



April 6, 2021

RE: House Health Omnibus Budget Bill

Dear Chair Liebling and Members of the Committee:

The Local Public Health Association of Minnesota (LPHA) 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, particularly during the COVID-19 pandemic. LPHA would like to highlight several items critical to the HHS omnibus budget bill that would impact the ability of local public health departments to serve their communities and address local public health priorities:

- **Local Public Health Grant Funding**

Thank you for including a significant increased investment in Minnesota's local public health system. The Local Public Health Grant is the state's main investment in our local public health system. It supports core functions of government mandated by state statute to local public health, 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. COVID-19, infectious disease threats, substance use disorder, an increasing mental health crisis—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.

- **Local Public Health Equity Outreach**

LPHA appreciates the inclusion of funding for building public health infrastructure at the state and local levels. 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 LPHA seeks additional clarity on how this funding will be distributed between the state and local level.

- **Child & Teen Check-up**

LPHA is concerned about the inclusion of the provision related to early and periodic screening, diagnosis, and treatment services, otherwise known as Child & Teen Checkup (C&TC). The proposed change would shift responsibility for outreach of 50% of kids on Medicaid or Medicare to Integrated Health Partnerships (IHPs). We believe this proposal will negatively impact our clients and residents along with reducing the unique and locally reflected services they receive. It will also likely result in layoffs of staff in our local public health departments.

- **Statewide Health Improvement Partnership**

LPHA appreciates your ongoing support for the Statewide Health Improvement Partnership (SHIP). SHIP strives to reduce health care costs and chronic disease rates by creating more opportunities for Minnesotans of all ages to focus on healthy eating, physical activity, tobacco-free living, and wellbeing. SHIP has empowered local health departments and

community organizations to respond to COVID-19 by helping get food to people in need, working with schools, and supporting mental wellbeing when people are socially distanced. In 2020, this critical funding supported the work of 2,354 local community partner sites in all 87 counties and 10 tribal nations.

- **Tobacco Prevention**

LPHA appreciates the support of funding for tobacco cessation services and prevention. This funding is crucial to helping people quit and preventing another generation of youth from suffering long-term health consequences related to tobacco use and vaping.

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

LPHA appreciates the inclusion of the provision allowing for Medical Assistance (MA) 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 time in school, and healthcare costs.

- **Additional Provisions Prevention Provisions**

LPHA supports the inclusion of various prevention-related provisions in your bill including additional investment in our state's family home visiting programs ensuring new parents and babies get a healthy start. Further, we appreciate the provisions that expand access to telemedicine for Minnesota; allow MA adult dental coverage for nonsurgical treatment for periodontal disease; expand postpartum MA coverage to 180 days; and, permit the commissioner of health to conduct maternal morbidity studies to reduce the numbers of preventable adverse maternal outcomes in Minnesota.

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. Thank you for your continued support of these critical sources of public health funding and we look forward to continuing to work with you to advance prevention strategies that promote the public's health.

Sincerely,



Kari Oldfield, Director
Local Public Health Association of Minnesota
koldfield@mncounties.org
(651) 789-4354

