

May 2, 2023

The Honorable Melissa Wiklund
Chair, Senate HHS Committee
2107 Minnesota Senate Building
St. Paul, MN 55155

The Honorable Tina Liebling
Chair, House Health Finance and Policy
477 State Office Building
St. Paul, MN 55155

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

I am writing to you today to express my appreciation again for the inclusion of so many sustained investments for improving public health in your Health and Human Services Omnibus bill, SF2995. As the last few years have taught us, public health has never been more critical, and you cannot wait for a pandemic or other emergency to make investments. We also know that prevention saves money, prevention saves time, and most importantly, prevention saves lives. I greatly appreciate your efforts and want to highlight MDH priorities included in these bills.

Investing in Public Health

As you know, public health historically has been underfunded and ends up being stuck in a cycle of panic and neglect. We appreciate the sustained investments to create a public health system that works for everyone, everywhere. This includes new investments for local and tribal public health around the state, as well as new investments to maintain a strong foundation for emergency response.

While the importance of public health has never been clearer, the importance of investing in prevention cannot be overstated. We spend over 80% of our health care dollars treating chronic diseases. These are diseases that can and should be prevented. If we want to address the growing burden that health care is placing on our state budget, we should be doing what we can to keep people healthier for longer. This includes doing what we can today to address the health impacts of climate change as well, and I am very happy to see funding for climate resiliency.

Investing in Equity

We are all troubled by the “Minnesota paradox.” That is, we are one of the healthiest states to live in for White Minnesotans but also have some of the worst disparities for Indigenous Minnesotans, Black Minnesotans, and other Minnesotans of color.

Thank you for new tools that will help us address some of these troubling disparities, including the statutory establishment of the Health Equity Advisory and Leadership Council and for the Equitable Care Taskforce which I know will help our state advance bolder solutions to health disparities. Thank you as well for the new funding to continue the work of our Office of American Indian Health and the establishment of a new Office of African American Health.

I appreciate the Senate’s proposed funding for Community Health Workers, those frontline public health workers whose connection and close understanding of the communities they serve contribute to

improved health outcomes and provide support across health care, social services, elder care, public schools, and other systems. I also appreciate the House's inclusion of funding for the Comprehensive Drug Overdose and Morbidity Prevention Act—this would provide MDH with new resources to address the drug overdose epidemic, which has had a disproportionate impact on Minnesota's Tribal Nations, urban American Indians, African Americans, Minnesota's East African communities, rural Minnesotans, and people experiencing homelessness.

Community Grants

We can only be successful with strong partners to help us deliver public health strategies to improve people's lives, their families, and their communities. Important and successful grant programs like Community Solutions; the programs to revitalize the healthcare workforce; and Healthy Beginnings, Healthy Families are just a few of the grant programs that support our key partners to deliver important services to Minnesotans. However, I do want to note our concern that the House language shifts the critical funding for the 988 Suicide and Crisis Lifeline from a dedicated fund to the general fund, which could put long-term funding for this vital resource at risk.

Agency Operating Adjustment

Finally, I appreciate the inclusion of the operating adjustment for the Department to help us maintain our current service levels. This funding represents support of the talented and dedicated people we have, investments in technology, and a continuance of oversight that we want for fiscal stewardship.

Thank you all for your efforts in creating these bills and for your investment in prevention and public health in Minnesota. We stand ready to work with you during the conference committee process as a resource in assembling your final bill.

Sincerely,

A handwritten signature in black ink that reads "Brooke A. G." followed by a long horizontal flourish.

Brooke Cunningham, MD, PhD
Commissioner of Health

Cc: Sen. Kelly Morrison, Senate Health and Human Services Committee
Sen. Liz Boldon, Senate Health and Human Services Committee
Sen. Robert Kupec, Senate Health and Human Services Committee
Sen. Jim Abeler, Ranking Minority, Senate Human Services Committee
Rep. Robert Bierman, Vice Chair, House Health Finance and Policy Committee
Rep. Dave Pinto, Chair, House Children and Families Finance and Policy
Rep. Heather Keeler, Vice Chair, House Children and Families Finance and Policy
Rep. Joe Schomacker, Republican Lead, House Health Finance and Policy Committee