

March 28, 2023

Representative Tina Liebling
Chair of the Committee on Health Finance and Policy

Re: HF 2930, as amended—Liebling: Department of Health entities funding provided; methods to reduce health care organization, group purchaser, and low-value care spending identified; advisory councils, committees, and grant programs established; lead testing and service line requirements modified; COVID-19 programs established; and money appropriated.

Dear Chair Liebling and Members,

The City of Minneapolis is submitting this written testimony regarding HF 2930, as amended. While we are supportive of many provisions in this bill, we have some concerns about funding and items that are not included:

- **Public Health Systems Transformation:** \$15 million for grants to local public health departments for 2024-25 and a reduction to \$8 million starting 2026-27. **We are grateful for this proposal but know that the needs of our health department are much greater and support the Local Public Health Association's request of \$45 million statewide.** In addition, we view Community Health Workers as part of the public health infrastructure and are concerned that funding to the Community Health Worker Alliance was not included.
- \$8.4 million for **Emergency Preparedness (EP) funding** for local public health departments and tribal governments. Thank you for including this provision in the bill as Federal funds provide the only stable support for the Minneapolis Health Department. We have been in constant response mode since 2018 (encampments, Drake Hotel fire, COVID) and federal funds alone are insufficient to cover staff or community EP expenses.
- **School Based Health Clinics:** \$1.4 million in 2024 increasing to \$2.9 million in 2027—thank you for including this in the bill. Minneapolis operates eight high school-based clinics and provides integrated medical, mental health and health education services. This funding would help replace federal funds slated to end May 2023.
- Thank you for including \$2.7 million for **Grants for Peer Led Adolescent Mental Health Promotion** as mental wellbeing needs of young people are increasing.
- **Elevated Blood Lead Level (EBL):** we support reducing the EBL from 10 mg/ug to 3.5 mg/ug and have been intervening at 5 mg/ug for some time. We don't receive any state funding for this activity and know that intervening at 3.5 mg/ug will cost the Minneapolis Health Department at least \$220,000 per year and an estimated \$612,000 for property owners. **We are requesting that state funding for local public health be added to this bill.**
- **Targeted Home Visiting:** Thank you for including an additional \$5 million in ongoing funds in addition to matching the \$30 million in the Governor's budget to support home visit for pregnant and parenting families. About 40% of Minneapolis births are covered by Medical

Assistance yet less than 10% of families are served by home visiting. Home visiting has been shown to improve parent and child well-being through the reduction of adverse childhood experiences.

- Thank you for including over \$19 million/per the biennium through 2027 for **Comprehensive Overdose and Morbidity Prevention** so that unsheltered and culturally diverse persons have access to prevention and supportive services.
- We are grateful that the **MNCare Inclusion Act** has been included since the only health care coverage that undocumented persons have is through Emergency Medical Assistance which does not allow for sufficient inpatient hospital care, primary and preventative care. Lack of coverage exacerbates health disparities and can result in death or disability.
- **Supporting long COVID survivors:** Thank you for including \$3.1 million to provide guidance and tools for providers and patients suffering with the long-term impacts of the pandemic but funding will be needed beyond 2024-26.
- We are concerned that policy language to reinstate the **Fetal and Infant Mortality Case Review Committee and funding** wasn't included in this bill. In Minneapolis, there are significant disparities by race/ethnicity in that Black and American Indian babies are 3 and 4 times more likely to die than white babies.
- Lastly, \$7.5 million to promote local planning for **Climate Resiliency** was not included which will impact our ability to implement our climate equity plan.

Sincerely,



Damon Chaplin
Commissioner of Health
City of Minneapolis