

May 6, 2025

## RE: HF 2435 – Health Omnibus Budget Proposal

Chair Stephenson, Chair Torkelson, and Members of the Committee:

I am writing on behalf of the Local Public Health Association of Minnesota (LPHA) and our more than 250 member public health leaders of city, county and Tribal public health departments across the state. LPHA appreciates your continued support of public health departments who are fulfilling core, statemandated services that protect and promote the health of all Minnesotans. LPHA would like to highlight several items in HF 2435 that would help our health departments best serve their communities:

- Reduced Public Health Infrastructure Pilot Projects Grant Program LPHA is concerned about the proposal recommending a \$2 million per year reduction to the Public Health Infrastructure Pilot Projects Grant program. This program provides funding to selected community health boards and Tribal governments to pilot new public health delivery models that help health departments adapt to workforce shortages, use resources more effectively, and better address community health needs. For example, one agency implemented a rural data hub pilot project where they utilized their staff and infrastructure to provide data support to 10 neighboring counties. This ensured that each of those neighboring counties didn't have to use limited resources to build their own data infrastructure or hire additional staff to fill this need. As a result of this funding and testing this project, the region gained access to critical public health data that supports informed decision-making and strategic use of limited resources at the local level. Other agencies have implemented shared public health communications models across multiple counties to add capacity, reduce duplication, and maximize cost-sharing. This 1/3 reduction to the funds will directly result in a reduction of innovation and resource-sharing that can happen in local and Tribal health departments. (122.10)
- Substance Misuse Prevention Grant Restoration Thank you for shifting funds to restore substance misuse funding for local health departments. During the 2023 legislative session, \$10 million per year was allocated to local and Tribal health departments for creating and disseminating cannabis educational related materials, providing safe use and prevention training, technical assistance, and community engagement. At the end of the 2024 legislative session, \$3.6 million of those funds allocated for local public health were reallocated to other programs. Local public health is appreciative of the proposal in this bill to reallocate MDH funds to restore approximately \$2.5 million per year to these grants and hope for a full restoration of \$3.6 million per year. Local health departments are already being called upon by community partners to go into schools, work with community organizations and consult with businesses about the impacts of adult-use cannabis legalization and other substance prevention topics. Local public health agencies have a pivotal role in advancing education, preventing substance use before it starts, reducing stigma, and implementing evidence-based prevention strategies to enhance community resilience but need consistent, reliable funding to provide this support. (121.23)
- Infectious Disease Infrastructure LPHA supports the proposal that provides \$1.3 million per year in ongoing funding to support infectious disease prevention, early detection, and

outbreak response. Building capacity at MDH to conduct case investigation and provide technical assistance, education, and guidance to local public health, Tribal health, healthcare and other organizations will make Minnesota more resilient in the event of infectious disease outbreaks such as measles, tuberculosis, or H5N1. This is particularly crucial given recent infectious disease related cuts at the federal level. (126.15)

- Reduction in Sexual and Reproductive Health Services Grants LPHA is concerned about the proposed \$500,000 per year cut to this program. This grant program provides access to services for those who experience barriers, whether geographic, cultural, financial, or other. Services include pre-pregnancy family planning, healthy relationships, sexually transmitted infection (STI) services, and referral to other care such as mental health services. Funding benefits individuals throughout the state, many of which live in Greater Minnesota and otherwise wouldn't be able to access services due to lack of insurance or transportation barriers. Many agencies that receive these grants could not operate on MA reimbursements alone. Stable funding for this program is crucial for ongoing services into the future. (122.16)
- Emergency Preparedness and Response Sustainability Grants Thank you for the inclusion of stable funding to support Minnesota's emergency preparedness infrastructure. Responding to disasters and emergencies—whether health focused or not—is a core responsibility of Minnesota's local public health departments. The COVID-19 pandemic reinforced the need to have a strong infrastructure that can support a robust and sustained response to emergencies, both through planning and response. This investment has already been crucial in building capacity at local health departments. Previously, this work was funded entirely by federal grants which were cut over time, resulting in a system where there was very little capacity to prepare for and respond to emergencies. This funding has provided each community health board with added capacity to fill gaps in emergency preparedness infrastructure allowing for dedicated staff that can focus on preparing for and responding to emergencies. Cutting these funds impacts our state's ability to respond to the next emergency.

Local public health agencies are on the front lines every day to protect and promote the health of our communities. To do so successfully requires stable and reliable funding. Thank you for your continued support of critical sources of public health funding and other programs that will improve the health of our state. We look forward to continuing to work with you to advance prevention strategies that promote the public's health.

Sincerely,

Kari Oldfield-Tabbert, Executive Director

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