



March 31, 2023

Dear Members of the Health and Human Services Committee,

On behalf of over 10,000 members of the Minnesota Medical Association (MMA), thank you for the opportunity to comment on SF 2995. The MMA's mission is to make Minnesota the healthiest state in the nation and the best place to practice medicine. With that in mind, the MMA supports many items in this bill, and appreciates efforts to improve items with which the MMA has concerns.

**Art. 1, Sec. 6 (pg. 9):** The MMA supports coverage and reimbursement of postpartum use of long-acting reversible contraception (LARC). LARCs are safe and highly effective for decreasing unintended pregnancy. The use of LARC in the immediate postpartum setting has the potential to provide cost savings and decrease the incidence of adverse maternal and child health outcomes.

**Art. 1, Sec. 24 (pg. 31):** Medical assistance (MA) coverage of recuperative care services is a top legislative priority for the MMA. Patients experiencing homelessness face severe health risks when they do not have access to recuperative care services and will oftentimes not recover and require readmission. An individual's health is heavily influenced by the conditions in which they live. These social drivers of health, such as homelessness, not only drive health outcomes, but also contribute to the significant health inequities experienced by many Minnesotans. The MMA strongly supports expanding MA coverage to include recuperative care services to address homelessness as a social driver of health.

**Art. 1, Sec. 38 (pg. 58):** The MMA supports increased reimbursement rates for family planning services. Family planning services are critical for families and allow Minnesotans to make informed decisions about their reproductive health and future.

**Art. 2, Sec. 7 (pg. 65):** Telehealth is a valuable tool for Minnesota's providers. Audio-only telehealth is particularly important for many patients who may not have access to reliable internet or broadband connectivity, low-income patients who may not have access to video-only technology, or patients who are less comfortable using video-only services. The MMA supports continuing the study into telehealth and coverage of audio-only services and extending the sunset date for these items to July 1, 2025.

**Art. 2, Sec. 21 (pg. 82):** The MMA greatly appreciates the inclusion of this section to limit mid-year formulary changes to prevent patients from being forced to change prescription drugs due to actions by their insurers or pharmacy benefit managers (PBMs). Currently, nothing prohibits insurers or PBMs from changing the formulary of drugs covered during the contract year. This only applies to therapies already begun by a patient.

**Art. 2, Sec. 27 (pg. 88):** The MMA supports updating the All-Payer Claims Database to ensure it remains a useful tool to evaluate how Minnesotans are paying for healthcare. Currently only gathers claims data, that does not reflect the entire picture of healthcare payments.

**Art. 4, Sec. 35 (pg. 154):** The MMA continues to work with the authors to address unintended consequences with the broad authority for the Attorney General oversight regarding private facility transactions. While we agree that over-consolidation results in higher costs and lower patient outcomes, the current language goes beyond that. We appreciate the changes made by the author and we are committed to continue discussions with her.

**Art. 4, Sec. 74 (pg. 199):** The MMA supports the creation of a statewide database for Provider Order for Life-Sustaining Treatment (POLST) forms included in the bill. POLST forms are a valuable tool for providers offering end-of-life care. However, POLST forms are currently only available in a physical paper copy that can get lost, damaged, or become otherwise inaccessible for these forms.

**Art. 4, Sec. 80 (pg. 205):** the MMA supports grant funding to healthcare entities to improve worker safety. Violence against healthcare workers has increased in recent years. This leads to worsened healthcare worker satisfaction and has a negative impact on patient care.

Thank you for the opportunity to provide input on SF 2995.

Sincerely,

A handwritten signature in black ink that reads "William Nicholson". The signature is written in a cursive, flowing style.

William Nicholson, MD  
President, Minnesota Medical Association