March 31, 2023

Re: Support Article 13, Section 18 of the Senate Health and Human Services Omnibus Bill SF 2995, Community Solutions for Healthy Child Development Grant Program.

Dear Chair Wiklund and Members of the Committee,

At Voices for Racial Justice, we envision a world without racism that honors the culture, knowledge, power, and healing of Black, Indigenous, and communities of color. We use policy as a transformational tool to build power through collective cultural & healing strategies for racial justice across Minnesota. We deeply celebrate the Community Solutions Grant Program funding outlined **in Article 13, Section 18 of the Senate Health and Human Services Omnibus Bill SF 2995**. The inclusion of this initiative represents a meaningful policy effort in our State and a step closer to racial justice.

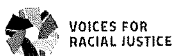
For decades, capitalism, cis-heteropatriarchy, and white supremacy have worked together to keep BIPOC communities away from policy-making spaces. These interlocking gears of oppression result in the perpetuation of policies that increment the disparities between white people and BIPOC communities. It is a fact that, as of today, our State is a paradox itself, where it is one of the best States to live in for whites while being the worst state to live in for communities of color (Professor Sam Myers). Therefore it is imperative to fund programs designed for and with BIPOC communities to break the cycle of exclusion and open the door for everyone in the state to thrive.

The Community Solutions program is crucial for us as it recognizes BIPOC communities' essential knowledge to implement successful solutions for our daily struggles. It demonstrates the importance of ALWAYS including us in any policy effort. We celebrate the consideration to allocate funding for this program as it represents an initiative that shows what's possible when we work from a place of deep love and deep care for each other, especially for the future of our state, our BIPOC children.

We strongly encourage you to support **SF 2995**. It includes a strategy that addresses inequality as well as amplifies innovative solutions that leverage community assets, are culturally relevant, and center the experiences and dignity of those most impacted by inequities. Community Solutions Grant Program represents more than money; it is also recognition that communities of color and geographically dispersed communities have invaluable knowledge and must be active and valued participants in creating solutions for their communities.

Sincerely,

Nicole Donoso (She/her)
Policy & Democracy Organizer



Minnesota Dental Infrastructure Gap:

One-Time Infrastructure Investments Are Needed Now To Meet 2024 Minnesota Legislative Dental Target

Apple Tree Dental, Children's Dental Services, Community Dental Care, HealthPartners, Hennepin Healthcare, Minnesota Association of Community Health Centers, Minnesota Dental Association, Minnesota Oral Health Coalition, Normandale Community College, Northern Dental Access Center, PrimeWest Health, Southern Heights Dental Group, and University of Minnesota School of Dentistry

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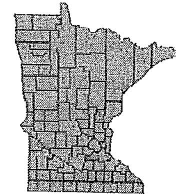
Oral Care in Minnesota

BACKGROUND

The 2021 Minnesota legislature passed historic bipartisan legislation[1], ushering in a new era of oral health for Minnesotans in need[2]. Because oral health and overall health are inextricably linked[3], immediate and ongoing work has been set in motion to remedy Minnesota's dental health inequities[4], unaddressed in over 30 years[5]. No one piece of legislation addresses the multifaced problem that includes reasonable reimbursement, adequate physical capacity, and enough workforce to deliver at least basic dental care. The 2021 Legislation began to address longstanding Minnesota **health disparities** with **patient-centered, community-centric, value-based** approaches to social determinants of health, health literacy, **and impact of oral health on overall health.**

MINNESOTANS IN NEED OF DENTAL CARE

Nearly one and a half million Minnesotans (107,943[6] in MinnesotaCare and 1,344,634 in Medicaid & CHIP[7]) from every county in the state are publicly insured[8]. The 2021 legislation sets a performance benchmark of one dental visit per year for 55% of this population. Currently state data shows that about 14% to 42% percent of those on public insurance receive that single annual dental visit (see tabular listing by county on last page). Conservatively, there is a 10% shortfall to meet the legislative benchmark. Minnesota defines **Critical Access Dental (CAD) Providers** according to Statute[9,10]. CAD providers deliver two-thirds of the publicly insured dental visits in Minnesota. They are at full capacity with long waitlists, often in the hundreds and thousands of patients. **Additional one time infrastructure investments[11] are needed to expand capacity and deliver care to about 150,000 additional Minnesotans on public insurance and bridge the nearly 10% gap.**



In 2020, in all Minnesota counties, those on public insurance, had dental visit rates below 45%. Legislative target is 55% by 2024.

LOWERING TOTAL COST OF CARE

Being seen at least once per year for **prevention measures leads to better health and lower-cost treatments.** In 2021 periodontal benefits were restored by the legislature as part of the bipartisan package. Periodontal disease has been linked to chronic health conditions[12] such as diabetes, heart disease and even dementia. Dental Disease that goes untreated too often results in toothaches and expensive trips to the Emergency Room[13,14]. Research shows that early treatment[15] results in thousands of dollars in downstream savings accrued to the state as these patients are publicly insured. Remaining treatment gaps can be addressed by **increasing the provider capacity, increasing provider participation in the network, increasing availability of timely, local dental care, and helping reduce costly emergency department usage[16]**. The Minnesota Commissioner of Human Services is tasked with measuring the effectiveness of public investments in achieving the intended legislatively designated outcomes.

Bridging Gaps in Creating Public Value for Minnesotans

While much has been accomplished, major challenges remain. Achieving the legislative target of 55% of people with a single annual dental visit requires a matching increase in the provider capacity. **Access is key to better health and lower overall spending.** For example, the commercially insured population in Minnesota, receives more frequent dental visits, despite suffering from about half the disease burden compared to publicly insured patients. In essence, **Minnesota's publicly insured population has twice the dental disease burden.**

CRITICAL ACCESS DENTAL CARE PROVIDERS

CAD providers disproportionately serve children, adults, people with disabilities and seniors on publicly insured Minnesota Health Care Programs (MHCP). CAD designation requires a dental practice to deliver at least 25% of rural and 50% of urban dental appointments. There is an equivalent of 346 FTE dentists as registered CAD providers[17]. That is about 10% of the state's practicing dentists. Though reimbursements have recently increased, they still do not cover the cost of providing care for the remaining dentists which minimizes their participation. Expanding the infrastructure of our CAD providers, Minnesota's Medicaid dental workhorses, will have a strong return on public investment to meet the legislative target.

One-Time Investment to Secure Critical Access to Dental Care

CAD providers, both in private practice and nonprofits, are on the frontlines of dental care delivery and must have the additional infrastructure and staff to deliver the increased services required to Minnesotans in need. Our proposal is neutral on the administrative structure behind the delivery of dental care. Changing administration models and administrators will not increase infrastructure and workforce shortfalls. To reach the 55% utilization target mandated by the legislature by 2024, we must address infrastructure and workforce gaps head on. Infrastructure is a "brick and mortar" issue. As we have laid out, physical capacity and workforce is fully saturated, and **lack of such resources have now become barriers to caring for our children, adults, and our elders in need.** Therefore, we offer the following recommendations for consideration.

1. One-Time General Fund Investment in Needed Infrastructure
   In order to deliver the additional services our legislature has mandated to publicly insured Minnesotans in need, we request consideration for additional one-time dental infrastructure investments to increase the state's capacity to deliver care. This includes equipment replacement and enhancement, additional mobile dental care capacity, and facility expansion. **Only by investing in the infrastructure capacity Minnesota must have, can we meet the legislative targets set.** We estimate this one-time investment at $20 million.

2. Activate Dental Workforce Expansion and Job Growth
   Expanding infrastructure is inextricably linked to a proportional workforce expansion. This leads to additional jobs. This will also stimulate employment in the ring of suppliers that support the functioning of an increased dental care delivery capacity. These jobs are private-sector and benefit-earning positions expanding the state's health care supplier sector. We estimate the investment to increase training and workforce capacity at $5 million. In a separate public policy proposal, we will describe this requirement in greater detail.

3. Set the Evaluation Metric for Reporting to the Legislature
   We cannot reliably improve what we do not measure. Therefore, we recommend that the impact of this investment be quantified and reported back by county to the legislature with data from DHS and dental providers. This way a correlation can be established between reaching the 55% utilization and the increased investment in capacity.

Summary

There is an infrastructure gap for Critical Access Dental providers to meet or exceed the **legislatively mandated 1-dental visit per year for 55% of the nearly 1.5 million Minnesotans on public insurance.** Bipartisan legislative leadership is continuing to raise the bar on fiscally responsible, effective, preventative dental care and improved access. Leadership from the Minnesota legislature, the Departments of Health and of Human Services remains vital and necessary to bridge the infrastructure gap so that CAD providers can serve our children, adults, and elders in need. **We believe Minnesota can become an inspiring model for Oral Health for the entire nation.**

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17. Helgeson M. **New Data from Minnesota Department of Health.** Presented on: June 29, 2020.

Percent Minnesota Public Insurance Patients That Visited a Dental Provider (2020 by County)

Between 14% to 40% on public insurance had 1 dental visit. The rest did not receive a single dental visit in 2020. Over 65% of the visits were provided by Critical Access Dental (CAD) Providers. CAD are often at full capacity with long waiting lists in the hundreds and thousands of patients. Without additional capacity / infrastructure, state target of 55% cannot be reached.

