Minnesota House HHS Finance Committee Hearing

HHS Omnibus Delete-all bill, HF 927 (Abeler-R)

Chairman Jim Abeler (R-Anoka)

Testimony by Twila Brase, president, CCHF

March 23, 2011

Mr. Chair and Members of the Committee, Given the time constraints, I'll give you a few general concerns and a few specific ones on the Delete-All Amendment to HF 927.

NO HEARINGS

As I read and spot-checked the bill for original bill language. I found out in many instances, there is no bill, and thus, many of these provisions have never had a hearing for the public to weigh in on. During my spot checking, I found there are no bills for the sections on medical errors, low birth weight, noncitizens, elective inductions, in-reach communities, pregnancy care homes, risk corridors, wellness training, all the health disparities language or provider billing patterns.

Without hearings, public notice and real opportunity to testify on these provisions? Three minutes of testimony today on an omnibus bill made up of provisions never seen before is quite insufficient.

MICROMANAGEMENT

Also, I want to note how prescriptive this bill is regarding the practice of medicine. The language reduces access to clinical professionals on page 143, requires government permission for elective surgery on page 154, establishes primary care provider tiering on page 146 which will control physician practice through reduced payments, and requires hospitals to accept reduced payment by health plans until the hospitalization rates for state health care program enrollees are reduced. See pages 160 and 193. Patient,

especially at the end of the year, could be harmed by hospitals trying to reach the 25% reduction rate.

Thus we do not see more health freedom combined with personal responsibility in this bill. We see increased micromanagement of the patient-doctor relationship by government using intrusive data systems and financial controls. *This is why we often say that coverage does not equal care.* Lots of people covered, but more and more bureaucrats and providers paid to make sure that care is limited. It would be far better if Minnesota moved to reduce costs by allowing development of new charitable entities, including real charity hospitals and charitable specialty care centers where needed care for those without means can be provided with dignity and compassion and without government interference, government strings, and government intrusion.

I'll now give you a few specific concerns.

RACE-BASED SURVEILLANCE

First, the race and ethnicity language that runs through this bill is of great concern. There was no hearing on this. We should not be labeling people or writing laws or making policy based on a social construct called race. The entire world waited breathlessly for President Obama to check the U.S. Census for either black or white.

That we are now collecting race and ethnicity data in the exam room (even if the patient refuses to classify themselves) and then writing policy based on a clinician's judgment or someone's feeling that day of their origins should be of great concern. I also imagine a day when this race-based surveillance data is used against doctors in civil rights cases and re-licensure decisions even if the data is meaningless. Some day, for this reason and many others including micromanagement by government, there will be no reason at all for a doctor to stay in practice or a student to ever become a doctor.

I ask you to delete all the health disparities sections in this bill, including the section on page 42 that seem like it's an affirmative action requirement.

NOT ENOUGH

Second, we appreciate the language asking for a waiver from maintenance of effort requirements, allowing Minnesota to manage the Medicaid dollars locally, however the fact that there's nothing here to effectively counteract the Governor's early expansion of Medicaid means there may be little here to limit the $745 million unfunded mandate that is coming in the future. *(Medicaid Expansion: Cost to States, Joint Congressional Report)*

SURVEILLANCE & RATIONING

Third, we oppose the Alzheimer's disease language, which will allow the state's health data surveillance system to implement rationing strategies on the most vulnerable and helpless of our elderly. The law related to this surveillance system – 62U – is mentioned 14 times in the bill. Transferring this surveillance system to the Dept of Human Services and limiting its data collection to the doctors seeing Medicaid, MinnesotaCare and state government employees gives us no comfort.

Every MN doctor sees these patients, and we do not believe that government surveillance or expanded government micromanagement through the data collection and tracking system is the way to reduce costs, treat individuals with dignity, enable personal responsibility, or protect our constitutional freedoms. This government health surveillance system—which is intended through payment reform to tie the hands of our doctors, standardize the practice of medicine, and eliminate individualized care—must be repealed, not further embedded into state law.

NO OBAMACARE

Finally, on this the first year anniversary of the unconstitutional passage of Obamacare, we do not support the Enrolled Provider Network section on page 204 which is the Obamacare Accountable Care Organization language. The ACO is the new HMO and a key element of Obamacare that we should not be implementing in Minnesota.

Thank you.