



Minnesota Hospital Association

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Chair Hoffman and Members of the Senate Human Services Committee,

On behalf of the Minnesota Hospital Association (MHA) and the patients that our 141 hospital and health system members across the state serve, we write to you today in strong support of SF 3989 (Hoffman) as amended and its provisions to improve patient care experience and administrative process for MnCHOICES assessments, Medical Assistance eligibility determinations, and community provider rate setting.

Hospitals and health systems across Minnesota continue to face immense challenges in appropriately discharging patients once their acute inpatient care needs have been met. In 2023, patients across the state spent roughly 195,000 avoidable days in hospitals, waiting for the right level of care to become available. This includes close to 12,000 avoidable days for children alone. These avoidable days accrue due to significant delays waiting for patient transfers to nursing homes, skilled nursing facilities, rehabilitation units, mental health treatment facilities, and state operated treatment programs. Discharge delays are also consistently due to lengthy county and state administrative processes that, although necessary, need immediate improvements.

Of the total avoidable days documented in 2023, 9,223 days were attributed to unnecessary emergency department care – called “boarding” – that filled some of the most critical care beds in the state with patients often stuck waiting for inpatient care, or simply being brought to a hospital emergency department for the lack of any viable alternative. Overall, the avoidable days significantly increased waits for other patients, forced some patients to find other care elsewhere, with potentially life-altering delays, and cost Minnesota hospitals and health systems an estimated \$487 million in unpaid patient care in 2023.

Given the immense challenges facing hospitals as well as the fact that too many patients are getting the wrong care in the wrong place, MHA urges this Committee and the legislature to make needed simplifications to improve the administrative processes for MnCHOICES assessments, Medical Assistance eligibility determinations, and community provider rate setting. All of which underpin consistent challenges outside of the actual delivery of patient care that significantly delays the right care when and where Minnesotans need it.

We look forward to working with Chair Hoffman, this Committee, and the Department of Human Services to carry forward SF 3989 and the important work of advancing necessary changes that allow providers to better deliver the care Minnesotans need. While there are additional legislative proposals regarding other aspects of hospital discharge delays and emergency department boarding, SF 3989 (Hoffman) is an important bill to address consistent administrative challenges impacting the delivery care, when and where Minnesotans need it.

The current state of patient discharge delays and boarding in hospitals is unsustainable. It is not good for patients or their families. Action in 2024 must be taken.

Sincerely,

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