County	%	County	%
AITKIN	33.07	LYON	29.34
ANOKA	34.45	MAHNOMEN	34.80
BECKER	39.75	MARSHALL	26.83
BELTRAMI	33.89	MARTIN	36.26
BENTON	35.09	MCLEOD	35.49
BIG STONE	32.55	MEEKER	32.62
BLUE EARTH	32.70	MILLE LACS	29.77
BROWN	33.42	MORRISON	37.71
CARLTON	31.93	MOWER	29.80
CARVER	33.16	MURRAY	30.30
CASS	33.82	NICOLLET	31.76
CHIPPEWA	38.75	NOBLES	25.57
CHISAGO	29.31	NORMAN	35.73
CLAY	34.53	OLMSTED	36.10
CLEARWATER	36.48	OTTER TAIL	40.95
COOK	41.56	PENNINGTON	27.01
COTTONWOOD	35.05	PINE	28.49
CROW WING	33.43	PIPESTONE	14.34
DAKOTA	30.02	POLK	30.97
DODGE	33.89	POPE	39.64
DOUGLAS	41.98	RAMSEY	30.63
FARIBAULT	32.25	RED LAKE	29.25
FILLMORE	33.21	REDWOOD	30.11
FREEBORN	33.61	RENVILLE	33.15
GOODHUE	34.59	RICE	36.49
GRANT	40.40	ROCK	23.39
HENNEPIN	31.95	ROSEAU	28.77
HOUSTON	32.65	SCOTT	32.92
HUBBARD	34.70	SHERBURNE	32.29
ISANTI	29.55	SIBLEY	39.67
ITASCA	40.03	ST. LOUIS	31.54
JACKSON	28.50	STEARNS	34.97
KANABEC	35.72	STEELE	37.51
KANDIYOHI	37.68	STEVENS	37.35
KITTSON	28.08	SWIFT	33.49
KOOCHICHING	38.82	TODD	34.09
LAC QUI PARLE	39.63	TRAVERSE	35.87
LAKE	30.72	WABASHA	32.92
LAKE OF THE WOO..	31.95	WADENA	34.66
LE SUEUR	31.99	WASECA	33.17
LINCOLN	31.38	WASHINGTON	31.54
		WATONWAN	33.27
		WILKIN	34.51
		WINONA	36.17
		WRIGHT	32.78
		YELLOW MEDICINE	39.85

March 31, 2023

The Honorable Melissa Wiklund
Chair, Senate Health and Human Services Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Re: Support for palliative care language in Senate File 2995 A-2 amendment and spreadsheet

Dear Chair Wiklund and members of the Committee:

As Minnesota organizations committed to ensuring the best possible quality of life for patients facing serious illness and disease, we are writing to support the Palliative Care Advisory Council provisions in the A-2 amendment and HHS target spreadsheet to SF 2995.

Palliative care delivers better health and improved well-being for patients and caregivers while reducing the need for acute care. The inclusion of $44,000 in annual funding for the Council (pg. 35 of the HHS target sheet), the elimination of the Council's sunset date (pg. 208 of the A-2 amendment), and term adjustments for Council members (pg. 199 of the A-2 amendment) will improve the Council's ability to promote these objectives.

We are especially grateful for your committee's support for a Department of Human Services study on the fiscal, medical, and social impacts of creating a palliative care benefit for Medical Assistance and MinnesotaCare enrollees (pg. 25 of the HHS target spreadsheet). The House has yet to adopt this position in its omnibus proposal, and we hope that your language will prevail as this legislation moves toward the governor's desk.

Thank you for your time and support of palliative care. If you have any questions concerning this letter, please contact Dana Bacon, Senior Director, State Government Affairs at The Leukemia & Lymphoma Society, at 612.308.0479 or dana.bacon@lls.org.

Sincerely,

A Breath of Hope Lung Foundation
American Cancer Society Cancer Action Network
ALS Association
Alzheimer's Association
The Arc Minnesota
Children's Minnesota
Epilepsy Foundation of Minnesota
Health Care Agent Literacy Project
The Leukemia & Lymphoma Society
Mama Shu
Mayo Clinic
Minnesota Alliance for Ethical Healthcare
Minnesota Leadership Council on Aging
Minnesota Medical Association
Minnesota Network of Hospice and Palliative Care
Minnesota Ovarian Cancer Alliance
Minnesota Public Health Association
Minnesota Rural Health Association
National MS Society
MetroMN Oncology Nursing Society
Rainbow Health

March 31, 2023

The Honorable Melissa Wiklund
Chair, Senate Health and Human Services Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Re: Support for provisions in Senate File 2995 DE amendment

Dear Chair Wiklund and members of the Committee:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to comment on the DE amendment for SF 2995, which will constitute the committee's omnibus bill for the session in combination with provisions from SF 49.

LLS encourages the committee to support the following patient-friendly provisions in the bill:

1. Drug Formulary Committee composition reform (Article 1, Section 11)
   Bringing more patient voices to the table and improving public transparency in the Drug Formulary Committee's work will help the Committee make decisions that better meet the needs of the patients it serves.

2. All-payer claims data provisions (Article 1, Sections 25 to 27)
   These provisions will deliver important transparency and more comprehensive data to inform the analysis of healthcare cost trends in Minnesota.

3. Health equity programs (Article 4, Sections 14 to 19, 44, 54, and 81)
   Some groups—including but not limited to people of color, those with low incomes, people who identify as LGBTQIA and those who live in rural areas—face systemic social, economic and environmental disadvantages that can impact their care. The programs created in these bill sections will help Minnesota take overdue steps forward to address these disadvantages.

4. Coverage screening and billing protections for uninsured patients (Article 4, Sections 36 and 38)
   Screening for presumptive eligibility for charity care or health insurance will provide essential protections to patients who may be uninsured yet eligible for coverage or cost-sharing supports. Similarly, billing protections will ensure that most uninsured Minnesotans are charged favorable prices for care. Both measures will reduce the risks and burdens of uninsurance.

Office of Public Policy
10 G St NE
Suite 400
Washington, DC 20002
www.LLS.org

5. Palliative Care Advisory Council (Article 4, Sections 73 and 82, plus markup spreadsheet)
   Palliative care help patients, caregivers, and families on multiple levels. Minnesota's Palliative Care Advisory Council strives to improve access and quality in this field and will benefit from restored staff funding, the elimination of its sunset date, and a funded study of the value of a comprehensive palliative care benefit for Medical Assistance and MinnesotaCare enrollees.

LLS wishes to call your attention to one item that the omnibus bill has yet to address: fertility treatment and preservation coverage (SF 1704). LLS hopes your committee will amend SF 2995 to include the entirety of SF 1704's prescribed benefits for as many coverage markets as possible. No blood cancer patient, or parents of a young patient, should be put into a position where they must weigh the costs of fertility preservation services – needed only because of their cancer treatment – against the costs of the treatment itself.

LLS hopes your committee will support the policies outlined in our letter and welcomes the opportunity to answer any questions you might have. Thank you for considering our views.

Sincerely,

Dana Bacon
Senior Director, State Government Affairs
The Leukemia & Lymphoma Society
dana.bacon@lls.org
612.308.0479

Allina Health

March 29, 2023

Senator Melissa Wiklund
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Re: SF2995 (Wiklund) Health and Human Services omnibus bill

Dear Chair Wiklund and committee members,

On behalf of Allina Health, thank you for your ongoing efforts to pass legislation that will better the lives of Minnesotans. We are pleased to see several provisions included that will help address workforce challenges, operational support, and access to services. These include:

- **Requiring MA coverage for Recuperative Care services (Article 1, Section 22, 24)** Access to appropriate levels of care and the opportunity for patients to recuperate in a safe and supportive environment reduces the probability that a patient will readmit to the hospital and ensures access for patients who need hospital level care.
- **Requiring health plans to cover additional diagnostic services or testing after a mammogram, with no enrollee cost sharing (Article 1, Section 23, 39)** After skin cancer, breast cancer is the most common type of cancer and the second leading cause of cancer death in women. Fortunately, when breast cancer is found early, before it has had a chance to spread, the five-year survival rate is 99 percent. In order to confirm a diagnosis, patients are often advised post mammogram results they may need additional or follow up testing.
- **Increased reimbursement for mental health services (Article 1, Section 37)** Currently, Minnesota's mental health services are reimbursed at an unsustainable rate. The increased reimbursement included in this bill, specifically a 35% increase in reimbursements for behavioral health services, will help ensure access to services.
- **2-year extension for the use of audio-only communication for telehealth until July 1, 2025 (Article 2, Section 7)** Over the past few years, the ability for our patients to utilize audio-only communications when receiving telehealth services has decreased appointment cancellations and made a positive impact on the overall patient care experience. We appreciate the extension and continue to support permanently allowing audio-only telehealth.
- **Requiring health plans to cover biomarker testing (Article 2, Section 18)** Biomarker testing is a key part of precision medicine and helps connect patients to the right treatment at the right time. Lack of coverage leaves many patients without access to these potentially life-saving tests, and leaves others responsible for potentially thousands of dollars in out-of-pocket expenses.
- **Start-up and capacity-building grants for Psychiatric Residential Treatment Facilities (Article 9, Section 6)** Given the current demand for mental health services in Minnesota, there is an urgent need to expand the unique services provided in PRTFs. Improving capacity in PRTFs across the state will also help alleviate the growing discharge and patient boarding issues patients are currently experiencing. Too often, patients are forced to seek treatment in emergency departments—even if they do not need that level of care—because there are no services available elsewhere. This funding will help address these issues.

While we are supportive of the provisions listed above, we do have significant concern about several items included in the DE amendment. On an individual basis these items are concerning and when coupled together, the compounding impact on healthcare would be significant. These include:

- **Requiring the establishment of certain staffing committees, mandated nurse staffing ratios, and the denial of patients (Article 3, Section 9-24)** The unnecessary mandates in this language, and the effect they will have on hospital operations, will inevitably lead to unit closures, rising costs, longer wait times,

and the loss of vital services that communities rely on. This language will also worsen the financial crisis that hospitals and health systems are currently facing. Rising labor and supply costs and flat (or worsening) reimbursements have created unprecedented financial stress on hospitals, and the two new committees and delayed care structure introduced through this language will only add costs. Additionally, this language does nothing to guarantee or ensure that nurses will return to the profession and we urge focus on items proven to support recruitment and retention such as loan forgiveness.

- **Prohibiting and expanding notice requirements of certain health care transactions (Article 4, Section 35)** Hospitals and health systems across the state are experiencing significant challenges that threaten our ability to provide care for the communities they serve. The ability to remain flexible, responsive, and innovative is key to ensuring the future of health services in Minnesota. The excessive and burdensome requirements included in this language will negatively impact Minnesota's health care continuum.

Allina Health looks forward to continuing to work with committee members towards the best outcome possible for our patients, providers, and communities.

Sincerely,

Kristen McHenry
Director of Public Affairs
Allina Health

March 31, 2023

Minnesota Senate Health and Human Services Committee

RE: SF2995

Dear Chair Wiklund and Committee Members:

On behalf of the undersigned patient and provider organizations, we are writing to express our support for language in SF2995 **(Article 1, Sec. 21 and Article 2, Sec. 18)** to expand patient access to biomarker testing in Minnesota and improve quality of life for thousands of Minnesota patients.

