2025 MINNESOTA
ALZHEIMER'S STATISTICS

PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)
101,900

% of Adults Over 65 with Alzheimer's
10.7%

WORKFORCE

of Geriatricians in 2021
134

Increase Needed to Meet 2050 Demand
51.5%

# of Home Health and Personal Care Aides in 2022
113,680

Increase Needed to Meet 2032 Demand
13.9%

CAREGIVING

of Caregivers
166,000

Total Hours of Unpaid Care
228M

Total Value of Unpaid Care
$5.5B

Caregivers with Chronic Health Conditions
53.1%

Caregivers with Depression
29.8%

Caregivers in Poor Physical Health
8.4%

HEALTH CARE

of People in Hospice (2017) with a Primary Diagnosis of Dementia
5,399

Hospice Residents with a Primary Diagnosis of Dementia
21%

# of Emergency Department Visits per 1,000 People with Dementia (2018)
1,467

Dementia Patient Hospital Readmission Rate (2018)
21.6%

Medicaid Costs of Caring for People with Alzheimer's (2025)
$1.2B

Per Capita Medicare Spending on People with Dementia in 2024 Dollars
$28,179

MORTALITY

of Deaths from Alzheimer's Disease (2022)
2,358

Alzheimer's Disease as Cause of Death Rank
4th

More than **7 million Americans** are living with Alzheimer's, and nearly **12 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$384 billion** in 2025, increasing to nearly **$1 trillion** (in today's dollars) by mid-century. For more information, view the *2025 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

AIM ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION

Association of Critical Access Dental Providers of Minnesota

May 7, 2025

Representative Jeff Backer, Co-Chair
Representative Robert Bierman, Co-Chair

House Health Finance & Policy Committee
Centennial Office Building
St. Paul, MN 55155

Re: Support for Delay in Dental Administrator Transition in H.F. 2435

Dear Chair Backer, Chair Bierman, and committee members,

The Association of Critical Access Dental Providers of Minnesota ("CAD-MN") appreciates the opportunity to offer its support for the provision in H.F. 2435 that would delay the state's transition to a single dental claims administrator (Article 5, Section 6) and the creation of the Dental Access Working Group (Article 5, Section 26). We respectfully request that the committee include a longer delay in the final proposal to allow for a more intentional planning and implementation timeline. Additionally, we would like to urge the committee to ensure that any savings generated by the transition to a single administrator stays within the dental system.

By way of background, CAD-MN is a statewide association representing the roughly 300 critical access dental or "CAD" providers across Minnesota. CAD providers have developed clinical models that revolve around the unique needs of the Medical Assistance population. Based on the most recent data we have seen, CAD clinics provide between 66 and 75 percent of all dental visits to the approximately 1.5 million Minnesotans enrolled in Medical Assistance and MinnesotaCare.

Today, we are writing to support the language that would delay the state's looming transition to a single administrative payment model for dental services and work to mitigate the damage that would be done to the dental safety net if the legislature failed to act this session. As the law stands today, CAD providers would see a significant decrease in their MA reimbursement as the current law would require the single administrator to pay at the MA fee-for-service rate. CAD clinics would also stand to lose millions in investments in clinical infrastructure, workforce development, and services delivery.

Developing an alternative reimbursement and payment model is complicated and CAD-MN is incredibly grateful for the work that Rep. Reyer has done in bringing forward her bill, H.F. 1934, to try and address the complexity of the process. We appreciate all of the time spent and

collaboration opportunities with all stakeholders throughout this process. As we continue working on this issue, CAD-MN does remain committed to ensuring the viability of critical access dental providers via rates, workforce investment, and infrastructure funding.

CAD-MN looks forward to continuing the work with the Chairs, Rep. Reyer, and others on this issue as we move into the conference committee process.

Sincerely,

Dr. Sheila Riggs, DDS
Chair of the Board
Association of Critical Access Dental Providers of Minnesota

Change the Outcome
Collaborate Educate Advocate

Colleen Ronnei
6666 Mulberry Circle • Chanhassen, MN 55317
612.770.2422
changetheoutcome.org

Co-Chairs Jeff Backer and Robert Bierman
House Health Finance and Policy Committee

Co-Chairs Backer and Bierman and Members of the House Health Committee,

Thank you for the opportunity to present HF 981, Co-Chair Bierman's bipartisan bill to fund opioid prevention education for middle and high school students across Minnesota earlier this session. And thank you for including funding for this critical work in the House Health Finance Omnibus Budget Bill.

Minnesota continues to face a devastating opioid and addiction crisis that is affecting families in every corner of our state. Kids are using. They have friends who use. They see family members struggling with addiction. They need to know how to recognize the signs of an overdose, respond effectively, and seek help.

We are especially grateful to Co-Chairs Backer and Bierman for including $500,000 per year for Change the Outcome (CTO) to provide opioid education, highlight emerging drug trends, and deliver overdose prevention training. This investment will allow CTO to reach more schools and more students across the state. Since launching in 2017, CTO has presented in more than 120 schools and reached over 110,000 students.

CTO uses evidence-based instruction on opioid risks, prevention strategies, overdose recognition, and how to respond with lifesaving interventions. Our program features powerful, real-life stories and honest conversations led by young people with personal connections to addiction; messaging that resonates deeply with students.

We empower young people to make informed, life-saving choices. Schools and communities that partner with CTO report increased awareness and stronger engagement in prevention efforts.

This investment in Change the Outcome is a proactive, effective response to Minnesota's opioid crisis. We thank the co-chairs and the committee for your leadership in including this funding and urge you to champion its inclusion through the conference committee process.

Sincerely,

Colleen Ronnei
Founder & Executive Director

Children's MINNESOTA

The Kid Experts®

May 7, 2025
House Health Finance and Policy Committee

Dear Co-Chair Backer, Co-Chair Bierman and Committee Members,

On behalf of Children's Minnesota, I am writing to offer comments on provisions in HF2435, the House Health Omnibus Finance bill. Children's Minnesota is the state's largest pediatric health care provider. We serve children and teens from all 87 counties and 60 percent of the counties in surrounding states. Nearly half of our patients are insured through Medicaid. Like other hospitals in Minnesota, we are continuing to face tough financial headwinds overall and too many children are boarding in our emergency departments waiting to access mental health care.

We are grateful to see a provision for initiating the process for establishing a hospital Medicaid Directed Payments Program included in this bill. If approved at the federal level, this program would go a long way to address Medicaid under-reimbursement and allow us to more sustainably provide critical and specialty care services to our patients. These kinds of programs already support the stability of hospital systems in forty other states.

Increasing mental health rates is foundational to addressing the mental health crisis children are facing. Investing in outpatient care and community-based services will decrease pressure on the rest of the system, including emergency departments, inpatient units and other more acute services. Most importantly, it would give children and families a better chance of addressing their mental health needs well before reaching a crisis. We appreciate the bipartisan recognition of reimbursement rates being problematically low and look forward to continued conversations on how critical investments in increasing rates can be realized this session.

We also support provisions in this bill that will improve access to care and support the healthcare workforce including:

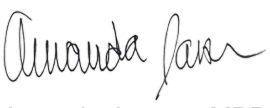
- Maintaining access to audio-only telehealth services
- Establishing a healthcare interpreter services work group to address challenges and changing needs in healthcare interpreting

We look forward to ongoing conversations regarding the following provisions that weren't included, but would benefit our workforce and the patients and families we serve:

- Establishing a sustainable rate for Medical Assistance coverage for home-based phototherapy services and equipment that would support families with an infant who qualifies for home-based treatment for jaundice
- Funding a "Treat Yourself First" public awareness campaign focused on supporting the well-being of healthcare workers in response to increasing burnout

At Children's Minnesota, our vision is to be every family's essential partner in raising healthier children. As the kid experts in our community, we appreciate the opportunity to partner with you to collectively improve the health and wellbeing of kids in our state.

Sincerely,



Amanda Jansen, MPP
Director of Public Policy
Children's Minnesota

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. The Minneapolis Health Department's School Based Clinics have been a recipient of this grant since January 2024 and the funding is critical to ensure our clients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

The Minneapolis School Based Clinics (SBCs) model is designed to address many of the health barriers and disparities experienced by the population of young people we serve and reduce stigma to accessing sexual and reproductive health services. All students who attend a Minneapolis high school with a school based clinic can access fully confidential care for their sexual and reproductive health needs, regardless of insurance coverage and immigration status. We eliminate transportation barriers by being located within their high school setting.

In 2024 our four school based clinics funded with the SRHS grant provided over 500 students with 4,600 clinic visits for counseling, screening and methods. In addition we conducted 300 outreach events including classroom presentations reaching over 4,600 participants. The SBCs maintain a critical health care safety net for adolescents.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours across the state to receive care. Please do not support cutting this grant.

Sincerely,

Heidi Ritchie

Heidi Ritchie
Deputy Commissioner of Health
City of Minneapolis

May 7, 2025

Rep. Jeff Backer
Co-Chair, Health Finance and Policy
House of Representatives
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Rep. Robert Bierman
Co-Chair, Health Finance and Policy
House of Representatives
5th Floor, Centennial Office Building
St. Paul, MN 55155

Dear Chair Backer and Chair Bierman,

I am writing to you today to express my appreciation for the inclusion of so many of our recommended proposals in HF2435. As you know, public health has historically been underfunded, and the investments of the past few years have shored up MDH's ability to protect, maintain, and improve the health of all Minnesotans.

