal assistant, [Investigator/other non-attorney staff]	\$103	2,250	\$231,750
<i>Other</i>			
Total	N/A	4,500	\$598,500
Information Technology: Expansion of Case Management System (one time in FY24)			\$120,000

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

Agency Contact: Laura Sayles

Agency Fiscal Note Coordinator Signature: Laura Capuana

Phone: 651-402-2213

Date: 4/25/2023 2:08:02 PM

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HF402 - 4E - Required Return; Health Systems Charitable Asset

Chief Author: **Robert Bierman**
 Committee: **Ways And Means**
 Date Completed: **5/2/2023 10:43:44 AM**
 Agency: **Minn Management and Budget**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-
Biennial Total			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Susan Nelson **Date:** 5/1/2023 3:10:43 PM
Phone: 651-296-6054 **Email:** susan.nelson@lbo.mn.gov

State Cost (Savings) Calculation Details

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*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
Total	-	-	-	-	-	-
Biennial Total			-			-
1 - Expenditures, Absorbed Costs*, Transfers Out*						
Total	-	-	-	-	-	-
Biennial Total			-			-
2 - Revenues, Transfers In*						
Total	-	-	-	-	-	-
Biennial Total			-			-

Bill Description

HF402 requires that if a health system that is organized as a charitable organization, and that includes M HealthFairview University of Minnesota Medical Center, sells or transfers control to an out-of-state nonprofit entity or to any for-profit entity, the health system must return to the general fund any charitable assets the health system received from the state.

Assumptions

The University of Minnesota asserts that Fairview did not receive the University of Minnesota Medical Center as a charitable asset from the State of Minnesota. This was received from the University of Minnesota, which is constitutionally separate from the State of Minnesota. Due to this assertion, MMB has no clearly defined role with this fiscal note.

Expenditure and/or Revenue Formula

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

Agency Contact: Ronika Rampadarat 651-201-8115

Agency Fiscal Note Coordinator Signature: Ronika Rampadarat

Phone: 612-659-6873

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Email: ronika.rampadarat@state.mn.us

HF402 - 4E - Required Return; Health Systems Charitable Asset

Chief Author: **Robert Bierman**
 Committee: **Ways And Means**
 Date Completed: **5/2/2023 10:43:44 AM**
 Agency: **University Of Minnesota**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-
Biennial Total			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Xunxuan Weerts **Date:** 5/2/2023 10:41:13 AM
Phone: 651-284-6438 **Email:** xunxuan.weerts@lbo.mn.gov

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2 Dollars in Thousands	Biennium			Biennium	
	FY2023	FY2024	FY2025	FY2026	FY2027
Total	-	-	-	-	-
Biennial Total			-		-
1 - Expenditures, Absorbed Costs*, Transfers Out*					
Total	-	-	-	-	-
Biennial Total			-		-
2 - Revenues, Transfers In*					
Total	-	-	-	-	-
Biennial Total			-		-

Bill Description

H.F. 402-4E (the "Bill") creates a new state regulatory review and approval process over transactions engaged in by health care entities with average revenue of at least \$40,000,000/year in the State of Minnesota as well as the creation of any new health care entity if the health care entity created is projected to have average revenue of at least \$40,000,000/year. The Bill applies to physicians, physician assistant and advanced practice nurse group practices both nonprofit and for-profit - as well as all healthcare systems, which include hospitals and all subsidiaries of any such entities. The Bill defines the transactions covered ("Transactions") and provides exceptions.

The Bill requires an affected health care entity to provide the attorney general and the commissioner of health with at least 90 days' prior notice of a Transaction including a substantial list of required disclosure items and "any other information requested by the attorney general and the commissioner." The health care entities may not close prior to the end of the 90 day period, which period may be extended by the attorney general for an additional 90 days or waived. Additional requirements apply to a healthcare entity which is a nonprofit corporation or nonprofit limited liability company, or subsidiary. The attorney general must determine that a Transaction is not "contrary to the public interest."

The Bill also provides that if a health system that is organized as a charitable organization and includes M Health Fairview University of Minnesota Medical center transfers control to an out of state nonprofit entity or to a for profit entity, the health system must return to the general fund an amount equal to the value of any charitable assets the health system received from the state.

The H0402DE5 amendment, specifically, adds a new section to the prior version of the Bill for University of Minnesota health care facilities; ownership or control. This section applies to the facilities licensed by the Minnesota Department of Health currently as M Health Fairview University and provides that those facilities must continue to be dedicated to the public health mission of the University of Minnesota. The Bill further provides that the University of Minnesota health care facilities may not be owned or controlled, directly or indirectly, in whole or in part, by a for-profit entity or an out of state entity, unless the attorney general determines that such ownership or control is in the public interest, using the notice and review process set forth in the Bill, and in consultation with the Minnesota Department of Health and the Board of Regents of the University of Minnesota.

Other Bill sections relate to restricted uses of the all-payer claims data and nonprofit service plan corporation or health maintenance organization conversions or other transactions.

Assumptions

The Bill's notice, review and approval process for Transactions by affected health care entities would not have a direct impact on the University due to its constitutional autonomy but would indirectly impact the University if the University were to acquire assets of or a membership or other interest in a health care entity that was subject to the 90 days' notice, review and approval process.

The University's designated faculty practice plan of the University of Minnesota Medical School, University of Minnesota Physicians ("UMPhysicians") is a "health care entity" under the Bill. As such, UMPhysicians, or a subsidiary of UMPhysicians, would not be able to engage in a Transaction without first going through the 90 days' notice, review and approval process. The limitation or slowing down of UMPhysicians business activities that constitute Transactions may negatively impact UMPhysicians' ability to most efficiently and effectively perform its obligations as the clinical practice of the faculty of the Medical School.

The Bill's requirement for the return of charitable assets held by a health system that includes M Health Fairview University of Minnesota Medical Center would not have a direct impact on the University as the section covers charitable assets received from the state, not the University, and provides that the value of the charitable assets would be returned to the state, not the University. In addition, since HF402-4E, Section 3 specifically applies to "nonprofit health maintenance organization licensed under chapter 52D, or a health system organized as a charitable organization", Section 3 does not apply to the University of Minnesota; the University of Minnesota does not meet either of those criteria.

Bill sections on all-payer data claims and nonprofit service plan corporation or health maintenance organization conversions or transactions do not apply to the University.

Expenditure and/or Revenue Formula

There is no immediate, direct fiscal impact on the University of Minnesota at this time given the above assumptions. However, as ownership, governance, and control of the M Health Fairview University facilities continues to be clarified, there may be costs associated with ongoing capital and operating needs.

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

Susan Kratz, Academic Health Center Counsel

Koryn Zewers, Assistant Budget Director

Agency Contact:

Agency Fiscal Note Coordinator Signature: Keeya Steel

Date: 5/2/2023 10:20:58 AM

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