



STRANGE TIMES INDEED

2021 Legislative Session in Review

When the 2021 Legislative session began in early January, it seemed as if the 2020 session had never ended. Over the summer and fall of 2020, legislators continued gathering each month for special sessions called by Gov. Tim Walz so that he could extend his peacetime emergency powers to address the COVID-19 pandemic. Masks continued to be mandatory for legislators on Capitol grounds. The Capitol complex closed to the public. And social distancing was the norm.

It was déjà vu all over again.

The weirdness continued this year in a discordant session that ended with the GOP and the DFL unable to reach an agreement on a budget. When the constitutionally mandated end came on May 17, legislators knew they would be called back for another special session in June. They continued to negotiate both financing and policy differences after the session conclusion and came back for one more special session on June 14. Unlike other special sessions, this one lasted more than one day. In fact, legislators worked all the way up to the end of the fiscal year – June 30. Fortunately, they were able to reach agreements and avoided a government shutdown.

Despite the strange session(s), the MMA successfully shepherded several bills that became law that will improve the practice of medicine in Minnesota. Specifically, the use of telehealth has been expanded, providing more Minnesotans access to care.

Following is a review of the 2021 session including reports on MMA priorities as well as other healthcare-oriented legislation.

MMA's priority issues at the Legislature

ISSUE	RESULT
Preserving access to care	In late February, the state budget office announced that instead of an anticipated deficit the state had a surplus. This meant the call for reducing budgets for safety net programs would not materialize. Legislative action: Successfully protected our healthcare safety net programs from cuts and expanded coverage for new mothers.
Ensuring telehealth flexibility and parity	The MMA advocated for expanded, ongoing coverage for telehealth and telephone services. This effort garnered bipartisan support to continue coverage for services from a patient's home and to include audio-only services. However, legislators weren't completely comfortable with this large expansion, so they included a sunset for the audio-only coverage in 2023. This will force the Legislature to review how it's working. Legislative action: Passed and signed into law.
Protecting patient access to prescription drugs	The MMA pushed for limiting drug formulary changes by insurers or pharmacy benefit managers (PBMs) for patients who are experiencing success with a medication. Enrollees are bound by a contract to remain in a health plan for a year; Insurers should not be able to change the coverages within that health plan during the year. Legislative action: Legislation did not advance this session.

Other health-care legislative issues

ISSUE	RESULT
Abortion facility licensure	<p>Background: Bill would have licensed facilities that perform more than 10 abortions per month.</p> <p>Legislative action: Passed the Senate but did not receive a hearing in the House.</p> <p>MMA position: Oppose</p>
Broadband access expansion	<p>Background: Law allocates \$70 million to provide grants to local communities to expand broadband access statewide. This is critical for telehealth, but also for schools to provide distance learning.</p> <p>Legislative Action: Passed and signed into law.</p> <p>MMA position: Support</p>
Contact Tracing & Immunization Requirements	<p>Background: The House bill appropriated money to expand contract tracing. The Senate bill would have prohibited any contact tracing without the consent of the individual and it also attempted to prohibit requirements by government or employers to require employees to receive a COVID-19 vaccine.</p> <p>Legislative action: Both bodies passed their different versions of the bills, but they did not pass into law.</p> <p>MMA position: No position</p>
COVID-19 vaccine equitable distribution	<p>Background: Law creates a new position at the Minnesota Department of Health to ensure the equitable distribution of COVID-19 vaccines to disproportionately impacted communities.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>
COVID-19 vaccine Medicaid reimbursement	<p>Background: Law increases the Medical Assistance (MA) reimbursement rate for administering the COVID-19 vaccine to the Medicare level.</p> <p>Legislative action: Passed and approved by the Centers for Medicare and Medicaid Services.</p> <p>MMA position: Support</p>
Diversity Training for OB Programs	<p>Background: To address racial disparities in maternal mortality and morbidity, this law requires hospitals with obstetric services to provide continuing education on anti-racism and implicit bias.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: No position</p>

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Drug donation	<p>Background: The law allows healthcare facilities to donate excess over-the-counter drugs to uninsured Minnesotans who cannot afford needed medications. This expands the current drug repository for prescription drugs.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>
Firearm safety and prevention	<p>Background: Two bills—expanded background checks and a “red flag law”—continued to be active at the Capitol. The former would close a loophole in requiring criminal background checks for all gun purchases, including at gun shows and in private sales. The latter would allow law enforcement to temporarily remove firearms from a person who is deemed to be dangerous to themselves or others.</p> <p>Legislative action: The House discussed the bills but did not move them forward. The Senate did not consider them at all this session.</p> <p>MMA position: Support</p>
Inpatient psychiatric bed capacity	<p>Background: The House held committee meetings to gather information on the loss of inpatient psychiatric beds in Minnesota. In 2020, Fairview Health Services announced that due to budget issues, it would close St. Joseph’s Hospital in St. Paul. The MMA has stressed the need for increased mental health services across the spectrum, from outpatient, community services, through emergency care, to inpatient care.</p> <p>Legislative action: Passed and signed into law. Includes 30 new adolescent and child psychiatric beds for Prairie Care and at least five new psychiatric beds for Regions.</p> <p>MMA position: Support</p>
Mask requirement	<p>Background: Legislation to pass into law the mask requirements included in Gov. Tim Walz’s executive order requiring wearing masks in public moved in the House but not the Senate. By passing this bill it would have allowed the Legislature to have a say in the order and not just leave it to the governor.</p> <p>Legislative action: None taken.</p> <p>MMA position: Support</p>