Minnesotans have come to expect, and frankly deserve, a high performing public health system. The recent cut of more than $220 million in previously approved federal funding have been destabilizing to the agency and the system of public health in Minnesota and across the country. This was an unprecedented and unexpected action by the federal government. While this grant funding originated during the COVID-19 pandemic, it funded work across our agency – all of which had been fully approved by the federal government.

This resulted in layoffs and cuts to services that Minnesotans rely on, including those that support the state's response to infectious disease, including measles, H5N1, and wastewater surveillance; the state's public health laboratory; and community engagement activities.

I am grateful to be before this Committee and greatly appreciate your efforts and want to highlight some MDH priorities included in this bill.

Investing in Public Health

Thank you for this bill's sustained investments in public health infrastructure. This proposal will fund prevention and control activities, including investigating diseases, identifying outbreak sources, conducting laboratory testing, alerting the public and health care systems about health threats, and developing activities and guidelines to prevent the spread of the disease and curb outbreaks. This work has traditionally been

funded by federal dollars, but federal funding has decreased while costs have risen, all while Minnesota is experiencing a significant increase in cases of disease and also a significant demographic transformation. While this proposal represents just a drop in the bucket compared to the recent federal cuts to our work, it is a significant and important investment of state resources.

As you know, public health historically has been underfunded and ends up being stuck in a cycle of panic and neglect. While the importance of public health has never been clearer, the importance of investing in prevention cannot be overstated. We spend 80% of our health care dollars treating chronic diseases—these are diseases that can and should be prevented. If we want to address the growing burden that health care is placing on our state budget, we should be doing what we can to keep people healthier and for longer.

Agency Operating Adjustment

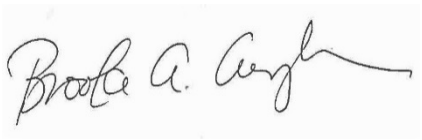
Thank you for the inclusion of the operating adjustment for the Department to help us maintain our current service levels. This funding represents support of the talented and dedicated people we have, investments in technology, and to continue the oversight that we want for fiscal stewardship.

User Fees

Finally, I must express my disappointment than none of the agency's user fee proposals were included in this bill. While they are never enjoyable to request, most of the fees in this budget have not been increased in years; several of them have not been modified in more than a decade. Without increasing fees, we will experience delays in serving communities, performing mandatory inspections, and providing technical assistance. Together, the revenues generated from these proposals would allow us to address backlogs, meet public health needs, and align with the statutorily required work that we do at MDH within our SGSR appropriation.

Thank you to Chair Bierman, Chair Backer, and your staff for your efforts in creating this bill, and thanks to the Committee for your support of MDH and public health in Minnesota.

Sincerely,



Brooke Cunningham, MD, PhD
Commissioner

Francisco Segovia
May 6, 2025

Dear Members of the Health Finance Committee,

I am writing to express my strong opposition to the proposed cuts to Minnesota's Long COVID program outlined in the current Health Finance bill.

The Long COVID program delivers crucial services, outreach, and support to Minnesotans who continue to grapple with debilitating symptoms long after their initial COVID-19 infection. Many individuals are still facing significant challenges, including chronic fatigue, cognitive difficulties, and respiratory issues, which hinder their ability to work, care for their families, and actively engage in community life. If funding for this program is reduced, thousands will be left without vital assistance, and the impact will be felt most acutely by vulnerable and underserved populations.

The elimination of all Long COVID grants would severely limit COPAL's ability to offer essential services to the Latino community. While the pandemic may seem to be fading from public discourse, its effects continue to loom large for many. Instead of scaling back, Minnesota should take the lead in recognizing and addressing the long-term health consequences of COVID-19. Investing in Long COVID care, education, and research is not just compassionate; it is a wise public health strategy that will alleviate pressure on our healthcare system in the future.

I respectfully urge you to stand against any cuts to the Long COVID program and to support substantial funding that meets the rising needs of affected Minnesotans.

Thank you for your commitment to the health and well-being of everyone in our state.

Sincerely,

francisco segovia
Francisco Segovia, Executive Director

3702 E Lake St.
Minneapolis, 55406
Minnesota, Estados Unidos

COPAL
www.COPALMN.org

(612) 249-8736

1165 Arcade Street Phone 651.772.5555
Saint Paul, MN 55106 face2face.org

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Dear Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. Face to Face Health & Counseling has been a recipient of this grant since 1979— 45 years of partnership with the state on youth health— and the funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

SRHS allows Face to Face to support young people's sexual and reproductive health at our medical clinic, at SafeZone—our youth drop-in day shelter, and now also at partner shelter sites. Sexual and reproductive health can be difficult to address when in survival mode, so it is important for us to be able to provide confidential, safe care for young people in the community around STIs, birth control, and healthy sexuality education. Our most recent report year (2024):

- 841 youth counseled on family planning options
- 314 youth provided with birth control
- 774 youth tested for chlamydia (174 tested positive)

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,

Hanna Getachew-Kreusser
Executive Director
Face to Face Health & Counseling, Inc.

FAMILY TREE CLINIC

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. Family Tree Clinic has been a recipient of this grant for decades (formerly FPSP) and the funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

Family Tree Clinic is the sole provider of sexual health education in the Hennepin and Ramsey County Juvenile Detention Centers, reaching youth who are often left out of critical health education and at a greater risk for sexual health disparities. Recently, a young participant told one of our educators, "*You're the only person I can just relax with around here*," and asked to meet weekly. That trust makes it possible to talk openly about STI risk, testing, and healthy

communication - foundational conversations for sexual health. SRHS funding is vital to making this work possible.

Family Tree Clinic operates the statewide Minnesota Sexual Health Hotline. In the first quarter of 2025, the hotline saw a remarkable 83% increase in texts, calls, and webchats - thanks to critical funding from SRHS, the sole source of support for the Hotline. This growth reflects the urgent need for accessible, free, and confidential sexual health information at this critical moment for public health, especially in rural Minnesota where local resources are limited or non-existent. For many in Minnesota, this Hotline is a lifeline, and without SRHS funding, it wouldn't exist.

SRHS funding is vital for Minnesotans facing the greatest sexual and reproductive health services barriers and disparities, who rely on community clinics like Family Tree Clinic. 66% of our patients live below 200% of the federal poverty level, 81% are ages 35 or younger, 78% identify as LGBTQ, and 32% are people of color. This funding directly supports affordable and comprehensive sexual health education and medical care for our communities. Without it, thousands of Minnesotans will lose access to essential health care they cannot get elsewhere. This investment is critical.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,

Annie Van Avery

Executive Director

HennepinHealthcare

May 6, 2025

Chair Bierman
House Health Finance and Policy
Centennial Office Building
658 Cedar St
St. Paul, MN 55155

Chair Backer
House Health Finance and Policy
Centennial Office Building
658 Cedar St
St. Paul, MN 55155

RE: HF 2435 Health Finance and Policy Omnibus Budget Bill

Dear Chairs Bierman and Backer, and members of the Health Finance and Policy Committee,

I am writing in support of various provisions included in your health omnibus budget bill. Hennepin Healthcare System is Minnesota's largest Medicaid provider system and safety-net level I trauma hospital with primary care clinics across Hennepin County. As such, ensuring sustainability, addressing workforce shortage challenges, and eliminating health disparities is critical for our health system.

We are supportive of the inclusion of the **Directed Payment Program (HF 2057)**. This program will help close the gap between Medicaid rates and the true cost of care, protect patient access to care, and help safety net hospitals like us remain financially stable.

Thank you for including the **Spoken Language Health Care Interpreter Work Group (HF 2007)** which will help improve and support access to healthcare interpreting services statewide. We are grateful to see the inclusion of the **extension of access to audio-only telehealth services (HF 2172),** and **the Minnesota Certified Midwife Practice Act (HF 1010)** both of which increase access to critical healthcare services for Minnesotans.

I urge you to please reconsider the elimination of Long-COVID grants and administrative appropriations. The Department of Health contracted with the Minnesota Electronic Health Record Consortium (MNEHRC), a collaboration of clinicians, researchers, data scientists and analysts, and administrators from eleven Minnesota health care organizations, to produce combined data for Long COVID and other related conditions that can be used to inform an ongoing public health response. This effort will also provide data infrastructure to support public health monitoring of other post-infectious conditions. The proposed funding cuts support the Hennepin Healthcare Research Institute staff time dedicated to this important effort.

I appreciate the opportunity to weigh in and we are grateful for your dedicated leadership and support of these critical legislative proposals that will make a difference for patients across the State of Minnesota.

Sincerely,

Dr. Thomas Klemond
Interim Chief Executive Officer
Hennepin Healthcare System

Contact: Susie Emmert 651-278-5422
susie.emmert@hcmed.org

May 6, 2025

RE: HF 2435 – Health Omnibus Budget Proposal

Chair Backer, Chair Bierman, 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, state-mandated 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

Kari Oldfield-Tabbert, Executive Director

With regard to Minnesota State Statute 145.361

Hello,

My son, Eric, has a severe case of Me/cfs. It began after his second bout with Covid. Eric was a runner, he loved the outdoors where he would hike in our Minnesota parks. Eric ran in the Ragnar just a few months before he was struck down with ME/CFS,Eric can no longer be outside, but worse, his autonomic nervous system was severely injured, it has destroyed most of his living life. He has been inside the apartment for the last 3 years. But worse, he is in constant pain from the dysfunction of his nervous system. Loud noises, glare of sunlight, he is on a low histamine diet, he has brain fog all the time, his body can't doesn't sweat or regulate its temperature, he has to take expensive drugs to help his stomach infections. I wear a mask in public places so I do not bring any other disease his body might not be able to endure.

