



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

April 26, 2022

Representative Rena Moran  
Chair, Ways & Means  
449 State Office Building  
St. Paul, MN 55155

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

Dear Chair Moran & 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 House's Health and Human Services Omnibus bill (S4410DE1). I also appreciate the hard work that you, your committees, and your staff have put into creating this bill. We've learned so much during the pandemic response and we believe now is the time to strengthen the entire public health system so that all Minnesotans can expect a basic level of public health protections no matter where they live across our state. I greatly appreciate your efforts and want to highlight MDH priorities included in this bill.

**Health Care Access and Affordability**

Health care spending is rising at an unsustainable pace and labor shortages in the health care sector have been exacerbated by the COVID-19 pandemic. As such, we are pleased to see the investment in evidence-based policy solutions that address the growing costs of health care and revitalizing the health care workforce. This will help more Minnesotans afford health insurance and access health care, reducing the incidence of foregone or delayed care. Access to equitable primary care, mental health and oral health care is critically important for all residents, families and children. This investment will support our rural health care system and increase the number of rural providers and providers from under-represented communities. In addition, we appreciate the provision to enforce the federal No Surprises Act, which will protect consumers from unexpected health care costs.

**Public Health Prevention**

The lack of funding for public health prevention is a key reason for high health care costs and poor health outcomes in the United States and in Minnesota. We know that prevention saves money, prevention saves time, and most importantly, prevention saves lives. As was discussed in many committees this session, there is no safe level of lead in drinking water. We greatly appreciate the investment in a lead service line inventory and lead remediation in schools and childcare settings.

Suicide is the eighth leading cause of death in Minnesota and second leading cause of death among youth ages 10-19 and young adults ages 20-34. The 988 suicide prevention lifeline will improve access to confidential support for those experiencing a mental health crisis.

The investment in drug overdose and substance use prevention and HIV prevention for those experiencing homelessness will reduce the risk of overdose death, increase family stability, and help people seek treatments for substance use.

Lastly, about 960,000 adults and 222,000 children in Minnesota have a disability. People with disabilities are twice as likely to have a chronic condition and report a history of depression. Many health services are not disability inclusive. Community grants and funding to the Disability Hub will connect people with disabilities to person-centered care and evidence-based chronic disease prevention and management services. We also appreciate the investment in long COVID surveillance and the ability to partner with communities and populations disproportionately impacted by COVID-19.

### **Supporting Families and Children**

Minnesota is home to roughly 423,100 children under the age of six, of which about 30% are children from communities experiencing inequities. The programs you've supported create a multi-pronged, comprehensive early intervention approach to services that have a multigenerational benefit to families. Through programs like school-based health clinics and the Community Solutions grant, MDH can empower parents, caregivers, and community members to support children's development and their access to health care. We appreciate the large investment in funding for family home visiting, a voluntary service for pregnancy women and child caregivers in most need of support. Additional investment in family planning services lead to better birth outcomes and healthier children and reduce the incidence of unintended pregnancies and sexually transmitted infections. Deferred care due to COVID-19 has only increased the demand for these services.

### **Sustain Public Health Programs**

The COVID-19 pandemic showed the strong mission commitment and dedication of our public health workers, but it also highlighted the gaps in our public health system. We simply must be better prepared for future challenges. State, local, and tribal public health departments have a unique responsibility in diagnosing, preventing, and responding to a wide range of infectious diseases, chronic diseases, and environmental health threats that affect the entire community without regard to insurance status or where or whether people have access to clinical care. Communities rely on public health departments for data, guidance on protection from health threats, strategies for health improvement, and partnerships for response.

Now is the time to make the entire public health system work better for all Minnesota communities and move from a system driven by a complex mix of inconsistent and inflexible funding to one that every community can expect a basic level of public health protections.

This funding would help the public health system carry out its most basic, foundational public health responsibilities, and be better prepared for future epidemics and pandemics which global health leaders expect to occur with greater frequency.

Thank you to Chair Liebling for your efforts in creating this bill and the endless support you and your committee have provided the agency over the last two years. Thanks to both of you for your investment in prevention and in Minnesota.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan K. Malcolm". The signature is fluid and cursive, with a prominent initial "J" and "M".

Jan K. Malcolm  
Commissioner

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