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Other health-care legislative issues

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ISSUE	RESULT	ISSUE	RESULT
Medical Assistance for obesity drugs	<p>Background: This bill expanded Medical Assistance to cover obesity drugs. This has been an exclusion for many years because the department thought there was too much room for abuse.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>	Price transparency	<p>Background: Bill would have increased price transparency on the drug cost by establishing a drug pricing board, similar to the Public Utilities Commission for electricity. This came from the Attorney General's task force on drug prices.</p> <p>Legislative action: Strong support in the House but did not receive a hearing in the Senate.</p> <p>MMA position: No position</p>
Medical cannabis	<p>Background: The law modifies the medical cannabis program to allow the use of raw, smokable cannabis. Minnesota is the only state that has a medical cannabis program that does not allow raw leaf. It has resulted in Minnesota's products being more expensive than other states because of the added cost of processing the product into pills or oils.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Neutral</p>	Provider credentialing	<p>Background: Bill requires health plans that credential providers to make their decisions on a "clean application" within 45 days. This addresses delays in credentialing that were making it difficult for physicians and other providers in billing health plans.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>
Organ transplant programs	<p>Background: Bill clarifies that organ transplant programs cannot discriminate against a patient based on the person's mental or physical disability. This is in response to reports that some programs were disqualifying people who had certain conditions, such as Down's Syndrome.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Neutral</p>	Public option	<p>Background: This legislation is intended to provide an affordable option for health coverage for low-income Minnesotans. The bill would provide subsidies to purchase MinnesotaCare for those earning less than 400 percent of the federal poverty level. Current law caps eligibility at 200 percent. It would also allow those earning between 400 and 500 percent to purchase MinnesotaCare at the full premium cost as well as allow employers with 50 or fewer employees to purchase it for their employees. These changes would be phased in over three years.</p> <p>Legislative action: Included in the House Health and Human Service budget bill but was not agreed to by the conference committee.</p> <p>MMA position: The MMA supports public option proposals that meet certain principles including: limited to counties where there are one or fewer private options; payment levels that are set at Medicare rates or higher; and with an upper limit on income based on an affordability level.</p>
Pharmacy gag clause	<p>Background: Bill strengthens current prohibitions on pharmacy benefit managers (PBMs) who keep pharmacists from discussing drug prices with patients. Referred to as "the pharmacy gag clause," the bill allows pharmacists to discuss the cost of a drug with a patient, including what the pharmacist is reimbursed by the PBM.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>	Recreational cannabis	<p>Background: Bill would legalize and regulate the sale and use of recreational cannabis for adults.</p> <p>Legislative action: Passed the House, but received no hearings in the Senate.</p> <p>MMA position: Neutral as long as there are strong public health components included.</p>
Postpartum care	<p>Background: Bill expands Medical Assistance (MA) coverage for pregnant women to cover postpartum care for 12 months, effective July 1, 2022. Current law only covers 60 days postpartum for some MA enrollees.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>		

Other health-care legislative issues

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ISSUE	RESULT
<p>Reporting pregnant women on controlled substances</p>	<p>Background: Bill removes a requirement for a physician or other healthcare provider treating a pregnant woman from reporting her to social services if she is using a controlled substance during her pregnancy. This is intended to remove a barrier that results in women not accessing prenatal care because of fear of being reported.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>
<p>Tobacco tax increase and prevention programs</p>	<p>Background: Several bills addressed a variety of tobacco issues including: raising the tobacco tax by \$1.50 per pack; conforming Minnesota law to the recently passed federal law related to taxing e-cigarettes; dedicating \$15 million each year from the money raised on tobacco taxes to the tobacco use prevention and cessation account for tobacco cessation projects, public information programs, and other tobacco prevention programs; allocating \$10 million to the University of Minnesota School of Public Health for tobacco prevention activities; dedicating \$15 million of the existing tobacco tax to prevention and cessation programs; and prohibiting the sale of any tobacco products or e-cigarettes that are flavored, including menthol tobacco. The final bill that passed allocates \$4 million each year to tobacco and vaping prevention and cessation programs.</p> <p>Legislative action: Passed and signed into law.</p> <p>MMA position: Support</p>



How does an issue become an MMA priority?

The MMA Board of Trustees defines MMA priorities based on the 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 someone from our legislative or member relations teams.

The MMA legislative team



Dave Renner
Director of Advocacy

EMAIL: drenner@mnmed.org
OFFICE: 612-362-3750
MOBILE: 612-518-3437



Chad Fahning
Manager of State Legislative Affairs

EMAIL: cfahning@mnmed.org
OFFICE: 612-362-3732
MOBILE: 651-890-7466

MMA member relations:



Elizabeth Anderson
Director, Membership

EMAIL: eanderson@mnmed.org
OFFICE: 612-362-3740
MOBILE: 651-398-9904



Kimberly Anderson
Physician Outreach Manager

EMAIL: kanderson@mnmed.org
OFFICE: 612-362-3748
MOBILE: 218-820-5153