Biomarker testing is the analysis of an individual's tissue, blood or other biospecimen of a biomarker. While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, neurological conditions like Alzheimer's disease, and infectious disease.

Biomarker testing is a key part of precision medicine, providing information about a patient's cancer or chronic condition. The results can help doctors choose the most effective, lifesaving treatment for an individual patient. Biomarker testing is essential to high-quality, personalized care and can be a real gamechanger for treating serious illnesses, but unfortunately, some patients cannot easily access it.

Insurance coverage has not kept pace with the speed of medical innovation, creating significant barriers to care for our most vulnerable patients. This legislation would improve **access to biomarker testing by ensuring state-regulated health insurance, including Medical Assistance and MinnesotaCare, will cover this critically important testing.**

This legislation establishes *clear guardrails* to align coverage of biomarker testing with robust and reputable sources of evidence. Tests will not meet the criteria spelled out without having clear benefit, and physicians will not order tests that won't provide useful information. Insurers are already covering much of this testing – this is about making sure *plans play by the same rules and keep up with science* so that patients get the testing they need to get the right treatment at the right time.

Biomarker testing can potentially reduce health care costs by identifying which treatments can be most effective for an individual patient. By avoiding treatments that will be ineffective or cause adverse side effects, patients can avoid unnecessary suffering and expedite cures.

The Minnesota Department of Commerce Mandate Review Report found this bill, which would level the playing field - ensuring coverage is provided for biomarker testing when it's supported by medical and scientific evidence, would result in a premium impact of $0.09 – $0.22 per member per month in the first year. This does not account for any potential cost savings from avoiding ineffective or unnecessary treatments. A Milliman Report found the average cost to insurers per biomarker test was $224 for the commercial market and $78 for Medicaid.

Not all communities in Minnesota are benefitting from the latest advancements in biomarker testing and precision medicine. Improving access to biomarker testing is key for reducing disparities in health outcomes. The research shows that people of color – and particularly Black people - are not benefitting from biomarker testing at the same rates that white people are.

Expanding access to biomarker testing will ensure more Minnesotans get the right treatment at the right time and open the door to precision medicine. Appropriate biomarker testing can help to achieve better health outcomes, improved quality of life, and reduced costs.

Thank you for including this language in your omnibus and your work to put Minnesota patients first. We look forward to supporting your efforts in the weeks ahead to ensure this language is included in any final health omnibus bill. Please reach out to Emily Myatt (emily.myatt@cancer.org) at the American Cancer Society Cancer Action Network with any questions.

Sincerely,

ADVOCATES FOR BETTER HEALTH

ABH is dedicated to creating a healthy, equitable, and thriving state by engaging physicians and medical students in community-driven public health initiatives.

March 31st, 2023

RE: Letter of Support for SF1948

Dear Chair Wiklund and Committee Members,

My name is Zeke McKinney, and I am an Occupational and Environmental Medicine physician practicing in the Twin Cities. I am writing on behalf of Advocates for Better Health (ABH), formerly the Twin Cities Medical Society. ABH is an organization that represents approximately 4,500 physicians and medical students living and working in the seven-county Twin Cities metropolitan area. I'm writing in support of SF1948, a bill to increase biomarker testing for more Minnesotans. We're glad to see that SF1948 has been included in SF2995.

Biomarker testing is an important tool in treating Minnesotans more effectively when they experience diagnoses like cancer, arthritis, and more. This in turn will increase quality of life and improve prognosis when our community members are facing serious illness and disease. Biomarker testing allows us to more precisely treat patients, ensuring they receive treatment that is more timely, and more appropriate, based on their own unique genetic makeup. It will save lives, and it will also save healthcare costs. Ensuring that biomarker testing is covered by state-regulated health insurance plans is a win for providers and patients alike.

Myself, and my colleagues, treat patients every day whose lives and treatment plans could be significantly improved by increased access to biomarker testing. Minnesota is often a nationwide leader in healthcare and increasing access to these tools helps cement our legacy and improve health for all Minnesotans.

I hope that you will support this bill—it will make a positive difference in so many lives.

Thank you for your leadership.

Sincerely,

Zeke McKinney, MD, MHI, MPH
President, Advocates for Better Health

March 31, 2023
TO: Health and Human Services Committee
Re: SF2995 (Article 4, Section 49, p. 178)

Dear Chair Wiklund and members of the Health and Human Services Committee,

My name is Jessica Miehe, and I am the founder and clinic director of a school-based health center in White Bear Lake and a Board Member of the MN School-Based Health Alliance. I am thrilled to share with you the success of Minnesota's 29 school-based health centers as these clinics work to improve health equity and educational outcomes in children.

Positioned strategically where children spend most of their weekday hours, SBHCs interrupt social structural barriers because of their unique location and, in turn, improve health care accessibility.

Compared to other private or community clinics, SBHCs consistently demonstrate improved health outcomes in children regardless of insurance status, race, or ethnicity. Children who use SBHCs have increased immunization rates, are more likely to utilize mental health counseling, and have decreased hospitalizations and emergency department visits.

Students who use SBHCs demonstrate improved academic performance through more in-class seat time, higher GPAs, and increased graduation rates. These clinics also have an economic impact – there are net savings to taxpayers and state Medicaid programs and thousands of dollars in healthcare cost savings for families.

There continues to be a growing need for SBHCs as we enter the pandemic recovery phase. Students are incredibly behind on immunizations and preventative care, leading to concerns about communicable diseases in the state. At the Bear Care school-based health clinic in White Bear Lake, we saw just over 460 patients during the 2020-2021 academic school year. Last year, we saw over 1100 students. This year, we are on track to provide low and no-cost healthcare and mental health services to nearly 2000 students.

We see families who often have to choose between paying for food or paying for health care. Or families with multiple children, who, by paying a co-payment or deductible, means their kids will not get to participate in an activity, or the heating bill will not get paid. We are here, so families don't have to choose between health care and living costs. We are here for families new to our country with no insurance. We are here when a parent realizes basketball tryouts are tomorrow and their child needs a sports physical today. We are here when a child wakes up with a 102 fever, their clinic is booked, and the only other option is an expensive urgent care visit. We are here so that high school kids can learn to navigate their own health – they can be seen during the school day and then return right back to class. We want to keep kids in school and parents at work and eliminate access barriers because every child deserves health equity to give them their best chance at school.

SF2995 (Article 4, Section 49, p. 178) will allow SBHCs to remain sustainable and expand across the state. It also ensures that the definition of SBHCs is written into State Statute to establish that no child will ever be turned away for their ability to afford healthcare and that evidence-based practices are followed. We need to consider SBHCs as a permanent solution to the healthcare system's failure to provide affordable and accessible care to children. Thank you for your time.

Sincerely,

Dr. Jessica Miehe, DNP, MSN, RN, PHN
St. Catherine University, Associate Professor of Nursing
Rise Up Health Clinics, Founder and Director
jmmiehe@stkate.edu
(651) 260-1596

HealthPartners
8170 33rd Avenue South
Bloomington, MN 55425

healthpartners.com

Mailing Address:
PO Box 1309
Minneapolis, MN 55440-1309

March 31, 2023

Honorable Melissa Wiklund, Chair
Senate Health and Human Services Committee
Minnesota Senate Building 2107
Saint Paul, MN 55155

Dear Chair Wiklund and Committee Members:

Thank you for the opportunity to provide comments on the delete everything (DE) amendment to SF 2995 from our unique perspective as a provider of both care and coverage services.

We first want to thank the committee and legislative leaders for the prompt action on SF 2265 to support the unwinding of the public health emergency. We are working in partnership with the Department of Human Services, counties, and other stakeholders to support the Medicaid redeterminations process and this funding will help facilitate these critical efforts.

We are also appreciative of the inclusion of the following provisions in the DE amendment:

- Investments that will help to rebuild our health care workforce including medical education.
- Funding for school-based clinics that will build on models supported by HealthPartners Park Nicollet Foundation.
- Restoration of the Medical Assistance adult dental benefit set and dental rebasing.
- Funding for hospital Medicaid rebasing.
- Continuous Medical Assistance eligibility for children.
- Financial support for doula services to improve access for Medical Assistance patients.
- Funding for Medical Resource Communications Centers that serve an essential role in coordinating emergency medical services and disaster response.
- Medical Assistance coverage for recuperative care to provide better care for homeless populations.
- Funding to improve safety in health care settings for patients, staff, and guests.
- Funding for rulemaking for residential mental health facilities like the Melrose eating disorder program.

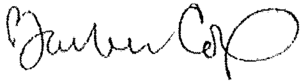
We would like to continue to work with the committee on the following provisions:

- The nurse staffing requirements included in this proposal, which would have significant implications for patient access to care and equity.

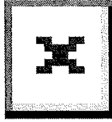
- The carve out of pharmacy services that would jeopardize the innovative, coordinated, and whole-person care that managed care enrollees benefit from and has financial implications for our hospitals that utilize the 340B program.
- The benefit mandates and cost sharing limitations included in this proposal and the collective impact they will have on premium payers.

Thank you for your consideration of this feedback. We look forward to continued discussions on these important issues.

Best Regards,



Barbara Cox
VP, Legislative and Regulatory Affairs



March 30, 2023

Chair Wiklund, Vice-Chair Mann, Ranking Member Utke, and members of the Senate Health & Human Services committee;

Transforming Minnesota's Early Childhood Workforce was formed in 2016 to build upon the recommendations of the National Institute of Medicine's "Transforming the Workforce for Children Birth Through Age Eight" report. Our goal is to ensure Minnesota's early childhood educators are qualified, diverse, supported, and equitably compensated, regardless of setting. We are pleased to see numerous proposals in the Governor's budget recommendations that will go a long way toward supporting that goal. Policy makers in Minnesota are sitting in a very powerful point in our state's history, with a nearly $18 billion surplus and a child care sector desperately in need of transformational change.

