



WEEKLY SESSION UPDATE

March 8, 2019

As the first deadline looms only a handful of days away, committees ramped up both the breadth of topics and volume of bills coming in front of each committee. These marathon hearings brought swaths of lobbyists, testifiers, and advocates into packed rooms for what sometimes turned out to be intense debate. One of these highly-debated issues, HF13, would add a constitutional amendment to the ballot in Minnesota to decide if “equality of rights under the law shall not be abridged or denied on account of gender” should be included in the Minnesota Constitution. Rep. Kunesh-Podein brought her ERA bill to the House floor on Thursday night, ultimately passing on a 72-55 vote. In order to make it on the 2020 ballot, however, the bills will need to advance through the Senate.

The Governor’s proposals are starting to go through the legislative process, which signals the start of the negotiations that will be taking place over the next ten weeks. Included in the most recent House bill introductions was the Governor’s tax bill which will without a doubt ignite discussion on both sides of the aisle. For more information about what the Governor’s tax bill entails, check out the attached policy and technical summary from the Department of Revenue.

Walz’s ONEcare proposal

On Wednesday, Gov. Walz’s plan for healthcare reform ([HF 3](#)), was heard in the House Health and Human Services Policy Committee. The bill includes provisions from the governor’s budget and would require the commissioner of human services to:

- Contract with a dental administrator for dental services to MA and MinnesotaCare recipients
- Provide a 54 percent MA rate increase for adult dental services, and an increase for children’s dental services sufficient to equalize adult and children’s rates, and eliminate the higher critical access dental provider payment rate
- Administer an outpatient prescription drug program for MinnesotaCare and establish an outpatient prescription drug formulary
- Establish a OneCare Buy-in through the MNsure website for persons not eligible for a government sponsored program, that would include a platinum product in all areas of the state, and silver and gold products in certain rating areas, and seek necessary federal waivers.

After member questions and discussion, the bill was passed and sent to the House commerce committee.

Minnesota’s Young Voters

via [Briana Bierschbach](#) and [William Lager](#) at [MPR](#),

Last fall, Minnesota once again led the nation in voter turnout. The state also saw the highest voter turnout percentage in a non-presidential year since 2002, and the total number of people who showed up to vote was the most of any midterm election in Minnesota history...With numbers like that, it's not surprising that turnout was up among every age group in the state, according to data from the Minnesota secretary of state. Some of the biggest turnout swings between 2018 and the midterm election four years earlier were among Minnesota's youngest voters. All told, 37 percent of eligible 18- and 19-year-old voters showed up to cast a ballot last fall, up by 18 percentage points from the midterm election in 2014. More than 80 percent of eligible voters in

Minnesota between ages 65 and 79 showed up in the last election, according to the data, whereas less than half of the voting eligible population under the age of 30 showed up.

Rare Disease Advisory Council

A bill that would create a rare disease advisory council is making its way through the House and Senate. The goal of the [HF0684/SF973](#) is to establish a resource for patients, families of those diagnosed, and physicians who are working with the 1 in 10 Americans diagnosed with a rare disease. Members of the council would include doctors, nurses, hospital administrators and families and would attempt to find the best ways to diagnose and treat these diseases, raise awareness and help policy makers provide support for these families. Lawmakers are calling the bill bipartisan with both republican and DFL authors in the Minnesota House and Senate.

Workers' Compensation Legislative Proposal

On Wednesday, the Workers' Compensation Advisory Council met to review the 2019 legislative proposal. This year the proposal mostly deals with reporting requirements that will be shifted to payers in order for the state and department of labor to compile and analyze claims data in a more efficient and holistic way. The streamlined information will be helpful as the council seeks more streamlined approaches to exchanging this information.

Dual licensure bills move forward

This week, HF 1407 (Robbins) and SF 1732 (Jensen), companion bills that would allow Medicare-certified ASCs to share a facility with other Medicare-certified ASCs. [SF 1732](#) was heard in Senate HHS on Thursday afternoon, and no questions were asked by the committee. The Department of Health indicated that they didn't have any issues with the bill, and it was passed and sent to the Senate Floor, as well as laid over for possible inclusion. [HF 1407](#) was heard in House HHS Policy this morning, and was presented by Rep. Robbins and Rep. Patty Acomb. Brief testimony was provided in support of the bill from Traci Albers (she also testified at the Senate hearing) of the Minnetonka Surgery Center. There were not any questions from the committee and the bill was passed and sent to the House floor.

Right to Shop Act

This week the Senate Commerce committee heard SF 3 (Draheim), the Patient Right to Shop Act, requiring health plans to offer a shared savings incentive program to its enrollees beginning January 1, 2020. Sen. Draheim explained that most Minnesotans don't have an understanding of what the cost of care is, and providers are not always aware of the price they charge or what their competitors charge. He said the goal of the bill is to voluntarily give Minnesotans the choice to compare and shop some of their non-emergency outpatient services like occupational therapy, lab work, infusion services, OB services, outpatient services and surgeries, etc. If a patient needed a knee replacement and an out-of-network provider could get it done for \$10k cheaper, the patient and insurer would split the savings, and the patient's \$5k would be put in a savings account that follows the patient. Member questions and discussion followed, and the bill was laid over for possible inclusion.

Bill introductions of interest

[HF 1889](#) (Her) – Health plan companies counting out-of-network provider payments towards enrollee's annual deductible required

[HF 1914](#) (Edelson) – Advanced practice registered nurses added to certain statutes

[HF 1992](#) (Morrison) – Health plan company timely provider credentialing requirements established

[HF 2002](#) (Mann) – Interoperable electronic health records system mandate eliminated

[HF 2009](#) (Cantrell) – Health plan companies and commissioner of human services prohibited from requiring enrollees to follow metastatic cancer step therapy protocols

[SF 1942](#) (Draheim) – Prior medical conditions health insurance exclusion prohibition

[SF 1952](#) (Klein) – Health plan companies timely provider credentialing requirements establishment

[SF 1954](#) (Utke) – Individual and small group market geographic rating areas health insurance rates disparities legislative auditor study, report request and appropriation

[SF 1959](#) (Jensen) – Practice of pharmacy definition modification

[SF 1966](#) (Kiffmeyer) – Advanced practice registered nurses provisions modifications

[SF 1984](#) (Hayden) – Nonprofit health care entities conversion to for profit entities attorney General review and approval requirement; nonprofit health maintenance organization net earnings use for nonprofit purposes requirement; conversion transactions moratorium extension

[SF 1985](#) (Hayden) – Nonprofit health maintenance organizations (HMOs) net earnings use requirements establishment

[SF 2043](#) (Kiffmeyer) – Licensed physician assistants permission to practice without physician delegation agreement

[SF 2081](#) (Jensen) – Volunteer health care provider program requirements modification

[SF 2110](#) (Benson) – Pharmacists requirement to provide patients with certain information from drug manufacturers authorization

[SF 2143](#) (Mathews) – Metastatic cancers step therapy protocols health plan enrollee requirement prohibition

[SF 2169](#) (Abeler) – Pharmacy and prescription drugs provisions modifications