



Minnesota ACEP Policy and Legislative Update

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Minnesota ACEP Chapter Lobbyists



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Written by Buck McAlpin

Members, it's hard to believe we have reached the first and second committee deadline at the Legislature as of Friday the April 4. That means a bill must be heard in both the House and the Senate to progress to the final week of April 8 for Finance Committee deadlines.

April 11 is the finance deadline, by which all the bills must clear their committees and be referred to the House Ways and Means Committee and the Senate Finance Committee. Those Committees then validate the financial targets of each bill and send it to the respective floors for passage.

Typically, these are large Omnibus budget bills that are sent to the floor for passage. In the Senate, the DFL has a 34-32 seat majority, and the House is tied 67-67. Although the Senate can pass a bit more partisan bill with the DFL agenda included, the House will need 100 percent agreement to move any bills off the floor. Once the bills are passed off the floor, they are then sent to each chamber for consideration. Most of the time, they do not get passed, and a conference committee is assigned, with 5 House and 5 Senate members, to work through the bill language and bring it back to the floor for final passage.

Either way you look at this, with the House tied, the legislature and Governor will need to come to some common ground to pass all these budget bills by May 19.

Last week, the House and Senate released their budget targets for each body. As noted in past updates, the State is projected to have a \$6 billion deficit in the next biennium, along with a small budget surplus of \$400 million for the upcoming budget they are currently developing. Of course, Health and Human Services is again on the chopping block.

The Senate proposes a budget cut of \$533,811,000 in the 25-27 budget and \$766,860,000 in the 28-29 budget.

The House proposes a budget cut of \$350,000,000 in the 25-27 budget and \$1,175,000,000 in the 28-29 budget.

Of course, most of the cuts proposed by the Governor in his budget are in long-term care, non-emergency transportation, and transitional care. Cuts that will dramatically impact hospital boarding and throughput and flow. We have been working with the House and Senate health leadership to be sure these cuts are decreased and/or eliminated.

The Minnesota Nursing Association (MNA) had a hearing last week on their proposed nurse staffing ratio bill called the "Quality Patient Care Act".

As you will see ([click here to view summary](#)), the proposal is very extensive and has significant statewide impact on how you would get patients out of the emergency room and who has control of Nurse staffing. The bill was heard in the Senate Labor Committee and referred to the Human Services Committee. It has not been scheduled for a hearing in the House. After the dozens of meetings Mark and I have had on this issue, I do not believe the bill will move forward this session.

We continue to work on the issue of medical malpractice costs and some options to impact premiums.

The risk pool we have discussed at length appears to have dissipated, with no viable means of funding it. That will most likely be a 2026 session conversation at this point.

We have provided Representative Ryer with language to limit your personal liability as physicians, which will help with premiums as we work on the liability pool. That language is in House Research at this point.

The Minnesota Hospital Association and Minnesota Medical Association proposals to leverage more Federal money to increase Medicaid rates continue to move through the process. I think both these bills will be included in the House and Senate omnibus budget bills.

In the bill tracker below are more details on these and other bills. It's been a busy year for health care bills, as usual.

Bill Tracker

HF89 (Bahner) | **SF1083** (Kupec) – PA Collaborative Agreement Modification – **Bill Summary** – Changes the collaborative agreement for PA training to include physicians from outside Minnesota.

HF89 and SF1083 were both heard in committee and laid over for possible inclusion in a final omnibus bill.

HF1005 (Bierman) | **SF1402** (Wiklund) – MA Rate Increases for Physician and Professional Services – **Bill Overview** – Increases MA rates to 100% if Medicare. The increase is funded by a tax on health plans.

Both bills have been heard in multiple committees and laid over for possible inclusion in a final omnibus bill.

HF2057 (Nadeau) | **SF2413** (Mann) – Hospital Directed Payment Program – Establishes a directed payment program for hospitals to increase Medicaid payments through the managed care program. Fees will be assessed to hospitals to fund the program.

HF2057 and SF1083 have both been heard in committee and continue to be heard for possible inclusion in a final omnibus bill.

HF685 (Frazier) | **SF276** (Boldon) – MA Coverage for Violence Prevention Programs – Establishes reimbursement for Violence Prevention Services under Medical Assistance. Requires a report to the legislature to evaluate the effectiveness of payment for the program.

Neither bill was heard in committee. Bill will not move forward.

HF810 (Engen) | **SF1329** (Seeberger) – Criminal Penalty Increases for Assaulting a Health Care Provider - Makes physical assaults of fire fighters, EMS personnel, or health workers in hospital emergency room settings a gross misdemeanor. Also increases the statutory maximum for an assault against any of these individuals that results in demonstrable bodily harm from two years imprisonment/\$4k fine to three years imprisonment/\$6k fine.

HF810 was not heard in committee. SF1329 was heard in committee and laid over for possible inclusion in a final omnibus bill.

HF` (Reyer) | **SF831** (Boldon) – Health Care Worker Well-Being Grant Program – Establishes a grant program for MMA to conduct a “Treat Yourself First” campaign focused on burnout and well-being of health care workers.

SF831 was heard in committee with no action taken on it. HF1645 was not heard in committee.

HF1647 (Reyer) | **SF971** (Mann) – *Criminal Liability Protections – Bill Summary* – Provides criminal liability protections when providing care within the scope of practice and in accordance with state law. Immunity does not provide protection for acts of gross negligence or wanton, willful, malicious, or intentional misconduct.

SF971 was heard in committee and laid over for possible inclusion in a final omnibus bill. HF1647 was not heard in committee.

HF2289 (Johnson, P.) | **SF2775** (Port) – *Nurse Staffing Ratios* – Established mandatory nurse staffing ratios.

SF2775 was heard in committee with no action taken. HF2289 was not heard in committee.

HF1794 (Virnig) | **SF1794** (Kupec) – *Removal of APRN Postgraduate Collaborative Practice Requirements* – Removes the 2,080 hour collaborative practice requirement for APRNs.

Neither bill was heard in committee. Bill will not move forward.

HF1379 (Baker) | **SF1814** (Gustafson) – *Nonopioid Directives– Bill Summary* – Allows patients to have nonopioid directives. Requires prescribers to comply with the directives. Provides immunity in certain cases for not following the directive.

HF1379 was heard in committee. SF1814 was not heard in committee.

HF685 (Frazier) | **SF276** (Boldon) – *MA Coverage for Violence Prevention Services* – Establishes a payment for Violence Prevention Services for those who have received medical treatment for an injury sustained due to an act of violence.

Neither bill was heard in committee. Bill will not move forward.

HF1810 (Huot) | **SF2418** (Seeberger) – *Provider Orders for Life-Sustaining Treatment Program Act Establishment* – Establishes the POST program including a registry accessible by health care professionals to verify patient participation.

Neither bill was heard in committee. Bill will not move forward.

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