All* Above All and National Institute for Reproductive Health
Testimony regarding Senate Health and Human Services Committee Budget
March 31, 2023

As organizations working to ensure abortion is affordable, available, and supported for everyone who needs it, we respectfully submit this testimony to urge you to allocate funding to abortion care and infrastructure in your Health and Human Services budget and ensure that Minnesota is able to remain an oasis of abortion access in your region.

All* Above All is a campaign of more than 150 organizations working towards abortion justice. We were founded in 2013 to restore and sustain public insurance coverage of abortion for people of color working to make ends meet. The National Institute for Reproductive Health is an advocacy organization that fights for just and equitable access to reproductive health care in states and cities nationwide.

Together we have worked with advocates, health care providers, state agencies, and elected officials across the country to ensure no one is denied care just because they are struggling to get by. Since the Supreme Court's devastating decision in *Dobbs v. Jackson Women's Health Organization* that struck down decades of precedent establishing abortion as a constitutional right, state leaders in California, Illinois, Maryland, Massachusetts, New Jersey, New Mexico, New York, and Oregon have all used their budgetary powers to protect and strengthen the abortion care infrastructure in their state. Municipal leaders in at least 16 localities, in states that have both restricted and protected access to abortion, have done the same — including Hennepin County and Minneapolis, MN. They acted because they know that as anti-abortion extremists continue to push care further out of reach, state and local leaders can strengthen abortion access by providing funding for abortion care.

Minnesota's long unchanged Medical Assistance reimbursement rates are widely out of step with the rates in other states. For example, the reimbursement rates that Minnesota Medical Assistance offers are 114 percent lower than the rates offered in Illinois and are insufficient to address the full spectrum of abortion care. Minnesota abortion providers report that the current reimbursement rates put them at a near 50 percent deficit, inhibit their ability to offer care to people who are most marginalized, and put them at risk of closing. Any abortion clinic closures in Minnesota would be a disaster for access in the state and the wider region, since data shows that, as of 2017, 97% of Minnesota counties had no clinics that provide abortions, and 61% of Minnesota women lived in those counties.[1] Further, since 2012, the overall number of brick and mortar independent clinics like Whole Woman's Health has decreased by 35% nationally.[2]

As other states have taken bold action for abortion justice in recent months, **we respectfully urge you to join them by allocating funding to abortion care and infrastructure in the Health and Human Services budget** to ensure no one is denied care. Thank you for your time and consideration.

Sincerely,

Winnie Ye
Director of State Strategies
All* Above All
winnie@allaboveall.org

Jenny Dodson Mistry
Vice President of Programs and Partnerships
National Institute for Reproductive Health
jmistry@nirhealth.org

[1] Guttmacher Institute, State Facts About Abortion: Minnesota, June 2022. Available at https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-minnesota.
[2] Abortion Care Network, Communities Need Clinics: The New Landscape of Independent Abortion Clinics in the United States, 2022. Available at https://abortioncarenetwork.org/wp-content/uploads/2022/12/communities-need-clinics-2022.pdf.

March 31, 2023 Submitted Electronically

Chair Wiklund and Members of the Senate Health and Human Service Committee:

We, the undersigned hospital system diversity, equity, and inclusion (DEI) and health equity leaders, are writing to express our deep concerns about the proposal contained in the **DE amendment to SF2995 in Article 3, Section 10** that could have negative unintended consequences for health equity across our state. We believe that this bill, if enacted, could disproportionately affect the most vulnerable and underserved community members seeking care in our busiest emergency rooms (ER) and in our rural and critical access hospitals.

The provision allowing nurses to unilaterally refuse patient assignments based on their individual judgment creates a significant risk of patients being denied hospital beds due to subjective perceptions of acuity or workload. This may enable individual biases to influence care decisions, particularly regarding mental health conditions or social and cultural circumstances. We are committed to addressing any biases that exist and working to eliminate any negative impact to patient care.

The core staffing plan language suggests that certain patient populations may be pre-labeled and treated differently based on factors such as age, cultural and linguistic diversity, and socioeconomic factors. This approach risks segregating care and contradicts the principle of individualized care. Moreover, the bill limits recourse to objections to this core plan to arbitration, further restricting input and flexibility.

From a health policy perspective, many future innovations in making care more accessible and affordable will occur outside hospital walls. Nurses, especially those with hospital experience, will continue to play a vital role in these innovations. The nurse staffing mandate could inadvertently hinder our ability to meet demand with flexibility and recruit nurses into community settings, where they are essential to preventing hospitalizations.

In light of these concerns, we respectfully request that you conduct a comprehensive assessment of Minnesota hospital staffing. We also ask that you provide a genuine opportunity for all stakeholders – hospital leaders, nurses, and patients – to contribute their perspectives and offer workable solutions before enacting the extreme measures proposed in Article 3, Section 10 of the DE amendment to SF2995.

We appreciate your attention to this matter and hope that our collective efforts can ensure that healthcare remains equitable and accessible for all Minnesotans.

Sincerely,

Jackie Thomas-Hall, Vice President, Diversity, Equity and Inclusion, **Allina Health**

Jessica Kingston, System Director of Diversity, Equity and Inclusion, **North Memorial Health**

Mary J. Engels, Organization Learning & Development Senior Director, **Essentia Health**

Natasha Smith, Head of Diversity, Equity & Inclusion, **Sanford Health**

Pahoua Yang Hoffman, Health equity, inclusion and anti-racism cabinet, **HealthPartners**

Taj Mustapha, M.D. – Chief Equity Strategy Officer, **Fairview Health Services**

Homes for All
Where we live impacts everything

March 31, 2023

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

On behalf of the Homes for All coalition, we are writing to share both our appreciation and concerns for the housing and homelessness provisions included in SF 2995.

Homes for All represents over 270 organizations across the state that advocate for safe, accessible, stable, and affordable housing across the housing continuum. Our coalition represents the full continuum of housing, from services for people experiencing homelessness, to permanent supportive housing, to affordable rental options, to homeownership opportunities for Minnesotans.

Housing Support

On behalf of the Homes for All coalition, **we first want to thank you for including critical changes to the housing support program in Article 10 of SF 2995**. People who receive housing support are older adults and/or people with disabilities who have low incomes, and the program is intended to prevent people from experiencing homelessness. But, in its current iteration, the housing support program is perpetuating poverty and housing instability for some of its recipients. Recipients who have unearned income like SSDI, RSDI, Tribal per capita payments, and veteran benefits have to pay almost all of their wages for their housing, leaving them with only $121 per month for households costs other than housing. We have heard stories of people who have to choose between accepting housing support and losing almost all of their income and being homeless and keeping their income. This is an unacceptable decision people on this program are forced to make.

Article 10 of SF 2995 makes critical and needed changes to this program, capping the amount of unearned income recipients pay towards their housing at 30%. SF 2995 also exempts Tribal per capita payments and stipends for people with lived experience from income calculations for housing support. Thank you for these provisions.

Article 12: Housing and Homelessness

Although we appreciate the additional funding for many programs supporting and serving people experiencing homelessness, **we write urging you to ensure all programs in SF 388, the Pathway Home Act, are included and funded at the SF 388 level in the Health and Human Services budget bill.**

First, we want to thank you for including the $2 million Chosen Family pilot project funding in the Health and Human Services Omnibus. This matches the funding in the Pathway Home Act.

