Minnesota Hospital Association

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Senator Greg Clausen
320 Capitol
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St. Paul, MN 55155-1606

Representative Tom Huntley
585 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd
St. Paul, MN 55155-1206

Dear Sen. Clausen, Rep. Huntley and Members of the Legislative Health Care Workforce Commission,

On behalf of the Minnesota Hospital Association's (MHA) members, which include 143 hospitals and their health systems serving communities across the state, thank you for the opportunity to provide comments on the second draft of your recommendations.

Minnesota hospitals provide care for more than 560,000 individuals on an inpatient basis and more than 11 million individuals on an outpatient basis each year. The U.S. Agency for Healthcare Research and Quality (AHRQ) has ranked Minnesota as having the best health care quality in the nation for a third year in a row. This achievement would not be possible without the nearly 122,000 dedicated Minnesota hospital employees who are committed to continuous improvement.

Minnesota's hospitals and health systems also play an important role in educating the state's future health care workforce by providing hundreds of thousands of hours of hands-on, at-the-bedside, clinical experiences for health care workers beginning or furthering their education. For example, in 2013 our hospitals and health systems provided well over 500,000 hours of clinical experience for Registered Nurses alone.

Reflecting on your recommendations, we respectfully offer the following feedback and suggestions:

- Overall, before mandating new programs, ensure that Minnesota hospitals and health systems have sufficient flexibility to continue to explore, address and lead the significant health care delivery system transformations underway, such as:
    - building new team-based care delivery models that will change the roles of some direct and indirect caregivers;
    - offering care teams that more closely reflect the increased diversity of our patient population;
    - deploying evolving and emerging technologies that improve patient outcomes and decrease the overall costs of care;
    - emphasizing ongoing performance improvement; and
    - reforming payment system to better align incentives with high-value outcomes for patients.
- MHA does not support the draft recommendation #23 suggesting that Minnesota seek a waiver from the Centers for Medicare and Medicaid Services (CMS) for state management of federal Graduate Medical Education (GME) funding. MHA is concerned that this would add another unnecessary level of administration and bureaucracy to an already complex process, and could create more uncertainty on how funding will be distributed based on the changing politics and priorities of the state. Hospitals make long-term commitments, sometimes for seven to ten years into the future, to physician residents and others who rely on hospitals for their clinical training experience. Adding uncertainty or fluctuations in the funding that helps support these programs will make it more difficult and risky for hospitals to make these

commitments. We also strongly support maintaining federal matching dollars for medical education activities.

- MHA supports sustaining beyond 2014 the Affordable Care Act (ACA) policy that increased Medicaid payment rates to Medicare levels for certain preventive and primary care services (recommendation #24).
- When considering Medical Education and Research Cost (MERC) funding, we encourage the Commission to add language explicitly recognizing the fact that educational curriculum and accreditation standards require most clinical training to be provided in a hospital setting. Simply diverting funding out of these inpatient settings to other facilities will not change the academic and accreditation requirements and, therefore, will exacerbate the existing underfunding of medical education services at hospitals where students need to get their training (recommendation #7).
- MHA supports recommendation #19 and respectfully suggests that the Commission include enhancing the recommendation by calling for state legislation that will require commercial health plans to cover services delivered via telehealth technology as is the case in many other states (recommendation #19).
- We encourage the Commission to streamline the cross-state licensure process for physicians by adding a recommendation to support the Interstate Medical Licensure Compact developed by the Federation of State Medical Boards.
- We support continuing programs that expose K-12 students to health care careers, and specifically, the Summer Health Care Internship Program (recommendation #16).
- MHA is pleased that the Commission explicitly supported the need to address the state's mental health workforce shortages and future needs (recommendation #11). Generally speaking, MHA supports the direction of the recommendations being considered by the Mental Health Workforce Summit. However, because the Summit has not completed its work or finalized its recommendations, MHA cannot express unconditional support for that group's recommendations at this time.
- MHA's members, our patients and our communities have benefited from the health care professions' loan forgiveness program and the Rural Physicians Associate Program, and we support their continuation and growth. Accordingly, we support and recommendation #4.
- We encourage the Commission to add a recognition of and greater emphasis on the growing shortage of health care program faculty, and to consider recommending incentives for professionals to serve in faculty roles.
- We support increased state and federal funding for residencies and clinical experiences for health profession students.

Thank you for considering our comments. If you have any questions please do not hesitate to contact me anytime.

Sincerely,

Ann Gibson
Vice President of Workforce and Federal Relations

cc:

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Senator Mary Kiffmeyer	Representative Tara Mack
Senator Tony Lourey	Representative Gene Pelowski
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