



April 8, 2025

RE: MNACHC COMMENTS on SF2669

Madam Chair and Members of the Senate Health and Human Services Committee,

My name is Rochelle Westlund. I am the Director of Public Policy for the Minnesota Association of Community Health Centers (MNACHC). MNACHC represents 17 of Minnesota's Federally Qualified Health Centers (FQHC) (aka Community Health Centers) who provide primary medical, dental, and behavioral health care to medically underserved areas across the state.

Thank you for the opportunity to provide comments on SF2669. In bill order:

Article 1 Section 63: Spoken Language Health Care Interpreter Work Group:

Community Health Centers statewide recognize the value and need for interpreter services as an integral part of the patient care experience and are grateful for the work of the committee to address access to these critical services for patients.

Article 2 Section 1: 340B Reporting Changes

Community Health Centers appreciate the increased transparency for the 340B program. Last year's report showed the disparity Federally Qualified Health Centers see in realized savings. For some health centers, the cost of reporting creates a costly administrative burden to small clinics. 340B savings are intended to support safety net providers. Community Health Centers hope to see an exception for reporting for covered entities who could certify savings of less than \$250,000 annually.

Article 3 Section 5: Internationally Trained Physicians

Whether our Community Health Centers are located in the heart of the Twin Cities or in a small town in greater Minnesota, the ability to recruit and retain all levels of staff continues to be our foremost challenge. Physician recruitment and retention is no exception. In an era of workforce shortages where qualified staff would allow for increased access to needed services, we support additional pathways for individuals that would allow them to serve their communities.

Article 3 Section 8: Certified Midwife Licensing

Community Health Centers recognize the need for increased access to maternal health services. The creation of a Certified Midwife allows for increased maternal health care access for patients in underserved communities that foster improved outcomes for mothers and newborns.

Article 5 Section 6: Directed Pharmacy Dispensing Payment

Four Community Health Centers in Minnesota offer pharmacy services to patients in underserved communities. Like independent retail pharmacies, FQHCs appreciate the legislature's effort to ensure health centers are reimbursed for dispensing fees to support pharmacy services.

Article 5 Section 9: State Pharmacy Benefit Manager

MNACHC appreciates the effort to streamline services for individuals receiving pharmacy services who are on Medicaid and MinnesotaCare. As the state moves to a single pharmacy benefit manager, Community Health Centers would want to ensure that 340B savings to covered entities remain intact as part of the critical support it provides for safety net services.

Article 6 Sections 1 and 5: Audio-Only Continuation

MNACHC thanks the committee for extending the reimbursement for audio-only telehealth services through July 1, 2028 as this a critical point of access for patients statewide.

Article 6 Section 8: FQHC Reimbursement Technical Changes

Community Health Centers were disappointed that the ability to have their reimbursement rates reviewed in the event of a change in the time, intensity, and duration of their services was not included. We appreciate changes to how encounter rates are established when there is a merger of clinics and would still appreciate clarification on how this new rate would be determined to ensure accurate rates and stability in future rebasing. In addition, we would like to see added clarity regarding Targeted Case Management billing, specifically whether it should be included in Community Health Center rates in real time without the up-to-5-year delay, or if it is required to be included in a traditional cost report.

Article 7 Section 2: Contingent Contract with a Dental Administrator

Community Health Centers appreciate the extension of the implementation of a contingent contract with a single dental administrator from 2025 to 2028 as this will allow for a more streamlined transition and smoother roll out for clinics.

Finally, Health Centers were happy to see that the potential reduction to chiropractic services for individuals on Medical Assistance was excluded from the bill as chiropractic care has been valuable for improved outcomes for our patients.

We thank the committee for your time and attention to these comments and look forward to continued work on these important provisions.

Sincerely,

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