We applaud the grand efforts of Senators and staff in putting together SF 2995. There is so much to be excited about in this budget bill. We want to lift up the following provisions as particularly transformational for early childhood workers in Minnesota:

- Early childhood registered apprenticeship program from SF 2606 (Boldon)- $2M annually for a truly revolutionary apprenticeship program that will provide employment-based training and mentoring opportunities for early childhood workers. **Art.14, Sec. 16.**
- T.E.A.C.H. Early Childhood scholarships - $695K in 2025 annually - comprehensive scholarships that enable early educators to work towards credentials and degrees by making it possible for them to afford both the time and expense of going to school.
- Empower to Educate - $1.3M in 2025 annually – targeted to economically disadvantaged individuals, grants for funds to recruit and provide child care training, job skills, and job placement. **Art. 14, Sec. 15.**
- Child Care Wayfinder, the one-stop assistance network for child care, which is fully funded at $2.9M in 2025 and ongoing. **Art. 14, Sec. 15.**
- Shared Services Alliances - $500K in 2024 ongoing– to help family child care providers achieve economies of scale and run more efficient programs, boost provider wages, increase enrollment, and leverage shared supports services to improve quality. **Art. 14, Sec. 18.**
- REETAIN grants - $1M in FY24 and FY25 - "Retaining Early Educators Through Attaining Incentives Now" (REETAIN) grant program was established to provide

competitive grants to incentivize well-trained child care professionals to remain in the workforce. **Art. 14, Sec. 15.**

- Retention payments, which are direct grants to centers and family child care providers to be used for across-the-board compensation. This request is not fully funded at the Governor's recommended amount of $117,250M in FY24 and $162,950M in FY25 but at the rate of $102,887 in FY24 and $142,989 in FY25. Should the committee contemplate any adjustments in the budget, we would encourage additions here. **Art. 14, Sec. 17.**

We see this as a career with many facets, and one deserving of respect and support, given the tremendous impact it has on our children, families, and communities. The HHS budget you have assembled demonstrates that this committee feels the same. We are grateful your support.

Sincerely,

Transforming Minnesota's Early Childhood Workforce

Linda Dick-Olson, LICSW
Director of Behavioral Health
Minnesota Community Care
March 31, 2023

Written testimony in support of Senate File 2995, School Health: Article 4, Section 49 (page 178)

Chairpersons Wiklund and Mann and Senators,

Thank you for your history of supporting our children's safety net programs and in particular, school-based health centers. My name is Linda Dick-Olson and I am therapist within our Health Start program at Minnesota Community Care, a community health center, as well as the Director of Behavioral Health for our organization.

I have worked for over 20 years in my role as school-based therapist. I started on 9/11/2001, addressing a crisis with students. I know that this model of care works from experience. We can address the whole child's needs, keep kids in school and improve their learning by offering mental health care that is equitable and accessible. We do this hand in hand with school support staff.

In recent years, we have as a community, nation and as a world, experienced multiple stressors, and traumas. We as adults have been impacted, but those who have been the most impacted are those who are the most vulnerable.

In the first half of 2020, we worked hand in hand with school support staff, which is essential in school-based care, to provide students and their families a needed connection during one of the most challenging times in our recent history. We were able to provide mental health services by quickly pivoting to provide telehealth care, so that students and families were able to stay safe and continue to be supported. Once returning to schools, we responded to the elevated needs of the students walking through our doors and provided them with a place to heal and to learn healthy coping skills.

Last time I spoke before you, I spoke of a client who I worked with both during and after the pandemic. When I first met with her, she struggled with anxiety and struggled with attendance, self-esteem, school performance and peer interactions. During our work together, she improved her attendance, has become an almost straight A student, has made several new friends and has started trying new activities outside of school.

Other students were not as connected over the pandemic and had a very different experience. They had been left alone during that 12+ months when our world went on pause. Many of the clients who I have been since the pandemic started have much higher rates of depression, anxiety and general dysregulation. Their families were those who already struggled before the pandemic and they and their families were isolated during that time. Those students struggle to stay in class, to feel hopeful about their futures and are disconnected from their peers. I think of a young person who I am currently working with who's family struggled due to mom feeling stuck in an emotionally and financially abusive relationship. The student came in wary, worried, and sad. They had been referred to me due to seeming shut down since returning to school earlier that year. Mom had shared that they while they used to be close, they now sat in their room all day. During our time together, they learned to talk about the hard things in their lives to find ways to both ask for help from those around them that cared and ways to take care of themselves during a difficult situation. Their relationship with their mom improved during

our time together, they were able to speak to mom about their worries for mom. This was not a treatment goal, but mom was inspired by the growth they saw their child make and they ended up going to counseling as well and eventually left the abusive relationship.

These students are just two examples of clients who would not otherwise have been able to access therapy and are both better off because of it. The support we provide students in school helps them, their families, and their learning.

Please consider the school-based health initiative on page 169 of the Governor's budget as you see which will provide funding to current and new school-based health initiatives, support quality care and equitable access for students, and formalize the relationship between MN School Based Health Alliance and the MN Department of Health.

Thank you,

Linda Dick-Olson

March 31, 2023

To: Members of the Senate Health and Human Services Committee
RE: SF2995 – Health and Human Services Omnibus

Dear Chair Wiklund and Committee Members,

Thank you for the opportunity to share Lutheran Social Service of Minnesota's comments on SF2995 – the Health and Human Services Omnibus bill. LSS is a provider of essential services across all 87 counties with more than 2,500 employees who serve one in 65 Minnesotans every year. We are committed to innovative, person-centered service delivery that promotes resilience and long-term stability for people in all stages of life.

Thank you for including provisions that will respond to community needs and improve access to service. This is a critical step to providing adequate and stable resources that ensure our neighbors are supported when, where and how they need it.

Mental Health Bridge Funding. Thank you for including a temporary rate increase through bridge funding. Providers are experiencing multiple challenges to meet the needs of Minnesotans accessing community-based mental health services. This investment will begin to address reimbursement rates that are far below the true cost of service and a severe shortage of well-qualified and licensed mental health providers.

Homeless Youth Act. Thank you for the increased investments in supporting youth statewide. Unfortunately, due to several factors, Minnesota youth who are homeless on their own has continued to increase, and the need is much greater than currently available resources. The additional funding will support providers to strengthen programs that have demonstrated success and merit further investment

Safe Harbor. Thank you for the additional investment in Safe Harbor programs which will increase prevention of sexual exploitation while helping more youth feel a sense of belonging and have opportunities to confront and cope with past traumas.

Kinship Caregiver Support. Thank you for the inclusion of investment in a Kinship Navigator program. This is critical to helping more families identify services and supports to meet the needs of the children they are raising as well as their own needs. This will enhance the safety and stability of these family arrangements and support prevention of the need for child welfare involvement.

2485 Como Avenue | Saint Paul, MN 55108
651.642.5990 | 1.800.582.5260 www.lssmn.org

Prepared Meals. Thank you for the inclusion of funding for prepared meals statewide to Minnesotans facing food insecurity and who lack the home, health, or ability to cook for themselves. Meals will reach our neighbors not eligible for other federally funded meal programs and tailored to the cultural and dietary needs of the people served.

Continuous Eligibility. Thank you for including provisions to provide continuous eligibility for children eligible for Medical Assistance. This will provide consistent access to health care and improve outcomes for children while reducing administrative burden and churn.

Screening for eligibility and public assistance. LSS Financial Counseling is a trusted, nonjudgmental resource with over 30 years of experience and consistently sees the impact of medical debt on our neighbors. These provisions will remove barriers for Minnesotans who qualify for public programs to receive assistance thereby reducing medical debt and increasing payment to medical providers.

LSS is thankful for your thoughtful leadership and support of neighbors helping neighbors. Please contact me at erin.sutton@lssmn.org if we may provide further information.

Sincerely,

Erin Sutton, MSW, LGSW
Senior Director of Advocacy
Lutheran Social Service of Minnesota

Minnesota Coalition
FOR FAMILY HOME VISITING

March 30, 2023

Senator Melissa Wiklund
Chair, Health & Human Services Committee
Room 1100, Minnesota Senate Building
Saint Paul, MN 55155

Dear Chair Wiklund and Members of the Committee:

Minnesota's Coalition for Family Home Visiting (MCFHV) writes in support of the SF 2995 DE amendment. There are several policies and programs that support maternal and child health and position young families for long-term sustainability. While the Coalition doesn't generally take positions on child care, we believe these important investments will increase access to families who will find stability as they work to address other needs of their life. Additionally, these child care investments will support the care givers, who are often young mothers and women.

We'd like to highlight support for the following key provisions:

- **Family Home Visiting** (Line 1204, Budget Spreadsheet)

Voluntary family home visiting services have proven successful in stabilizing families and improving health outcomes for families and young children. Using a two-generation approach, home visiting connects families to critical community resources and services that are culturally appropriate and responsive to the needs of all families in Minnesota.

- **Doula Services (**Article 1. Sec. 33 & Sec. 17 Subd. 28b)

Doulas are proven to lower racial disparities in healthcare by improving health outcomes, increasing breastfeeding rates, reducing childbirth complications, and reestablishing the relationship between historically marginalized communities and the medical establishment. Both provisions will help reduce barriers to serving families on Medicaid and improve birth outcomes.

- **Community Solutions for Health Child Development (**Article 13 Sec. 18)

Funding these programs long-term will help Minnesota's state and community leaders work together to best meet the unique challenges that exist within communities of color and Indigenous communities.

- **Healthy Beginnings, Healthy Families (**Article 4. Sec. 53)

Funding Healthy Beginning, Healthy Families Program will keep justice-involved parents involved in the growth and development of their young children and provides re-entry support for parents returning to the community and increased family stability. Continued parent involvement improves parent-child attachment and reduces recidivism.

- **Maternal and Child Health Equity** (Article 4 Sec. 39; Article 4 Sec. 81)

Funding the **Supporting Healthy Development of Babies Grant Program** (Article 4 Sec. 39) and the **Equitable Health Care Task Force** (Article 4 Sec. 81) work to reduce health inequities for birthing persons and children.

- **Children's Mental Health Supports (**Article 9 Sec. 3)

The Coalition supports increased access to infant and early childhood consultation services. Consultation services help adults who work with families identify children's mental health challenges for our youngest children.

- **Early Childhood Family Educators (ECFE)**

Expanding state support for ECFE will help coordinate services across local school districts assist and help ensure quality in services to families.

- **Lead Remediation in Schools & Child Care (**Budget spreadsheet, Line 1218)

Mitigating lead exposure is essential in settings with young children because no amount of lead is safe for babies and young children.

