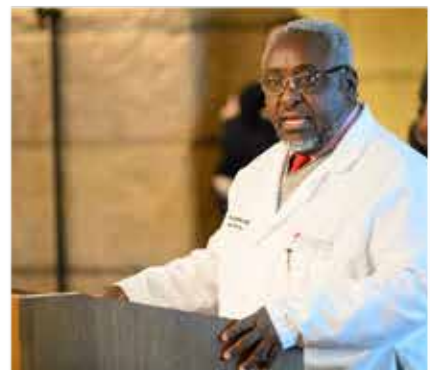


# 2026 LEGISLATIVE REVIEW

FROM THE PUBLISHER OF  
**MINNESOTA  
MEDICINE**



MINNESOTA  
MEDICAL  
ASSOCIATION

# 2026 Legislative Session in Review

## Some success despite slow going in St. Paul...

Legislators returned to St. Paul in mid-February with lowered expectations. It was a short session without the need to pass a budget. DFL lawmakers held a narrow one-vote majority in the Minnesota Senate, and the House was split evenly with 67 DFL lawmakers and 67 Republicans.

These factors alone would likely be enough to stymie the Legislature. Now add these additional unique circumstances to the mix:

- It's an election year for all 201 lawmakers;
- last July the federal government cut billions in state Medicaid funding;
- the state learned the full effect of years-long fraud with various social programs that cost taxpayers multiple millions, if not billions, of dollars;
- Gov. Walz entered his last year in office;
- the Speaker of the House is running for governor;
- a growing number of cases of preventable diseases was spreading across the country;
- a mass shooting in August at a school in south Minneapolis;
- two Minnesotans killed by federal immigration enforcement, and;
- the assassination of a state lawmaker and her husband and the attempted assassination of a state Senator and his wife.

Given this chaos, it's not surprising that bills had a hard time working their way through the Capitol.

"It went about as well as we could have realistically hoped for," said Chad Fahning, MPP, MMA's senior manager of lobbying and state legislative affairs. "Given it was a non-budget year with split partisan control of the House, we came into session with an understanding that little would get done. However, we passed several priority bills and advanced other high-profile bills like federal Medicaid conformity and a financial lifeline for HCMC. Minnesota's patients could not afford inaction on these items and we got them done."

*In the following pages, you'll see which MMA priorities made it across the finish line, as well as how other healthcare-oriented bills fared.*

## MMA's top legislative priorities for 2026

Here's how the MMA's five legislative priorities fared during the session:

<p><b>Support efforts to minimize the impact of federal Medicaid changes &amp; preserve coverage for Minnesotans.</b></p>	<p><b>Compliance with Federal Law Passed</b></p> <p>To comply with federal law following the passage of <a href="#">H.R.1</a> last summer, the Legislature needed to pass compliance measures, or risk losing \$3-\$5 billion annually. The federal compliance changes within the bill include:</p> <ul style="list-style-type: none"> <li>• implementing new federally mandated work requirements for adults without children using Medicaid;</li> <li>• establishing new six-month renewal requirements;</li> <li>• establishing cost-sharing requirements across programs;</li> <li>• shortening retroactive coverage for adults without children from three months to one month.</li> </ul>
<p><b>Ensure clinician involvement in prior authorization denials.</b></p>	<p><b>Passed</b></p> <p>This legislation was included in the Commerce and Consumer Protection Policy Omnibus Bill. This will prohibit health insurers from making adverse determinations by automated processing alone. The legislation does not limit the ability of health insurance companies to use AI to more efficiently process claims and approve care.</p>
<p><b>Expand current confidentiality protections for participation in a "wellness program" to include other healthcare professionals.</b></p>	<p><b>Passed</b></p> <p>This legislation was included in the health and human services (HHS) finance omnibus bill. This will extend the same protections offered to physicians who participate in programs like the MMA's <a href="#">Treat Yourself First</a> program, to all healthcare professionals.</p>
<p><b>Repeal the personal belief exemption for school &amp; child-care facility immunization requirements.</b></p>	<p><b>Did not pass</b></p> <p>The MMA advocated for legislation to prohibit the use of conscientious exemptions for the measles, mumps, and rubella (MMR) vaccine, while maintaining existing medical exemptions. The bill was heard in committee, but did not advance. The Senate proposal also would have expanded the definition of recommended vaccines to include those endorsed by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. However, the provision was not included in the House HHS omnibus bill, and did not advance this session.</p>
<p><b>Support evidence-based firearm safety laws.</b></p>	<p><b>Did not pass</b></p> <p>A bill that contained a statewide ban on assault weapons and high-capacity magazines, as well as mental health initiatives, passed the Senate, but did not make it to the House floor.</p>