I hope you will seriously not abandon Eric and others with similar afflictions . Many of these people have committed suicide, it is a torturous disease. We need research, and education for our physicians. Many of the institutions that have been doing research have been cancelled.

Thank you for your time,

Susan Beers

To whom it may concern,

I just heard through #MEAction that the new Minnesota House Health Budget is proposing to eliminate all Long Covid grants. Please do not do this! After a having a serious bout of the flu I developed ME over 20 years ago. Since then I have needed a lot of support to help me live a fuller life with this post viral disease. Like may people with ME and Long COVID I have also developed an autonomic nervous system disorder called POTS. This has made basic things like driving, working and on some days even walking difficult. Having supports like having a medical navigator and CADI-waiver has been important to help me be able to contribute in my community. However getting these supports is very, very challenging and this grant will help make this process for those of us living with these devastating post viral diseases much more accessible. MEAction and the MN Dept of Health have only been working not even a year with this grant, so any lasting change or support has barely been created or provided! These grants must continue to ensure a difference is felt for the Minnesota people.

With serious concern,

Sarah Utter

May 6th, 2025

Minnesota State House Health Finance and Policy Committee

RE: Proposal to eliminate all Long COVID Grants and Administrative Appropriations, as indicated in the HF2435 DE2 Spreadsheet

Dear Honorable Members of the Minnesota House Health, Finance, and Policy Committee:

It is with great concern that I have learned of the Committee's proposed elimination of all Long COVID Grants and Administrative Appropriations. Long COVID affects over 20 million individuals in the United States, with an estimate of over 365,000 cases in Minnesota. Approximately 6 in every 100 people who have COVID-19 develop a post COVID-19 conditions.

This funding is critical to address the tremendous health care burden that the COVID-19 virus continues to inflict on the people of Minnesota. Daily, in my work with patients who suffer from lung disease, nearly 50% of them either developed this disease or had a significant worsening of their lung disease post a covid infection. Primary care providers across this State are struggling to find both access to care and treatment options for the growing number of individuals identified with a post-covid syndrome. To cut the funding will result in a health care crisis leading to increased hospitalizations, overflowing ED's and urgent care facilities.

Minnesota has an exceptional Department of Health that has greatly improved the health and well-being of all citizens. As I often must plead for my patients to get the necessary care to heal, I say to you that it is a medical necessity that this funding continues in order improve the health and lives of all citizens of this State.

Thank you for your consideration.

Sincerely,

Charlene E. McEvoy, MD, MPH

Associate Professor of Medicine, University of Minnesota

Board Certified Pulmonary and Sleep Physician

Dear House Health Finance and Policy Committee Members,

I am writing to make you aware of the importance of ongoing funding to support the long COVID grants and administrative appropriations. Although we all want to put the COVID pandemic in the rearview mirror, the reality is COVID is still with us as is the prolonged, debilitating symptoms of that can occur after viral infections such as COVID. Much work needs to be done to understand why this occurs, how to prevent it from occurring and how to best support the people for whom it has disrupted their lives and livelihood.

The MN Department of Health has been recognized as a leader in long COVID. It is only with ongoing funding that this work can continue. At present, MDH is supporting grants to help clinicians and practices meet the needs of people with long COVID as well as developing the tools and resources needed by clinicians to help recognize and appropriately refer people for specialized therapy.

Learning how to best identify long COVID and other post viral conditions will make an impact in the lives of Minnesotans.

Thank you for your consideration and support,

Jane C. Pederson, MD, MS
Chief Medical Quality Officer
Stratis Health
952-853-8575 – direct

Stratis Health – Leading collaboration and innovation to improve health.

We make lives better. www.stratishealth.org

Dear Minnesota House and Finance Committee -

I am writing as a Minnesotan who suffers from myalgic encephalomyelitis (ME/CFS) which, for me, is a disabling post-viral condition much like Long-Covid.

I am deeply concerned that the new Minnesota House Health Budget proposes to *ELIMINATE* all Long COVID Grants and Administrative Appropriations. This funding, championed by Senator Port—herself a person living with Long Covid—ensures that Minnesotans with this disease have access to community-based resources and support. If eliminated, this loss of funding would mean ending grants and contracts under the Minnesota Department of Health's Long-COVID Program designed to support Minnesotans with Long-Covid and ME/CFS.

I am on the advisory committee for one such grant-funded program that is run by #MEAction. Our organization relies on this funding to help individuals with Long Covid, and associated diseases like ME/CFS, navigate vital home and community-based services. Without this support our disability community will be negatively impacted because Minnesotans with Long Covid are unable to work due to the disabling nature of the disease—we depend on services funded through the Long COVID program for our support needs. Eliminating this funding would remove a vital lifeline for vulnerable Minnesotans and increase long-term health and economic burdens on the state. This program also funds training for healthcare providers, helping them to better identify and treat Long Covid and related diseases—an essential step in reducing misdiagnoses and improving health outcomes. This work helps create more efficient medical systems that will save the state money in the end.

Maintaining this funding is not only ethical and compassionate—it is a necessary public health investment in the well-being of Minnesotans.

Sincerely,

Benjamin Singer
Saint Paul, MN

Dear all,

I am a clinician and researcher in southeast Minnesota. I write today as a clinician deeply concerned about the health of our people, particularly those suffering from Long COVID, which includes 10s to 100s of thousands in the state of Minnesota alone. This condition, often misunderstood and underfunded, has left millions of Americans unable to lead normal lives.

As a clinician specializing in infection-associated chronic illness, including being a national expert on Long COVID and associated diseases, I regularly witness firsthand the profound effects Long COVID has on people—disabling decreases of function with days, weeks, or months of increased suffering for what we would otherwise consider basic activities. I see its impact on relationships – marriages new and old turned on their head; mothers and fathers mourning their new inability to be the parent they wanted to be; and young adults wondering if relationships and families will even be possible for them as they live their life mostly bedridden. I see people having to take leaves from school or work, even when they are working on their greatest passion. And to make things worse, most of the friends, family, and co-workers don't understand or see the suffering endured as part of this invisible illness. Our LGBTQIA and BIPOC patients face even further discrimination not only at work but in the clinic as well. It's not uncommon for my patients to share that they wished they had cancer instead, because at least then they would be believed.

There is a misconception that nothing can be done for Long COVID when in fact the scattered specialists around the country, including those of us here in Minnesota, are improving the lives of the patients who are able to access our care everyday. I regularly work with medical students and residents - as I actually did today - as well as other learners and clinicians to actively change the perspectives of the medical field. I tell them that effective diagnostics and management, and maybe even a cure, are not an if but a when, so long as we see to it. With increased investment in research, education, and clinical initiatives, we can unlock better treatment options, improve quality of life, and even work towards a cure. As someone who interacts with these patients almost daily, I implore you to prioritize this issue—ensuring that Long COVID is recognized as a significant public health challenge, rather than continuing to be ignored as is often the case with invisible illness.

I have been incredibly proud to live in one of the first states to commit to providing grant funding for statewide efforts for Long COVID. It is irrefutable in communications with other states that we are a leader at this level in Long COVID and associated conditions. If funding is taken away, not only are we risking millions of dollars lost annually in

productivity due to untreated Long COVID and substantial loss of quality of life of Minnesotans, but also our position as state leaders in a public health crisis. When we support Long COVID initiatives, we also help the millions living with other debilitating chronic illnesses like myalgic encephalomyelitis/chronic fatigue syndrome (whose annual incidence rose by 15 times with COVID-19), mast cell activation and chemical sensitivities syndromes, postural orthostatic tachycardia syndrome, among others. We can choose this as the opportunity to either continue to spread hopes to millions who have otherwise lost much of it, or return to being a part of a failed system that has, and will continue to, result in further functional and economic decline of our state and country as infection-associated chronic illness continues to rise.

Thank you for taking your time to listen, not only to me but also to all those who are putting forth the limited energy they have for this. Thank you for everything you do in your commitment to the health and lives of Minnesotans, and for our nation as a whole.

Sincerely
Stephanie L. Grach M.D. M.S.

As someone who has suffered with Long Covid for four and one-half years, I implore you to support continued funding.

I contracted Covid-19 in November of 2020. This was before vaccinations were available. I did everything possible to protect myself from this virus. I spent two weeks in a hospital and in a transitional care place after that. My life has been changed negatively in most ways from Covid-19 - physically and mentally.

This bill will continue to support Minnesota organizations that are helping to educate and support those of us who suffer daily from Long Covid.

I respectfully thank you for your supportive vote.

Rosemary Kokesh
Golden Valley, MN

Hello Committee Members,

My name is Andrea Sorum. I'm a 42-year-old single mom from South Minneapolis. In May of 2022 I caught COVID and, although I had mild symptoms initially, I later developed Long Covid and have been mostly housebound and unable to work since. It's been a devastating experience to go from working full-time, parenting active kids and enjoying all the hiking and water adventures Minnesota has to offer to being bedbound, asleep more than half the time and unable to even attend my kids' baseball games or piano recitals.

