



# 2022 Legislative Session in Review

## Session veers back toward normal

Business at the Legislature started to normalize a bit during the 2022 session. Floor sessions and some committee meetings took place in-person and advocates were once again seen roaming the halls and pressing the flesh.

However, as the session wound down in late April and early May, lawmakers were heard muttering under their breath that “we don’t have to get anything done this year.” While true—they’re legislatively mandated to pass budgets during odd-numbered years—it’s still frustrating that lawmakers couldn’t agree on uses for the \$9.2 billion surplus.

Nonetheless, the MMA advocacy team was able to lobby successfully on behalf of Minnesota physicians.

Here’s a review of the 2022 session including reports on MMA priorities as well as other health care-oriented legislation.

## MMA’s priority issues at the Legislature

### ISSUE

### RESULT

#### Protecting patients from arbitrary medication changes

Ensure patients have access to medications by prohibiting insurers or pharmacy benefit managers (PBMs) from altering patient’s drug coverage for medications they are already on, which currently can occur in the middle of a patient’s contract year.

Also, improve patient health by prioritizing the decisions made between a physician and a patient, rather than changes to a drug’s formulary by an insurer.

The House passed limits on mid-year formulary changes in its omnibus health and human services bill. However, the Senate, expressing concerns with growing prescription drug costs, did not pass it.

#### Improving patient safety with straightforward communications

Improve patient safety by protecting from discovery discussions that are held between physicians and patients following an adverse event.

Also, endorse the Communication and Optimal Resolution (CANDOR) model, which is designed to include patients and family members in timely and honest information following an adverse event, support caregivers, and work to improve patient safety.

The MMA worked with stakeholders to move this forward, but discussions continued past the legislative deadline for bills to receive a committee hearing. Consequently, the bill did not move this session. Proponents remain hopeful that it will advance during the 2023 session.

#### Increase immunization rates

Repeal existing personal belief exemption (PBE) from Minnesota’s childhood immunization laws.

Fund education and outreach efforts in communities with lower immunization rates.

The MMA worked to stop legislation that would weaken laws related to childhood and COVID-19, and other, vaccines. Although several bills were introduced to create a vaccine consent form and other efforts to dissuade individuals from receiving COVID and other vaccinations, these bills did not receive a hearing. Legislation to remove the personal belief exemption did not advance this year.



## MMA’s priority issues at the Legislature *(continued)*

ISSUE	RESULT
<p><b>Create a POLST registry</b>  <i>Authorize a feasibility study to establish a statewide registry for Provider Order for Life-Sustaining Treatment (POLST) to ensure EMS and emergency departments have access to POLST orders patients may have.</i></p>	<p>The MMA achieved strong bi-partisan support for this in the House and it was included in the House omnibus Health and Human Services bill. However, the legislation never received a hearing in the Senate—mostly due to its members’ intention not to pass any state spending bills. The POLST program had a \$292,000 fiscal note. With no final agreement on the HHS bill at the end of session, it did not pass.</p>
<p><b>Prevent firearm death and injuries</b>  <i>Expand criminal background checks to all firearm transfers and sales.                      Enact a “red flag” law to allow law enforcement to protect those who may be a danger to themselves or others.                      Authorize the use of de-identified firearm ownership data for public health research and epidemiologic investigations.</i></p>	<p>No legislation moved on these issues this session.</p>