We would ask that other homelessness funding be restored to the levels in the Pathway Home Act, which are outlined below:

- *Emergency Services Program:* $40 million in the first biennium and $70 million in FY '26- '27
- *Homeless Youth Act:* $25 million in the first biennium and $40 million in FY '26- '27
- *Shelter Facility Grants:* $150 million one time

A few other provisions in Article 12 we want to call out:

- Thank you for including additional funding for Safe Harbor Act, and we know more is needed. Safe Harbor ensures sexually exploited young people have safe housing and support.
- And, thank you for funding the Family Supportive Housing program in the omnibus bill.

Our state is facing a housing crisis, and funding for people experiencing homelessness and housing instability is desperately needed across the state. SF 2995 makes some important and critical investments to these programs and makes long overdue changes to the Housing Support program. And, we want to thank you for that work. But, we know more funding is needed to meet the growing needs across the state.

Thank you for your time. If you have any questions, please do not hesitate to contact us.

Sincerely,

Michael Dahl
Public Policy Director, HOME Line
Homes for All Policy Co-Chair

Annie Shapiro
Advocacy Director, MinnCAP
Homes for All Policy Co-Chair

My name is Karen Barth. On November 9,2021 my husband contracted COVID-19. On that day we had no idea just how much our lives would change. Unlike others, my husband did not get better in a few weeks, a few months or even in a year. Instead, he was diagnosed with Long COVID and struggles to this day.

Let me tell you, watching someone you love struggle with this illness is hell!

My husband lives with chronic pain, fatigue, brain fog, dizziness, memory issues, blood pressure fluctuations and now added depression. This is not an all inclusive list of the many symptoms he is forced to deal with daily.

Just last week, I found myself begging my husband to not leave me as he talked about how he felt he would be better off dead. Yes, this is the reality of just how painful and hopeless Long COVID is on individuals.

It seems that people with Long COVID, to the world, the Government, and the Healthcare system are just another statistic and/ or test dummies, instead of human beings.

I want our "new normal" to be a life where those impacted by Long COVID are respected and treated with kindness and compassion. We need join together and help these individuals get back up on their feet and live again.

We need your help. We need your support. We need a cure!

Vote yes to the bill and be the change we need!

Thank you!

Statement in Support of Long Covid Funding
Annette Tousley
Minneapolis, MN
03/31/2023

Hello my name is Annette Tousley and at the end of February I marked being sick from covid-19 for 3 years. My acute phase of covid was severe and I sought testing for it at a local emergency room. There, the doctor I met with, made fun of me to my face, telling me he recently had an illness that also made him feel "really crummy" but that didn't make it SARS. I was sent home without covid testing, a pack of zofran, and later, a $1,500 bill. I would say that this has been the worst, or most traumatizing part of my story, but it's only the very beginning, and to tell it all, I would also have to include a story of inappropriate sexual touching by a cardiologist, and meeting with the top pain doctor in a health system after a months long wait, only to be sent home with the instructions for how to make my own vegan cheese. To say the healthcare field on the whole is uninformed about long covid, is a pretty big understatement.

In the last 3 years, the improvements I've had have come from different places, but at least twice, they came from private practice doctors that I had to pay for out of pocket. Because I don't have access to money beyond my own savings, I've also had to delay or not do some of the tests and scans that they've recommended, because I can't afford them.

Within the healthcare system, I'm sorry to say that I'm actually taking a break from seeking care. I've had too many people attempt to tell me I'm not sick, or say that, because the standard tests are normal, there's nothing else they can do for me. The experience has been completely degrading and emotionally unsustainable. I am after all, very sick, while experiencing this open questioning of whether or not I am sick.

At the long covid clinic, I was promised tests that were never ordered, and again demeaned and belittled by the doctor. When I asked about specific research in the field and for specific tests, it was clear the doctor didn't know what I was talking about, but instead of looking it up, I was again laughed at. And not for the first time asked, "when are you going to medical school?" As if I ever wanted to know this much about blood, tissues, organs, oxygen transfer, immune system dysfunction, or any of the other research happening. In the absence of any doctor I've met with reading about the most up to date science, I've had to read about it myself and advocate for myself to that end.

My main experience and what I hope I am expressing here is this. Doctors seem to be more incentivized to tell me there's nothing wrong with me, than they do to help me. I've been told by more than one doctor to stop seeking care.

Now let me briefly tell you how sick I've been while all of this was happening. I'll cut to the third year, because the first two I was "mild" by all accounts, even though I personally knew something was drastically wrong with my health. In my third year, I had a post exertional malaise crash that left me bedbound and in severe physical distress for months. I never knew you could get so sick without dying. In fact the first couple weeks I thought I was going to die.

Post exertional malaise, or PEM, is one of the hallmarks of this illness and one of the worst experiences a person can endure. When I get PEM my blood feels like it's been poisoned. I can't move, I can't eat, I can't listen to music, I can't watch tv, I can't hold things in my hands, even. My body goes into a shutdown state and the only thing I can do is succumb to it until the "crash" has passed. Usually for me, this also involves spending the first part of my crash on my bathroom floor or near the toilet, as my body starts the process by expelling anything in it.

So that's a "normal" crash. The one I had just about a year ago, was one of the most extreme sensations I've ever experienced. In the first day of the crash I could feel my entire spine in the most painful way, every part of my body was activated and in extreme pain from the top of my head to the tips of my toes. The crash lasted more than 6 months, and unfortunately for me, brought on news symptoms that I hadn't experienced with my long covid yet. It also made my life incredibly small. I was unable to take any vacations or nights away because I couldn't ride in a car without aggravating symptoms. I couldn't drive myself places either. Last May, my big milestone was that I walked the length of my fence line outside my house. About 50 feet.

That would be my new house, as I lost my last house to this illness. I am thankful to be in a different place this year, my fourth year of illness. Though, even 1 year out, I am not back to "baseline" from that crash.

Before this, at some point, my brain came back online and I wasn't forgetting names and words for simple things anymore. As these improvements have held for me, I plan on finding a part-time job. The prospects for what's out there, are daunting, especially since most part-time jobs won't cover my expenses. I've been living off savings for 19 months. I exhausted all of the leave options at my former job and was denied a change in working hours or jobs, so I was forced to quit. I do not have social security benefits as I have not been able to prove my illness, and many of the doctors I've met with have actually made that process harder by denying my experiences altogether and denying advanced testing.

Before I got sick I was making $165,000 a year, plus a nice bonus. I also had around $75,000 cash in my bank account, because I was saving for a big purchase and getting pretty close to realizing that dream. I want to stress the financial aspect of my situation because I'm very concerned for what's happening financially for most long haulers like me, who have been sick for multiple years now. Had I gotten sick during any other time period of my life, I would have been facing homelessness already. I can't stress enough how expensive it has been to navigate long covid in a health system that is not incentivized to know anything about the illness, and in a state/country with no accessible safety net, unless you can come up with a burden of proof that long haulers do not have.

I see the issue as complex, I'm sure people can appreciate that. But in addition to this long covid funding, we need ongoing funding for both research and medical support of the disease, and we also need ongoing funding for long haulers so that we do not need to carry the massive financial burden of being sick, while also being sick to this extreme of degree. Disability and chronic disease are already over-represented in the unhoused population, and long haulers are joining these numbers in a way that every elected representative should feel ashamed over. Without interventions like direct payments, UBI, rent or mortgage assistance, or even easier and better access to food assistance, we will not be able to survive. To be clear, we already have negative health outcomes because of these circumstances, they're just getting more serious the longer we're sick and the longer we're denied care by the state and the major medical systems therein.

Thank you for your time.