I have hope, though, that there is a life after this illness. Those of us living with this condition are dreaming of so much and still have so much to contribute to our communities. The dollars you appropriate to helping Covid long-haulers like myself directly feed that hope and give us opportunities we would not otherwise enjoy. I encourage you to continue funding for Covid-19 grants and appropriations so I and others can look forward to a life beyond our bedroom walls.

Peace,
Andrea

Please, please, please do not eliminate funding for Long Term Covid, HF2435DE2. I have suffered from M/E (Myalgic Encephalomyalitis - Long Term Covid) for 28 years. Currently our home and community-based grants comes from the state, without continued appropriations, including grants and contracts, would ending help on July 1st, 2025. This is a debilitating and devastating disease. Some sufferers, in their 20's or 30's or 40s, are living in the back bedroom of their family home in the dark because their body cannot endure heat or light changes. They cannot work, socialize, or go to school. This is a living death. We need ever dollar we can get to work on treatments and other aids to help people find their way back to livable lives.

These dollars are precious, and they impact many families. As a former college professor and minister, I am acutely aware of the toll this takes on individuals and families. It is crucial that we fund Long Term Covid aid.

Sincerely,

Rev. and Prof. Julie Neraas

My name is Amy Engebretson, I am a constituent of Rep Kaohly Her in St. Paul. I understand that the new House Health Budget (as indicated in the HF2435 DE2 Spreadsheet (line 1381)) would cease appropriations for Long COVID funding to the MN Dept of Health, including grantees such as ME Action.

I am a physician who, until 2020, was busy taking care of pregnant patients. I was an active participant in society, a busy mother and spouse. Now I spend all my time on the couch. I was diagnosed with long Covid in 2021 and now, because of the fatigue, I am unable to work, walk, think clearly, or engage in anything like the life I once had. And there are so many others like me. So many others who desperately need services. I was lucky to find a group like ME Action. Without the funding they were promised, they will be unable to provide services to people who so desperately need and deserve them.

I so wish that I could be there in person to testify. But because of my severe disability, leaving the house and being in a crowded room is just too difficult. I do hope that you as legislators hear the voices of your constituents and leave this funding in place.

Sincerely,

Amy J. Engebretson, MD

I write in strong support of continuing the Minnesota Legislature's history since 2023 of allocating funds to support the MDH Long COVID task force and associated grants, which in the proposed budget HF2435 DE2 (line 1381) will be de-funded.

I am a pediatric cardiologist at the University of Minnesota, and in particular I am the director of the Pediatric POTS clinic, which cares for pediatric and adolescent patients with a form of long COVID that causes significant functional limitations. I was invited to participate in the MDH Long COVID Guiding Council about a year ago, and this network has been a significant boon to my expanding horizon of options in the care of these patients.

The work MDH does in this arena is important to our continuing understanding of how the knock-on effects of COVID continue to affect the people of our state. In addition, in the 2024-2027 cycle there are 9 organizations that MDH supports with grant money for community work to improve understanding of the impacts of long COVID, reduce stigma around this largely invisible illness, and improve care and support for Minnesotans who are disproportionately affected, such as rural and low-income areas.

I urge the committee to reconsider eliminating funding for the Minnesota Department of Health long COVID work. I am happy to discuss further if helpful; my contact information is below. Additionally, here is a link to the educational conference I led on this subject at the University last week: https://mediaspace.umn.edu/media/t/1_8f9r8g7l/309710852.

Thank you for your consideration.

Matt Ambrose, MD
Associate Professor
Division of Pediatric Cardiology
Department of Pediatrics
ambr0049@umn.edu

I understand that the House Health Budget proposes to eliminate all grants and administrative appropriations relating to Long COVID. I am a resident of Minneapolis who has seen first hand the devastation COVID can bring on our community. We need to provide as much support as possible to people affected. Please do what you can to preserve this funding.

Thank you,
Molly Paulson
North Minneapolis, 55412

As a member of the Advisory Council and also a recipient of Long Covid grant dollars, it is my belief that this funding must remain in order to move forward with research, screening, education, treatment and support for persons with Long Covid. We are in the earlier stages of learning about the implications of this virus which in many cases is devastating, resulting in chronic disease, job losses, health care needs that are complex and limited resources within the communities. Nationally, Minnesota is a leader in studying and identifying the effects of Long Covid and Minnesota is sought as a leader and guide for treatment and care options. Please keep the funding as it was budgeted for Minnesota to support our efforts and to maximize the health of our patients and families impacted by this cluster of physical ailments resulting from the Covid Virus. Thank you for your consideration. Susan Gehlsen, RN

Susan Gehlsen, MA, BSN, RN, NEA, FACHE
Executive Director, St. Mary's Health Clinics
1884 Randolph Ave. (Deliveries to 1890 Randolph Ave.)
St. Paul, MN 55105
Office: 651-287-7712
Cell: 651-342-3126
sgehlsen@stmarysclinics.org

The Minnesota Electronic Health Record Consortium (MNEHRC) is contracted with MDH to conduct an evaluation of the prevalence of long COVID and the effect of long COVID on health outcomes. This evaluation is taking place at health systems that are part of MNEHRC spanning across the state - from Mayo Clinic in the south to multiple health systems in the Twin Cities to Essentia in Duluth, and CentraCare in St Cloud. The results will provide key information for policy decisions and health care providers to better identify risk factors for long COVID and the consequences of long COVID. At the University, these funds cover 5% of faculty time and 90% of a statistical analyst and project manager time. Loss of these funds will lead to the need to layoff some of these highly trained individuals and loss of the information this project could provide.

Sincerely,
Paul Drawz, MD, MHS, MS
Associate Professor
Department of Medicine
University of Minnesota

Please accept my written testimony for the House Health Finance and Policy Committee hearing (5/7/25). I am writing tonight in support for the Long COVID Program with Minnesota Department of Health in the 2025 Health Finance Omnibus Budget Bill (HF2435) that includes Long COVID Grants and Administrative Appropriations, and to please not eliminate or cut this important work.

Hundreds of thousands of Minnesotans are struggling with Long COVID and infection-associated chronic conditions. The MDH Long COVID Program has forged effective partnerships and efforts to support people with Long COVID and infection-associated chronic conditions. This work has increased medical education for all of us struggling so that we have access to equitable care in our state. This collaboration has also laid the groundwork towards identifying clinical trials that may unlock effective treatment, so that we can return to the lives we once recognized and can positively contribute to the Minnesota economy and workforce again. My loved ones, that includes my wife, my siblings, my parents and my nephews can assure you that this has kept our hope live for a future that exists without less suffering for me.

MDH was one of the first state health departments in the country to have a program and staff dedicated to Long COVID and post-COVID conditions. MDH has done a tremendous job in raising awareness about Long COVID and generating informational resources to the community. MDH has convened a Guiding Council of Minnesota clinicians who care for Long COVID patients in primary and specialty care settings across the state that has made a crucial difference to so many.

Please support the MDH Long COVID Program in the 2025 Health Finance Omnibus Budget Bill that is extremely valuable for the hundreds of thousands of Minnesotans depending on this program and work.

Thank you,

Billy Hanlon
Minneapolis, Minnesota
Long COVID Patient

Representatives,

It's my understanding the House's Health budget in HF2435 DE2 line 1381 would eliminate all Long COVID grants and administrative appropriations. It is critical that this funding be restored to continue serving Minnesotans who suffer from long Covid. I personally know people who have been disabled by long COVID. There is currently no known cure, and more support is needed to address this chronic condition. COVID is still here, and any one of us could be affected by long COVID with a future infection. Please restore all of this funding in the state budget.

Sincerely,

Heidi Schallberg

Minneapolis resident 55403

I am writing to you as a constituent in strong support of the MDH Long Covid program. I wouldn't consider myself to have Long Covid, but after getting infected in 2023, it took me months to feel like myself again. Many of my friends are not as lucky as me. As the years go on and Covid continues to infect people multiple times per year, every year, the people I love are one by one developing chronic health issues and disabilities from Covid. My best friend had to take short term disability this year after her first infection. Another friend developed a heart condition. Another struggles with fatigue and can no longer run like they used to. We are all young people and were "healthy" before getting Covid.

Long Covid desperately needs to be researched - my friends and loved ones have no answers, and the likelihood of getting a chronic health condition or Long Covid increases with every infection. Every Minnesotan is at risk, which is why the work the MDH Long Covid program does is so important. Their recent survey showed that over 40% of survey respondents had at least one symptom lasting 3+ months after their Covid infection. This is unsustainable for our state.

Please continue funding this program. Our lives depend on it.

Thank you,
Maya B.

Hello. My name is Nathan Horek and I am providing public comment about HF2435, the proposed budget cut to eliminate all Long Covid grants. (Line 1381)

I am a resident of Minneapolis. I have Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Long Covid (LC) and ME/CFS are both post-viral illnesses and current research shows 50% of people with Long Covid meet criteria for ME/CFS.

I am also a doctor by training and, before I became too ill to work, worked in research at the University of Minnesota.

I have experienced how debilitating ME/CFS is, and it has taken many aspects of my life away from me, including my career and ability to support my family. ME and LC are tremendously misunderstood diseases too easily dismissed by medical providers and institutions. The truth is that LC is a complex cascade of physiologic dysfunctions that have a debilitating impact on people's lives.

Though Covid may feel over for able bodied individuals, LC is never over.

These people desperately need help and support to function day to day.

Please strongly consider NOT eliminating these grants.

