



May 6, 2021

Senator Michelle Benson
Senator Jim Abeler
Senator Mark Koran
Senator Paul Utke
Senator John Hoffman

Representative Tina Liebling
Representative Jennifer Schultz
Representative Aisha Gomez
Representative Dave Pinto
Representative Joe Schomacker

RE: Public Health Provisions in the HHS Omnibus Budget Bill

Dear HHS Conference Committee Members:

The Association of Minnesota Counties and the Local Public Health Association of Minnesota appreciates your continued support of local public health departments throughout our state who are fulfilling core, state-mandated services that protect and promote the health of all Minnesotans. As you meet in conference, we would like to highlight several items pertinent to the HHS omnibus budget bills that would significantly impact the ability of local public health departments to serve your communities and address local public health priorities:

- **Local Public Health Grant Funding**

The Local Public Health Grant is our state's main investment in our local public health system. It supports core functions of government mandated by state statute to local public health. It provides flexible funding to all community health boards and tribal nations and gives local leaders control to put dollars where they are needed most. Past funding cuts and emerging threats—e.g. substance use disorder, an increasing mental health crisis, infectious disease outbreaks such as COVID-19—have pushed our public health system to a breaking point, threatening the health and safety of our communities and placing increasing burden on local tax levies.

Thank you to both bodies for significant increased investment in the grant. This funding is key to restore capacity to local public health agencies to meet state mandates, address local priorities like those noted above, and relieve local tax levies.

- **Statewide Health Improvement Partnership (SHIP)**

SHIP strives to reduce health care costs and chronic disease rates by creating opportunities for Minnesotans of all ages to focus on healthy eating, physical activity, tobacco-free living, and wellbeing. This funding supports local public health and community partners in all 87 counties and 10 tribal nations. In 2020, a total of 2,354 local community partner sites were engaged in this work across worksites, businesses, farms, schools, senior organizations, regional planners, health care clinics, and more. **We prefer the House approach** to continue stable funding for SHIP.

- **Local Public Health Equity Outreach**

We appreciate the inclusion of equity-focused funding for building public health infrastructure at the state and local levels in the House bill. This funding will be crucial for response to the current COVID-19 pandemic and help us prepare for response to future public health emergencies, reach underserved communities, and address health disparities. COVID-19 has laid bare the need for strong public health infrastructure at the local level and we seek additional clarity on how this funding will be distributed between the state and local level and ask that at least half be dedicated to support local public health infrastructure.

- **Child and Teen Check-ups (C&TC)**

Local public health and tribal nations are contracted to provide administrative services for the C&TC program which includes outreach about the importance of well-child checkups, assisting families with scheduling medical and dental appointments, and arranging transportation and interpreter services. Our local public health agencies regularly go beyond that assistance with other areas that include social determinants of health such as support with housing, food access, and energy assistance. This is also coordinated with other local programs including WIC, Head Start, schools, managed care, immunization services, family home visiting, and other social service programs.

The House proposal calls for redesigning outreach for C&TC. It would shift responsibility for outreach of 50% of kids on Medicaid or Medicare to Integrated Health Partnerships (IHPs). This proposed change will impact the services Minnesota families receive and will likely result in layoffs of staff in our local health departments. **We prefer the Senate approach to exclude this proposal.** We believe that shifting critical outreach efforts away from locally based public health agencies and tribal nation staff to IHPs will negatively impact our clients and residents along with reducing the unique and locally-reflected services they receive.

- **Medical Assistance Coverage for the Treatment and Prevention of Asthma**

We appreciate the House provision that allows for Medical Assistance coverage for asthma services for children including coverage for in-home visits and products that reduce asthma triggers. This will allow local public health departments to work with families to create healthy environments for young people and reduce illness, missed school days, and healthcare costs.

- **Family Home Visiting**

Family home visiting is a voluntary, home-based program that supports new parents and their babies in their social, emotional, health and parenting needs. The first years of a child's life are particularly crucial to their long-term development. Family home visits are an effective way to prevent child maltreatment, promote healthy childhood development and foster self-sufficient families—all of which help to reduce health care and other public program costs. **We support the House language** to maintain level funding for the state's Nurse Family Partnership program and increase funding to our state's family home visiting program by \$10 million over the biennium. Increased investment will allow local public health and community organizations to serve more families in need.

- **Other Prevention Programming**

Thank you for the inclusion of various prevention-related provisions in both the House and Senate bills that provide for expanded access to telemedicine, expanded postpartum Medical Assistance coverage, and expanded Medical Assistance dental coverage.

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 adequate, stable and flexible funding. We ask for your support of these critical sources of public health funding and look forward to continuing to work with you to advance prevention strategies that promote the public's health.

Sincerely,



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cc: Bailey Strand; Patrick McQuillan