- **Help Me Connect (**Budget spreadsheet, Line 1200)

Help Me Connect is an important public resource for families and providers working with young children. We support this ongoing investment because it helps families access resources and referrals to programs and services.

Thank you,

Laura LaCroix-Dalluhn,
Minnesota Coalition for Family Home Visiting
Coordinator

Cati Gómez,
Minnesota Coalition for Family Home Visiting
Policy Associate

Minnesota Coalition *for the* Homeless

Shelter saves lives.
Housing ends homelessness.

2023 STATEWIDE EMERGENCY SHELTER CAPITAL NEEDS ASSESSMENT

Total Projects, Cost, Capacity		
Total projects	86	
MCH Legislative Request for Shelter Capital Funding	$200,000,000	
Capital needs results	$192,966,063	Breakdown of type of capital is approximately a ⅓ in each category of: construction, acquisition, rehab
Operating costs results	$74,076,035	14 projects did not list an operating cost. Average cost of the known 72 projects is $861,349. Took this average & multiplied it by 14 to reach the total listed
Total new + preserved capacity for people seeking shelter	3468	
Total # of new capacity	1370	
Total # of preserved capacity	2098	

Statewide Breakdown by Region According to Continuum of Care regions	Number of Projects	Capacity Impact	Capital Needs
Central	10	417 Total: 192 new & 224 preserved	$11,227,928
Hennepin	19	976 Total: 209 new & 767 preserved	$66,340,095
Northeast	6	70 Total: 23 new & 47 preserved	$2,321,000
Northwest	8	149 Total: 27 new & 122 preserved	$3,251,095
Ramsey	12	396 Total: 147 new & 249 preserved	$19,348,714
Saint Louis County	8	475 Total: 367 new & 108 preserved	$19,462,309
Southeast	10	429 Total: 106 new & 323 preserved	$31,125,000
Southwest	1	20 Total: 0 new & 20 preserved	$306,000
Suburbs	7	395 Total: 243 new & 152 preserved	$20,357,000
West Central	5	141 Total: 56 new & 85 preserved	$19,226,922
Total Projects	**86**	**3468 Total: 1370 new & 2098 preserved**	$192,966,063
Tribal Nation - Included in above totals	4	107 Total: 33 new & 74 preserved	$1,910,000

Populations Served by Shelter Projects multiple options can be selected			
Aging population	19	Medical respite	7
Chronic and/or long term homeless	31	Parenting youth	14
Culturally specific groups	18	Single adult men	34
Domestic violence survivors	30	Single adult women	34
Families	26	Youth (18-24)	23

Updated 01/06/2023, Matt@mnhomelesscoalition.org | 218-213-2054

LGBTQ+	21		

Court International Building
2550 University Avenue West
Suite 255 South
St. Paul, Minnesota 55114
651-645-0099 FAX 651-645-0098

March 31, 2023

Senate Health and Human Services Committee
95 University Avenue W.
Saint Paul, MN 55155

RE: SF 2995 – Senate Health and Human Services Omnibus Bill

Dear Chair Wiklund and Members of the Committee:

The Minnesota Council of Health Plans' nonprofit members provide more than 4.6 million Minnesotans with health care coverage. Five of the Council members also serve as managed care organizations which together serve 84 percent of Minnesota's public program enrollees. Throughout this legislative session, the Council has expressed support for policies that maintain stability in the market, lower costs, and increase access to high-quality care. To achieve outcomes that meet these goals, the Council appreciates the opportunity to express our support for several items included in the House Health Omnibus Bill, to provide constructive feedback on other provisions, and to voice our concerns with provisions that would negatively impact those receiving care through our member plans.

Items of Support

Expansion of Dental Access and Coverage

The Council supports efforts to improve access and coverage of dental services for Minnesotans in managed care by expanding the adult Medical Assistance dental benefit set to include medically necessary dental services, the rebasing of dental rates, and the establishment of Clinical Dental Education Innovation Grants.

Access to Doula Services

Access to doula services is an essential component to addressing disparities in health outcomes for Minnesota's communities of color. The Council supports the language included in the bill to increase the Medicaid reimbursement rates for doula care during the prenatal and labor and delivery periods and the provisions allowing direct enrollment and reimbursement of doulas.

Tobacco Cessation Treatment and Prevention

As a member of the Minnesotans for a Smoke Free-Generation coalition, the Council is appreciative of the inclusion of the creation of a dedicated smoking prevention account for any potential funds from the JUUL lawsuit.

Continuous MA Coverage for Children

The continuous MA coverage provisions included in the bill will help reduce churn and will ensure children have consistent access to health care. Importantly, while 4 in 10 Minnesota kids are on Medicaid, 64% of Black Minnesotan children are covered by Minnesota Health Care Programs so we

know from a health equity perspective that this policy change will be especially impactful for communities of color.

Systems Modernization and Information Technology Upgrades
The Council supports the inclusion of investments in systems modernization that will provide a simpler, more efficient, more intuitive, and more transparent experience for public program enrollees. Additionally, these investments will improve the experiences of counties and other agencies which interact with Department systems.

Requested Changes

Adjust Effective Dates of Benefit Mandates
All health carriers in the fully-insured market (which is the only commercial market impacted by the new requirements in this bill) must submit all insurance products proposed for sale in these markets to the Department of Commerce for their approval. Submission of these plans for an upcoming plan year occurs in April of the year prior. Health carriers will soon be submitting their plans for 2024 and will do so before this bill is enacted. This means, if new coverage mandates are passed effective for January 1, 2024, carriers will need to reconfigure their plans in the summer. We therefore request any effective dates take effect January 1, 2025.

Items of Concern

MA Prescription Drug Carve Out
Care coordination means serving the whole person and managed care is most effective when care management extends across all health care services. Prescription drugs are a central component of these services and carving out this benefit will remove vital opportunities to coordinate care. MCOs have invested significantly in their pharmacy areas to support members beyond the traditional dispensing of drugs, such as the use of pharmacy navigators who directly reach out to enrollees to assist with care. MA enrollees currently receive medical and pharmacy coverage through one entity and have a single point of contact to turn to with concerns or issues on either front. By carving out the pharmacy benefit, enrollees would have to contact two different entities depending on the services they have questions about – DHS for pharmacy and MCOs for all other services.

The Council also has significant concerns about the likely increased overall cost of this approach, given the experience of pharmaceutical carve-outs in other states when states attempted to maximize drug rebates by favoring the use of brand name drugs. Several studies also show that keeping the pharmacy benefit within managed care is more cost effective compared to carving it out.

Before embarking on this proposal, the legislature should ensure this will improve the health of MA enrollees because we know that cost savings does not always mean better care.

Managed Care Opt Out
The Council believes that managed care is the best way to access care compared to FFS. However, if this option is allowed in managed care, we urge the legislature to instruct DHS to monitor and report back on the results and impact of granting a managed care opt out. We should be cautious about setting up a situation where a Minnesotan could receive worse care because FFS was not the best option for them. We also urge caution on this proposal and ask if this is the right time to proceed. DHS, counties, and MCOs will be extremely busy over the next year supporting current MA and MinnesotaCare

enrollees through the redetermination process and the legislature should be cautious about impacting this work.

We look forward to continuing working with you as this bill progresses to ensure its impact is to lower health care costs, maintain stability in the market, and help Minnesotans gain access to needed care.

Sincerely,

Lucas Nesse
President and CEO

March 31, 2023

Dear Members of the Senate Health and Human Services Committee,

On behalf of the Minnesota Chamber of Commerce, representing 6,300 employers and their more than 500,000 employees across the state, I am writing to share our views about certain provisions contained on the A-2 DE amendment to SF 2995 (Wiklund).

Article II

Health Insurance Mandates

Employer-sponsored health insurance is an increasingly important benefit, both in terms of retention and attraction of talent and in terms of keeping employees healthy and productive at work. And yet, three-fourths of our members who offer insurance to their employees report that they will be required to make significant changes to their benefit offerings – including dropping coverage altogether – if costs continue to rise at their current rate.

Minnesota requires coverage of roughly 60 benefits as part of fully-insured individual and group health insurance products sold in the state. By some estimates, Minnesota ranks in the top five states with the most mandates. All of these requirements were passed by the Legislature to help Minnesotans access coverage for certain health care procedures or treatments. Like the proposals included here, they all help someone. But it is also true that they all come with a cost.

In January 2022, the Department of Commerce shared with the Legislature its statutorily required cost-benefit evaluation of the proposal contained in Section 5, requiring health plans to provide coverage for all post-screening mammography diagnostic services recommended by a physician at zero cost to the enrollee. In its evaluation, the Department reported that eliminating the barrier of enrollee cost-sharing for follow up services following a mammogram may enable patients to receive earlier diagnoses for cancer. At the same time, however, the report noted that higher utilization of follow up services can result in higher false positive rates. As a result, the evaluation concluded that "the potential for benefit is therefore assessed as moderate."

The evaluation also estimated that the addition of this proposal to state statute as a component of required health insurance coverage in Minnesota's fully-insured market would result in an increase in health insurance premiums.

Similarly, earlier this year, the Department provided its evaluation of the proposal contained in Section 18, Biomarker Testing Requirement. In its evaluation, the Department found "evidence suggests that biomarker testing can optimize treatment by using genetic profiles to assess the risk potentials or efficacy of certain drugs based on individual biomarkers. Biomarker testing may reduce adverse outcomes and improve

380 St. Peter Street, Suite 1050, St. Paul, MN 55102
www.mnchamber.com

provider drug selection." It also noted that "data are limited on whether insurance coverage of biomarker testing itself is linked to reductions in health disparities and improved clinical outcomes" and that "experts acknowledge that additional guidelines and research are needed to aid in further standardizing biomarker testing and integrating it into diagnosis and treatment decisions." Finally, the report found that "other research shows that there is still limited evidence regarding the cost-effectiveness of biomarker testing."

At the same time, the evaluation estimated that the addition of this proposal to state statute as a component of required health insurance coverage in Minnesota's fully-insured market would result in an increase in the health insurance premiums of all Minnesotans in that market. The Department estimates that the cost of implementing the requirement would be up to $2.6 million in the first year alone – and only for the individual market plans sold through MNsure. This is a cost that the federal government requires the state to pay, but it is only for a portion of the health insurance market that will be impacted by this new coverage requirement. There is no requirement that the state cover the increased premiums of those who access coverage through individual market plans purchased outside of MNsure or those who receive coverage through the small group or large group markets.