Nathan Horek
612-300-9625

I am an active member of ME ACTION and, most importantly, a human being living with CFS/ME (Chronic Fatigue Syndrome/Myalgic Encephalomyelitis) since 1994. I also contracted COVID 19 in 2024, which I still suffer with after-effects. Grants for Long Covid must continue for those of us whose lives depend on research and funding for treatments, medical breakthroughs, and hopefully a cure. There are so many souls who will suffer without the proper funding for COVID, which also DIRECTLY BENEFITS CFS/ME and other post viral diseases. ME ACTION and allies in this fight need you to stand up for us, for those you love, and all those who are voiceless and unable to speak out due to this viral nightmare. So much hinges on this decision, so please make the one that truly matters.

Sincerely,
Helen H.

My name is Monica Allen and I live in Eagan. I lost my mom to COVID in December 2020 and then went through 18 months of breast cancer treatments in 2021-2022 during the pandemic. I caught COVID for the second time in August 2024 and was eventually diagnosed with Long COVID due to lingering symptoms such as major fatigue and brain fog. I received support from M Health Fairview's Post COVID clinic and Occupational Therapy services to help get better. I support full funding for Long COVID Grants and Administrative Appropriations so the many thousands of Minnesotans affected by Long COVID and related conditions, like ME/CFS, can get the support they need from the state government. Follow the MN Senate and do not reduce funding for Long COVID programs. Thank you.

Monica Allen
Eagan, Minnesota

MAHUBE-OTWA
Community Action Partnership, Inc.
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Empowering People to Achieve Self Sufficiency

FAMILY HEALTH
MAHUBE-OTWA
COMMUNITY ACTION PARTNERSHIP

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to ask you to reconsider the $1 million cut to funding from the Sexual and Reproductive Health Services (SRHS) grant in HF2435. The Family Health program at MAHUBE-OTWA CAP is a recipient of this grant and has provided preconception sexual and reproductive health services since 1965. The SRHS funding is critical to ensure our community has access to family planning services, such as contraceptive counseling, testing and treatment for sexually transmitted infections, as well as medical referrals, including breast health and female reproductive organ cancer testing. We are proud to offer these healthcare services to our patients, regardless of their insurance status.

By offering family planning services through the SRHS grant, we are able to save taxpayer money by decreasing teen and unwanted pregnancy rates, provide treatment and reduce the transmission rates of sexually transmitted infections, screen for pre-cancerous cells that cause cervical cancer, and provide free, factual education to the public. The savings created is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

Because of the funds we receive from the SRHS grant, our Family Health clinic is able to provide these important services, counseling, and education to anyone who faces difficulty accessing reproductive health services due to poverty, discrimination, age, disability status, lack of health insurance or transportation, or concerns about their confidentiality. Using SRHS grant funds, we can compensate the salaries of our clinics' staff, nurses, and medical providers; afford clinic spaces, utilities, and medical supplies; and purchase barrier and prescription contraception, STI testing kits, and infection prescription medications.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care; it is imperative that we continue to support these programs and allow them to sustain into the future. Please, do not hesitate to contact us at MAHUBE-OTWA to learn more about this important program and how we serves our community.

Sincerely,

Rebecca Nemitz, Family Health Manager

MINNESOTA COUNCIL of HEALTH PLANS

CAPITOL OFFICE BUILDING
525 PARK STREET
SUITE 140
ST. PAUL, MINNESOTA 55103
651-645-0099 FAX 651-645-0098

May 7, 2025

House Health Finance and Policy Committee
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Dear Co-Chair Backer, Co-Chair Bierman, and Members of the Committee,

Thank you for the opportunity to provide feedback on the proposed House Health Omnibus bill as reflected in the DE2 for HF 2435.

We appreciate no new taxes or assessments on health plans are included in the bill. At a time when health care is already expensive, we appreciate that the bill is not adding to those costs through higher taxes.

We also appreciate the inclusion of the Hospital DPP proposal, the Spoken Language Health Care Interpreter Working Group, the delay in the Dental Single Administrator language, and the repeal of the Public Option waiver authority.

We also draw your attention to three proposals in the bill that would detrimentally impact Minnesota Health Care Program enrollees who are currently served through our managed care model: CARMA, NEMT Carve Out, and the Single State PBM.

CARMA – As the Council testified before committee on the CARMA model, we firmly believe that choice is important – and choice is especially important when it comes to accessing the health care services you need. The CARMA model proposed in this bill eliminates enrollee choice and the benefits of market competition for Minnesotans in counties choosing the CARMA model. This bill would restrict enrollees residing in a county using the CARMA model to only a government-run county-based option. Currently, in most counties, enrollees have a choice of between two and five health plan options.

The state and the federal government have both recognized the value of ensuring public program enrollees have more than one choice, and this bill takes a significant step backward by eliminating options for vulnerable Minnesotans.

NEMT Carve Out – The managed care model provides several significant benefits to the state, but most importantly, it improves health outcomes because of care coordination performed by Managed Care Organizations (MCOs). Care coordination means serving the whole person. MCOs do not just help enrollees set up needed appointments with doctors, but also help to arrange transportation to and from that appointment. Carving out the NEMT benefit will mean that enrollees will no longer be able to have every detail of an appointment managed by their MCO care coordinator and will instead have to reach out to two entities to separately arrange rides and appointments. Minnesotans are best served when there are fewer hurdles to accessing the care that they need – maintaining the NEMT benefit under the MCOs provides or the most streamlined experience for this population.

Single State PBM – Prescription drugs are a central component of care coordination services and separating this benefit from the MCOs and moving them to a separate PBM will have a number of downstream impacts for enrollees. We should look to the other states who have implemented similar policies and learn from the challenges they have experienced.

- Member Experience: In other states, moving to a single PBM has created unnecessary challenges for enrollees. Enrollees have been faced with excessive call center wait times with the single PBM. When they eventually hang up and call their MCO, the MCOs have limited ability to answer questions related to their prescriptions or to help facilitate solutions. Despite the other states having established portals to assist with data access for MCOs, the data was not always current, and plans were not always receiving the data.
- Data: After moving to a single PBM, it has been difficult for MCOs to get clean data from the state's selected PBM. This makes it challenging for MCOs to understand which enrollees may have a new diagnosis as evidenced by new prescriptions, to do medication therapy management, to stratify for clinical program enrollment, to identify enrollees that may have medication adherence issues, and to manage the pharmacy lock-in program to assist enrollees with high potential for medication misuse. The lack of clean data has also caused concern for Medicaid risk adjustment purposes.
- Administrative Burden: Under a single state PBM, MCOs have no flexibility nor ability to negotiate a contract with the state-selected PBM. This has resulted in contracts requiring convoluted processes for MCOs to pay the PBM for services and validate invoices. In other states, it took over six months to implement the new vendor to include file exchanges and to operationalize.

Minnesota implemented managed care almost 40 years ago to provide better access to care for Minnesotans served by public programs and financial certainty for the state. Through care coordination, enrollees receive optimal care and there is less wasteful spending on unnecessary testing or duplicative procedures. Because we know that managed care is most

effective when care management extends across all health care services, we encourage the committee to continue working to preserve the benefits of managed care for the state and for enrollees by reconsidering these three provisions.

Sincerely,

Lucas Nesse
President and CEO

MINNESOTA DENTAL ASSOCIATION

May 6, 2025

Representative Robert Bierman, Co-Chair
Health Finance & Policy Committee
5th Floor, Centennial Office Building
St. Paul, MN 5515

Representative Jeff Backer, Co-Chair
Health Finance & Policy Committee
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Dear Co-Chairs Bierman and Backer, and Committee Members,

On behalf of the Minnesota Dental Association (MDA), thank you for the opportunity to submit testimony on HF2435, the House Health Omnibus Bill.

The MDA supports the proposed language regarding the transition to a single dental administrator for Minnesota Health Care Programs (MHCP) - Article 5, Sections 6 and 26. The MDA continues to support this approach to increase transparency and reduce administrative burdens for dental providers. However, important implementation details, particularly related to reimbursement, remain unresolved. To ensure a smooth and successful transition, the MDA supports a two-year delay, allowing time for thorough planning and stakeholder input. We also support the proposed current exemption for county-based purchasing, which has proven to be an effective model in rural areas.

Additionally, the MDA appreciates that the House proposal does not include an increase to the provider tax, in contrast to the Senate's omnibus bill. Minnesota's public health care programs are vital and must be adequately funded, but increasing the provider tax shifts the financial burden onto health care providers. Many of our members are small business owners already grappling with rising costs for staffing, supplies, and operations. While dentists remain committed to serving patients across the state, additional financial strain could jeopardize access to care, particularly in rural and underserved communities. As the legislation advances to a conference committee, the MDA urges conferees from the committee to uphold the House position and reject any proposed increase to the provider tax.

Should you have any questions on the above-mentioned items, please do not hesitate to reach out.

Sincerely,

Dan Murphy, MPP
Director of Government Affairs
dmurphy@mndental.org
612-767-4255

About the Minnesota Dental Association

The Minnesota Dental Association is the voice of dentistry in Minnesota, representing practicing dentists. It is committed to the highest standards of oral health and access to care for all Minnesotans. Learn more at: www.mndental.org.

