

May 4, 2021

SENT VIA EMAIL

Dear Health and Human Services Conference Committee Members:

On behalf of Children's Minnesota, I want to thank you for your leadership during this challenging time.

Children's Minnesota is the state's largest pediatric health care system. We see children from all 87 counties and more than 60 percent of the counties in the surrounding states. We serve an incredibly diverse patient population and more than 45 percent of our patients are insured through Medicaid.

Our mission at Children's Minnesota is to champion the health needs of children and families. With that goal in mind, we would like to provide some information on the current provisions before you and their impact on children living in the communities we serve.

Telehealth

In response to the COVID-19 pandemic Children's Minnesota worked quickly to ramp up existing telehealth efforts and implement additional telehealth services. In 2020 we conducted more than 44,000 telehealth visits, and so far in 2021 12% of our care visits are virtual, compared to 1% in January, 2020. Our psychology department has seen the highest volume of virtual visits when compared to other departments, emphasizing how important virtual care is to our patients with specific mental and behavioral health care needs. Overall, we have found that virtual care is complementary to in-person care and in some cases enhances care delivery, especially for those who usually have to travel long distances to access specialty care services. Children with special needs or complex care have also benefited from expanded virtual care as it has made care delivery more efficient for them and their families.

We appreciate the bipartisan support for moving SF1160/HF1412, the "Minnesota Telehealth Act", forward this session. As deliberations continue we want to emphasize the importance of allowing patients and families without access to the internet or digital devices to maintain access to audio-only services as an option for virtual care. Additionally, we would like to highlight the importance of payment parity for telehealth services. We ask that when considering payment parity, this committee not discount costs associated with furnishing telehealth services and the standard of care provided.

Addressing maternal health disparities

In our state maternal death rates are 2.3 times higher for African American women and 4 times higher for Indigenous women when compared to their white counterparts. These outcomes persist regardless of income and education level, and are unacceptable. Children's Minnesota's vision is to be every family's essential partner in raising healthier children and we can't do that without being supportive of mothers and the care they receive prior to and after giving birth.

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We appreciate the efforts being made at the legislature to address these disparities. We know that racism experienced by caregivers can affect a child's development and we believe that in order to truly address systemic racism in healthcare we must come together as an industry and create new strategies to address inequities. These strategies include, but are not limited to anti-racism and implicit bias training for providers and ensuring that state level data on maternal mortality and morbidity is available.

Support for 340B Entities

The 340B prescription drug program is a vital lifeline for safety-net providers in Minnesota and across the country. Established in 1992, this well-regulated federal program is narrowly tailored to reach hospitals that provide a high level of services to low-income individuals or serve isolated, rural areas. As a 340B entity, Children's does not use this program as a way to raise prices for patients or hide revenue. In fact, savings generated from the 340B program support Children's Minnesota's efforts to provide charitable patient care services, support community health improvement programs and make contributions to community-based organizations that offer important services to children and families.

We oppose legislation that would negatively impact 340B entities.

Home Visiting

At Children's Minnesota, more than half of all the children we see are under the age of five. We know the impact high quality developmental opportunities can have on a child during their first years of life. We also know that investments in home visiting programs can yield better health outcomes for caregivers and their babies.

We are pleased to see support in both the House and Senate for increased funding and increased flexibility in the types of home visiting programs along with the establishment of a new statute for family home visiting.

Thank you, once again, for your dedication and leadership in helping our state to meet the challenges before us. We look forward to continuing to partner with you to ensure the health and well-being of children in Minnesota.

Sincerely,



Maria Christu
Senior Vice President Advocacy & Health Policy
Chief Legal Officer
Children's Minnesota