AICHO
American Indian Community Housing Organization

March 31, 2023

Dear Minnesota Senate Health and Human Services Committee:

I am writing in support of Emergency Shelter Capital and support service funding. I am the Executive Director of the American Indian Community Housing Organization (AICHO), an Indigenous-led nonprofit organization and service provider in Duluth. AICHO provides the only culturally specific domestic violence emergency shelter in our region, in operation since the mid-1990s. Dabinoo'igan Shelter serves an average of 130-160 individuals per year, with 10 beds available, and turns away over 500 individuals requesting shelter because the 10 beds are full. AICHO is in process to renovate space to increase shelter space to 24 beds. The need is overwhelming. At the Duluth Warming Shelter, a community space designed to offer unsheltered individuals a place to be overnight so they do not freeze to death, the data showed 47% were BIPOC community members who accessed this essential life-saving resource. We do not have anyway near the amount of family shelter space our community needs and unsheltered families with children suffer.

Please support funding to address shelter capital projects and essential support services. Miigwech for the work you are doing this legislative session to invest in Minnesota.

Miigwech,

LeAnn Littlewolf

Executive Director

202 W 2nd Street, Duluth MN 55802 phone 218.722.7225 / fax 218.722.4707

PCMA

March 31, 2023

The Honorable Melissa Wicklund, Chair, Health and Human Services Committee
Minnesota Senate Health and Human Services Committee Members
Minnesota Senate
Room 1100 Minnesota Senate Building
St. Paul, MN 55155

Re: **SF 2995 – Senate Health and Human Services Omnibus Bill**
PCMA Comments in Opposition to SF 2995
Article 2 Sections 9 and 10– [62J.497] NCPDP Real-Time Prescription Benefit Standard
Article 2 Section 21 – [62Q.83] Prescription Drug Benefit Transparency and Management

Dear Chair Wicklund and Members of Health and Human Services Committee:

My name is Michelle Mack and I represent the Pharmaceutical Care Management Association, commonly referred to as PCMA. PCMA is the national trade association for pharmacy benefit managers (PBMs), which administer prescription drug plans for more than 275 million Americans with health coverage provided by large and small employers, health insurers, labor unions, and federal and state-sponsored health programs.

PCMA appreciates the opportunity to submit written comments on the A2 amendment to SF 2995 which is the Health and Human Services Omnibus Bill. PCMA respectfully opposes/ expresses areas of concern in Article 2, Sections 9, 10, and 21. The language in these Sections will increase costs and we are concerned about the intended and unintended consequences as well as being able to comply. We have outlined our issues below.

o ARTICLE 2 SECTIONS 9 AND 10– [62J.497] NCPDP REAL-TIME PRESCRIPTION BENEFIT STANDARD

Our industry has concerns relative to the language in these Sections. At this time, there is **no** NCPDP Real-Time Prescription Benefit (RTPB) standard. PBMs comply with all other set NCDPD standards around ePrescribing, formulary, etc., but given there is no standard, we would be unable to comply.

o Article 2 SECTION 21 – [62Q.83] PRESCRIPTION DRUG BENEFIT TRANSPARENCY AND MANAGEMENT.

Our industry has significant concerns relative to the language in this Section which we refer to as "frozen formulary". We do acknowledge that language is included which would allow

health plans to update their formulary quarterly, for those enrollees not already taking a drug affected by the change. However, this will still restrict our ability to put downward pressure on pharmaceutical manufacturers to limit the increase of prescription drug costs and work with our clients to effectively manage formularies on their behalf.

A report by Milliman shows that **this type of policy would cost Minnesota health care payers $75 million over five-years and the state's own analysis of a similar bill this year substantiates this**. PBMs help employers, insurers, and public health programs provide their members access to safe, effective, and affordable medications, but pricing in the drug market is volatile, and there are very few tools to incent drug manufacturers to reduce prices. Formulary placement and financial incentives (i.e., lower cost sharing) to use lower-cost generics and brand alternatives are among those tools. This section threatens these cost saving mechanisms. If specific drugs are mandated to be covered, brand drug manufacturers have no incentive to provide price concessions on their drugs to make them more affordable for patients.

Significant market forces to drive down the cost of drugs will be eliminated under this section. For example, imagine that a new generic alternative or competing brand medication were introduced to the market. Under this language, even if these medications offered fewer side effects, a lower risk profile, or came at a lower cost for consumers, PBMs would be unable to encourage patients to use the new medication; favoring the more expensive brand medication and driving up costs for consumers. When hepatitis C drugs Sovaldi, Harvoni, and other competitors came to market, health insurers and PBMs would not have had the leverage to negotiate the deep discounts—around 40% off the list price—on these very expensive drugs in exchange for placement on the formulary as the preferred drug.

Currently, there are appeals processes which health plans and PBMs have in place for patients to access a non-formulary drug. The health plan or PBM works with a patient and his or her provider to provide access to non-formulary dugs where medically necessary and/or likely to create the best clinical outcome. We believe our appeals processes are fair and responsive. If the exception is allowed to drive the rule, then costs will go up, not down.

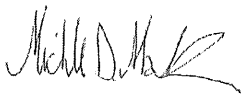
Finally, the language in Subd. 4. Not severable., needs to be updated so that it reads as follows:

> Subd. 4. Not severable. The provisions of this section shall not be severable from article. ~~1~~ 2, sections 1, 9, 10, 12-16 of this act. If any provision of article ~~1~~ 2, sections 1, 9, 10, 12-16 of this act or its application to any individual, entity, or circumstance is found to be void for any reason, this section shall be void also.

PCMA believes this Section will raise prescription drug costs for consumers, employers, and health plans. It removes important tools that PBMs use to deliver high quality services to health plans. Rather than protecting patients, 'frozen formulary' bills primarily increase costs.

Thank you for your time and consideration and please contact me should you have any questions.

Sincerely,



Michelle Mack
Senior Director, State Affairs
Phone: (202) 579-3190
Email: mmack@pcmanet.org

Sawtooth Mountain Clinic

Together Through Life

March 31, 2023

Madam Chair and Members of the Committee:

My name is Kate Surbaugh, I am the CEO of Sawtooth Mountain Clinic in Cook County, MN and I write today to urge you to include SF2966 in the current omnibus bill.

Sawtooth Mountain Clinic (SMC) was the recipient of a Preschool Development Grant focusing on community connection in 2021. This relatively modest grant was transformative for our remote, rural community. Continued funding is needed preserve this crucial work.

Sawtooth Mountain Clinic is the only provider of primary care in Cook County and the Grand Portage Reservation. The nearest specialists of any kind are located over 2 hours away for most county residents. Early Childhood services exist, but are fractured and underfunded.

The grant funding in 2021 allowed the SMC team to complete a comprehensive survey of early childhood services in the area. Enormous gaps were identified, including a devastating lack of childcare services for working parents, and poor understanding of the parental resources that were available. The information was used to add a Childcare expert to the Cook County PHHS team and SMC was able to hire an Early Childhood Navigator to help connect families to resources.

Without continued funding, these resources will go away. Rural and indigenous families deserve better. Please include SF2966 in the omnibus bill.

Thank you,

Kate Surbaugh

CEO

Sawtooth Mountain Clinic

second harvest
HEARTLAND
Food changes everything.™

March 31, 2023

Minnesota Senate
Health and Human Services Committee
Room 2107, Minnesota Senate Building
St. Paul, MN 55155

Dear Chair Wiklund and Committee Members:

On behalf of the team at Second Harvest Heartland, our region's largest food bank, I am writing to thank you for including vital funding to support Minnesotans facing hunger in the Health and Human Services omnibus budget.