SARA POHLAD

May 6, 2025

Dear Minnesota House Health and Finance Committee,

I am a mother of a ten year old boy who has battled Long COVID for the past three years. Although this debilitating illness wreaks havoc on Americans day in and day out, it is easy to consider COVID-19 to have passed. It is easy to follow the collective urge to move on from the crisis of the pandemic, to reallocate attention and funding. But the pandemic is far from over for people like Noah, who, with every passing COVID exposure, finds himself inexplicably housebound with a laundry list of symptoms: fatigue, migraine headaches, mood swings, brain fog, anxiety, and adult-level depression.

Without the work of the MDH Long COVID Program, my son becomes invisible. The MDH Long COVID Program acknowledges that Noah's suffering is real. The MDH Long COVID Program creates a desperately needed network of knowledge, care, and commitment to solve what most other states, institutions, and practitioners continue to ignore.

As lifelong Minnesotans who support our great state in every way we can, my husband Joe and I are proud of how our government responds in pivotal moments like during the crisis of 2020. But Long COVID is pummeling people, stretching families, and ripping apart communities well beyond all visible boundaries and timelines. Prioritizing the House's continued support of the MDH Long COVID Program shows that our government strives for prevention and treatment, not just acute reaction.

In community,

Sara Pohlad

Founder, The Good Acre

sarapohlad@icloud.com

612-804-4880

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May 6, 2025

The Honorable Jeff Becker
5th Floor Centennial Office Building
St. Paul, MN 55155

The Honorable Robert Bierman
5th Floor Centennial Office Building
St. Paul, MN 55155

Re: TechNet opposition to social media warning label requirement in HF 2435

Dear Representatives Becker and Bierman,

On behalf of TechNet, we respectfully submit this letter of opposition to provisions contained within HF 2435 which mandate government compelled speech on social media platforms on all users.

TechNet is the national, bipartisan network of technology CEOs and senior executives that promotes the growth of the innovation economy by advocating a targeted policy agenda at the federal and 50-state level. TechNet's diverse membership includes dynamic American businesses ranging from startups to the most iconic companies on the planet and represents over 4.5 million employees and countless customers in the fields of information technology, artificial intelligence, e-commerce, the sharing and gig economies, advanced energy, transportation, cybersecurity, venture capital, and finance.

While the intent of this provision to protect public health—particularly among youth—is commendable, such legislation presents several significant legal, practical, and constitutional issues that ultimately make it a flawed and potentially counterproductive policy. First and foremost, the imposition of warning labels on digital platforms raises serious First Amendment concerns. Courts have consistently ruled that compelled speech by private companies must meet strict scrutiny and be based on factual, uncontroversial information.

To better illustrate this, the United States Supreme Court has ruled against broad restrictions on digital speech, such as in *Brown v. Entertainment Merchants Association (2011),* where a law placed restrictions and labeling requirements on the sale or rental of "violent video games" to minors. As you know, many of the state legislative attempts to regulate social media are in the courts for a variety of reasons, which doesn't solve the concerns they are attempting to address. Mandating broad or subjective warnings about social media use could be interpreted as government overreach and ideological bias, rather than neutral consumer protection.

TECHNET
THE VOICE OF THE
INNOVATION ECONOMY

Moreover, there is limited evidence that such labels are effective in changing behavior. Consent fatigue is a well-documented phenomenon; consumers often ignore ubiquitous cautionary messages, which dilutes their effectiveness.[1]

Further, there are many positive benefits to social media. Social media helps users find things that are of interest to them, like sports teams they follow, causes they care about, and ways to get involved in their community. Social media platforms are not purely commercial in nature. Furthermore, this type of law could set a troubling precedent for the regulation of speech and information online. If social media requires warning labels today, could similar rules apply tomorrow to other online activities or sources of information. This slippery slope could have chilling effects on how information is shared and received in a free society.

Finally, this provision would apply to every social media user regardless of age, every time they visit a platform - - and require they click an acknowledgement before the user can proceed. Not once or at an interval, but every time. This seems excessive to accomplish the stated goal.

For these reasons, TechNet respectfully opposes this provision and ask that you not move forward with it at this time. Thank you for considering our concerns, and please feel free to reach out if you have any questions.

Sincerely,

Tyler Diers
Executive Director, Midwest
TechNet

[1] https://hbr.org/2016/11/consumer-warning-labels-arent-working

Minnesota Association of
COMMUNITY HEALTH CENTERS

May 6, 2025

RE: MNACHC COMMENTS on HF2435

Honorable Chairs and Members of the Health Finance and Policy Committee;

The Minnesota Association of Community Health Centers (MNACHC) represents 17 of Minnesota's Federally Qualified Health Centers (FQHC) (aka Community Health Centers) who provide primary medical, dental, and behavioral health care to medically underserved areas across the state.

We appreciate the work that went into creating HF2435, and thank you for the opportunity to provide comments. In order of the bill:

Article 1 Section 17: Spoken Language Health Care Interpreter Work Group:

Community Health Centers statewide recognize the value and need for interpreter services as an integral part of the patient care experience and are grateful for the committee's work to address access to these critical services for patients.

Article 3 Section 2: Internationally Trained Physicians

Community Health Centers located in the heart of the Twin Cities or in a small town in Greater Minnesota, continue to struggle to to recruit and retain all levels of staff. Physician recruitment and retention is no exception. In an era of workforce shortages, this proposal would allow for increased access to needed services. We support additional pathways for individuals that would allow them to serve their communities.

Article 3 Section 6: Certified Midwife Licensing

Community Health Centers recognize the need for increased access to maternal health services. Creating a Certified Midwife will increase access to maternal health care services in underserved communities and foster improved outcomes for mothers and newborns.

Article 4 Section 5: State Pharmacy Benefit Manager

MNACHC appreciates the effort to streamline services for individuals receiving pharmacy services who are on Medicaid and MinnesotaCare. As the state moves to a single pharmacy benefit manager, Community Health Centers want to ensure that 340B savings to covered entities remain intact as part of the critical support it provides for safety net services.

Article 4 Section 6: Directed Pharmacy Dispensing Payment

Four Community Health Centers in Minnesota offer pharmacy services to patients in underserved communities. Like independent retail pharmacies, FQHCs appreciate the Legislature's effort to ensure health centers are reimbursed for dispensing fees to support pharmacy services. However, given the complex needs of our patients, the dispensing costs incurred by the health center will be greater than the rate in the bill.

Article 5 Section 6: Contingent Contract with a Dental Administrator

Community Health Centers support the extension of the implementation of a contingent contract with a single dental administrator from 2025 to 2028. This pause will allow for a more streamlined transition and smoother implementation for Health Centers.

Article 5 Section 9: Audio-Only Continuation

MNACHC thanks the committee and strongly supports extending Medicaid reimbursement for audio-only telehealth services through July 1, 2028. Maintaining this service is a critical access point for patients statewide.

Article 5 Section 13: FQHC Reimbursement Technical Changes

FQHC Mergers

Health Centers appreciate looking ahead to how encounter rates are established in the event two Health Centers merge. However, we request clarification on how this new rate would be determined to ensure accurate rates and stability in future operations.

Targeted Case Management Repayment

Targeted Case Management costs are currently included as allowable costs in the cost reports that are used to calculate health center reimbursement. Health Centers want to ensure that new language would not limit Targeted Case Management to "only those services described in subdivision 20," so that Health Centers can continue to receive payment for these costs and maintain these key services.

Article 5 Section 26: Dental Access Working Group

MNACHC appreciates the creation of the Dental Access Working Group. As dental providers to a largely Medicaid population, we know the challenges individuals face accessing primary dental care and look forward to the work in finding solutions.

Finally, Health Centers were happy to see that the potential reduction to chiropractic services for individuals on Medical Assistance was excluded from the bill as chiropractic care has been valuable for improved outcomes for our patients.

We thank the committee for your time and attention to these comments and look forward to continued work on these important provisions.

Sincerely,
Rochelle Westlund

myHealth
For Teens & Young Adults

Staying well means staying well informed.

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. myHealth for Teens & Young Adults has been a recipient of this grant for over 30 years and the funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

With SRHS funding myHealth was able to expand our reproductive services to include women of any age staying at our local domestic violence shelter. Integrating onsite reproductive health services into domestic violence programs provides an important resource to help reduce health consequences related to experiencing violence. Recently, one of our nurses provided STI testing and birth control to a mom of 6 children experiencing domestic violence, and reproductive coercion, living at the shelter. This mom stated she did not want to have any more children, and needed a method of birth control her husband could not take away from her. She received STI testing at the shelter and was able to coordinate transportation for her and her youngest child to come to our Hopkins clinic to have an IUD inserted. Accessing family planning services at a domestic violence shelter is vital to reducing unintended pregnancy and reducing reproductive control.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.
Sincerely,

Connie Robertson
Clinic Director

myHealthmn.org
952.474.3251
info@myhealthmn.org

Hopkins Clinic & Office
15 Eighth Ave S.
Hopkins, MN 55343
F: 952.767.0815

Representative Robert Bierman, Chair
Representative Jeff Backer, Chair
Health Finance and Policy Committee
May 7, 2025

Chairs Bierman and Backer and Health Finance and Policy Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW-MN), the MN Society for Clinical Social Work and other members of the MN Coalition of Licensed Social Workers, we are writing to comment on HF2435, the health and human service finance bill.

The Coalition of Licensed Social Workers include NASW-MN, the MN Society for Clinical Social Work, the MN Association of Black Social Workers, the MN Hmong Social Workers' Coalition, the MN Nursing Home Social Workers Association, and the MN School Social Workers Association. Collectively we represent over 3,000 social workers. Licensed Independent Clinical Social Workers make up the largest group of mental health professionals in Minnesota.

