Prepared Testimony
Senate File 800 (Benson) – HHS Omnibus
MN Senate Finance Committee
Tuesday, March 29, 2017
Testimony of Twila Brase, President and Co-founder

Dear Madame Chair and Members of the Committee,

Thank you for this opportunity to testify, although the deadline to submit public comments/testimony is too tight. The submission is required BEFORE the HHS Omnibus Committee hearing on the bill is completed. As I write, the Senate HHS Committee is still taking amendments on the bill.

The February forecast states that “Growth in HHS, the second largest spending area, is responsible for 87 percent of total spending growth in FY 2018-19.” So, thank you for the decreased spending shown in the spreadsheet.

Our first major concern is:

**MDH Slush Fund:** We do not support the $4 million rider for decreasing racial and ethnic disparities in infant mortality rates. MDH has received $2 million every year since 2005 - $24 million – without any accountability or specific requirements for use of these funds. In 2015, the legislature asked for an itemization of spending. The report did not itemize those expenses but instead gave an overview of initiatives such as putting systems in place to ensure that every person has "access to economic, educational and political opportunities." The report talks about people experiencing disparities due to where roads are constructed, banks are opened and public transit funding is provided. Thus, we view this as unaccountable slush fund for the department. We want accountability required.

Other concerns include:

1. **Mission Creep in PMP:** While we support the written notification of the client in the methadone clinic treatment program, we are concerned that the commissioner is given access to the Prescription Monitoring Program (PMP) database and given authority to monitor the person administering or dispensing the medication. This prescription surveillance program continues to experience mission creep expanding far beyond the limited uses Minnesotans were initially assured of when it began.

2. **Problems with Quality Measurement/Reporting:** Regarding quality incentive payments, we appreciate how the bill sets certain limits on measurement requirements, however it’s not clear that quality monitoring improves care and some studies show pay for performance programs have little to no impact on quality of care. In addition, a study found that for every one hour doctors spend with patients, they spend 2 hours reporting, box checking and filling out paperwork. This is leading to physician burnout.

Also, on line 166.4 of the Delete all amendment, the bill says care infrastructure and patient satisfaction may be included as measures. CCHF was recently at a conference of physicians, where many doctors spoke out about how the patient satisfaction surveys limit their ability to treat patients the way the doctor prefers. For example, if a medication is not needed, but the patient wants a medication, the
doctor is often given a negative score for refusing to prescribe. That negative score then leads to a poor satisfaction score and a reduction in the physician's income.

3. **HMO Conversion/Transfer of Funds:** Finally, in the HMO conversion section starting on page 219 of the DE Amendment, we're concerned about the decisions regarding transfer of reserves to a conversion benefit entity. It appears that the only decision-makers regarding these dollars are the Attorney General, the commissioner and the health plans. These transfers to the conversion benefit entities may be significant, yet we note that public comment is not required, but only permitted.

4. **Integrated Health Partnerships:** We would like to see a definition of Integrated Health Partnerships in the bill. (starting page 191 of DE Amendment) and we’re concerned that the IHP section continues data collection including race, ethnicity, social and economic factors (page 168 of DE Amendment).

5. **Home Visiting Transparency:** As we have often testified, we remain concerned about home visiting programs and lack of transparency to government data collection. Specific to this bill, we’re concerned about the line 201.31 (DE Amendment) mandate that home-visiting programs target mothers and children with pre-natal visits and visits through age three, as this is likely to create pressure on these families to let a government-paid worker into their home for data-collection and reporting.

Finally, given that this testimony was required to be submitted before the HHS Omnibus hearing in the HHS Committee, there may be other concerns yet to arise or not fully known before the bill is presented to the Finance Committee.

Thank you for your time and attention to these matters.

Twila Brase, RN, PHN
President and Cofounder