



Minnesota ACEP Policy and Legislative Update

Stay up-to-date with the latest policy and advocacy efforts from Minnesota ACEP.

Minnesota ACEP Chapter Lobbyists



Buck McAlpin



Mark Jones



Members,

The Minnesota Legislature gavelled in for the 2026 session on February 17. The second year of the session is designed to debate and develop a bonding bill to provide financial support for State facilities and the education system. Also, the bonding bill can be used to fund other important state needs identified by the bonding committee. Also, in a non-budget year, it's not unusual for the legislature to address important policy needs and to pass a smaller supplemental budget bill to meet some state requirements. One area of interest is the large amount of uncompensated health care the system is experiencing. Along with that comes the impact from the financial hardship that many providers and health care systems are experiencing due to continued underpayment by Medicare and Medicaid. I fully expect a bill to be introduced to address this issue.

The day before the session began, the House and Senate Caucus leadership released their priorities for the 2026 session.

The Democrats in the House and Senate will introduce legislation focusing on:

- Gun control
- ICE tactics and accountability in the State

- Citizens rights to privacy

The Republicans in the House and Senate will introduce legislation focusing on:

- Fraud issues/establish a statewide Office of Inspector General (OIG)
- School funding and grants to address school safety
- Cutting the cost of living
- Banning sanctuary cities

Clearly, the two bodies will have differing opinions and will need to seek common ground on very controversial issues. The larger issue this session will revolve around the short legislative session ahead. For a bill to remain active for the 2026 session, it must meet the committee deadlines. The first and second deadlines are on the same day this year, which is March 27th, right before the legislature adjourns for the 10-day Easter holiday break.

The March 27 timeline will bring unique challenges, so we need to ensure we have your advocacy support at the state level to ensure MNACEP's legislative priorities move forward swiftly. MNACEP's two priorities are liability reform for physicians and first-dollar coverage for EMTALA-covered services. Your legislators will need to hear from you as Emergency Medicine Physicians not only to show your support, but also to understand how this impacts you.

We would like to take a two-tier approach to outreach this session:

1. Please let [Sarah, MNACEP Executive Director](#), or [Buck, MNACEP Lobbyist](#), know if you're available to spend time at the Capitol meeting with legislators. This would be a few hours commitment on Tuesdays and Thursdays when needed. (Due to the shortened legislative session, we are not holding our Physicians' Day at the Capitol this year and are offering this opportunity instead.)
2. Please reach out to your local Senator and House member and introduce yourself and tell them what you do. You can find your local legislator at <https://gis.lcc.mn.gov/iMaps/districts/>
3. The bills addressing our priorities may get scheduled quickly for a hearing, so we encourage you to reach out to your legislators soon to make that initial introduction.
4. Sign up for the Advocacy Alerts. This will send you a text alert that one of our issues is being heard or discussed, and we will need you to reach out very quickly to your legislators. [Sign up here for Advocacy Alerts.](#)

Our two-priority bills are:

1) Health Care Provider Actions bill

- SF# 3489- Senator Seeberger
- HF# Awaiting a House author

Key Provisions for talking points:

- A plaintiff can only collect against a provider's personal income and assets if:
 - The provider's conduct was found to be willful, malicious, or intentionally fraudulent;
or
 - The provider did not maintain at least \$1 million in insurance coverage.
- Courts may award economic damages—past, present, and future—up to the amount actually paid by the plaintiff or insurer for medical expenses related to the injury.
- A plaintiff may only recover non-economic losses to compensate for pain, suffering, and inconvenience, and must not exceed \$500,000.
- The current law allows patients to file malpractice suits within four years from the accrual of the cause of action. SF 3489 would reduce this window to two years.

Why we need the Healthcare Provider Protection Act

Protecting Health Care Providers from Financial Ruin

Limiting personal liability and damages, especially non-economic damages, protects physicians and other health care providers from personal financial disaster. We need to protect those people who have made it their mission to safeguard our health and lives.

Case Study: Emergency Medicine Physicians do not get to choose their patients

Emergency medicine physicians are under intense pressure to diagnose everything perfectly, often under crisis conditions, and sometimes with minimal medical information. Under federal law, the Emergency Medical Treatment and Labor Act (EMTALA) requires emergency medicine physicians to care for every patient who comes through the door. For this care, the physician is typically paid approximately \$200 per visit, but may not be paid at all, yet is being asked to put their personal financial well-being on the line for every patient.

Physician Migration and Access Desert

The average Minnesota medical malpractice payout is \$720,000 per case. Every health care provider has the choice of practicing in Minnesota (where there are no damage caps) or another state (many of which have personal financial liability protections). Health care providers are not going to sacrifice their financial futures to practice in Minnesota. Providers will migrate to other states, further increasing the existing health care access deserts in Minnesota.

Lower health care costs

Physicians face the persistent threat of litigation, leading many to order unnecessary tests and procedures to protect against the risk of missing something. The Healthcare Provider Protection Act will alleviate this pressure, leading to lower healthcare costs.

2) First Dollar Coverage bill (alternative mechanism for prompt payment)

- SF # - yet to be introduced
- HF# - yet to be introduced

Key Provisions for talking points

- Would mandate certain health plans detailed in this legislation to provide prompt payment
- Would apply to health plans sold with very high deductibles. \$3,000 per person or \$6,000 annually
- Applies to all emergency ambulance transport and emergency department care
- Mandates the health plan pay the providers directly for their charges, and mandates the health plan collect from the high-deductible enrollee

Why we need an alternative mechanism for prompt payment

Protecting and sustaining the emergency care safety net for emergency ambulance services and Emergency Departments

- Uncompensated care is at record levels
- Medicaid and Medicare pay below cost to offer the care
- Currently, the provider accepts all financial risk for providing service. This bill would pull the health plans into that conversation, as they are the entities receiving payment from the patient.\
- Under EMTALA, emergency medicine physicians and ambulance services are required to care for every patient that enters the ED or the ambulance. However, there is no guarantee that they will receive payment for the care provided.

We will continue to update our membership as these proposals get bill numbers and are introduced or scheduled for a hearing. **Again, we encourage you to sign up for the Advocacy Alerts so you can stay up-to-date and reach out to your legislators when it's needed most.**



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