We appreciate that HF2435 includes an extension of audio-only telehealth services. Accessing mental health care through the phone is important for those who don't have computer access or reliable internet services. We know that audio telehealth is an effective way to deliver some mental health services and we are grateful that option will continue to be available.

We are disappointed that HF2435 does not include an increase in mental health provider rates. There is a significant gap between the cost of delivering services and reimbursement rates. Correcting this is foundational to addressing the mental health crisis that includes children boarding in appropriate spaces including hospitals and juvenile detention centers. Community mental health centers that serve a majority of clients using Medical Assistance are at particular risk if rates are not addressed this session.

As you move forward in the conference committee process, we encourage you to stay open to other proposed solutions to this crisis. We appreciate that resources are limited and the needs are great. We look forward to continuing the conversation.

We appreciate your consideration.

Sincerely,
Coalition of Licensed Social Workers Representatives,

Karen Goodenough, PhD, LGSW, National Association of Social Workers, MN Chapter
Renita Wilson, MSW, LICSW, MN Association of Black Social Workers
Kao Nou Moua, PhD, MSW, LGSW, MN Hmong Social Workers' Coalition,
Joanna Genovese-Cairns, MSW, LISW, MN Nursing Home Social Workers Association
Julie Campanelli, LICSW, Ed.S, MN School Social Workers Association
James Stoltz, LICSW, LADC, MN Society for Clinical Social Work
Jenny Arneson, MSW, LGSW, Legislative Consultant

nucleus clinic
your health is our center

May 6, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. Nucleus Clinic has been a recipient of this grant since 2023 and the funding granted by SRHS is critical to ensure our patients have access to family planning services like contraceptives counseling, screening, testing and treatment for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,
Kelsey Lessard DNP, APRN, CNP
Nurse Practitioner/ Clinical Director at Nucleus Clinic

Nucleus Clinic
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www.NucleusClinic.org
Coon Rapids, Minnesota 55433

Phone: 763.755.5300

Semcac
People Are Our Business

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Co-Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. Semcac Clinic been a recipient of this grant for quite some time and the funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,

Rebecca Montgomery-Nelson, RN, BSN

Semcac Clinic Director

Don’t Cut Minnesota’s Long COVID Program - It Will Cost Us More

Introduction: A Costly False Economy

Cutting funding for the Minnesota Department of Health (MDH) Long COVID Program may seem like a short-term budget fix, but it will **cost Minnesota far more in the long run** - in both economic terms and public health. Long COVID (persistent symptoms after COVID-19) is already a significant burden on our workforce and healthcare system. Eliminating support now, especially for clinics like **St. Mary’s Health Clinics (SMHC)** that serve uninsured Spanish-speaking immigrants, would **drive up long-term costs** for Minnesota taxpayers. This case statement presents data demonstrating that defunding the MDH Long COVID initiative is a false economy, leading to higher costs from lost productivity, increased emergency care, and greater public assistance needs.

Long COVID’s Impact in Minnesota

Long COVID is not a fringe issue - it is affecting a substantial number of Minnesotans today. In fact, **MDH’s own survey found that 4 in 10 people who had COVID-19 reported lingering symptoms** (e.g. fatigue, brain fog). That suggests **tens of thousands of Minnesota residents** have experienced Long COVID, with many still suffering. Each of these cases can carry significant economic costs.

- **Lost Productivity:** Studies estimate **each Long COVID patient costs an average of $5,000-$11,000 per year**, mostly from lost work productivity. Many Long COVID sufferers cut back work hours or leave the workforce entirely. Nationally, a Harvard economist pegs the **economic cost of Long COVID at $3.7 trillion (with nearly $1 trillion in lost earnings)**. In real terms, people with Long COVID **work about 50% fewer hours and earn 18% less on average** over a year. Minnesota is already feeling this: a Federal Reserve analysis found **over 25% of Long COVID patients had their work hours or employment affected**. Every worker who can’t fully contribute is a hit to our state’s productivity and tax base.
- **Strain on Healthcare & Emergency Services:** Untreated Long COVID often leads patients to seek care in high-cost settings. **Research shows Long COVID patients utilize emergency rooms at much higher rates** - one study found **ER visits doubled among those with persistent Long COVID symptoms (15 months post-infection) compared to those who recovered**. This translates into real dollars: **Minnesota hospitals charge about $1,462 for an average ER visit**. Uninsured Long COVID patients, lacking routine care, often end up in the ER for issues that could have been managed earlier. Those costs don’t vanish - they are passed along through uncompensated care costs (burdening hospital systems and local governments) and higher insurance premiums. Preventing just a handful of avoidable ER trips can save **tens of thousands of dollars** that would otherwise be absorbed by the healthcare system and taxpayers.

- **Public Assistance Burdens:** When Long COVID disables individuals, the **burden shifts to public programs**. People unable to work may need unemployment benefits, disability assistance, or Medicaid. For example, the average Social Security Disability Insurance benefit is about **$1,538 per month** (over $18,000 a year) - a cost borne by taxpayers if someone with Long COVID has to leave the workforce permanently. Additionally, families in crisis may turn to state and local safety nets (housing support, food assistance, etc.). **Higher caseloads for public assistance mean higher costs for the state.** In short, every prevented disability claim or welfare case by keeping a person healthy and working is a financial win for Minnesota.

SMHC's Long COVID Program: A Lifeline for an At-Risk Community

St. Mary's Health Clinics (SMHC) is a network of community clinics providing **free medical care to low-income, uninsured families and individuals**. SMHC's patients are primarily Spanish-speaking immigrants who often fall through the cracks of traditional insurance and healthcare. Recognizing the severe impact of Long COVID on this community, MDH awarded SMHC a **$443,700 Long COVID grant** (part of the MDH Long COVID Program). This grant currently supports specialized Long COVID care for approximately **150 patients** at SMHC.

With this funding, **SMHC has built a targeted Long COVID program** that provides:

- **Physical therapy and rehabilitation** services to help patients regain strength, lung capacity, and functionality post-COVID. Many Long COVID sufferers have chronic pain, fatigue, or mobility issues - **ongoing physical therapy is critical** to prevent these from becoming permanent disabilities.
- **Mental health support** (counseling, support groups, etc.) to address Long COVID's psychological toll. Depression, anxiety, and cognitive "brain fog" are common, and SMHC's program ensures patients get the mental health care needed to cope and remain productive. *(Notably, SMHC even secured a Spanish-speaking therapist through grant funds to serve their patients' cultural and language needs.)*
- **Culturally appropriate education and case management via Community Health Workers (CHWs).** SMHC's bilingual CHWs educate patients and families about Long COVID, treatment adherence, nutrition, and self-management strategies. They provide navigation support - helping patients coordinate referrals (e.g. to specialists) and access resources like rental assistance or vocational rehab if needed. This **trusted, community-based outreach** improves compliance and outcomes in a population that might otherwise distrust or misunderstand the healthcare system.

For just $443,700, Minnesota has enabled SMHC to deliver this comprehensive care to 150 high-need individuals. That's roughly **$2,950 per patient** for an entire year of specialized services - an incredibly cost-effective investment when you consider that even a single ER visit or hospital stay avoided can save over $1,000-$5,000 at a time.

In economic terms, keeping one person with Long COVID working and off disability could return far more than $3,000 in taxes and productivity. **The MDH grant is leveraging existing community infrastructure (SMHC's clinics and volunteers) to create outsized value.**

The Downstream Costs of Defunding

Eliminating the MDH Long COVID Program - and with it, SMHC's Long COVID grant - would **immediately halt all these services**. The 150 patients currently in SMHC's program would lose their specialized care and support. The ripple effects of this **loss of care access** will be felt in multiple costly ways:

- **Worsening Health Outcomes:** Without physical therapy and ongoing medical oversight, Long COVID patients are likely to deteriorate. Symptoms like chronic fatigue, breathing difficulties, and cardiac issues can worsen without therapy or proper management. Minor issues can evolve into **major chronic conditions** - for instance, untreated breathing problems may progress to serious cardio-pulmonary complications or uncontrolled blood pressure. Each worsening condition will ultimately require more intensive (and expensive) medical intervention down the line.
- **Increased Emergency and Hospital Utilization:** Patients who no longer have CHWs checking in or clinics managing their care will have no option but to show up at emergency rooms when their symptoms flare up or become unmanageable. As noted, Long COVID patients already have high ER usage; cutting off their dedicated outpatient care will **guarantee even more frequent ER visits and hospitalizations**. This means higher immediate costs. A single avoidable hospitalization (which can cost **$10,000-$20,000 or more** for a multi-day stay) would wipe out any "savings" from denying an outpatient service that costs a few thousand per patient annually. Minnesota's healthcare system will pay the price through increased uncompensated care and strain on hospital capacity.
- **Lost Workforce Participation:** Many of SMHC's Long COVID patients are working-age adults in jobs that do not offer health insurance (service industries, manual labor, agriculture, etc.). SMHC's program has been **keeping them as healthy as possible so they can continue working and supporting their families.** If this support is removed, we can expect more of these individuals to **reduce their hours or drop out of the workforce entirely due to illness**. For Minnesota businesses, that means a loss of reliable labor. For the state, it means fewer people earning wages and paying taxes. It may also mean employers face higher costs (overtime, training new workers) to fill gaps. In a tight labor market, **Long COVID-related attrition is an expense Minnesota can ill afford**. The New York State Insurance Fund recently highlighted Long COVID as an "underappreciated reason" for labor shortages and unfilled jobs. Cutting the program would exacerbate this hidden drain on our economy.
- **Greater Public Program Costs:** Workers who can't stay employed will likely seek assistance. Minnesota could see higher enrollment in programs like

Medicaid (for healthcare), MinnesotaCare, or other subsidized insurance if formerly uninsured individuals become eligible due to disability or low income. County social services might see more demand for food support (SNAP), housing assistance, or job retraining programs. In the worst cases, some individuals could become permanently disabled - meaning they might draw on Social Security Disability or Minnesota's General Assistance program for years to come. The **state has already invested in helping these folks manage their health proactively; to pull back now risks turning productive community members into long-term dependents of state-supported programs.** That shift represents a significant net cost increase over time.