Increasing base funding for the Minnesota Food Shelf Program, providing one-time support for infrastructure investments at hunger-relief organizations, and supporting Tribal food security will all go a long way to realizing Second Harvest Heartland's mission of ending hunger together. We are particularly grateful your bill includes funding to launch a prepared meals grant program, which, while not at the funding amount we had initially requested, still represents a strong first step toward supporting this work in the long term in Minnesota.

As you all likely know, hunger in Minnesota remains at a record high due to the ongoing consequences of the pandemic, elevated grocery costs, and sunsetting federal benefits. Visits at food shelves topped 5.5 million last year, more than 2 million more visits than in 2021. However, our research shows that 15% of those who are food insecure don't have the home, health, or ability to cook for themselves, meaning that a food shelf is not the best source of food assistance. Even with existing state and federal meal programs, too many Minnesotans aren't getting the support they need.

A prepared meals grant program, targeted to those who aren't eligible for existing meal programs, will help ensure the continued growth of this work in Minnesota, building on the successful distribution of American Rescue Plan funds to support the distribution of prepared meals over the last year, reaching communities in all corners of the state. We look forward to working with this committee in the future to find more funding for this grant as we face record rates of hunger in Minnesota.

Thank you for your support and for the investments you've made in addressing food insecurity in our state.

Sincerely,

Allison O'Toole
Chief Executive Officer
Second Harvest Heartland

2HARVEST.ORG
651-484-5117 | 888-339-3663
7101 WINNETKA AVE. N., BROOKLYN PARK, MN 55428

gillette CHILDREN'S

March 31, 2023

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

Thank you for your thoughtful consideration in putting together an Omnibus bill that improves health care services and access for Minnesotans. We are grateful to see several of the bills Gillette Children's supports in SF 2995a-2.

Gillette Children's operates an independent, nonprofit, specialty care, 60-bed pediatric hospital in St. Paul along with pediatric specialty clinics across Minnesota, including clinics in Burnsville, Maple Grove, St. Paul, Baxter, Bemidji, Duluth, Willmar and Mankato.

We serve children with complex disabilities, rare conditions, and traumatic injuries with a focus on brain, bone and movement conditions needing specialized expertise. Each year, we treat patients from all 87 Minnesota counties.

Thank you for including:

- Expansion of the membership of the DHS Drug Formulary Committee to increase specialty expertise and consumer representation.
- Additions to the DHS Drug Formulary Committee provisions to provide a 30-day notice to the public of the drug, drug class, and prior authorization requirements that will be discussed at the upcoming committee meeting, as well as an accurate archive of previous versions of the preferred drug list that is available to the public as this will help increase transparency and public input.
- Full funding of Minnesota's Rare Disease Advisory Council. As a newly created state agency, the funding will assist the council in fulfilling their many (needed) duties as listed in statute and ensure the expertise this council brings can assist the state in developing resources, information and policy.
- Hospital Payment Rate Modification - modifying the procedures that govern inpatient hospital rate rebasing.
- Access to a liquid form of a medication for patients who utilize tube feedings, and access to liquid methadone, without barriers or harmful delays.
- Directing the state to continue information technology updates that were put on hold due to the public health emergency
- Medical Assistance coverage for seizure detection devices
- Healthy Beginnings, Healthy Families Act, Developmental and Social Emotional Screening with Follow-up
- Comprehensive and Collaborative Resource and Referral System (Help Me Connect) for Children

gillette CHILDREN'S

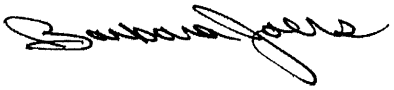
We ask that you please consider adding:

- Unrestricted Access to Services for the Diagnosis, Monitoring, and Treatment of Rare Diseases (SF 1029). This legislation has strong support from both providers and the patient advocacy community and will help to address the long diagnostic odyssey experienced by so many rare disease patients. It is essential that Minnesota providers can make timely referrals to the right provider outside of their own hospital or health system when they know where a patient needs to be seen, without network barriers or delays. Health and quality of life can be negatively impacted when appropriate, timely interventions are not provided or are delayed.

We also want to thank you for including Medical Assistance 12-month continuous eligibility for children under 21, and continuous eligibility for children birth through age 6 as a provision in SF49-DE1.

Thank you for working so hard this session to improve the lives of all Minnesotans, including children and adults with rare diseases, disabilities, and complex conditions, and their families. Please reach out to Marnie Falk, Gillette's Director of Public Policy, with any questions at marniesfalk@gillettechildrens.com.

Sincerely,



Barbara Joers
President and CEO
Gillette Children's Specialty Healthcare

Greater Twin Cities United Way
gtcuw.org

March 30, 2023

Dear Chair Wiklund and Members of the Senate Health and Human Services Committee:

At Greater Twin Cities United Way, our mission is to unite changemakers, advocate for social good and develop solutions to address the challenges no one can solve alone. Together with our partners, we touched over 500,000 lives across the nine-county metro area last year. As an organization that partners with over 100 nonprofits and coalitions across the Twin Cities region and state, we know that a holistic approach to Household Stability, Educational Success and Economic Opportunity is key to providing the foundation for individuals and families from low-wealth households to move toward prosperity. **Greater Twin Cities United Way writes in support of proposals supporting thriving children, families, and communities in SF 2995:**

- Addressing the benefits cliff through **continuous Medical Assistance eligibility for enrollees under 21** and **expanding budgeting periods to six months for the Minnesota Family Investment Program.**
- Increasing access to safe, stable, and affordable housing, which leads to multi-generational benefits for individuals and families, **by increasing investments in the Homeless Youth Act**, **allowing foster youth to retain Survivor Benefits**, and **modifying countable income of Housing Support recipients.**
- Investing in a strong early childhood care and education sector, which is critical to optimal brain development, by **strengthening the Child Care Assistance Program, supporting family, friend, and neighbor (FFN) providers**, **creating a Department of Children, Youth and Families, and funding Community Solutions Grants.**
- Supporting Minnesotans through times of crisis by **consistently funding 988**.

We know investments that improve housing stability, equitable access to affordable housing, early care, and pathways to economic success result in lasting impacts and improved long-term outcomes for individuals, families, and communities. Thank you for including these provisions in SF 2995.

Sincerely,

Susan Carter
Director, Advocacy & External Engagement
Greater Twin Cities United Way

Tina Rucci
Advocacy Manager
Greater Twin Cities United Way

CATHOLIC CHARITIES
Twin Cities

Catholic Charities at Elliot Park
1007 East 14th Street, Minneapolis, MN 55404
612-204-8500 | cctwincities.org

March 31, 2023

Senator Melissa Wiklund
Chair, Senate Health & Human Services Committee

Re: SF2995 (HHS Omnibus) Homelessness Provisions

Chair Wiklund and Members of the Committee,

On behalf of Catholic Charities Twin Cities, thank you for your commitment to addressing our homelessness crisis and for including in your omnibus bill (SF2995) emergency shelter investments that will benefit thousands of youth, adults and seniors who are without a home tonight.

Our emergency shelter system is a safety net for those most in need in our community, but lack of public investment for decades means our net is filled with holes and loose threads. Increased state investments in the **Emergency Services Program** and **Homeless Youth Act**, as well as dedicated funding for **Catholic Charities' Homeless Elders Program**, reforms to **Housing Support income policies** and establishing a **recuperative care** model will, collectively, help us provide a more supportive landing for those who may otherwise fall through the cracks.