# Other healthcare legislation

Here's how other healthcare-related legislative issues fared this session:

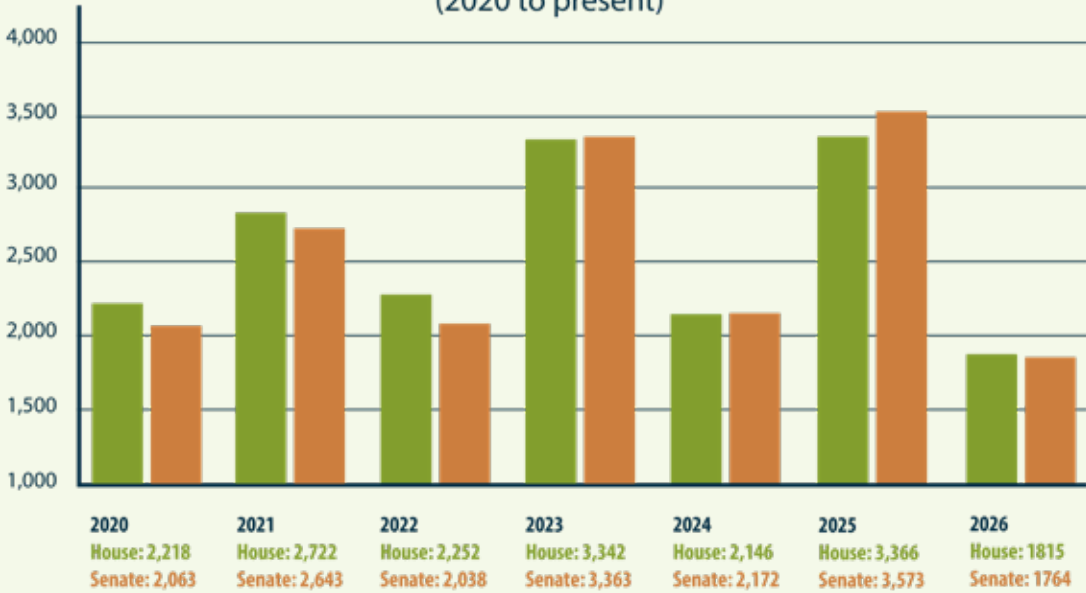
LEGISLATION	BACKGROUND	PASSED	DID NOT PASS	MMA SUPPORT	MMA OPPOSE	MMA NEUTRAL
<b>Create a funding mechanism to help Hennepin County Medical Center (HCMC) continue operating</b>	HCMC will receive \$205 million out of the general fund in the current fiscal year, and an additional \$500 million will be available until fiscal year 2031. Leaders also agreed to convene a working group to develop long-term sustainability strategies for the health system.	X		X		
<b>Prior authorization exemption for medications used to treat opioid use disorder</b>	This bill would prohibit prior authorization (PA) and step therapy for drugs used in the treatment of opioid use disorder under Medical Assistance.		X	X		
<b>Remove prior authorization reforms</b>	This bill would weaken the prior authorization reforms enacted by the Legislature in 2024, which were designed to reduce delays in care and improve outcomes for patients with chronic conditions.		X		X	
<b>Pharmacist Prescribing Medication for Opioid Use Disorder (MOUD)</b>	This bill would authorize trained pharmacists to initiate, prescribe, dispense, and administer buprenorphine for the treatment of opioid use disorder.	X		X		
<b>Revise existing law governing the practice of physical therapy</b>	In its original form, this bill would remove the statutory 90-day limit on treatment by a physical therapist without a referral or order from a physician or other licensed provider. After the MMA weighed in, that provision of the bill was removed.		X		X	
<b>Coverage of routine immunizations</b>	This bill would require health insurance plans to cover recommended routine immunizations without cost-sharing, and would establish a new Science-Based Vaccine Advisory Council.		X	X		
<b>Prohibit vaccination requirements for state agencies and private businesses</b>	This bill would broadly prohibit COVID-19-style vaccine mandates (or similar future mandates for communicable diseases) by state and local governments and by private businesses, while preserving existing immunization requirements for schools, colleges, and certain regulated settings.		X		X	
<b>Establish an Office of Gun Violence Prevention</b>	This bill would create a new Office of Gun Violence Prevention within the Minnesota Department of Health. The office would coordinate statewide efforts to reduce gun violence, collect and report data on firearm-related injuries and deaths, and advise lawmakers on gun violence prevention policies.		X	X		
<b>Establish safe storage requirements for firearms</b>	This bill would establish stricter firearm storage requirements in Minnesota by requiring guns to be either unloaded and secured with a locking device, or stored in a locked safe or locked gun room when not under a person's direct control.		X	X		
<b>Repeal Minnesota's state preemption of local firearm regulations</b>	This bill would repeal Minnesota's current state preemption laws that prevent cities, counties, and other local governments from creating their own firearm regulations; that are more restrictive than state law.		X	X		

