

March 29, 2023

Senator Melissa Wiklund
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Re: SF2995 (Wiklund) Health and Human Services omnibus bill

Dear Chair Wiklund and committee members,

On behalf of Allina Health, thank you for your ongoing efforts to pass legislation that will better the lives of Minnesotans. We are pleased to see several provisions included that will help address workforce challenges, operational support, and access to services. These include:

- **Requiring MA coverage for Recuperative Care services (Article 1, Section 22, 24)** Access to appropriate levels of care and the opportunity for patients to recuperate in a safe and supportive environment reduces the probability that a patient will readmit to the hospital and ensures access for patients who need hospital level care.
- **Requiring health plans to cover additional diagnostic services or testing after a mammogram, with no enrollee cost sharing (Article 1, Section 23, 39)** After skin cancer, breast cancer is the most common type of cancer and the second leading cause of cancer death in women. Fortunately, when breast cancer is found early, before it has had a chance to spread, the five-year survival rate is 99 percent. In order to confirm a diagnosis, patients are often advised post mammogram results they may need additional or follow up testing.
- **Increased reimbursement for mental health services (Article 1, Section 37)** Currently, Minnesota's mental health services are reimbursed at an unsustainable rate. The increased reimbursement included in this bill, specifically a 35% increase in reimbursements for behavioral health services, will help ensure access to services.
- **2-year extension for the use of audio-only communication for telehealth until July 1, 2025 (Article 2, Section 7)** Over the past few years, the ability for our patients to utilize audio-only communications when receiving telehealth services has decreased appointment cancellations and made a positive impact on the overall patient care experience. We appreciate the extension and continue to support permanently allowing audio-only telehealth.
- **Requiring health plans to cover biomarker testing (Article 2, Section 18)** Biomarker testing is a key part of precision medicine and helps connect patients to the right treatment at the right time. Lack of coverage leaves many patients without access to these potentially life-saving tests, and leaves others responsible for potentially thousands of dollars in out-of-pocket expenses.
- **Start-up and capacity-building grants for Psychiatric Residential Treatment Facilities (Article 9, Section 6)** Given the current demand for mental health services in Minnesota, there is an urgent need to expand the unique services provided in PRTFs. Improving capacity in PRTFs across the state will also help alleviate the growing discharge and patient boarding issues patients are currently experiencing. Too often, patients are forced to seek treatment in emergency departments—even if they do not need that level of care—because there are no services available elsewhere. This funding will help address these issues.

While we are supportive of the provisions listed above, we do have significant concern about several items included in the DE amendment. On an individual basis these items are concerning and when coupled together, the compounding impact on healthcare would be significant. These include:

- **Requiring the establishment of certain staffing committees, mandated nurse staffing ratios, and the denial of patients (Article 3, Section 9-24)** The unnecessary mandates in this language, and the effect they will have on hospital operations, will inevitably lead to unit closures, rising costs, longer wait times,

and the loss of vital services that communities rely on. This language will also worsen the financial crisis that hospitals and health systems are currently facing. Rising labor and supply costs and flat (or worsening) reimbursements have created unprecedented financial stress on hospitals, and the two new committees and delayed care structure introduced through this language will only add costs. Additionally, this language does nothing to guarantee or ensure that nurses will return to the profession and we urge focus on items proven to support recruitment and retention such as loan forgiveness.

- **Prohibiting and expanding notice requirements of certain health care transactions (Article 4, Section 35)**
Hospitals and health systems across the state are experiencing significant challenges that threaten our ability to provide care for the communities they serve. The ability to remain flexible, responsive, and innovative is key to ensuring the future of health services in Minnesota. The excessive and burdensome requirements included in this language will negatively impact Minnesota's health care continuum.

Allina Health looks forward to continuing to work with committee members towards the best outcome possible for our patients, providers, and communities.

Sincerely,



Kristen McHenry
Director of Public Affairs
Allina Health