These requests aren't new. Advocates and bipartisan legislators from across the state have been calling for this funding for years as we struggle to respond to the state's homelessness crisis. What is new, however, are the increased demands we see for shelter services, more frequent and challenging cases of substance use and mental illness among those we serve, rising rates of homelessness among older adults, and higher operating costs.

Your investments in SF2995 are a starting point for repairing our safety net. They could help prevent the closure of some life-saving shelter programs. But the needs are far greater than the funding levels currently proposed here.

As you move forward, we urge you to you keep working with partners and advocates to identify ways to build upon these investments to match levels proposed in the Pathway Home Act (SF388). The pandemic brought lessons learned, innovative pilot projects and new partnerships that, if carried forward, could help build a more robust safety net, with more of the wraparound services needed to ensure people don't become permanently caught up in it—but we can't do it without more significant and ongoing funding from our state partners.

More than ever before, we have an opportunity to disrupt trends in homelessness and ensure all Minnesotans have a safe, stable place to call home. We ask for your support.

Sincerely,

Lorna Schmidt

Lorna Schmidt
Director, Public Policy & Advocacy

David Hilden, MD, MPH, FACP
Governor

Sally Berryman, MD, FACP
Health Policy Committee Chair

KATHERINE CAIRNS, MPH MBA
Executive Director
1041 GRAND AVE. #215
ST. PAUL, MN 55105
651-492-1994 651-699-7798 (FAX)
MINNESOTA.ACP@GMAIL.COM

March 31, 2023

Minnesota Senate Health and Human Services Committee
Senator Melissa Wiklund
anna.burke@senate.mn

Dear Senator Wiklund and Members of the Senate Health and Human Services Committee:

On behalf of the Minnesota chapter of the American College of Physicians, we respectfully encourage you to support and vote in favor of specific sections in the omnibus Health and Human Services omnibus bill **SF2995.** The Minnesota chapter of the American College of Physicians (MN-ACP) represents nearly 2500 internal medicine physicians and internal medicine trainees that take care of adult patients in clinics/hospitals throughout the state. The following provisions of the bill support improving health, healthcare access and increasing health equity for Minnesota residents.

- MA Coverage of Recuperative Care Services (Art. 1, Sec. 24) pg. 31
- Audio-only telehealth extension (Art. 2, Sec. 7) pg.65
- All Payer Claims Database (APCD) changes for increased transparency (Art. 2, Sec. 27) pg. 88
- Workplace safety grants (Art. 4, Sec. 80) pg. 205

While the following items are not included in the Senate Health and Human Services omnibus bill SF2995, the Minnesota chapter of the American College of Physicians also strongly supports: the expansion for Rural physician primary care residency training programs; the updates to the Comprehensive Drug Overdose and Morbidity prevention programs; and Public Health substance use referral/treatment. These programs, supported in the House Health financing omnibus bill, support expansion of rural primary care and important cost-effective behavioral health/substance use prevention and treatment programs that will reduce morbidity and mortality.

As physicians, we see first-hand the impact of disparities in health care coverage and access on our patients and their families. These provisions of **SF2995** will help improve public health, reduce and prevent health disparities and increase access to treatment. Thank you for your consideration. Please contact Minnesota.ACP@gmail.com if you have any additional questions.

Sincerely yours,

David Hilden

David Hilden, MD, MPH, FACP
MN-ACP Governor

Sally Berryman, MD

Sally Berryman, MD, FACP
MN-ACP Health Policy Committee Chair

VOICES & CHOICES
for children

March 30, 2023

Dear Chair Wiklund and Members of the Committee,

The Voices and Choices for Children Coalition strongly supports Article 13, Section 18 of the Senate Health and Human Services Omnibus Bill SF 2995, Community Solutions for Healthy Child Development Grant Program. This historic program focuses on improving measures of well-being for children of color and American Indian children in Minnesota prenatal to grade 3 through a community and equity-centered approach across the state.

Currently, twenty-two innovative community-generated solutions are being put to work tackling persistent unequal child outcomes across the state with funding from Community Solutions. The funding in SF 2995 will help us harness additional assets and knowledge within communities. To the extent additional funding is available, it would only increase the program's ability to deliver on its promise of a healthy future for every Minnesota child.

Our coalition focuses on shaping more equitable practices and policies that will support better outcomes for children of color and American Indian children prenatal to 8 years old across the state. More than ever, we want to ensure every Black, Indigenous and child of color and their families in Minnesota are valued in systems and in society in a way that allows for them to have equitable access to resources that celebrate and affirm their cultural background, race, ability, and experience so that they have opportunity to thrive and live their fullest lives. With this opportunity, we can go beyond imagining the many ideas in the state of Minnesota to approach language immersion, home visiting, and other topics around social determinants of health that potential grantees will be able to put into place.

The grant program is guided by a Community Solutions Advisory (CSA) Council comprised of 12 community members who bring professional expertise and lived experience in racial equity, early childhood development and advocacy. The council has been involved from the beginning of the grant program in the RFP creation, reading and scoring applications, and ongoing support and advocacy for more streamlined implementation and processes. The council's process has influenced other grant programs within the Department of Health to prioritize organizations that have 51% or more of their staff and board be comprised of Black, Indigenous and people of color. It is also poised to submit a set of recommendations to more equitably administer the program to the Commissioner of Health based on learnings from the last three years of the pilot.

We acknowledge that there are many other important provisions for children and families within SF 2995. **The Community Solutions for Healthy Child Development Grant Program is an important step in making Minnesota the best state to raise a child.**

Thank you,

Dianne Haulcy

Rinal Ray

Dianne Haulcy
Steering Committee Co-Chairs
Voices and Choices for Children Coalition

Rinal Ray

MINNESOTA COMMUNITY CARE

380 East Lafayette Frontage Road, Suite 200 | St. Paul, MN 55107
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03/31/2023

To Whom it May Concern:

I am writing to offer testimony to support the inclusion of funding for the Comprehensive Drug Overdose and Morbidity Prevention Act in the Health Budget.

I am a board certified nurse practitioner who works with unhoused and marginally housed adults in Saint Paul, Minnesota. I have been doing this work for four years and have been privileged to hear the stories and witness the lives of many people experiencing homelessness in the Twin Cities. One of my passions is caring for people who use drugs. I provide medication assisted therapies for substance use (such as suboxone) and educate my patients on how to avoid overdose and other substance use related injuries or illnesses.

In my time providing health care for this population, the number of drug overdoses experienced by my patients and their friends has increased significantly. According to the Minnesota Homeless Mortality Report, deaths from substance use are 10 times higher among people experiencing homelessness than the general Minnesota population. 1 in 3 deaths among people experiencing homelessness are caused by substance use- especially opioids.

These deaths, illnesses and injuries from substance use are preventable. The $67 million dollars requested by Governor Walz for the Comprehensive Drug Overdose and Morbidity Prevention is critical to connect people with substance use treatment and harm reduction services in order to reduce the number of these preventable deaths among ALL Minnesotans, including our unhoused citizens.

Please re-instate this funding into the Health Budget. It is critical in keeping Minnesotans safe and alive.

Thank you,

Morgan Weinert, AGPCNP, PMHNP, AAHIVS
Medical Director of Co-Located Sites
Minnesota Community Care

T hank you to the committee for allowing me to share my thoughts on an important issue-Long COVID. First, I want to acknowledge that many people with Long COVID are unable to write or travel to share their experiences with you due to how disabling the disease is.