LEGISLATION	BACKGROUND	PASSED	DID NOT PASS	MMA SUPPORT	MMA OPPOSE	MMA NEUTRAL
<b>Modify the title of “physician assistant” to “physician associate”</b>	This bill would change the title of “physician assistant” to “physician associate.” The bill would not change the allowed scope of work for a physician assistant.”		X		X	
<b>Certified anesthesiologist assistant licensure</b>	This bill would establish a new state licensure system for anesthesiologist assistants in Minnesota, allowing them to practice under licensed anesthesiologists.		X	X		
<b>Remove advanced practice registered nurse postgraduate collaborative practice requirements</b>	In its original form, this bill would have removed the requirement for nurse practitioners or clinical nurse specialists to complete 2,080 hours of physician or APRN supervised practice in a hospital or integrated clinical setting prior to independently practicing as an APRN. After MMA engagement, the bill was amended to allow clinical nurse specialists and nurse practitioners to complete their 2,080 hours of supervised practice in any setting, provided there is a collaborative agreement with a physician or an APRN with at least three years’ practice experience. Nurse practitioners and clinical nurse specialists who do not provide primary care or mental health services must complete their 2,080 postgraduate hours under a collaborative practice agreement with a physician or APRN in a setting where physicians and APRNs work together.	X			X	
<b>Limit DHS and CBP access to healthcare facilities</b>	This bill would limit access to healthcare facilities from Department of Homeland Security and Customs & Border Protection personnel, and require healthcare facilities to implement policies regarding interactions between healthcare facility employees and law enforcement agents.		X	X		
<b>Insurance coverage for infertility treatment and fertility preservation services</b>	This bill would require infertility treatment and fertility preservation services to be covered by health plans, including MinnesotaCare and Medical Assistance.		X	X		
<b>Modify how Medical Assistance reimburses FQHCs</b>	This legislation would modify how the Minnesota Department of Human Services reimburses Federally Qualified Health Centers (FQHCs) under Medical Assistance by updating the payment methodology.		X			X
<b>Kratom regulation</b>	This bill would re-classify <a href="#">Kratom</a> as a Schedule II controlled substance.		X	X		
<b>Legalization of psilocybin</b>	This bill would legalize psilocybin for therapeutic use, and reclassify it from schedule 1 to schedule 4. This would not legalize psilocybin recreationally, but would permit use by select group of adults 21 and older who are diagnosed with a qualifying medical condition. The treatment would be administered under strict supervision by a licensed facilitator.		X			X
<b>Direct Primary Care Framework</b>	This bill aligns state statute with federal law by clarifying that direct primary care (DPC) arrangements are not health plan products, and therefore are not subject to state health insurance regulations. The legislation also establishes a regulatory framework for DPC agreements.	X		X		