## Other health-care legislative issues

ISSUE	RESULT
<p><b>APCD update</b></p>	<p><b>Background:</b> Legislation led by the Minnesota Academy of Family Physicians (MAFP) would have updated the state’s All-Payer Claims Database to include non-claims payment information that reimburses for value-based care (VBC). It would have required a report on how much VBC is being paid for, including how much is used for primary care services.  <b>Legislative action:</b> Included in the House omnibus Health and Human Services bill but was not accepted by the Senate.  <b>MMA position: Support</b></p>
<p><b>Barriers to COVID-19 vaccine</b></p>	<p><b>Background:</b> Multiple bills were introduced to prohibit COVID-19 vaccine mandates by government or employers.  <b>Legislative action:</b> No bills received hearings.  <b>MMA position: Oppose</b></p>
<p><b>Board of Medical Practice authority modification</b></p>	<p><b>Background:</b> The Board of Medical Practice (BMP) wanted increased authority to levy fines of up to \$10,000 against licensees to “discourage future behavior.” There were no limits on when or how these fines would be used and no reasons provided as to why the BMP needed this authority.  <b>Legislative action:</b> Following the MMA’s objections, this new authority was removed from the bill.  <b>MMA position: Oppose</b></p>
<p><b>Chronic pain/opioids</b></p>	<p><b>Background:</b> Patients with chronic, intractable pain are being forced to taper their opioid use because insurers, pharmacies, or pharmacy benefit managers (PBMs) are misusing CDC guidelines on opioid use, even if this tapering is not in the best interest of the patient. The legislation protects these patients by stating that prescribers cannot be disenrolled or disciplined solely for exceeding a morphine milligram equivalent guideline.  <b>Legislative action:</b> Passed as part of the omnibus Health and Human Services policy bill and signed into law.  <b>MMA position: Support</b></p>
<p><b>Copay extension</b></p>	<p><b>Background:</b> Requires insurers to offer an insurance product that allows enrollees to spread out high-deductible payments into smaller monthly installments over the entire year.  <b>Legislative action:</b> Passed and signed into law as part of reinsurance package.  <b>MMA position: Support</b></p>

ISSUE	RESULT
<b>Frontline worker bonuses</b>	<p><b>Background:</b> Provides a one-time bonus payment of up to \$750 each for frontline workers required to work during the start of the pandemic. These workers include physicians, nurses, other healthcare workers, childcare workers, long-term care workers, and others who meet the income limits of less than \$350,000 for joint taxpayers or \$175,000 for single taxpayers.</p> <p><b>Legislative action:</b> Passed and signed into law.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Interstate nurse compact</b>	<p><b>Background:</b> Would have allowed nurses licensed in other states to practice in Minnesota without having to receive a Minnesota license, if the other state is also participating in the compact.</p> <p><b>Legislative action:</b> Included in the Senate omnibus Health and Human Services bill but not accepted by the House.</p> <p><b>MMA position:</b> <b>No position</b></p>
<b>Long-acting reversible contraception (LARC)</b>	<p><b>Background:</b> Would have expanded Medical Assistance (MA) coverage to pay for the insertion of a long-acting, reversible contraception device immediately following a delivery. Currently, MA will not cover the cost of the device post-partum.</p> <p><b>Legislative action:</b> Included in the House omnibus Health and Human Services bill, but not accepted by the Senate.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Loan forgiveness for healthcare workers</b>	<p><b>Background:</b> State funding for healthcare-specific loan forgiveness programs.</p> <p><b>Legislative action:</b> Included in the House omnibus Health and Human Services bill, but not accepted by the Senate.</p> <p><b>MMA Position:</b> <b>Support</b></p>
<b>Mental health funding for healthcare workers</b>	<p><b>Background:</b> \$1 million for healthcare systems, hospitals, nursing facilities, community health clinics or consortium of clinics, federally qualified health centers, rural health clinics, or health professional associations for the purpose of establishing or expanding programs focused on improving the mental health of healthcare professionals.</p> <p><b>Legislative action:</b> Passed and signed into law.</p> <p><b>MMA position:</b> <b>Support</b></p>