My name is Terri Wilder, the chair of #MEAction Minnesota, and a person living with ME/CFS (https://www.meaction.net/learn/what-is-me/). I know first-hand the impact of having a disease that's underfunded and under-researched. It can destroy your dreams and quality of life. I'm determined to prevent others from experiencing the same thing.

It's estimated that 10-20% of all Minnesotans who got COVID-19 have experienced Long COVID symptoms. This suggests there are potentially hundreds of thousands of Minnesotans with Long COVID who are experiencing significant impacts to their health, functionality, and quality of life, AND that includes children, adolescents, and young adults.

It's estimated that around 50% of people with Long COVID meet the clinical criteria for the disease I have... ME/CFS. This disease is a disabling and complex disease that impacts multiple body systems. ME/CFS is a neurological disease, according to the World Health Organization.

I also want to highlight that COVID-19 has disproportionately impacted Black, Indigenous, and other non-white communities, as well as low-income, rural, disabled, and elder populations. Epidemiologic surveys and investigations are needed to understand the impact of Long COVID in these communities and to address specific concerns and needs.

Federal efforts around Long COVID have been slow and do not provide the needed resources to establish action and infrastructure at the state and community level. That's why the Long COVID funding proposed in the Governor's budget is critical. This funding will raise awareness of Long COVID and develop and implement up-to-date statewide consensus guidance for Long COVID diagnosis, treatment, and care coordination. It will also co-design tools and resources to support people with Long COVID, their families, primary care providers, public health practitioners, schools, employers, and local communities.

Supporting this funding is the right thing to do. It's critical that these dollars be made available to support and expand the Minnesota Department of Health's work around Long COVID, as well as to ensure that funding is funneled into community based organizations providing services to those impacted by Long COVID.

Thank you again for your attention to this matter. We have an opportunity to make a real difference in the lives of Minnesotans with Long COVID and set an example for states across the country. I urge you and your colleagues to support this funding.

Thank you,

Terri L Wilder, MSW

Chair, #MEAction MN

www.meaction.net

March 30, 2023

Chair: Senator Melissa H. Wiklund
Location: *(Hybrid Hearing)* G-15 Capitol

Subject: Written testimony for bill #SF2995

Dear Senator Melissa,

As the President of the Hmong Health Care Professionals Coalition, we support the bill # SF2995.

Our coalition is a grassroots partnership of Hmong public health experts based in St. Paul. Since its founding in 1995, the HHCPC has grown to become a central public health resource for Minnesota's Hmong community. Its members and volunteers participate in research, educate patients, develop best practices, and provide leadership to other health groups. For over 25 years, we have been providing free flu clinics regardless of insurance coverage, hosting health conferences, doing health screenings at the J4 Freedom Festival and doing videos and Hmong talk show radio on various topics to educate the Hmong community. HHCPC have been on the forefront in the community with providing educational awareness, education on COVID, the vaccine and working tirelessly with covid and flu clinics.

During the pandemic, our coalition saw the biggest struggle and racial disparity within the Hmong community. As a Hmong American woman, I saw my community get hit with the pandemic the hardest. For those that didn't have education or literacy understanding, they didn't know where to go to get their vaccine. That is still a problem today, where people in our community don't have established primary care physicians or how to navigate the healthcare system on how to find dental care or set up for preventative care. Due to language barriers, they are left waiting for their children or family caregivers to handle these wearying tasks for them. We need funding from a bill like #SF2995 to allow us to keep doing our work and continue to close the gap on the racial disparity. The pandemic is not over yet and our work is not done yet.

In Conclusion, the Hmong Health Care Professionals Coalition appreciates the opportunity to support the bill #SF2995 and look forward to continued collaboration. Thank you for giving us the opportunity to provide our written testimony.

Sincerely,

Yangmee Lor

Yangmee Lor

President, Hmong Health Care Professionals Coalition

Minneapolis
City of Lakes

Minneapolis
Health
www.minneapolismn.gov

March 31, 2023

Senator Melissa Wiklund
Chair of the Committee on Health and Human Services

Re: SF 2995, as amended—Wiklund: Department of Health provisions modification and appropriation

Dear Chair Wiklund and Members,

The City of Minneapolis is submitting this written testimony regarding SF 2995, as amended. Below is a list of our priorities. While we are supportive of many provisions in this bill, we have some concerns about funding and items that are not included:

- **Public Health Systems Transformation**: Thank you for including $21,400,000 in grants to local and tribal public health and funding for the Public Health AmeriCorps program. In addition, we view Community Health Workers as part of the public health infrastructure and are happy to see that they are included.
- $8.4 million for **Emergency Preparedness (EP) funding** for local public health departments and tribal governments. Thank you for including this provision in the bill as Federal funds provide the only stable support for the Minneapolis Health Department. We have been in constant response mode since 2018 (encampments, Drake Hotel fire, COVID) and federal funds alone are insufficient to cover staff or community EP expenses.
- **School Based Health Clinics**: $3,364,000 in FY 24-25 and $5,966,000 in FY 26-27 for grants provide to expand school-based health. Thank you for including this in the bill. Minneapolis operates eight high school-based clinics and provides integrated medical, mental health and health education services. This funding would help replace federal funds slated to end May 2023.
- **Grants for Peer Led Adolescent Mental Health Promotion** are not included, and we would encourage the same level of funding as what the House and Governor are proposing.
- **Elevated Blood Lead Level (EBL)**: We support reducing the EBL from 10 mg/ug to 3.5 mg/ug and have been intervening at 5 mg/ug for some time. We don't receive any state funding for this activity and know that intervening at 3.5 mg/ug will cost the Minneapolis Health Department at least $220,000 per year and an estimated $612,000 for property owners. **We are requesting that state funding for local public health be added to this bill.**
- **Targeted Home Visiting**: Thank you for including $20 million in ongoing funds to support home visit for pregnant and parenting families. About 40% of Minneapolis births are covered by Medical Assistance yet less than 10% of families are served by home visiting. Home visiting has been shown to improve parent and child well-being through the reduction of adverse childhood experiences.
- We are concerned that funding for the **Comprehensive Overdose and Morbidity Prevention was not included.** Minneapolis is facing a crisis in that unsheltered and culturally diverse persons often do not have access to prevention and supportive services.

- We are grateful that funding for **Emergency Shelters** has been included in this bill, as targeted funding is needed for ongoing shelter operations and homeless response in Minneapolis and Hennepin County to ensure that we have no gaps into the future.
- **Supporting long COVID survivors**: Thank you for including $3.1 million to provide guidance and tools for providers and patients suffering with the long-term impacts of the pandemic but funding will be needed beyond 2024-26.
- Thank you for including language to reinstate the **Fetal and Infant Mortality Case Review Committee and provide funding.** In Minneapolis, there are significant disparities by race/ethnicity in that Black and American Indian babies are 3 and 4 times more likely to die than white babies.
- Lastly, we are appreciative that grants to local government ($12.5 million/biennium) to promote local planning for **Climate Resiliency** was included which will impact our ability to implement our climate equity plan.

Sincerely,

Damōn Chaplin
Commissioner of Health
City of Minneapolis

WHOLE WOMAN'S HEALTH OF MINNESOTA

March 28, 2023

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

Dear Chair Wiklund:

On behalf of Whole Woman's Health of Minnesota, we urge you to support a 50% increase in the Medical Assistance reimbursement rate for abortion services in your Health budget.

