



May 2, 2023

Dear Chair Liebling, Chair Wiklund, and Members of the Conference Committee,

Minnesota's Prenatal to Three Coalition (PN-3) writes in support of establishing and fully funding the programs that support Minnesota's families. Thank you for prioritizing infants and young children in this bill, this legislature's historic investment will help all families have a strong start in life, regardless of income level. Please join us in supporting a robust investment in families to ensure more children have access to the early childhood care and learning programs they need to be successful in school and in life.

Family, Friend, and Neighbor Grant Program

- We advocate for ongoing funding, as appropriated by the Senate, to allow for the Family, Friends, and Neighbors providing child care to continue learning culturally appropriate care strategies to improve the safety, growth and development of the infants and toddlers they care for.
- Family Friend and Neighbor (FFN) care grants allows for care providers to access culturally appropriate training, resources, and support networks to increase their understanding and ability to create interactive and stimulating developmental experiences for the infants and toddlers they care for.

Community Solutions for Health Child Development Grant Program

- We are pleased to see this program receive support from both chambers and advocate for increased funding as appropriated by the Senate
- Allowing communities of color, and those experiencing geographic inequities, the opportunity and the resources to identify maternal and child health challenges impacting their respective community allows for locally driven solutions that address maternal and child health inequities.

Home Visiting

- Expanding funding for family home visiting programs, as appropriated in SF 2995, will help improve maternal and child outcomes, address the mental health needs of both parents and their children whilst providing housing, food, and employment support.
- We are particularly pleased to see funding in both the House and the Senate that will target priority populations that aren't currently served through family home visiting programs.

Continuous Eligibility for Medical Assistance

- Children represent the largest population on Medicaid, we believe providing 12-month eligibility through age six years of age and annually for children and youth under age 19 will help ensure children and their families will address health needs early.
- These changes will also help families plan for their health needs and avoid being dropped due to "funding cliffs", which keep families from accepting seasonal bonuses, small raises, and unnecessarily for administrative errors.

Healthy Beginnings, Healthy Families

- Expanding the Healthy Start Act to county jails improves the health outcomes of justice involved families and helps stabilize and improves parent-child attachment.
- Ongoing funding, as included in SF 2995, will allow parents to parent and foster stronger parent-child attachment needed for the healthy development of young children.

Maternal and Child Health Equity

- Doulas play a significant role in reducing health care costs and related to cesarean and preterm births, but many doulas are inhibited from serving Medicaid patients due to that incredible low reimbursement rates and overcomplicated billing process. SF 2995 addresses both of these concerns.
 - The Senate's position to increase reimbursement rates for doulas allows for Medicaid eligible families to access services that ordinarily cost more than twice the current maximum Medicaid reimbursement rate.
 - We are pleased to see the elimination of the doula NPI number, which allows doulas to bill Medicaid directly, is supported by both the House and Senate.
- We also believe the healthy development of babies' program (the African American Babies Coalition & Projects) and the establishment of the Task Force on Pregnancy Health & SUD will reduce health inequities for birthing people and their children.

Children's Mental Health Supports

- We support increased access to infant and early childhood services. These programs and resources help families mitigate mental health challenges for our youngest children and provide those working with families and young children with the skills and tools to provide ongoing support.
- We suggest shifting Senate funding from early childhood mental health consultation services to direct care and services for children under age five years
- We support the policy language in the House that would allow families to begin mental health services whilst their child undergoes the consultation process.
 - Implementation of ICD-10 codes V and Z for services to be delivered prior to the arrival of diagnosis (important for 0–5-year-old children and communities reluctant to seek MH care)
 - Allowing use of brief Diagnostic Assessment for children under age 6 (affords more time to complete extensive assessment while delivering care to child/family)

Help Me Connect

- Investing in the coordination between federal, state, and local health agencies will help parents and families navigate the early childhood health care system and connect with the programs and resources needed to address health disparities that disproportionately impact communities of color.
- We support the Senate's position to appropriate ongoing funding for this statewide program in order to support the maintenance and further innovation of this interface.

988 Suicide and Crisis Lifeline

- Expanding the capacity of Minnesota's crisis response is critical to meet the mental health needs of our communities and will promote resilience by increasing access to immediate care and mental health support. We support the alike provisions in the House and Senate to continue funding this important resource.

Thank you,

Deb Fitzpatrick,
Children's Defense Funds-MN,
Co-Chair

Nancy Jost,
West Central Initiative,
Co-Chair

Laura LaCroix-Dalluhn,
MN Prenatal to Three (PN-3) Coalition,
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