We would note that, according to the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, policy holders in Minnesota already pay more in total health insurance costs than those in nearly every other state. We are concerned that these proposals will add more costs to what is already an extremely expensive product.

Changes to the All Payer Claims Database (APCD)

We would request that the language in Section 24, related to third party administrator (TPA) outreach to self-insurers about the opportunity of these self-insurers to contribute claims information to the APCD, reflect the language contained in the first engrossment of SF 302. The United States Supreme Court has concluded that self-insurers cannot be required to submit data to state APCDs. As such, it is unclear what purpose there is in the Commissioner maintaining a list of those self-insurers that choose to contribute data to the APCD and those that do not. We know that some self-insureds would be willing to contribute, if notified of the opportunity to do so by their TPA. But that can be accomplished without the commissioner requiring TPAs to compile and submit lists of their clients.

Though a somewhat lesser concern, consideration must also be given to the cost of complying with this requirement, which will likely be passed on to the self-insured entities by the TPAs required to collect and remit the information.

Article III

Nurse Staffing

These provisions would place a significant burden on the Minnesota hospitals and health systems that have been operating for three years under extremely challenging times. They would also set a disturbing precedent in workplace management – establishing a state mandate that the staffing of a work site be set by a committee. This staffing committee is not advisory. It is given the authority to establish the number of employees at work, in this instance the number of Registered Nurses. These are decisions that are made on a daily basis by Chief Medical Officers and Chief Nursing Officers and, at a higher level, with employees through

collective bargaining. The legislature should not upend these decisions about staffing by requiring that they be made by a legislatively mandated committee.

These requirements are also overly punitive and may lead to unintended consequences for Minnesotans across the state. All of us depend on hospitals and health systems for the delivery of health care services. However, these mandates on hospital operations could lead to rising costs, longer wait times, and the reduction of available health care services in a given community. If a hospital is not able to accept and treat a patient while adhering to the required staffing plan, patients would likely be turned away.

There is no industry or community in the state where Minnesota's workforce shortage is not a challenge. Employers are scrambling to retain and hire workers. To do so, they are offering increased wages and salaries, expanded leave benefits, remote working and more flexible work arrangements, customized training, tuition assistance, and childcare support. In much the same way, we know most hospitals and health systems are currently trying to hire more nurses, and wages are escalating. Despite these efforts, however, there are still over 5,000 open nursing positions in the state.

Establishing a rigid, mandated process for staffing hospitals will not help to address the workforce challenges the health care sector is facing. It is our hope that the legislature focuses on licensing and credentialing efforts that help ease this shortage, rather than an approach that further complicates operations and may decrease the availability of care.

Appropriations

Health Care Access Fund Transfer

Various provisions contained in this bill and other bills moving through the legislative process this session have the potential to fundamentally alter the health care landscape in Minnesota. Given the amount of change – and the potential for accompanying challenges – that is ahead, we would urge caution in unnecessarily drawing down the balance of the Health Care Access Fund (HCAF). It is certainly true that, at times in the past, the state has been forced to increase spending from the HCAF during times of budget deficit to ensure Minnesotans' access to critical health care services. However, at a time when the state is enjoying an historic, $17.5 billion surplus, it seems short-sighted to shift more than $1.2 Billion in MA costs from the General Fund to the HCAF simply to allow the Legislature to spend an additional $1.2 Billion from the General Fund.

Thank you for the opportunity to provide this input.

Sincerely,

Bentley Graves
Director, Health Care & Transportation Policy

Minnesota Coalition *for the* Homeless

Shelter saves lives.
Housing ends homelessness.

March 31, 2023

Chair Wiklund
Vice Chair Mann
Members of the Health and Human Services Policy & Finance Committee

Dear Chair Wiklund, Vice Chair Mann, and Members of the Health and Human Services Committee,

The Minnesota Coalition for the Homeless (MCH) is writing on behalf of our advocates and partners to urge you to increase funding to address the homelessness crisis in Minnesota through SF2995. In particular, we want to lift up SF388 which was heard in this committee on February 1.

Pathway Home Act, SF388 (Dibble), provides desperately needed funding needed to strengthen our homeless response system. The Pathway Home Act provides funding for: $150M for shelter capital to enhance and create shelter spaces (one-time); $40M (24/25) & $70M (26/27) for the Emergency Services Program to provide money for shelter operations, motel vouchers, staffing and street outreach; funding for the Transitional Housing Program; Homeless Youth Act; and other important priorities.

By funding SF388 (Pathway Home Act), we can make the needed investments that will positively change lives and communities. This legislation has been shaped by community input, in particular from individuals and communities closest to the issue of homelessness, and can turn the tide to end unsheltered homelessness and create a pathway home for children, youth, families, veterans, and seniors across Minnesota.

The Minnesota Coalition for the Homeless sets our legislative agenda through listening sessions with people who are or have experienced homelessness and in partnership with the statewide network of organizations doing everything they can to offer support to people. In addition to this, we have a leadership team of individuals with lived experience and frontline workers that are deeply engaged as decision-makers in our advocacy. SF 388 matches what MCH has heard time and again in this process: people need access to safe, dignified, accessible, and culturally-responsive shelter and services.

On behalf of the 80 organizations who have signed onto this letter (which would be even more if we had additional time), please include funding at the levels outlined in SF388.. These investments will save lives.

Association of Minnesota Counties (AMC)
City of Duluth
City of Minneapolis
City of Rochester - Mayor
Dakota County, Community Services
Hennepin County: Homeless Access Team
Minnesota Tribal Collaborative
Morrison County Health and Human Services
Olmsted County
Sherburne County, MN
Suburban Metro Area Continuum of Care (SMAC) Director's Council
Washington County Community Services
Minnesota Coalition for the Homeless
Lived Experience Advocacy Network (LEAN)
Northwest Minnesota Foundation
PERIS Foundation
ThinkSelf Minnesota Deaf Adult Education & Advocacy
Stable Housing is the Priority (SHIP Collaborative)
Violence Free Minnesota
Youth and AIDS Projects
Youth Health and Housing Lab at University of Minnesota
Zumbro Valley Medical Society
Agate Housing & Services

LIST CONTINUES ON THE NEXT PAGE

American Association of University Women - Mpls Branch
Ain Dah Yung (Our Home) Center
Align Minneapolis
Aliveness Project
Alluma, Inc.
Anna Marie's Alliance
Arrowhead Economic Opportunity Agency
Avenues for Youth
Avivo
CADA, Inc.
CAPLP
Care and share.Inc. Crookston, Minnesota.
Catholic Charities Twin Cities
Center City Housing Corp.
Chum
CloseKnit
Community Action Center Northfield
Connections Ministry and Shelter, Mankato, MN
Connections Shelter
Dakota Woodlands
Faith In Housing
Family Promise in Anoka County
Freedom From The Streets & No More Streets
Good Samaritan United Methodist Church of Edina
Grace House of Itasca County, Homeless Shelter
Haven Housing
Hope Coalition
Listening House of St. Paul
Loaves and Fishes Community
Lumen Christi Catholic Community
Lutheran Social Service of Minnesota
MAHUBE-OTWA Community Action Partnership
MICAH- Metropolitan Interfaith Council on Affordable Housing
Minnesota Community Care
Missions Inc. Programs
Nameless Coalition for the Homeless
New Pathways, Inc.
Oasis Central Minnesota
Open Access Connections
Open Doors for Youth
Open Your Heart to the Hungry and Homeless
Our Saviour's Community Services
Partners for Housing; Mankato, Minnesota
Phumulani Minnesota African Women Against
Violence Violence
Range Transitional Housing, Inc.
Safe Haven Shelter & Resource Center
Servants of Shelter of Koochiching County
Simpson Housing Services, Inc.
Solid Ground
Southwest Minnesota Housing Partnership
The Bridge for Youth
The Dignity Center
The Link
Three Rivers Community Action
Union Gospel Mission Twin Cities
West Central Minnesota Continuum of Care
West Central MN Communities Action

Minnesota Coalition *for the* Homeless

Shelter saves lives.
Housing ends homelessness.

March 31, 2023

Chair Wiklund
Vice Chair Mann
Members of the Health and Human Services Policy & Finance Committee

Dear Chair Wiklund, Vice Chair Mann, and Members of the Health and Human Services Committee,

In addition to the letter that was submitted on behalf of the Minnesota Coalition for the Homeless (MCH), our advocates and partners, we also wanted to ensure that you can hear directly from community members in their own words about the impact of including homeless priorities in your proposed budget. **We hope you will reconsider SF2995 and make the critical and long overdue investments into ending homelessness.**

We asked advocates that have survived or are currently living through homelessness about the proposed historic investments to shelter capital, the Emergency Services Program, Homeless Youth Act, Chosen Family Justice and Transitional Housing Program included in the **Pathway Home Act** (SF 388 authored by Senator Dibble), asking them, "**What does it mean to you for lawmakers to make these proposed investments into ending homelessness?**"

Here are their responses:

"It would mean that my voice is being heard. That my experience of homelessness is helping lawmakers and others to understand there are issues with how things need to change to have others not end up without a home/place to live. It's time for a change, it's time to end homelessness and make things better for all people."

- Cheryl B from Rural Central Minnesota

"It is in our commonality we bear our humanity. Investing in ending homelessness reflects our commonality. "

- Dawn Bjoraker, Minnesota Tribal Collaborative Coordinator

"This is one of the best things to hear! This is going to help a lot of people with mental health as well. It all works together."

- Ronnie K from Central Minnesota

"An investment into homeless programs is a way to save lives"

- Randi Wickham from Brainerd, MN

"It means the world to me that lawmakers are listening to what the people want and need to end homelessness. We must continue to work together to invest into these changes. Thank you lawmakers."

- Alexis Kramer from No More Streets Parent Advocate in Maplewood, MN fighting for Minneapolis and Saint Paul residents

"For lawmakers to invest into ending homelessness means that they are thinking about the most marginalized and oppressed communities and working towards ending one big barrier to folks getting their life on track. Housing is the first step to stability and a lot of other things. "

- Lateesha Coleman from Whittier, Powderhorn, South Minneapolis, MN

As an adult who currently works for the organization that helped me overcome homelessness 25 years ago as a teen, I have both experienced first hand the difference funding for programs make, as well as had the privilege of seeing the difference it continues to

make in our youth's lives. Holistic, trauma informed, and harm reductive care matters. Housing first matters. Young people's success matters."