Whole Woman's Health of Minnesota (WWH of MN) is a non-profit organization committed to providing holistic reproductive care for our patients, including abortion care, and to eradicate abortion stigma. We believe every person deserves the compassion, respect, and dignity of being able to safely and legally end a pregnancy.

As independent abortion providers and advocates, we were thrilled to support the passage of the Pro Act in January and we continue to work towards enacting the Reproductive Freedom Defense Act and the Reproductive Freedom Codification Act. However, the most important way the legislature can make an impact on abortion care access is by raising the Medical Assistance reimbursement rate for abortion to ensure abortion providers can sustainably offer quality and affordable care to Minnesotans.

Medical Assistance is a critical program that ensures Minnesotans working to make ends meet have insurance coverage to lead healthy and productive lives and that no one is denied abortion coverage because of how much they earn. However, for the twelve years that Whole Woman's Health (WWH) has provided high quality, stigma-free abortion care at our clinic and via telemedicine, the Medical Assistance reimbursement rate has never increased and is nowhere near what it costs to provide the care. While a core part of our mission at WWH is to see any patient who needs our help, regardless of their ability to pay, the low and unchanged Medical Assistance rate means that we operate at a near 50% loss when serving our patients. Raising the reimbursement rate by 50% would help to close that gap and meaningfully contribute to financial stability for the small number of abortion clinics in Minnesota who are now serving an even larger population of people from across the region. Without fair reimbursement rates, trusted abortion providers in Minnesota are unable to sustainably operate and may be forced to close their doors. When we have fewer providers in our state, Minnesotans seeking abortion care will face longer wait times, have to drive longer distances, and see providers who are not in their community, creating insurmountable financial and logistical barriers.

Fair reimbursement rates are an important part of ensuring abortion is affordable, available, and supported for every Minnesotan.

8053 E. Bloomington Freeway, Suite 450 Bloomington, MN 55420

Phone: (612) 376-7708 Fax: (612) 376-9665

www.wholewomanshealth.com

WHOLE WOMAN'S HEALTH OF MINNESOTA

To ensure Minnesota is a beacon of reproductive freedom for Minnesotans and our friends from surrounding states, we respectfully urge you to increase the Medical Assistance rate for abortion care by 50% in your forthcoming budgets. Thank you for your time and if you have any questions, please don't hesitate to reach out to Karmann Peters, Minnesota Manager of Community Partnerships, at Karmann@shiftstigma.org.

Sincerely,

Whole Woman's Health of Minnesota

8053 E. Bloomington Freeway, Suite 450 Bloomington, MN 55420

Phone: (612) 376-7708 Fax: (612) 376-9665

www.wholewomanshealth.com

Minnesota Farmers Union

305 Roselawn Ave E ▪ Suite 200 ▪ St. Paul, MN 55117
Phone: (651) 639-1223 ▪ www.mfu.org

March 31, 2023

Chair Melissa Wiklund
Senate Health and Human Services Committee
2107 State Office Building
95 University Ave. W
St. Paul, MN 55155

Dear Chair Wiklund and committee members:

On behalf of Minnesota Famers Union (MFU), I write to share our organization's support for the inclusion in Article 4, section 35 of provisions from SF1681 in the committee's omnibus finance bill (SF2995), which will provide the Minnesota Attorney General with additional tools for reviewing and approving hospital mergers in Minnesota.

MFU is a grassroots organization that has represented Minnesota's family farmers, ranchers and rural communities since 1918 and at our most recent annual convention our members voted to make access to affordable healthcare our top priority for this year. Critical to realizing that vision is addressing the extreme concentration of healthcare, particularly among hospitals in rural communities, and the language in Article 4, Section 35 does that.

Minnesota spent over $60 billion on healthcare in 2020, with $20.1 billion spent on hospital care, the largest share of healthcare spending in the state.[i] The amount spent on hospital care increased by over 26% between 2016 and 2020 and hospital mergers are part of the story.[ii] A wide body of research has established that hospital mergers lead to higher prices, as does provider consolidation more generally, whether horizontal or vertical consolidation.[iii]

Rural Minnesota has been heavily impacted by this consolidation as it has one of the most highly concentrated hospital markets in the entire country.[iv] A 2019 study in Health Affairs found that highly concentrated hospital markets lead to higher health insurance costs on the individual market, which disproportionately impacts independent business owners like family farmers.[v] In addition to higher costs, hospital concentration leads to closed hospitals or reduced services. Hospital systems are also increasingly buying up independent physician practices, which further erodes the choices patients have.[vi]

Despite the issues healthcare concentration creates for Minnesotans, mergers continue. Part of the challenge is that antitrust law and enforcement are not adequate to address the monopolization of healthcare. Decades of lax enforcement and legal doctrines narrowing the applicability of antitrust law, have left these protections buried under a mountain of bad case law that limits the effectiveness of antitrust lawsuits.

Cross-market mergers like the proposed merger of Sanford Health and Fairview Health Services, which involve hospitals operating in different geographic markets, have been particularly problematic. Despite a successful track record in the 1990s of preventing more traditional hospital mergers, the FTC and other enforcers have not challenged a single cross-market merger in federal

court.[vii] As a result, it is estimated that as of 2019 nearly 70% of hospital systems were cross-market systems, exacerbating the challenge of reigning in healthcare costs.[viii] A study in the RAND Journal of Economics found that hospitals acquired by out-of-market systems increased prices by about 17% more than unacquired, stand-alone hospitals as well as driving up prices at nearby rivals.[ix]

Enforcement of antitrust is further strained by federal exemptions such as the exemption in the FTC's enforcement authority that prohibits the agency from enforcing antitrust laws against the anticompetitive practices of non-profit entities like the ones that are predominant in Minnesota's healthcare system.[x]

While legal theories might not view cross-market mergers as problematic, the real-world impacts demonstrate they are. This legislation will address the shortcomings in antitrust enforcement, particularly in the case of cross-market mergers. The language in Article 4, Section 35 establishes clear enforcement authority for the Attorney General, allowing the office to enjoin or unwind mergers and acquisitions that fail to protect the public interest.

This language will address the unrealistically high standards for successfully challenging healthcare mergers under traditional antitrust law by spelling out a broad array of potential factors that could be contrary to the public interest including limiting access to affordable and quality care, reducing delivery to underserved populations, increasing costs for patients or negatively impacting the market for skilled health care workers. This bill also prohibits any transaction that would substantially lessen competition or tend to create a monopoly or monopsony (monopoly power of a buyer).

Various states across the country have recognized the importance of addressing the unique challenges of hospital consolidation and established authority similar to the provisions from Article 5, Section 35. The Source on Healthcare Price & Competition, a project of the University of California Law School, San Francisco, reports that 13 states have merger review and approval processes for healthcare transactions, while a handful of other states have more limited approval.[xi]

Minnesota is also hampered by limited pre-merger notification requirements under Minn. Stat. § 317A.811 within the Nonprofit Corporation law and the general investigative authority the Attorney General has under Minn. Stat. § 8.31. Attorney General Ellison detailed for the Commerce Committee how the speed of the proposed merger between Sanford and Fairview has comprised his office's ability to properly review the potential impacts of the transaction. Under existing law, he is left pleading with CEOs to turn over information before a merger is finalized.

The language in this omnibus bill will rectify that problem by creating a robust pre-merger notification system for potential hospital mergers with clear timelines and a comprehensive list of information health systems would be required to turn over. This will ensure the Attorney General has the time and information necessary to complete a thorough investigation and analysis of the possible impacts a transaction would have on Minnesota's healthcare system.

