



March 29, 2023

Representative Tina Liebling  
House of Representatives  
477 State Office Building  
St. Paul, MN 55155

**RE: HF 2930 Health Omnibus bill**

Dear Chair Liebling,

On behalf of Hennepin Healthcare, I write in support of several legislative proposals that will help protect, maintain, and improve the health of the many Minnesotans we serve, including various provisions in the Department of Human Services' (DHS) budget proposal. Increasing access to health care for Minnesotans will improve the health of our communities. We support the following proposals included in your Omnibus bill:

### **Increasing Access to Healthcare through Capacity and Workforce Investment**

We must invest in proposals to increase both capacity and workforce to support individuals to discharge from the hospital into appropriate community settings that can better meet their needs.

- **Recuperative Care for people who are unhoused** (SF1951/HF 2081) should be paid for by Medicaid so health systems and housing providers can establish the infrastructure needed to care for people who are unhoused after an acute or post-acute health care incident, preventing hospitalization and pivoting to longer term housing.
- Restoration of matching funds for the **Medical Education and Research Costs (MERC) is not a new appropriation**, please include study group language to allow stakeholders to work with DHS and MDH to seek new options to maximize federal funding for health care education and ensure consistent funding for clinical training sites into the future. Additionally, new investments are appreciated in **expanded primary care rural training** and **mental health grants for health care professionals**.
- Support the **education and training of professionals providing mental health or substance use disorder treatment services, and provide loan forgiveness and professional scholarship grants** (SF 1679/HF 1436).
- Prevention of violence in health care is one of the best ways we can recruit and retain staff. **Health care worker safety grant** funding for providers will protect our health care workers.
- Our safety-net health system serves patients statewide - Our **Medical Resource Control Centers (MRCC)** are major state assets used as "flight control centers" for local, regional, and state EMS agencies. The **Minnesota Poison Center**, which is housed in our hospital, assists families and Minnesotans across the state with managing and preventing poisoning or overdose incidents.

### **Improving Health Care Disparities**

The patient population Hennepin Healthcare serves largely includes people on public programs and those disproportionately impacted by healthcare disparities. Minnesota faces some of the biggest health disparities in the nation.

- Expanding coverage options by making **MinnesotaCare available to undocumented noncitizens and continuous eligibility for children**.
- Removing the requirement of supervision by a licensed provider for doula services in MHCP, increasing access to services that help reduce maternal and infant health disparities.

- **Investing in oral health** for individuals enrolled in MHCP, including **reinstating the adult dental benefit** and establishing a **dental home pilot project**.
- Extended authority for the use of **audio-only telehealth** in MHCP.
- We support investments to address gaps in health care screening and management in communities disproportionately impacted by COVID -19 through data collection and analysis by the **Minnesota Electronic Health Record Consortium**.
- The Governor's recommendation for investments to expand the **community health worker (CHW) workforce** will significantly improve health outcomes by addressing the social conditions that impact health status, called social determinants of health (SDOH).
- Increasing health care access for Minnesotans by **reducing language, accessibility, and technological barriers in public health care programs**.
- Grants to **support capacity building to advance health equity and in organizations serving diverse communities** will support our patient population and the **Emmet Louis Till victims recovery program** will support persons who have experienced trauma and their families, all key to decreasing health disparities.
- Maternal health investments are critical to reducing disparities. **Health Beginnings, Healthy Families** focus on perinatal quality and infant mortality. **Medical Assistance (MA) coverage for long-acting reversible contraceptives (LARC)**, a **rate increase for reproductive health services** in MA and MNCare, and clarification about changes related to reproductive health statute following court rulings, all support improving maternal health. The **Taskforce on Pregnancy Health and Substance Use Disorders** is necessary to ensure we are doing all we can to keep mothers and babies healthy, and establish uniform responses that are supportive and not punitive.

### **Substance Use Disorder and Mental Health Supports**

- **The Comprehensive Drug Overdose and Morbidity Prevention Act** will help provide access to critical SUD treatment and address the drug epidemic our health care providers see every day, especially the harm reduction services for people experiencing homelessness and homeless overdose prevention hubs and advancing access to **evidence-based nonnarcotic pain management services**. We recommend including funding at the same level as the Governor's proposal.
- **Adolescent Mental Health Promotion funding** for community and evidence-based, culturally informed mental health supports and programming for young people will better serve the young people that often end up in our ED due to mental health crises.
- Providing **investments and specialization in new Psychiatric Residential Treatment Facilities (PRTFs)**.
- Improving access to behavioral health services by **increasing the payment rate for Adult Day Treatment by 50%**, expanding access to **first episode psychosis teams**, and increasing investments in the **Transition to Community initiative**.
- We support the **exclusion of hypodermic syringes or needles from the definition of drug paraphernalia**.

**As the Omnibus process continues, we hope you will reconsider the following proposals for inclusion:**

- Investing in **statewide provider capacity to transition serving people with complex high-acuity support needs** from acute care settings to community-based settings through **acute premium pay and hospital avoidable days reimbursement** (SF 2885/HF 2848) to address the growing problem



of more people living in the hospital when there is not a place to go due to a lack of capacity in the community.

- **We appreciate the 4% rate bridge for mental health, however, far more significant investment is needed in children's mental health services** including residential services as more children are boarding in emergency departments and remaining in hospitals when they do not need to be there (SF 1174/HF 1198).
- **Rebasing dental rates** as included in the Governor's budget will more accurately reflect the cost of providing dental care.
- The Improving Program Integrity in Minnesota Health Care Programs proposal that **expands Minnesota's Project ECHO** program with a focus on interventions that reduce health disparities.
- We also request funding be included for **the follow-up homeless mortality study, the library telehealth pilot.**
- Increasing the **medical reimbursement rates for doula services** in Minnesota (SF 2923/HF 2846).

### Concerns included in the bill

Thank you for including language in the pharmacy carve-out proposals to protect hospitals distributing high amounts of 340B drugs from losing a significant portion of our 340B savings. **We continue to have concerns regarding the financial impact of these changes of carving pharmacy out of managed care as 340B savings are critical** to investment in services for people with housing instability, patients who frequently rely on emergency care, medication therapy management, spiritual care, and more. We encourage legislators to address the issue by paying independent pharmacies a dispensing fee equal to fee for service, and to leave the existing pharmacy program as is in managed care.

Finally, all health systems are challenged by the inability to discharge patients, which exacerbates overcrowded emergency departments and places further pressure on our teams. We sincerely request legislators focus on what we know works to improve our health systems – **increasing capacity to move people to the right setting, violence prevention efforts, mental health support for our health care workers, and recruitment and retention strategies like loan forgiveness, scholarships and pipeline programs.**

We sincerely appreciate the support you've provided in your proposal to many priority areas. We understand the difficult decisions you must make due to the many competing priorities to improve Minnesota for all of our residents.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer DeCubellis".

Jennifer DeCubellis  
Chief Executive Officer  
Hennepin Healthcare System