



*Protecting, Maintaining and Improving the Health of All  
Minnesotans*

April 9, 2019

Representative Lyndon Carlson  
Chair, Ways & Means  
479 State Office Building  
St. Paul, MN 55155

Representative Tina Liebling  
Chair, Health and Human Services Finance  
477 State Office Building  
St. Paul, MN 55155

Dear Chair Carlson & Chair Liebling,

I am writing to you today to express my appreciation for the inclusion of so many of the Administration's public health priorities in the Health and Human Services Omnibus bill. We 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 this bill.

**Vulnerable Adults**

By adopting a new licensing system that is outlined both in this bill and in HF 90, Minnesota will join the vast majority of states in providing greater regulatory oversight for a large and growing industry serving our seniors and people with disabilities. This investment in improving our regulatory system will help prevent maltreatment, lead to a stronger system of care for our loved ones, and build confidence that our loved ones are getting the quality of care and respect they deserve. I want to commend both Chair Liebling and Representative Schultz for their efforts in this area and for their commitment to fully fund the Governor's budget request to protect Minnesota's most vulnerable adults.

**Drinking Water**

Keeping our drinking water safe is a fundamental task for state and local government. Failure to do this right has huge health and financial consequences, as a number of communities around the nation have been learning so painfully. I am pleased to see the inclusion of the small, but very necessary, increase to the safe drinking water fee. This prudent investment will allow the state to remain proactive in our work to protect drinking water. It will also allow us to avoid shifting costs and technical burdens to public water suppliers, many of whom are small business owners.

**Suicide Prevention**

Suicide rates are going up in Minnesota at the same rapid pace as deaths from alcohol, opioids and other drugs, including methamphetamine. Every death from suicide is a family and community loss that could and should have been prevented. This bill builds upon a public/private partnership to expand, strengthen, sustain and support community-based suicide prevention across Minnesota, and rebuilds a

state based crisis response call system. It is my hope that with these investments we can start to turn the curve on reducing the rates of suicide across Minnesota, saving more families from pain of losing their loved ones.

### **Tobacco Cessation & Prevention**

I am so pleased to see the House making investments in tobacco prevention and cessation. Despite the progress we have made over the years, tobacco use is still the top cause of preventable disease in Minnesota. This investment in moving the statewide tobacco cessation Quitline from Clearway to MDH will allow Minnesota to continue to provide tobacco cessation counseling, nicotine replacement therapies (NRT), and cessation promotion activities to increase public awareness. I am pleased as well to see the inclusion of Tobacco 21 policies and the inclusion of e-cigarettes into the Clean Indoor Air Act. These efforts will go a long way to reduce youth access to tobacco and help to eliminate the normalization of e-cigarette use.

### **Other Prevention Strategies**

The Governor is concerned by federal policy decisions that will impact health care services for women and families in Minnesota. Family Planning and Special Projects grant funding improves health outcomes for women and children and I am pleased to see a funding increase for these activities in this bill.

The community solutions fund builds community prosperity by supporting community strengths and building upon those strengths to support healthy early child development. Communities of color and American Indian communities have requested a strategy like this for years. I am glad to see this proposal included.

### **Provider Tax and the Health Care Access Fund**

I appreciate your commitment to a key funding component of the Governor's prevention-themed budget: the elimination of the sunset provision for the Health Care Access Fund's provider tax. This funding mechanism must remain in place going forward to ensure that we have the resources needed to continue our prevention work as well as the work underway to improve health and health care access for Minnesotans.

### **Office of Medical Cannabis**

The additional funds in this bill will allow OMC to meet the growing demand for services without compromising service levels or the research and evaluation components that are the cornerstone of the program. In addition, the policy changes included in this bill will help protect patient privacy, improve patient access, and will give MDH more options for regulation and oversight of our two manufacturers. With the changes to qualifying conditions and the addition of raw cannabis as a delivery method, the program is likely to expand significantly. We would request a delayed implementation date of at least

one year on this language to ensure that both MDH and the manufacturers have time to adequately prepare for and implement these changes.

### **Public Health Lab**

I appreciate the investment this bill makes in equipment for our Public Health Laboratory, which is one of the best in the country. This new equipment will allow us to maintain lab capability and readiness to respond to outbreaks and emergencies that require laboratory services.

### **Network Adequacy and Nonprofit HMO Requirements**

Ensuring that we have provider networks that meet the needs of enrollees for timely care is critical, and we know that this is currently a significant pain point in many communities. It's also an equity issue, particularly in certain communities. The Governor's budget recognized that we need to do more to ensure that we're providing the right oversight in this area, and that the networks that are filed with us actually work for people on the ground. I appreciate the bill addressing non profit HMO asset transfers and conversions, especially in light of the fact that the current moratorium on conversions expires this July. I am pleased to see the provisions around this included in this bill and I look forward to continuing discussions on this topic.

### **Agency Operating Adjustment**

Finally, I appreciate the inclusion of the operating adjustment for the Department to help us maintain our current services as the cost of doing business rises each year.

The importance of investing in prevention cannot be overstated: We spend 80% of our health care dollar 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.

Thank you to Chair Lieblich for your efforts in creating this bill and thanks to both of you for your investment in prevention and in Minnesota.

Sincerely,



Jan K. Malcolm  
Commissioner

Cc: Representative Pat Garofalo, Representative Joe Schomacker, Representative Ryan Winkler, Representative Melissa Hortman, Representative Kurt Daudt