Abandoning a High-Need, Underrepresented Group

Cutting the Long COVID Program doesn't just crunch numbers - it also means **turning our backs on an underrepresented community** that was disproportionately impacted by the pandemic. SMHC's patients - largely Latino immigrants - were among the frontline workers who kept our economy running during COVID-19 (often in agriculture, food service, cleaning, and caregiving jobs). They also suffered **higher rates of COVID infection and adverse outcomes** due to socio-economic disparities. **Latino communities have been documented as the population *most affected* by Long COVID nationally, yet also "massively untreated and underdiagnosed"**. In other words, the very group that bore the brunt of the pandemic is now at risk of being left behind in the aftermath.

By defunding Minnesota's Long COVID initiative, **we would be abandoning these communities just as they need us most**. The $443,700 invested in SMHC built culturally tailored services and trust within this community. That infrastructure - bilingual health workers, connections with patients, knowledge about Long COVID in an immigrant context - is a valuable asset. If we pull funding, that infrastructure falls apart. It would **waste the prior investment** Minnesota made in training CHWs and establishing partnerships. (Not to mention the sunk costs of developing educational materials and clinical protocols for Long COVID care in this population.) Rebuilding such community-specific capacity later would cost more and take years, whereas it exists today and is yielding results.

There is also an ethical and public health justice issue at stake. Minnesota has prided itself on addressing health disparities. The MDH Long COVID Program was specifically created to **target resources to communities hit hardest by COVID-19 - including rural residents, low-income families, and communities of color**. SMHC's grant is a prime example of this equity focus, directing funds to uninsured immigrant patients who otherwise have little access. **Cutting this funding now would reverse that progress and deepen inequities.** It sends a message that certain Minnesotans' suffering is an acceptable trade-off for budget savings. That is not a message consistent with our values or with smart policy. In the end, the health of any one community impacts the health (and costs) of the whole state.

Conclusion: Preserving Funding to Save Costs and Lives

Eliminating the MDH Long COVID Program - and by extension, defunding SMHC's Long COVID services - is **penny wise and pound foolish**. **Every dollar "saved" today by cutting this program will return multiplied dollars in future costs** - through higher emergency care expenditures, lost economic output, and greater public assistance burdens. On the other hand, maintaining this modest investment of $443,700 yields direct savings by preventing expensive health crises and keeping people productive. It also honors the investment already made in community-based solutions and upholds Minnesota's commitment to caring for all residents, including those most marginalized.

For Minnesota legislators, the fiscally responsible and morally right choice is clear: **preserve funding for the MDH Long COVID Program and St. Mary's Health Clinics' vital work.** Doing so will protect our state's workforce, prevent avoidable healthcare costs, and continue the efficient community-centered response to Long COVID that is already in motion. In the long run, supporting Long COVID care is not an expense but an **investment in Minnesota's economic health and the well-being of our communities**. Let's not abandon our long-haulers - or the financial prudence - by cutting off this critical program.

References (Bibliography)

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2. Soucheray, S. *"Analysis shows significant financial burden of long COVID in US." CIDRAP News* (University of Minnesota), Nov. 2023. **(Modeling study estimating $5,000-$11,000 annual cost per Long COVID patient; ~95% from lost productivity.)**.
3. Quinlan, C. *"Long COVID is hurting business; workplace accommodations could help." Minnesota Reformer*, Apr. 17, 2023. **(Harvard economist's updated $3.7 trillion US cost estimate; Long COVID patients work 50% fewer hours and earn 18% less on average.)**.
4. Florida Phoenix (States Newsroom). *"Senators urge better access to disability payments for Long COVID patients."* Aug. 9, 2024. **(Study: COVID reduced U.S. labor force by ~500,000; average $9,000 lost earnings per worker; 25% of long-haulers report impact on employment.)**.
5. Wengenroth, L. et al. *"Healthcare Resource Utilization and Direct Medical Costs Associated with Long COVID: Findings from a Literature Review." Journal of Managed Care & Specialty Pharmacy*, 2023. **(Long COVID patients had ~2x higher ER visit rates than controls over 15 months.)**.

6. CBS News. *“The most expensive states for ER visits, ranked.”* May 2023. **(Minnesota hospitals charge an average of $1,462 for a moderate-severity ER visit.)**.
7. Minnesota Medical Association - *St. Mary’s Health Clinics Profile.* **“SMHC provides free medical care…to low-income, uninsured families not eligible for government programs.”** (SMHC mission statement).
8. Navarro, L. *“What recovery? Long COVID’s deep impact on Latinos.” palabra.* (NAHJ) via The Sick Times, Jan. 16, 2024. **(Latinos are the population hardest hit by long COVID, yet remain underdiagnosed and untreated.)**.
9. Health Equity Northland. *“Long COVID - Program Summary.”* (healthequitynorthland.org, 2023). **(In 2023 Minnesota began funding MDH’s Long COVID program to partner with community organizations serving those most impacted, improving access to care.)**.

Southwestern Minnesota Opportunity Council, Inc.

SMOC Family Planning
909 4th Avenue
Worthington, MN 56187

Telephone: 800-658-2444
Fax: 507-372-4214
TTY: 507-372-7279

"Strengthening our communities through opportunities and service"

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
5th Floor, Centennial Office Building
Saint Paul, MN 55155

Representative Jeff Backer
Co-Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. SMOC Family Planning has been a recipient of this grant since 2009 and this funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STI, HIV, and cervical cancer. This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.

As a result of the SRHS funding, SMOC Family Planning has been able to offer several additional services, including:

- **Increase our outreach event participation during 2024, attending 33 events, reaching over 1,000 persons. This includes STI testing events at our 7 rural colleges. We again, have several STI testing events scheduled for 2025.**

Southwestern Minnesota Opportunity Council, Inc.

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"Strengthening our communities through opportunities and service"

- **We were able to provide counseling services to over 590 people, making over 150 referrals for other medical or mental health care. Over 160 of these were new patients.**
- **We were able to hire 2 part time Nurse Practitioner's and contract with 1 additional clinic to help provide these services in 2024. We have added 1 full-time NP in 2025 to help with this need and see patients in a timely manner.**
- **We continue to see persons regardless of insurance, as we have a sliding fee scale for persons not eligible for State programs and/or under/uninsured.**

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. In fact, SMOC Family Planning is one of thirty-four SRHS grantees located in every corner of our state. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,

Shari Dean, Director Health Services

Shari Dean, RN BSN PHN
Health Services Director
SMOC Family Planning, Reproductive Health Services and STI Clinics
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Phone: 507-295-4529 | Cell: 507.804.1983 | Fax: 1.507.372.4214

"Strengthening our communities through opportunities and service."

Advocates for Reproductive Education

May 7, 2025

Representative Robert Bierman
Co-Chair, Health Finance and Policy Committee
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Saint Paul, MN 55155

Representative Jeff Backer
Chair, Health Finance and Policy Committee
2nd Floor, Centennial Office Building
Saint Paul, MN 55155

Co-Chair Bierman and Co-Chair Backer,

I am writing to express my great opposition to the $1 million cut to the Sexual and Reproductive Health Services (SRHS) grant in HF2435, the Health budget bill. WeARE (Advocates for Reproductive Education) has been a recipient of this grant since 2018, and the funding is critical to ensure our patients have access to family planning services like contraceptives counseling, screening, and testing for sexually transmitted infections, and referrals for other medical or mental health care regardless of their insurance status.

Funding for family planning, through the SRHS grant, saves taxpayer money by decreasing teen and unwanted pregnancy rates and reducing the rates of STIs, HIV, and cervical cancer. **This is equivalent to an estimated taxpayer savings of $7 for every public dollar spent.**

At WeARE–The Clinic in Brainerd, MN, the impact of this funding is both tangible and transformative. The expanded SRHS funding supports a large portion of our clinical staff time, allowing us to meet growing community needs while providing uncompensated care to patients who require confidentiality or face financial and insurance-related barriers. This support has enabled us to serve more individuals, reduce administrative burdens related to reimbursement, and streamline operations. It has also allowed us to strengthen our organizational capacity, enhancing workflow efficiency, developing staff training models, and expanding community outreach and education. With this funding, we are better equipped to promote health and well-being for all in our community, at a pivotal moment for both our organization and the nation.

Minnesota is fortunate to have many high-quality community clinics that serve underserved populations because of the SRHS grant. Cutting the funding to this grant program does a disservice to Minnesotans who rely on our clinic and clinics like ours all across the state to receive care. Please do not support cutting this grant.

Sincerely,

Becky Twamley RPh, MPS

Executive Director

WeARE-The Clinic