- G Hissam from St. Paul, MN

"It would mean that lawmakers are recognizing that their constituents are human beings whose lives have meaning. That homelessness affects us all!"

- Patrick Presley from Minneapolis, MN

"It means there will be less human suffering in our communities, and my resilience has won the battle against trauma."

- Meriem LeClair

"It means stability and a better future. It means peace of mind for families. It means our youth have a better chance of creating a future for themselves, one that has meaning (to them) and purpose. "

- Michelle from Anoka County, MN

"Another life will be saved. "

- Jonda Crum from St. Paul, MN

"Your investment in ending homelessness is worth every dollar amount that will be given. It will mean even more than any dollar amount to a 13 year old child who is sleeping in a car with her momma and baby sister because they have nowhere else to turn. I once was that 13 year old child. The adult in me now thanks you from the bottom of my heart for investing in putting an end to homelessness such as I faced."

- Michelle Raiter from Shevlin, MN

"It would mean a better community. It would mean a meaningful opportunity for people to feel whole and start to thrive to be better than they are now. Just give people the spot to rest their head and watch us grow"

- Dominique Buffet from Northeast Minneapolis

"It means to me that my family and I will never have to experience homelessness again, it also means to me the unsheltered homeless people will get the help they need if they want it."

- Sister Janelle R Dodd from Rondo Neighborhood, St. Paul, MN

"People need a foundation to build on"

- Stacey Blunt from St. Paul, MN

"Investing in ending homelessness means that lawmakers understand that there is a great need to allocate resources to provide affordable housing and services to people who need a stable home and people who are at risk of becoming homeless. These resources should include, providing ongoing emergency shelters, transitional housing and permanent supportive housing."

- Claudette McDowall from Robbinsdale, MN

"All forms of health and success require stable housing. Once we end unstable housing we can focus better on school, employment, civic engagement, and well being."

- Rebecca Saito from Minneapolis, MN

"Ending homelessness and despair will foster, feed and encourage hope and new energy."

- Lindalee Soderstrom from Rural Southeast MN

"Everything! This is a key transition point that either creates a debilitating cascade of additional trauma and barriers or provides an opportunity for a person or family to quickly and more meaningfully stabilize. "

- Stephanie Saji, Survivor

"It would have been helpful to have a shelter to go to for safety and resources when I was homeless."

- Jj Rihley from Burnsville, MN

"Homelessness affects all of society and must be eradicated as such, we must have the courage to implement the right action. Don't wait until it comes close to home!!"

- Ms. Jewelean Jackson from Minneapolis, MN

"Peace. Infrequent Crime. Safety. If done right. Until transition to having a home. It is a horrifying disease. Cancer or osteopenia. Odd. I have lived there."

- Mary Manning

"Lawmakers invest in those who are human and deserve the same chance as you, or anyone else who made a bad choice in life or were impacted by a system that you have no control over. If you have ever felt helpless, and everyone has at some point. Invest this money toward ending homelessness because we are just as human as you, the person next to you and everyone in this world. We deserve a chance to live, love, and be a participating member of society!"

- Heather West from Anoka County, MN

"It is a blessing to have a place called home."

- Candace Bailey from Minneapolis, MN

"It means the difference between being warm and cold every month, between having food or not. I'm helping to make these decisions now, and I am still not in a space where I can get these things safely for myself."

- Kathy Fabel from Anoka County, MN

"Everybody deserves a safe place to put themselves and precious things in a place they can call a home"

- Angela Hutchins from Brainerd, MN

"Ending homelessness is a way to create a safe space for singles, youth, and families."

- Raya Jones, SMAC Governing Board

"It means a lot to me, everyone deserves a roof over their heads."

- Jessica Holmes from Washington County, MN

"You can help stop this progression for other people. I needed a place to go to that would really help take care of me. It's really important that "solutions" for homelessness include People with Disabilities and Older People and their concerns."

- Ms. Kim Annette Pettman, Metro currently. Some experiences in Metro and Greater MN.

"It would show that they want to take active steps to eliminate a longtime problem instead of bloviating about it."

- Chad Frink from Brainerd, MN

"What it will do to my soul and spirit, lawmakers investing to diminish homelessness. The investment into diminishing homelessness will invest into humanity. Saving this planet Earth from the traumatic devastation of the impact of homelessness to those of us who endured this. To those who are enduring this now. And prevent those in the future from enduring this."

- Mz. Marla Dotson

"It means you're helping someone who can't help themselves. Your speaking and guiding those who need guidance. You have a heart and compassion. It makes me feel there is comfort and hope and there is light. Makes me feel proud of you."

- Melissa Bringsthem from South Minneapolis

"Many of the women and young people we worked with over the last year were sexually assaulted while experiencing homelessness and living in one of the many homeless encampments located throughout the Twin Cities. Many of those survivors became homeless

because they were fleeing a previous domestic violence situation. Unless there is a concerted effort to end homelessness, we will see violence victims going back into toxic and dangerous situations."

- Comfort Dondo

"Every human being has an innate right to be sheltered!"

- CL Carrizales from Northfield, MN

"There is no surplus when people are hungry and homeless in our communities. Use our abundance for the common good by meeting our people's basic needs in Minnesota"

- Sue Watlov Phillips from the Metro & Itasca County

"Lawmakers investing in ending homelessness, especially via the Homeless Youth Act, shows to me they are willing to invest in giving young people the chance at achieving their goals and overcoming their current struggles. Providing low barrier support during these formative years can help end the common cycle of becoming unsheltered, developing unhealthy and damaging coping skills, being unable to navigate the network of services available or comply with program rules due to said coping skills, and again becoming unsheltered. This cycle often continues long into adulthood. All young people deserve this chance, and there are zero reasons to not make this investment in them."

- Anonymous

"What it will do to my soul and spirit, lawmakers investing to diminish homelessness. The investment into diminishing homelessness will invest into humanity. Saving this planet Earth from the traumatic devastation of the impact of homelessness to those of us who endured this. To those who are enduring this now. And prevent those in the future from enduring this."

- Mz. Marla Dotson

"It will benefit individuals, families, and society. There are many talented people just trying stay alive in the hope to once again be productive and contributing Americans. I can attest this to be true as I was once homeless and through programs have gotten back to living a stable life and directly working with current homeless communities to offer hope and real life proof that it will get better. Thank you"

- Jacki Yellowflower, Turtle Island

"This investment will break the cycle of the revolving door, we can invest in more staff and spaces that will aid us in making sure no one has to go without a place to call home as I had to for the majority of my adult life. There is no reason to continue to turn our heads and think it will fix itself or go away. We need staff and affordable housing with low to no barriers. No one belongs without a place to call home."

- Jason Urbanczyk, Moorhead, Clay County

adha™ | Minnesota
DENTAL HYGIENISTS'
ASSOCIATION

March 31, 2023

Sen. Melissa Wiklund, Chair
Senate Health & Human Services Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Dear Senator Wiklund and committee members,

The Minnesota Dental Hygienists Association (MnDHA) would like to thank you and your committee members for your ongoing commitment to the oral health of all Minnesotans and your ongoing focus for those individuals who rely on our public health programs for their dental care. Specifically, there are number of items in your proposed omnibus health and human services budget bill (S.F. 2995) that the MnDHA enthusiastically supports, including:

Expanded Adult Dental Benefit: The MnDHA strongly supports the proposal to reinstate a comprehensive dental benefit set for non-pregnant adults. Access to oral health care is essential to public health and the cuts to the dental benefit set in the early 2000's was a major step backward. This proposal is long overdue and greatly appreciated.

Additions to Rural Health Advisory Committee: The MnDHA strongly supports the language previously before this committee which would add an allied dental professional to the Rural Health Advisory Committee. We believe strongly that the voices of dental hygienists and dental therapists are an important part of any discussion about access to care, particularly as we seek to increase access to oral health care in rural communities, most of which have a shortage of dental professionals.

Rebasing the Medical Assistance Rate Schedule: The MnDHA supports the language in S.F. 2995 that would transition the Medical Assistance fee-for-service rate schedule from one stuck in the 1980's to one that is based off modern cost data. This will help ensure reimbursement decisions going forward are better aligned with the cost of providing care.

The MnDHA greatly appreciates the opportunity to provide feedback on the omnibus health and human services budget bill and looks forward to collaborating on oral health issues as the legislative session progresses.

Respectfully,

Carol Dahlke, MSDH
President
Minnesota Dental Hygienists Association
4860-9745-3913, v. 3

March 31, 2023

Dear Chair Wiklund, Vice Chair Mann, Ranking Minority Member Utke and Committee members,

The Minnesota School-Based Health Alliance requests your support for **SF 2995, School Health: Article 4 Section 49 (page 178) and school-based health centers in Minnesota.**

As the MN School-Based Health Alliance, we are writing to offer education and support on the impact of school- based health centers on the health and education equity of Minnesota students. Thank you for thoughtfully uplifting this safety net for children and teens. We support the language in SF 2995 that extends support to emerging and existing School-Based Health Centers in Minnesota as well as MN Department of Health's work in this area, and our role as a capacity-building organization in community.

School-based health centers (SBHCs) have been strongholds of accessible, equitable and comprehensive preventive care for students in Minnesota for 50 years. If passed, this legislation would be the first state policy and dedicated funding to support school-based health centers in that time. An investment in SBHCs at this pivotal time for the health of children and communities would be historic.

The gold-standard model for school-based clinics had its genesis here in St Paul, Minnesota, and is now codified in federal statute. Today, over 2,200 school-based health centers operate across the U.S. Until 2022, our local School Based Health Alliance was a voluntarily coalition of the leaders who operate school-based clinics. In MN, there are now 29 providing care to nearly 15,000 students, and at least 11 in development. The Alliance represents and supports each of the health care providers and districts.

The Alliance is a long-term community partner of the Minnesota Department of Health (MDH). MDH has provided a convener to support this work since 2015 when the Alliance became an official affiliate of the national School- Based Health Alliance. In January, MDH extended a CDC COVID Workforce grant to the Alliance, now a nonprofit, to assist schools with pandemic recovery. During distance learning, the mental health therapy, medical care, nutrition services, health education, and parent support delivered in Minnesota's school-based clinics proved SBHCs are a durable part of the health care safety net. As pediatric clinics, family physicians, dental clinics, mental health care centers and more providers struggle to meet the needs among kids, school-based access to care creates ease for families, supports a fractured health care system, and strengthens school-health initiatives.

