



March 28, 2023

RE: Comments on HF2930DE, 2023 House Health Omnibus Bill

Dear Members of the Health Finance and Policy Committee:

Thank you for your work preparing the omnibus bill. We recognize the needs in Health and Human Services area and appreciate the care and attention you have put into crafting this bill.

MNACHC represents the state's 17 federally qualified health centers or FQHCs. FQHCs provide primary medical, behavioral health, and oral health services to 200,000 Minnesotans regardless of ability to pay. For over five decades, FQHCs have tailored their services to address the social drivers of our patient's health outcomes.

There are a number of provisions in HF2930 that will **enhance FQHC patients' access care:**

MinnesotaCare Expansion: The expansion of MinnesotaCare allows all Minnesotans to access needed medical services through regular primary care at an FQHC. The expansion will reduce avoidable costs – such as emergency room visits – as Minnesotans will have coverage. This will reduce uncompensated care at FQHCs, and support better health outcomes for children and their families.

Medicaid Services Expansion: MNACHC appreciates the expansion of available services for individuals enrolled in public programs. Specifically, expanding Medicaid to include recuperative care, tobacco cessation, and the ability for patients to receive an SUD comprehensive assessments at an FQHC, will improve patient and community health.

Expansion of Dental Services: As safety net dental providers, FQHCs support the investment in oral health services so that we can better serve our patients. Thank you for restoring the adult benefit set, adding dental training programs to the health professionals clinical training expansion, establishing the Clinical Dental Education Innovation Grant, and the supporting infrastructure costs for critical access dental providers.

Continuous Eligibility: Many FQHC patients “churn” on and off Medicaid and MinnesotaCare even though they are eligible for these programs. This churn causes significant distress for patients, administrative burden on FQHC staff, and confusion in the health care system. Thank you for providing continuous eligibility for children who can achieve better health outcomes with routine and dependable primary care coverage.

Additional Investment in School Based Clinics: An additional barrier to accessing health care can be the ability of a parent to take off work to transport children to care. By expanding school-based clinics, children are able access primary care in in locations familiar to them. This investment will support positive health outcomes for all children.

MNACHC also appreciates the following provisions that will **support FQHCs:**

Thank you for including the **pharmaceutical dispensing fees** in addition to the fee-for-service pharmacy payment for FQHC pharmacy services. This payment will help financially sustain the availability of in-house pharmacy services and access at FQHCs.

We also thank you for including grants to **support workforce safety**. Safety issues at FQHCs are increasingly a concern as we ensure a safe space for patients and staff alike. The cost to keeping health centers staff and patients safe has been a significant financial strain for FQHCs.

Finally, we would like to address one item for possible expansion. Article 2 section 10, requires an implementation plan as the state removes managed care from public programs. In previous iterations of HF 693, FQHCs were eligible for a supplemental payment to support the work we are doing to address social determinants of health through enabling services.

FQHCs are currently operating in an environment where the needs of our community are profound -such as children's mental health issues, substance use disorder, and lack of access to oral health care. Health Centers spent about \$24 million on enabling services last year, these services are not reimbursed by Medicaid, and are needed by the communities we serve to address the whole person.

Any additional state support for FQHCs will be immediately invested to support our patients' needs. We would ask that you please consider including the original provisions expanding robust care coordination, patient outreach, and eligibility assistance at FQHCs as a pilot as you enter in this transition phase. A pilot can demonstrate these services' impact on some of the state's most vulnerable populations as we focus on social determinates of health and drive health equity through community lead. Services.

Thank you so much for your consideration and your continued work and dedication to this process.

Always,



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