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2024 Legislative Session in Review

Several top MMA priorities won approval in this year's legislative session. But so did some measures that did not have MMA support.

The 2024 legislative session was a nonbudget year, so not a whole lot had to get done. But that didn't stop legislators (or advocates) from trying.

Three of the MMA's five top priorities were passed by the Legislature—prior authorization reform, physician well-being, and addressing addiction through harm reduction. The MMA was also engaged in crafting several other pieces of legislation

Here's a review of the session, including reports on MMA priorities as well as other healthcare-related legislation.

MMA's priority issues at the Legislature

ISSUE

RESULT

Prohibit prior authorization for critical services

Passed Beginning January 1, 2026, prior authorization laws will apply to all payers, including Medical Assistance and MinnesotaCare. A PA received for a chronic condition does not expire unless the standard of treatment changes. PA is prohibited on nonmedication treatments for cancer, outpatient mental health, and substance-use disorder, and PAs for the medications for these treatments must be decided within 48 hours. PA is prohibited for preventive services, pediatric hospice care, and for pediatric neonatal abstinence programs. PA companies are required to annually report to the Minnesota Department of Health data on how often they use PA, how often they approve PA, and how often they deny PA. PA companies are required to utilize an automated process that is consistent with the new federal requirements that identifies whether a PA is required and what documentation is needed.

Stop insurers from forcing patients to switch medications midvear **Did not pass** The MMA pushed for legislation to prohibit insurers and pharmacy benefit managers (PBMs) from forcing a patient to change to a new drug in the middle of a contract year.

MMA's priority issues at the Legislature

ISSUE RESULT

Promote well-being in Minnesota's healthcare workforce **Passed** Minnesota law now prohibits credentialing applications from asking about past medical conditions that have no impact on the ability to provide care. These questions have discouraged physicians and physicians-in-training from seeking the help they need because of fear of having to disclose this information. The law also protects any record of a person's participation in SafeHaven from discovery, subpoena, or reporting to the licensing board, unless the person voluntarily provides for written release of the information.

Ensure patient treatment wishes are followed and respected **Did not pass** In 2023, recommendations were developed to implement a statewide electronic registry for Provider Orders for Life Sustaining Treatment (POLST) forms. The MMA advocated passing those recommendations and establishing a statewide registry by 2026.

Reduce substance use disorder morbidity and mortality **Passed** New law addresses addiction through harm reduction, instead of continuing to criminalize illicit drug use. The Legislature established the Task Force on Holistic and Effective Responses to Illicit Drug Use, for which the MMA has a seat. It is tasked in developing "recommendations for a holistic and effective response to illicit drug use and the illicit drug trade...that reduces and, where possible, prevents harm and expands individual and community health, safety, and autonomy."

Other healthcare-related legislative issues

ISSUE RESULT ISSUE RESULT

Anti-Retaliation and Labor Act

Background: This legislation would prohibit a healthcare facility from retaliating or discriminating against a nurse who may "decline to accept an additional patient assignment."

Legislative action: **Did not pass**

MMA position: Oppose

Collective bargaining for residents

Background: This legislation makes several changes to labor laws, including facilitating the ability of residents at public institutions like the University of Minnesota to form a collective bargaining unit.

Legislative action: Passed

MMA position: Neutral

Cost of medical records

Background: This legislation sets new limits on costs that can be charged for providing medical records. For paper copies, it is \$1/page, plus a \$10 retrieval fee; for x-rays it is a \$30 total fee, and for electronic records it is a \$20 total fee.

Legislative action: Passed

MMA position: Neutral

Create new EMS

agency

Background: This legislation established a new Office of Emergency Medical Services (EMS), to replace the existing regulatory board.

Legislative action: Passed

MMA position: Neutral

Denying medical care due to debt

Background: Lawmakers passed legislation that would prohibit hospitals and clinics from denying patients because they have medical debt. The legislation would also prohibit reporting of medical debt to credit bureaus and reduce interest on medical debt from the current cap of 8% to 4%. In addition, it would abolish current law requiring that married individuals automatically assume their spouse's medical debt.

Legislative action: Passed

MMA position: Neutral

Other healthcare-related legislative issues

ISSUE RESULT ISSUE RESULT

Firearm safety (safe storage, mandatory reporting if stolen, ghost purchase) **Background:** This legislation would require that firearms be secured in a safe or lockbox and stored separately from ammunition; mandate that lost or stolen firearms be reported to law enforcement; and prohibit the "ghost purchase" of a firearm, where one person purchases a firearm and then transfers it to a person who is prohibited from owning it.

