## SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

A resolution

S.F. No. 2284

(SENATE AUTHORS: GRUENHAGEN)

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OFFICIAL STATUS

03/01/2023 Introduction and first reading

Referred to Health and Human Services

to restore patient protection laws; urging certain federal agencies to repeal waivers of 1.2 antitrust, anti-fee-splitting, and anti-self-referral laws and urging an amendment to 1.3 federal law to require that clinics and hospitals have freedom to contract or not contract 1.4 for payment contingent on the volume of orders for care. 1.5 WHEREAS, Federal Trade Commission waivers of antitrust laws have legalized the creation 1.6 of government-protected corporate cartels and mergers of mini-accountable care organization 1.7 provider insurance corporations in violation of antitrust law; and 1.8 WHEREAS, Centers for Medicare and Medicaid Services waivers of anti-fee-splitting and 1.9 anti-self-referral laws have legalized shifting cartel underwriting financial risk and profit-driven 1.10 gatekeeping functions onto the providers of these services; and 1.11 WHEREAS, cost controls and profits of megapayers, consisting of managed care 1.12 organizations, insurance companies, and government agencies, require provider accountable care 1.13 organization corporations and their bedside providers to assume risk for the cost of servicing the 1.14 clienteles of these megapayers; and 1.15 WHEREAS, waivers legalizing collusive payer behavior are how patients can lose the 1.16 protection of antitrust, anti-fee-splitting, and anti-self-referral laws, and the exclusive professional 1.17 loyalty of their bedside physicians paid bonus rewards to ration care in the role of corporate 1.18 1.19 gatekeepers; and WHEREAS, in violation of antitrust laws, mergers are formed for the purpose of cartel 1.20 collusion in fixing capitation fee rate bids at auctions of mega-payer populations for servicing by 1.21 1.22 mini-provider corporations; and 1.23 WHEREAS, in violation of anti-fee-splitting and anti-self-referral laws, provider corporations 1.24 can profiteer through collusion in referrals and splitting capitation fee profits from rationing care

among provider insurance corporations and megapayers; and

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WHEREAS, profiteering through denials of care and delays in providing care is how professionals and professional organizations can lose their claims to patient and public loyalty and is how the integrity of America's health care system is endangered, when laws create a double legal standard for physician behavior through legalizing accountable care organization split fee payments contingent on volume of referrals behavior, which are illegal bribes under state medical practice statutes and federal statutes; and

WHEREAS, multiple cost control experiments using pay contingent on volume of care referrals have failed to significantly control costs or improve quality; and

WHEREAS, federal waivers legalize violations of antitrust, anti-fee-splitting, and anti-self-referral laws; NOW, THEREFORE,

BE IT RESOLVED by the Legislature of the State of Minnesota that it urges the President of the United States to direct the Federal Trade Commission to repeal waivers of antitrust laws and to direct the Centers for Medicare and Medicaid Services to repeal waivers of anti-fee-splitting and anti-self-referral laws, and it further urges the Congress of the United States to amend the Medicare Access and CHIP Reauthorization Act of 2015 to require that clinics and hospitals have freedom to contract or not contract for payments contingent on the volume of orders for care.

BE IT FURTHER RESOLVED that the Secretary of State of the State of Minnesota is directed to prepare copies of this memorial and transmit them to the President of the United States, the President and the Secretary of the United States Senate, the Speaker and the Clerk of the United States House of Representatives, the chair of the Senate Committee on Health, Education, Labor, and Pensions, the chair of the House Committee on Energy and Commerce, Minnesota's Senators and Representatives in Congress, and the appropriate secretaries in the federal executive branch.