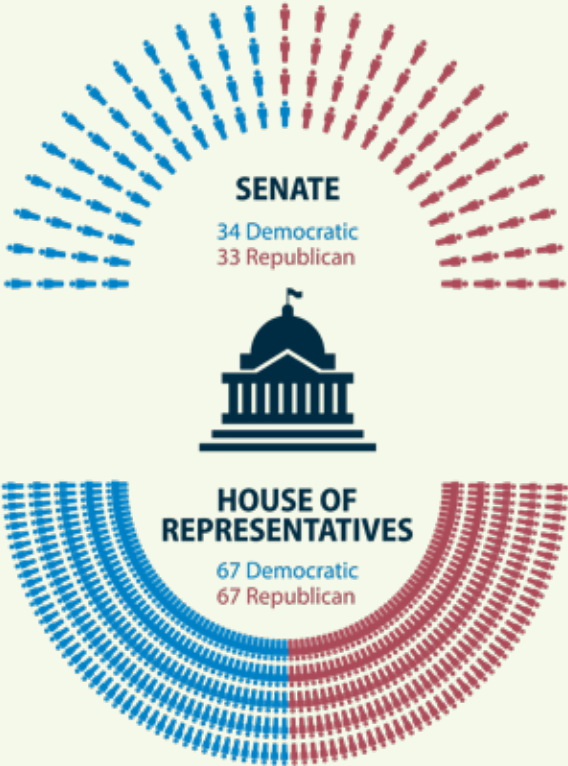
LEGISLATION	BACKGROUND	PASSED	DID NOT PASS	MMA SUPPORT	MMA OPPOSE	MMA NEUTRAL
<b>Community Health Board - medical consultant eligibility modification</b>	This bill expands eligible professions beyond physicians to include osteopathic physicians (DOs), physician assistants (PAs), and advanced practice registered nurses (APRNs) (including nurse practitioners and clinical nurse specialists, with appropriate certification) to provide medical guidance, authorize protocols, and support coordination of local public health activities.	X		X		
<b>Licensing for the practice of acupuncture and herbal medicine</b>	This bill modifies Minnesota's licensing framework for acupuncture practitioners by updating statutory terminology, adding a legal definition of acupuncture in state law, and updating licensing and administrative requirements.	X				X
<b>Change provisions for the cost of health records</b>	This bill would revise the rules for what providers may charge patients for copies of their medical records. It would replace the prior structure with a more detailed fee framework.		X			X
<b>Additional loan forgiveness program for OBGYNs in rural areas</b>	This bill would create additional, dedicated appropriations to provide education loan forgiveness specifically for physicians licensed in obstetrics and gynecology who commit to practicing in designated rural areas of Minnesota.		X	X		
<b>Limiting conversion therapy</b>	Following a U.S. Supreme Court decision striking down a Colorado law banning conversion therapy, this Minnesota bill would prohibit health plan coverage of conversion therapy for minors and vulnerable adults. In addition, the bill would establish a civil cause of action for individuals who were subjected to conversion therapy as minors. The bill would allow affected individuals to seek damages for harm suffered because of these practices, creating a mechanism for accountability.		X	X		
<b>Health professional clinical training expansion and rural and underserved clinical rotations grant program</b>	This legislation clarifies that clinical rotations in rural communities exclude the cities of Duluth, Moorhead, Rochester, and St. Cloud. The bill expands allowable uses of rural clinical rotation grant funds to include onboarding expenses for trainees, helping cover costs needed to meet clinical training site requirements before beginning a rural rotation or clinical training experience.	X		X		
<b>Medication administration in correctional facilities</b>	Legislation passed clarifying that correctional facilities are authorized to provide medications that were prescribed prior to incarceration, provided these prescriptions are verified as current and valid by a licensed healthcare professional.	X		X		
<b>Medical liability reform</b>	This bill would decrease the statute of limitations on medical malpractice claims from four years to two years, protect a health care provider's personal income and assets from collection due to an adverse finding by the court, and cap noneconomic damages such as pain, suffering, and inconvenience at \$500,000.		X	X		

# Current Minnesota State Legislature

## BILL INTRODUCTIONS (2020 to present)



Source: Bills introduced & laws enacted, 1849-Present, Minnesota Legislative Reference Library



# Q&A with MMA's Lobbyist Team



Shortly after the session concluded, we asked MMA's legislative affairs team to assess the session. Responses are from **Chad Fahning, MPP**, senior manager of lobbying and legislative affairs, and **Natalie Schmidt-Larkin, MPH**, manager of state legislative affairs.