ISSUE	RESULT
<b>Preceptor tax credit</b>	<p><b>Background:</b> Allows physicians and other healthcare providers who serve as preceptors for a health profession student or medical resident to qualify for a tax credit equal to \$5,000.</p> <p><b>Legislative action:</b> Included in the House Omnibus Tax bill and the agreed-to conference committee report, but not did not pass either body.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Prenatal health</b>	<p><b>Background:</b> Requires health plans to provide coverage for comprehensive postnatal care for both babies and mothers for up to 12 weeks following delivery.</p> <p><b>Legislative action:</b> Passed and signed into law as part of reinsurance package.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Public option</b>	<p><b>Background:</b> A bill establishing a cost-sharing reduction, the authority for small employers to purchase coverage through MinnesotaCare, and a transitional healthcare credit was proposed to provide small employers a “public option” for more affordable coverage.</p> <p><b>Legislative action:</b> The MinnesotaCare buy-in was included in the House omnibus Health and Human Services bill, but not accepted by the Senate.</p> <p><b>MMA position:</b> <b>No position</b></p>
<b>Recreational adult-use cannabis</b>	<p><b>Background:</b> This legislation would legalize and regulate the use of adult-use recreational cannabis in Minnesota.</p> <p><b>Legislative action:</b> A bill passed the Minnesota House of Representatives but failed on a procedural vote in the Senate.</p> <p><b>MMA position:</b> <b>No position</b></p>
<b>Reduce multiple criminal background checks</b>	<p><b>Background:</b> Physicians and other healthcare providers who work for DHS-licensed programs are required to have one criminal background check to receive their license and another to participate in the DHS program. This would have allowed one background check to be used for both.</p> <p><b>Legislative action:</b> Passed as part of the omnibus Health and Human Services policy bill and signed into law.</p> <p><b>MMA position:</b> <b>Support</b></p>



## Other health-care legislative issues *(continued)*

### ISSUE

### RESULT

<b>Reinsurance extension</b>	<p><b>Background:</b> Extension of the state's reinsurance program, designed to reduce volatility in the individual health insurance market. Under Minnesota's program, the cost of high-cost claims is not borne exclusively by insurers. Rather, the state's reinsurance fund covers 80% of an individual's annual claims costs between \$50,000 and \$250,000.</p> <p><b>Legislative action:</b> Passed and signed into law.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Rural residency</b>	<p><b>Background:</b> Establishes a health professionals' rural and underserved clinical rotations grant program, a primary care rural residency training grant program, and a grant program to support clinical training for healthcare students in areas of high need where there are shortages of healthcare professionals.</p> <p><b>Legislative action:</b> Included in the House omnibus Health and Human Services bill, but not accepted by the Senate.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Temporary license for physicians new to Minnesota</b>	<p><b>Background:</b> Creates a temporary permit for physicians and physician assistants while they await their final license approval if they were previously licensed in another state before coming to Minnesota.</p> <p><b>Legislative action:</b> Included in the mental health bill that passed at the end of the session.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>Tobacco cessation</b>	<p><b>Background:</b> Expands Medical Assistance (MA) coverage of tobacco and nicotine cessation services. Changes include covering phone counseling through an audio quit line, expanding eligible providers, and eliminating prior authorization and volume requirements.</p> <p><b>Legislative action:</b> Included in the House omnibus Health and Human Services bill, but not accepted by the Senate.</p> <p><b>MMA position:</b> <b>Support</b></p>
<b>White bagging</b>	<p><b>Background:</b> Prohibits a pharmacy benefit manager or insurer from "white-bagging" or otherwise requiring a patient from receiving their clinician-administered drug from a pharmacy selected by the pharmacy benefit manager or insurer instead of from the clinic that is administering the drug.</p> <p><b>Legislative action:</b> Introduced in both bodies but did not receive a hearing.</p> <p><b>MMA position:</b> <b>Support</b></p>



### How does an issue become an MMA priority?

The MMA Board of Trustees defines MMA priorities based on input from our physician members through their participation in committees, task forces, policy forums, the Policy Council, The PULSE, listening sessions, member events, surveys, and online discussions. MMA policies serve as the foundation for our legislative, regulatory, and administrative advocacy efforts during the legislative session and throughout the year.

To get involved in MMA legislative and grassroots efforts, contact our legislative team or someone from our member relations team.

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