

March 29, 2023

Re: HF2930

Chair Liebling and Members of the House Health Finance and Policy Committee,

Thank you for the opportunity to share our comments on HF2930. The Minnesota Social Service Association (MSSA) is made up of over 4,000 health and human service professionals statewide. Our members cover the health and human service spectrum—mental health providers, social workers, case managers, etc.—and are employed by for-profit and nonprofit entities, as well as state and local government agencies. We are grateful for vast provisions included in HF2930 to transform health and health care. Below are the provisions we are grateful for and those we urge you to include in your final bill:

**Human Services Provider Safety**

We are thankful for the provision to include HF1494 in HF2930. HF1494 would provide grants to human services organizations to invest in workplace safety measures. Grants would be used, at an agency's discretion, to pay for safety equipment; systems to track, monitor, and prevent violence; training; support; and follow-up services. The grant will also help collect data to determine meaningful future policy changes. This provision will help address a critical component of HHS provider burnout and the workforce shortage by providing human services agencies with the resources they need to ensure the safety of their employees.

However, while we are grateful for the inclusion of HF1494, because it was combined with HF2749, we humbly request \$20M in FY24 and \$20M in FY25 to account for the calculated need in both health care and human services industries. Due to the combination of these proposals, we anticipate a forthcoming proposed amendment to address Minnesota Department of Health implementation, as settings will vary widely across health care and human services.

**Continuous Medical Assistance (MA) Eligibility**

We are thankful for the included provision to provide continuous MA eligibility for children. This will help ensure young children who are enrolled in Medicaid have uninterrupted continuous coverage from the time they are first determined eligible until age six. Consistent access to medical care and check-ups improves children's health outcomes, supports school readiness, supports health equity, and lowers administrative burdens on families. Continuous coverage will help children be prepared for all future physical, mental, and emotional learning. It will also reduce churn—the temporary loss of Medicaid coverage in which enrollees disenroll and then re-enroll within a short period of time—and allow for more predictable access to care, facilitating early screenings and early interventions that improve health outcomes.

However, we kindly request continuous eligibility for all MA enrollees. Continuous eligibility for all strengthens the benefit to children through continuity of family coverage, offers an off-ramp to adults transitioning to better paying jobs, and stabilizes access to mental health care and critical medications for vulnerable adults. Continuous eligibility is also an important health equity policy. A report from federal HHS projected that people of color and children will be more likely to lose Medicaid coverage for procedural reasons when the continuous coverage protection ends.

Thank you again for the opportunity to share our support on behalf of our members and the clients they serve. Please reach out to us with questions, comments, or concerns at [msancartier@mnssa.org](mailto:msancartier@mnssa.org).

Sincerely,

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