## Q: What would you say were the biggest victories this past session?

**Fahning:** Several MMA legislative priorities were signed into law. One restricts health insurance companies from using AI to issue adverse determinations. Another expands confidentiality protections currently offered to physicians who participate in a wellness program to other healthcare professionals. This includes the MMA's Treat Yourself First campaign. Lastly, we were involved with some major items including securing necessary state funding for Hennepin County Medical Center, and conforming with new federal Medicaid laws. Without that, the state would have lost billions of federal dollars annually, and Minnesota's patients would have paid the price.

## Q: What were the biggest frustrations?

**Fahning:** Given the 67-67 partisan tie in the House of Representatives, we knew going into this session that anything would need bipartisan support to ultimately pass. Also, given the rise in death and injury by firearms in recent years, including the assassination of a state lawmaker and the tragedy at Annunciation Catholic Church and School (the site of a mass shooting in August 2025), we worked very hard to get bipartisan support for safe storage requirements, an assault weapons ban, and a high-capacity magazine ban. Those bills never got the bipartisan support needed to pass, though. We have data that shows that those policies reduce rates of death and injury by firearm, so the frustration is that the health and safety of Minnesotans, especially kids, will continue to be at risk.

## Q: Did anything surprise you?

**Schmidt-Larkin:** We were surprised by how many scope-of-practice proposals popped up, and how many gained

traction with lawmakers. These included aggressive proposals by the APRN coalition to remove the first year of collaborative practice. Despite our concerns, it had strong support at the Capitol. Fortunately, we were able to come to a compromise that attempted to mitigate harm. We also defeated scope proposals regarding physical therapists and physician assistants, though we anticipate those will come up again down the road.

## Q: What specifically was the compromise relating to APRNs?

**Fahning:** We agreed to remove the requirement that the first year of postgraduate practice for newly trained nurse practitioners or clinical nurse specialists be in a hospital or other integrated clinical setting. Instead, the first year of postgraduate practice for nurse practitioners or clinical nurse specialists can be in any setting, provided there is a collaborative agreement with a physician or an APRN with at least three years' practice experience. Nurse practitioners and clinical nurse specialists who do not provide primary care or mental health services must complete their 2,080 postgraduate hours under a collaborative practice agreement with a physician or APRN in a setting where physicians and APRNs work together.

## Q: What were some of the bills that didn't pass, but you think are set up for future success?

**Schmidt-Larkin:** One area that did not advance this session, but is clearly building momentum for future years, is immunization policy. We saw multiple proposals aimed at addressing declining vaccination rates and increasing outbreaks of preventable diseases such as MMR. While these bills did not pass this session, they are continuing to gain attention and stakeholder engagement. This includes efforts to remove the personal belief exemption for some school and child-care immunization requirements, such as the MMR vaccine, as well as proposals to require health insurance coverage of recommended routine immunizations. The continued rise of preventable diseases suggests this will remain an active area of discussion heading into the next session.

**Q: Did the fact that this is an election year and all legislators are running for office affect what was able to pass? If so, in what ways?**

**Schmidt-Larkin:** All 201 state legislative seats will be on the ballot in November. Typically, we see fewer bills turn into laws going into these big elections. This election will set the stage for what we can realistically expect to pass next year. We need physicians to be active on the campaign trail, and take some time to get to know the candidates and what they stand for. In a time when trust in science, data, and expertise seems like a thing of the past, we need physicians to use their voice to influence future policymakers.



# Advocacy in Action



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

The MMA Board of Trustees determines MMA legislative priorities based on the input from our physician and physician-in-training members through their participation in committees, task forces, forums, The Pulse, member events, surveys, etc. 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, advocacy, and grassroots efforts, contact our government and legal affairs team.

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