

## **MN-ACP Legislative Update in brief**

March 21, 2023

Thank you to members for their advocacy efforts and to our legislative monitor Chad Fahning for this update.

### **MN-ACP's legislative Priorities:**

- **Improve Public Health**
- **Improve Patient Healthcare Affordability and Health/Behavioral Health Access**
- **Support Minnesota Physicians' Ability to Practice**
- **Promote Primary Care**

### **Improve Public Health**

- **Three firearm-related bills will be heard in a Senate Committee on March 23-** Members in key districts have been asked to contact their Senator to provide education on the impact of firearms on suicide in MN.
- **MDH funding bill- [HF 2930](#)** The MN Department of Health (MDH) funding bill includes funds for rural residencies in primary care (including Internal Medicine), comprehensive overdose morbidity prevention, African American and American Indian Health programs, support for health care workforce, loan forgiveness for health care workers, and development of state strategies for reduction of administrative spending and low value care. The House bill is moving through committees now.
- **Bill to Ban Flavored Tobacco Moves in Senate** -The Senate Health and Human Services Committee heard SF 2123 (Champion, DFL – Minneapolis), a bill to ban the sale of flavored tobacco products and favored vaping products in Minnesota. There was concern about this bill in the MN-ACP Health Policy Committee related to recent report on [Equitable Approaches to Menthol Tobacco Use Reduction: Rethinking a Blanket Ban](#)
- **Cannabis Bill Moves Through Health Committee with Warning Label** - Bills (HF 100 and SF 73) legalizing adult use cannabis were heard in both the Senate Health and Human Services Committee and the House Health Finance and Policy Committee. The Senate committee adopted an amendment, strengthening the warning label by requiring that it include information on the effects of cannabis use on brain development for those up to age 25. The intent of the amendment is to improve the public health portions of the bill.
- **Recuperative Care Bill Heard in House Committee** -More than 20,000 Minnesotans experience homelessness every year. Minnesotans experiencing homelessness who are discharged from a hospital need a safe place to recuperate to improve health outcomes. [HF2081](#) (Acomb, DFL-Minnetonka) is a bill that would provide Medical Assistance (MA) coverage for recuperative care services for Minnesotans experiencing homelessness who need a place to recover following a hospitalization. This bill was heard by the House Health Finance and Policy Committee. If passed, it would provide MA coverage to

pay for care coordination, social services, and other needed recovery services but not the cost of short-term housing because federal law prohibits Medicaid funds to pay for shelter.

### **Improve Healthcare Affordability/ Behavioral Health Access**

- **Public Option Proposal Receives Hearings in House and Senate-** The “[Public Option](#)” (HF 96/SF49) bill allows Minnesotans who earn more than 200% of the Federal Poverty level to buy in to MinnesotaCare, providing access to high quality, affordable health insurance for those on the private exchange. The bill also expands MinnesotaCare eligibility to undocumented Minnesotans, and includes a study to provide direction on moving to a single payer health care system in Minnesota.
- **Mental Health Bills Heard in House Human Services Committee-** [HF 1436](#) (Vang, DFL – Brooklyn Park), a bill to expand the mental health workforce, moved through the House Human Services Policy committee. The bill invests in the growing the number of professionals, practitioners and peers working in mental health, with a focus on diversity and having a workforce that is more culturally informed and responsive.

### **Support Minnesota Physicians’ Ability to Practice**

- **CANDOR Bill Passes House Judiciary Committee** -Legislation to promote candid conversations between physicians and patients following an adverse event at a hospital or clinic, passed the House Judiciary Committee. [HF 1181](#) (Rep. Norris, DFL-Blaine) implements the Communication and Optimal Resolution (CANDOR) model that was developed by the Agency for Healthcare Research and Quality. It is intended to improve patient safety by encouraging conversations when both patients and providers agree to voluntarily engage in open conversations without fear that what is said will be later used in a lawsuit. The bill passed with a unanimous vote and was sent to the House floor. The Senate companion bill is expected to be heard in the next two weeks.
- **Prior Auth. Bill Introduced-** Sen. Kelly Morrison, MD (DFL – Deephaven), introduced SF 2331, a bill requiring health plans to submit their prior authorization data to the Department of Commerce in an annual report. The bill was referred to the Health and Human Services Committee. SF 2331 aims to gather data from health plans, to eventually make policy decisions from the collected data to reduce the burden from prior authorization.

### **Promote Primary Care**

- **Bill Updating APCD Moves Through Senate Committee with MNACP Support-** The Senate Judiciary and Public Safety Committee heard [SF 302](#) (Mann, DFL – Bloomington), a bill that updates the All-Payer Claims Database (APCD) to require payers to report payment data that is not included in an insurance claim, such as value-based payments. [MNACP shared a letter](#) in support of the bill, encouraging committee

members to “support and vote in favor of SF302 to more fully disclose certain payments made to health care providers, make modifications to the all-payer claims data system and increase the transparency of health care payments.” The bill was approved and referred to the Senate Health and Human Services Committee.

- **Telehealth Extension Receives First Hearing** -A bill that amends the statutory definition of telehealth to include audio-only telehealth services, along with audio and visual services, was heard in the House Commerce Finance and Policy Committee. The bill, [HF1706](#) (Edelson, DFL – Edina), makes the coverage permanent. However, following the hearing, the author indicated that she intends to amend the bill to mirror Gov. Tim Walz’s recommendation to extend the sunset date for audio-only telehealth services from June 30, 2023, to June 30, 2025. According to the Minnesota Department of Human Services, telehealth has been shown to increase access to care for adolescents, older patients, veterans, and individuals located in rural locations, and those who have transportation barriers and mobility issues. A recent Minnesota Department of Health and Human Services preliminary study showed that ethnic minority groups and rural tribal groups prefer telehealth that is provided by telephone and not via the internet. The reason the governor recommends extending the sunset two more years is to allow time for the final report to be completed. The bill passed and was referred to the Health Finance and Policy Committee.
- **Healthcare Worker Safety Bill Heard in Senate Committee** - Violence against healthcare workers including physicians, nurses, emergency room staff, paramedics, and other staff directly and in-directly involved with patient care, has become commonplace in hospitals, clinics, nursing homes and other healthcare facilities. [SF2052](#) (Bolden, DFL – Rochester), was heard in the Senate Health and Human Services Committee. The bill provides \$20 million in grant funding to address healthcare worker safety through the Minnesota Department of Health. The House companion bill [HF 2749](#) was heard in the House Health Finance and Policy Committee, where it was laid over for inclusion in their omnibus bill.

**Other Issues MN-ACP is following:**

- **Legislation to Ban Non-compete Clauses Moving at Capitol** - [SF405](#) (Mann, DFL – Bloomington) prohibits employers’ use of non-compete clauses in employment contracts, with the latest Senate version passing the Judiciary and Public Safety Committee. It passed the committee and was referred to the Senate Finance Committee. The Minnesota Medical Association (MMA) shared a letter of support of SF405, arguing that “non-compete provisions in physician contracts restrict competition and interfere with the patient/physician relationship.....There is nothing in this bill that prohibits an employer from recouping recruitment costs through other provisions in their employment contract. There are other, more positive, ways employers can encourage employees to stay.” The House companion, [HF295](#) (Elkins, DFL – Bloomington), currently limits the prohibition to low income workers applying it to

workers with incomes that are less than the medium family income for a family of four in Minnesota.