We welcome the opportunity to provide expertise and advocacy toward the continued growth of this critical part of Minnesota's safety net and pivotal partnership with MDH.

Evidence shows partnership between a local Alliance and a state program office like MDH, and dedicated state funding for new and existing school-based health initiatives, correlates with expansion of care for kids, decreases Medicaid costs and increases school success. Growth has been slow in Minnesota compared to most other states. This is a critical time to change that, particularly in rural areas where one school-based health center can offset care shortages for an entire community. This bill allows school-based health providers to be here for kids as they recover from the pandemic, a time when their needs are critically underserved and increasingly acute.

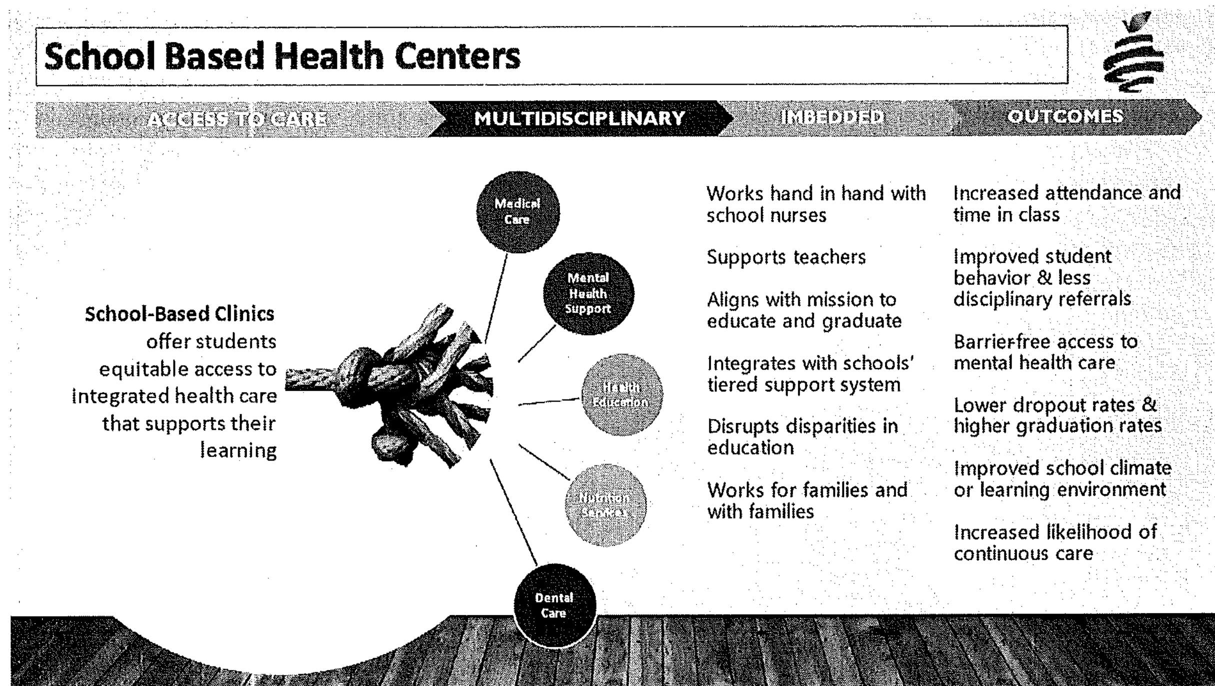
Care within SBHCs is not a replacement for the allied health professionals in schools such as Licensed School Nurses, School Counselors, and Social Workers. Simply said, their co-existence creates ease for families and optimizes learning. Expanding this to more children is a key lever for reducing disparities in education and health outcomes for children in Minnesota.

In health,
Shawna Hedlund
MN School-Based Health Alliance

The school-based health alliance supports the expansion of school-based clinics in school districts across Minnesota to address health and education disparities and ensure that every child has an equitable opportunity to meet their full potential.

WHAT ARE SCHOOL-BASED CLINICS or HEALTH CENTERS?

School-Based Clinics or SBHCs are a transformational and time-tested healthcare model that delivers care to children and adolescents where they spend their days – in school. They efficiently and cost effectively address health inequities like access to medical care, mental health support, dental and eye care. School-based healthcare means that students K-12 can get a flu shot, have an annual physical, have their teeth examined and their eyes checked, or speak to a mental health counselor in a safe, nurturing place without the barriers that families too often face - barriers like cost, transportation, lost work time, lost class time. SBHCs represent one of the best models for assuring ALL children and adolescents can enjoy school and learn.



MINNESOTA SCHOOL-BASED HEALTH ALLIANCE

The Alliance is the capacity-building and technical assistance alliance for school-based health centers in Minnesota. We support school districts and health care organizations operating and initiating school-based health centers by providing community advocacy, science-based expertise, shared resources, and a Community of Practice.

CLINIC LOCATIONS Map: 29 established sites under 9 operators and 11 emerging initiatives

Twenty-nine school-based health centers exist in Minnesota today and more are emerging. Over **30%** of SBHCs in MN are operated by federally-qualified Community Health Centers. **The CDC Social Vulnerability Index** uses 16 variables to identify communities that need support. All SBHCs in Minnesota are located within the highest quartile of the **social vulnerability index** across our communities.

Minnesota Community Care
10 "Health Start Clinics" in St. Paul Schools

NorthPoint Health and Wellness
2 clinics in Minneapolis Public Schools

Minneapolis Health Department
8 clinics in Minneapolis Public Schools

Park Nicollet Foundation
4 clinics in Richfield, Burnsville, Brooklyn Center, and St. Louis Park Schools

Ortonville Area Health Services
1 clinic in Ortonville K-12 School

Mayo Clinics
1 clinic in Rochester ALC

MyHealth
1 clinic in Hopkins School District

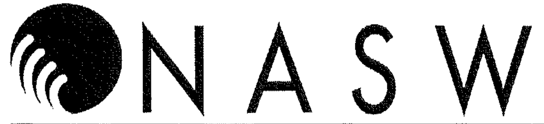
Minnesota State University, Mankato
1 clinic in Bloomington Schools

Rise Up Health Clinics
1 "Bear Care Clinic" in White Bear Lake

Most SBHCs in Minnesota are in Metro locations, leaving a gap for rural students. The Alliance is working hard to support communities invested in health care access for their families and students. This model of care has a profound impact on individual students, families, school systems and communities. SBHC providers do not replace school nurses and school counselors but work hand in hand with both, as well as local pediatricians and family clinics, working collaboratively to help students learn and thrive.

ENDORSEMENTS

1. NorthPoint Health and Wellness, Stella Whitney West, CEO
2. NorthPoint Health and Wellness, Dr. Paul Erickson, Medical Director
3. Rise Up Clinics/ St. Catherine's University, Dr. Jessica Miehe, Clinic Director and Assistant Professor
4. Park Nicollet Foundation, Beth Warner, ED
5. MN Chapter, American Academy of Pediatrics, Dr. Sheldon Berkowitz, FAAP
6. Twin Cities Medical Society Kate Feuling Porter, Senior Program Manager
7. St. Catherine University, Dr. Kara S. Koschmann, APRN, CPN
8. Minneapolis Health Department, Patty Bowler, Director of Policy
9. Minnesota Association of Community Health Centers, Rochelle Westlund, Policy Director
10. Northwest Family Resource Collaborative, Rachel Harris, Director
11. St. Paul City Schools, Dr. Meg Cavalier, Executive Director
12. Ortonville Area Health Services, Kelsey Henningson-Kaye, PA
13. Fairmont Area Schools, Emily Fett, Family NP and School Nurse
14. Minnesota Community Care, Reuben Moore, President and Executive Officer
    Renee Leinbach, Manager of Community Programs
    Katelyn Meaux, Registered Dietician Nutritionist
    DessaRae Smith, Manager of Nutrition Services



MINNESOTA CHAPTER

Senator Melissa Wicklund, Chair
Health and Human Services
March 31, 2023

Chair Wicklund and Health and Human Service Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW - MN) and the MN Coalition of Licensed Social Workers (Coalition of Social Workers), we are writing about several components in SF 2995.

NASW - MN is the largest membership organization of professional social workers in our state, representing over 2000 social workers. The Coalition of Social Workers unifies membership organizations for licensed social workers. Collectively, we work as mental health professionals, in child welfare systems, nursing homes, health care, home care settings, and residential care.

We appreciate a number of provisions in this bill. Specifically:

- Article 1, Section 37: Implementing a temporary bridging rate increase for outpatient MA and MinnesotaCare services, allowing clinicians to serve the mental health needs of the most vulnerable Minnesotans with fair payment while we wait for a more permanent solution.
- Article 2, Section 7: Extending the eligibility of audio-only communication and parity for telehealth. This eliminates barriers vulnerable populations face while attempting to access mental health services.
- Article 4, Section 42, Article 5, Section 11, Article 9, Section 1: Supporting workforce development activities focused on recruiting, supporting, and training for mental health practitioners and professionals from diverse racial, cultural, and ethnic communities. People seeking mental health support deserve the highest quality of care, and that includes the option to choose among professionals who share their identity and lived experiences.
- Article 4, Section 47: Establishing a system for stable funding for the 988 suicide and crisis lifeline. Our community is best served by a whole-person approach to health that includes emergency mental health support for those in crisis.
- Article 9, Section 9: Establishing a crisis response program for youth and families to reduce out of home placements.

As you review this bill in the coming days, we ask that you reconsider your investment in children's mental health. Specifically, Senate File 1174 included many important investments that would support our youngest Minnesotans. Please do not overlook this population.

Thank you for your work on this bill, and we appreciate your consideration.

Sincerely,

Karen E. Goodenough, PhD, LGSW
Executive Director
NASW-MN

Karen A. Frees, MSSW, LICSW

Karen Frees, MSSW, LICSW
Chair
Coalition of Social Workers

Jennifer Arneson

Jenny Arneson, MSW, LGSW
Legislative Consultant
NASW-MN
Coalition of Social Workers