Legislative action: The prohibition on ghost purchasing **passed**. Safe storage requirements and mandatory reporting of lost or stolen firearms **did not pass**.

MMA position: Support

Flavored tobacco ban

Background: Prohibits the sale of flavored tobacco products.

Legislative action: **Did not pass**

MMA position: Support

GME funding

Background: Legislation was passed to restructure the funding stream for the Minnesota graduate medical education (GME) system to maximize federal Medicaid funding for the state's physicians-in-training. Teaching hospitals will pay a new assessment that is matched with federal money and paid back to fund GME through annual Medical Assistance supplemental payments.

Legislative action: **Passed**MMA position: **Support**

Hennepin Healthcare governance **Background:** Legislation was introduced to establish criteria and initiate a formal investigation prior to any action to dissolve the Hennepin Healthcare System Board of Directors.

Legislative action: **Did not pass**

MMA position: Support

HMOs back to being nonprofits

Background: This legislation requires that Health Maintenance Organizations (HMOs) in Minnesota operate as nonprofit organizations.

Legislative action: **Passed**

MMA position: Support

Increased

reimbursement on mental health services **Background:** Outpatient Medical Assistance reimbursement for mental health services was increased to 83% of

the Medicare level.

Legislative action: **Passed**

MMA position: Support

Mandated coverage

Background: Private and public health plans will be required to provide coverage for abortion services, genderaffirming care, transfer of care for parent and child postpartum, prosthetic devices, and wigs for cancer patients. A similar mandate for in vitro fertilization services did not pass.

Legislative action: **Passed**

MMA position: Support

Medical aid-indying **Background:** This legislation would allow an adult with a terminal illness to request medical-aid-in-dying medication, provided certain requirements are met.

Legislative action: **Did not pass**

MMA position: The legislation must meet the following criteria before the MMA would support it:

- It must not compel physicians or patients to participate in aid-in-dying against their will;
- It must require patient selfadministration;
- It must not permit patients lacking decisional capacity to utilize aid-in-dying;
- It must require mental health referral of patients with a suspected psychological or psychiatric condition; and
- It must provide sufficient legal protection for physicians who choose to participate.

Private equity in healthcare

Background: Legislation was introduced to prohibit private equity companies and real estate investment trusts from acquiring or increasing control over providers of healthcare services.

Legislative action: **Did not pass**

MMA position: Neutral

Other healthcare-related legislative issues

ISSUE RESULT

RFI on statewide healthcare needs

Background: This legislation requires that the Minnesota Department of Health develop a request for information (RFI) regarding healthcare needs and capacity in the state and projections of future healthcare needs in the state, based on population and provider characteristics.

Legislative action: Passed

MMA position: Neutral

Scope of practice issues (IMG)

Background: This legislation would create a separate pathway for international medical graduates (IMGs) who do not qualify for board certification or licensure to complete two years of supervisory practice and then be eligible for a medical license.

Legislative action: **Did not pass**

MMA position: Oppose

Scope of practice issues (optometrists)

Background: This legislation would lift existing statutory caps on optometric prescribing of oral antiviral drugs, steroids, and oral carbonic anhydrase inhibitors and expand the optometrist's authority to provide intravitreal injections.

Legislative action: **Did not pass**

MMA position: Oppose

Scope of practice issues (pharmacists)

Background: This legislation would allow pharmacists and pharmacy technicians to administer vaccinations to children over the age of 6.

Legislative action: Passed

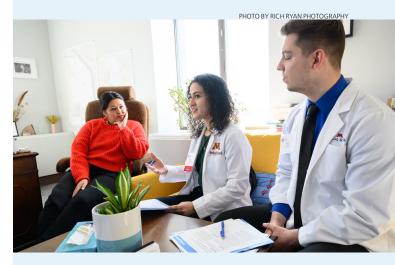
MMA position: Oppose

Vaccine requirement at childcare centers

Background: This legislation allows childcare centers and family childcare programs to require all attendees older than 2 months old to be fully vaccinated, unless there is a medical exemption to being vaccinated.

Legislative action: Passed

MMA position: Support



How does an issue become an MMA priority?

The MMA Board of Trustees determines MMA legislative priorities based on the input from our physician members through their participation in committees, task forces, forums, the Policy Council, The Pulse, 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, advocacy, and grassroots efforts, contact our legislative team or someone from our member relations team.

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