



Minnesota Hospital Association

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April 17, 2024

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 support of multiple provisions in the Senate Human Services Budget Omnibus, SF 5335 as amended.

Hospitals and health systems across Minnesota currently 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, simply waiting for the right level of care to become available. The unprecedented number of avoidable days cost Minnesota hospitals and health systems an estimated \$487 million in unpaid patient care in 2023.

The critical challenge of avoidable days is due to multiple factors, including but not limited to significant delays waiting for a valid MnCHOICES assessment, the lack of available and appropriate supported decision making, including guardianship, and the lack of funding and support for patient transitioning between care settings. SF 5335 as amended begins the important and hard work of addressing some of the contributing factors. As such, we support the following provisions that will help address avoidable hospital days:

- Extending the duration of validity for MnCHOICES assessments from 60- to 365-days. (Article 1, Section 12)
- Medical Assistance reimbursement for home and community-based services in acute care hospital settings (Article 1, Sections 19 and 25)
- Establishing the legislative task force on guardianship (Article 1, Section 28), and
- Establishing grants for the pediatric hospital-to-home transition pilot program (Article 1, Section 3)

MHA also strongly supports multiple provisions in Article 4 related to the ongoing work of the Priority Admissions Task Force carried by Senator Mann this session. Despite making up a small percentage of patients experiencing care delays, Minnesotans who should be treated in a state operated treatment program often require the most additional attention and care in community hospitals, often with strict security measures best suited for state operated treatment facilities. Given the historically low admissions to state-operated treatment programs from community hospitals, MHA strongly supports the following provisions related to priority admissions:

- Establishing medically appropriate priority admissions criteria based on patient care needs (Article 4, Section 1)
- Establishing grants for the voluntary engagement services pilot program (Article 4, Section 4)
- Creating an immediate exception to priority admissions for 10 civilly committed patients waiting in community hospitals (Article 4, Section 5)
- Requiring the priority admissions review panel to continue work on the current 48-hour timeline and expanding capacity at Direct Care and Treatment (Article 4, Section 7)

As work on the Human Services Budget Omnibus continues, we encourage the Committee to consider the inclusion of language regarding the pursuit of an 1115 waiver for services to address the social determinants of health, including strategies to provide violence prevention services to Medical Assistance recipients.

In closing, we want to thank Chair Hoffman and this Committee for working with MHA and many of our members on the many issues regarding discharge delays and avoidable days this session – both of which remain critical issues for patients across Minnesota. We see this work as only beginning with much more to come. Again, we support the solid start on this work represented in the provisions listed above in SF 5335 as amended and look forward to continuing our work with this Committee to provide care for Minnesotans when and where they need it.

Sincerely,

A handwritten signature in black ink that reads "Mary Krinkie". The script is fluid and cursive, with the first name "Mary" being more prominent than the last name "Krinkie".

Mary Krinkie
Vice President of Government Relations
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A handwritten signature in black ink that reads "Danny Ackert". The script is fluid and cursive, with the first name "Danny" being more prominent than the last name "Ackert".

Danny Ackert
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