Minnesota hospital and health system 2020 legislative priorities

Thank you to legislators for passing a 2019 budget that includes funding for our health care delivery system and maintaining Minnesota's commitment to health care coverage for low-income Minnesotans.

Minnesota's hospitals and health systems are experiencing challenges including pressure to reduce costs from both government and commercial payers; health care professional shortages; and increasing costs of products and supplies such as pharmaceuticals, devices and technology systems for electronic health records. These challenges are even more pressing for our rural hospitals.

Reduce insurer delays and denials of medically necessary care for patients

A broad coalition of health care providers supports legislation to protect patients from unreasonable delays to medically necessary care while waiting for prior authorization from insurers. Patients feel anxiety waiting for necessary procedures to be approved. Providers are experiencing unnecessary delays, adding both frustration and administrative costs to the health care system.

The coalition does not seek to prohibit the use of prior authorization but to require timely responses and a more transparent process from insurers, including:

- Disclosure of criteria used to evaluate requests for prior authorization
- A reasonable maximum response time to prior authorization requests
- Protections from retrospective denials if a prior authorization has been given
- Prior authorizations to be reviewed by a qualified health professional in the same specialty
- Public reporting of prior authorization practices, including the number of prior authorizations made, number of denials, number of appeals and number of reversals

Improve access to mental health services throughout Minnesota

As a result of policymakers' bipartisan work, Anoka Metro Regional Treatment Center and Community Behavioral Health Hospitals have increased capacity. The Legislature has also funded innovative care models, including Certified Community Behavioral Health Clinics, school-linked mental health programs and capital investment bonding money for new crisis centers and for housing with services for individuals with mental health needs. MHA supports additional investments in mental health services, such as:

- Additional mental health facility and housing investments in the 2020 bonding bill
- Reimbursement rate increases for mental and substance abuse health care professionals
- Loan forgiveness grants for mental health professionals
- Expansion of the successful mental health innovation grant program

Communities across Minnesota are creating local solutions to help their community members access mental health services. More could be done with additional grant funding.

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MHA has concerns about proposed government mandates that would increase health care costs without proven improvements in quality or access to care

Reject a new government database that does not improve workplace safety or prevent violence

Hospitals should be places of safety and healing for patients, caregivers and visitors. Minnesota's hospitals take threats against patients, staff and visitors seriously. Since the passage of violence prevention legislation in 2015, hospitals have been continuously working on violence prevention plans, conducting training for all direct care workers and reviewing incidents of violence with employees. Hospitals are spending significant resources on security personnel, threat assessment tools and redesign of facilities to improve staff security.

In 2014, a public-private coalition of health care stakeholders including MHA, the Minnesota Nurses Association (MNA) and the Minnesota Department of Health (MDH) published a gap analysis on workplace violence prevention to help health care organizations identify risks for violence and put effective strategies in place. A full 100% of MHA members participate in these best practices guidelines.

MHA has concerns with many of the provisions of HF 1398/SF 1576, including creating a new MDH database that would allow hospital employees during their work shifts to make complaints about staffing and safety concerns. There is already a mechanism for hospital staff to report safety concerns to the state: under Minnesota's condition of licensure, nurses are obligated to report instances in which "the delegation of a nursing function […] could reasonably be expected to result in unsafe or ineffective patient care" to MDH's Office of Health Facility Complaints.

Hospitals are committed to work with all hospital employees, union representatives if the hospital has a collective bargaining agreement, local law enforcement and safety experts to ensure that hospitals are safe. Learn more about workplace violence prevention on the MHA website.

Preserve the ability for hospitals to have employment agreements with physicians

MHA opposes HF 557/SF 350, prohibiting any type of physician noncompete agreement. Hospitals rely on these mutually agreed-upon contracts to recruit, attract and retain physicians — often by offering to build a practice including a facility, equipment and staff or loan repayment in exchange for working for that hospital or health care system for a specific duration. With a physician shortage, hospitals and communities could experience constant bidding wars to attract and retain physicians. Eliminating noncompete agreements could lead to even greater challenges for rural communities already struggling with physician recruitment.

Oppose government-mandated nurse-to-patient staffing ratios

For the past decade, MNA, representing about 20% of the nurses in the state, has pursued legislation to impose government-mandated nurse-to-patient staffing ratios in Minnesota hospitals. The union's proposal does not account for the health care needs of the individual patient; the skill set and experience of the nurses at the bedside; the availability and abilities of other health care team members, including physicians; or the need for flexibility so nurses can respond if emergencies occur in other units of the hospital.

Decisions about the size and makeup of the care team should be made by the trained, experienced health care professionals closest to the bedside based on the acuity and needs of their patients, not by legislators in St. Paul picking a fixed, one-size-fits-all number. If enacted, this legislation would lead to higher health care costs and exacerbate workforce shortages across the health care continuum. MHA strongly opposes this misguided proposal (SF 2901).

Minnesota's hospitals prepare and publicly post an annual staffing plan and actual nurse staffing levels. Learn more about hospital staffing on the MHA website.