



Minnesota Hospital Association

A 2019 Legislative Session Preview

“Unresolved issues linger and new ones will be added to the agenda”



Mary Krinkie

MHA’s Vice President of Government Relations

2019 Legislative Session Preview

- Many of the issues that were vetoed or left unresolved in 2018 will be front and center in 2019.
- Much depends on the outcome of the 2018 election:
 - Minnesota’s House of Representatives could flip party control from Republican to DFL. (DFL would need to pick up 11 seats.)
 - Even though the State Senate is not up for election in 2018, there is an open seat and depending on the outcome of a couple of federal elections, Minnesota’s Senate could flip from Republican to a DFL majority.
 - Regardless...Minnesota will have a new Governor and likely new Commissioners at both DHS and MDH.
- Much will depend on the November & February state budget forecasts.
- 2019 is a budget setting year. Establishing the state’s biennial, 2-year budget for 2020 and 2021, will be the number one legislative agenda item.
 - Our last 2-year state budget was \$46 billion.
 - Health & Human Services was \$13.8 billion, about 30% of state spending.

Vetoed 2018 supplemental budget bill

Numerous policy provisions included, many likely to be reconsidered in 2019:

1. Opioid package:
 - MHA supported holding pharmaceutical companies partially responsible for their role in Minnesota's opioid crisis either through the "penny-a-pill" proposal or increased opioid manufacturer licensing fees.
 - \$16 million over the remainder of this biennium and the next biennium, would have funded a rate increase for treatment providers and various grant programs. Included \$2 million for the opioid prevention programs being shepherded by at St. Gabriel's Health, in Little Falls, to other communities.
2. Elder Abuse and Vulnerable Adult Protections:
 - MHA worked to amend these bills to ensure that provisions aimed at protecting "residents" would not apply to a patient in a hospital setting.
 - Finding the right balance, between allowing innovation and flexibility and some regulations for assisted living.
3. School linked mental health grants: \$5 million a year.
 - Continuing our work and commitment to improving mental health services

Finance issues of importance for the 2019 Session

Maintaining coverage for low income Minnesotans:

- Oppose efforts to pass a work requirement for "able-bodied" Medical Assistance enrollees.
- Preserve MN's benefit set. Concerns about "short term" insurance policies.
 - MN does not currently allow. Federal policy was 90 days, now up to 3 years.
- Raise concerns about the MnCare Buy-In Proposal
- Protect funding for MinnesotaCare and the Medical Assistance program:
 - Challenged by the sunset of the MnCare Provider tax on December 31, 2019.
 - What choices would be made without \$693 million in annual provider tax revenue? (FY 2019)
 - Funding \$400 million of the Medical Assistance program
 - Funded \$400 million of the 2-year reinsurance program
 - Willing to look at alternative funding streams, but unwilling to sacrifice the programs currently being funded.
- Advance health care payment reforms – new ways to save the state money without reducing eligibility or cutting payments to providers:
 - Working with DHS on next generation Integrated Healthcare Partnerships (IHPs), potential for direct contracting pilots.

Policy issues of importance for the 2019 Session

- Joining the enhanced multi-state Nurse Licensure Compact.
- Modernizing Minnesota's Health Records Act to improve coordination of patient care.
 - Minnesota's Health Records Act (MHRA) should more closely align with federal HIPAA (Health Insurance Portability and Accountability Act) laws.
 - This dual regulatory framework makes it more difficult for providers to access the information they need to deliver the safest, timeliest and most effective care for patients.
 - It creates confusion and frustration for patients and their families, adds unnecessary costs to Minnesota's health care system.
 - We are working to have a more streamlined patient consent process, which is already in place and working well in 48 other states.
- Defeating state mandated nurse staffing ratio legislation and other burdensome regulations which add costs and no value.

Community issues A role for Trustees

Health care is not just about the services delivered within the walls of the hospital — but improving a community's health:

- Housing
- Childcare
- Broadband
- Food security issues
- And of course, Workforce issues

How can hospital Trustees help their hospitals play a role in those community discussions?

Resources available

MHA Member Center page at:

<https://www.mnhospitals.org/member-resources/legislative-resources/2018-election-candidate-resources>

If you do not have a member password, please contact Ashley Beno at: 651-603-3545 or abeno@mnhospitals.org and she will provide you with one.

There are issue papers that can be helpful in your legislative advocacy efforts, as well as our electronic 2018 Election Tool Kit for your use.

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