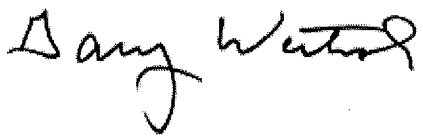
Given the entities and providers covered by this law, these hospital merger provisions will also improve the Attorney General's ability to address certain types of vertical consolidation in healthcare, such as the rising number of physician practices being acquired by large health systems.

While this legislation is a major step forward and will create strong antimonopoly protections for healthcare in Minnesota, MFU would encourage legislators to consider several important additions

to this legislation. The Attorney General and Department of Health should be required ("shall" instead of "may") to provide opportunities for public input under Subd. 2 of Section 35 in Article 4. The factors that inform whether a transaction is contrary to the public interest in Subd. 5 should include consideration of the impacts a merger could have on wages, working conditions and collective bargaining agreements for healthcare workers.

MFU looks forward to working with this committee to ensure this legislation is as strong as it can be. If you have any questions, please contact our Government Relations Director, Stu Lourey, at stu@mfu.org or (320) 232-2047 (C). Thank you for considering the needs and perspectives of Minnesota's farm families.

Sincerely,



Gary Wertish
President, Minnesota Farmers Union

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[i] https://www.health.state.mn.us/data/economics/docs/2020spendingrpt.pdf
[ii] Ibid.
[iii] https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation/
[iv] https://sourceonhealthcare.org/market-consolidation/
[v] https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05491
[vi] http://www.physiciansadvocacyinstitute.org/Portals/0/assets/docs/Hospital-Driven-Consolidation_Web.pdf?ver=2019-10-11-093623-523#:~:text=Over%20the%20period%20between%20July,growing%20from%2094%2C700%20to%20168%2C000.&text=Growth%20occurred%20in%20every%20region%20of%20the%20nation.
[vii] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4037747
[viii] https://doi.org/10.1377/hlthaff.2022.00337
[ix] https://doi.org/10.1111/1756-2171.12186
[x] ftc.gov/system/files/documents/public_statements/1520570/slaughter_-_hospital_speech_5-14-19.pdf
[xi] https://sourceonhealthcare.org/market-consolidation/

GENDER JUSTICE

663 UNIVERSITY AVENUE WEST
SUITE 200
SAINT PAUL, MN 55104

PHONE 651.789.2090

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

March 31st, 2023

Chair Wiklund and Members of the Committee:

Gender Justice is the organizational home of UnRestrict Minnesota, an expansive, diverse, and inclusive coalition for reproductive rights, health, and justice. UnRestrict Minnesota is a multi-racial coalition of more than 30 health care clinics, abortion funds, practical support groups, LGBTQ advocacy groups, faith communities, organizers, lawyers, doulas, and many more.

Our coalition represents the majority of Minnesotans. Across the state, Minnesotans have made their support for abortion rights abundantly clear — including by sending to the legislature our state's first pro-reproductive-freedom majority ever.

We are writing in support of the Health and Human Services Omnibus Bill (SF 2995). Reproductive rights are meaningless without access. Abortion services are reimbursed at extremely low rates. Thus, we are grateful for including an increase to reimbursement rates for abortion and family planning services. However, we urge you to consider a 50%, rather than 10% increase. Many independent clinics see a disproportionate share of Medicaid patients and are only able to make ends meet through grants and fundraising. This is all the more unsustainable and urgent due to the 40% increase in second trimester abortions due to restrictive laws that are increasing patient load overall in Minnesota, and the threat of nationwide changes to medication abortion due to a pending Texas court case.

We thank you for including these items, along with the myriad investments this bill makes in health, well-being, and equity for all Minnesotans. Thank you for your leadership.

Sincerely,

Megan Peterson

Megan Peterson
Executive Director, Gender Justice

Association of Minnesota Counties | MACSSA Minnesota Association of County Social Service Administration | EQUIFAX

March 31th, 2023

RE: SF2995 – Senate Health and Human Services Omnibus Finance Bill

Chair Wiklund and Health and Human Services Committee Members,

We are writing to urge you to support full funding for instant employment and income verification services for public assistance program eligibility through the Department of Human Services.

We support the state fully funding the cost of this service, as Chair Noor's HF2286 reflected: $2,345,000 in 2024; $2,518,000 in 2025; and $2,754,000 in both 2026 and 2027. DHS provided the technical assistance for these numbers, to verify that these appropriations would fully fund the existing contract to meet the expected need for both economic supports and health care eligibility.

The Work Number® (TWN) is the service used by DHS and its county and tribal partners to provide employment and income verifications for CCAP, SNAP, MFIP, and Medicaid benefit determinations. The Work Number is required so our county caseworkers can quickly, securely, and automatically verify an applicant's current employment and income information. Using TWN significantly reduces caseworker time spent acquiring hard copies of paystubs or other supporting documentation from the applicants, reduces the time to benefit, and reduces churn. Some employers will not provide verifications outside of TWN, so not using it can even lead to case closure or denial because caseworkers are unable obtain the information they need to grant the benefit.

The Department of Human Services has funded the contract for The Work Number and allowed the counties/tribes to use the service since 2014. The current contract continues this service through 2026; however, the current biennial funding was provided by COVID dollars and is set to expire on June 30, 2023, leaving the following three years without funding.

In the proposed FY 23-25 budget, Governor Walz recommended investing partial funding for the contract, with the remaining funds unfortunately being shifted to the individual counties and tribes. The Governor's budget recommendations for these important services can be found in the DHS supplemental budget proposal on pages 138-141. SF2995 currently matches the Governor's proposal.

Reducing or eliminating state funding for this service will lead to people losing services and would put a heavy burden on the counties to fully fund the contract. The result of losing this service will be inequitable access for human services recipients across counties, significant decrease in case worker efficiency, financial burden on county/tribe budgets, and a laborious administrative burden.

In order to avoid any disruption to the services, Association of Minnesota Counties, the Minnesota Association of County Social Service administrators and Equifax requests the contract be fully funded through the Children and Families Committee Omnibus Bill.

Please feel free to reach out to Matt Freeman at AMC/MACSSA or Caroline Wertis at Equifax with questions. We look forward to following up with you soon on this important topic.

Matt Freeman
mfreeman@mncounties.org
(612) 298-0845

Caroline Wertis
caroline.wertis@equifax.com
(612) 271-6214

THIS IS MEDICAID

March 31, 2023

Re: SF 2995a-2

Chair Wiklund and Members of the Senate Health and Human Services Committee,

Thank you for the opportunity to share our comments on SF 2995a-2.

This Is Medicaid (TIM) is a diverse coalition of more than 50 nonpartisan organizations from across Minnesota partnering to protect and improve Medicaid. We seek measurable and positive outcomes for all Minnesotans – in particular, policies that improve the health outcomes of Black, Indigenous, People of Color (BIPOC) communities; address geographic, racial, and economic inequities; and promote health justice in Minnesota. TIM is committed to identifying opportunities to preserve and improve Minnesota's Medicaid program, Medical Assistance, as we continue to grapple with the pandemic and the compounding health impacts it leaves in its wake. While our coalition is thankful for many of the provisions included in SF 2995-a2, we want to extend our thanks for your inclusion of:

- **Continuous Medical Assistance Eligibility for Children**
- **Medical Assistance Coverage for Seizure Detection Devices**
- **Medical Assistance Coverage for Recuperative Care**
- **Expansion of the DHS Drug Formulary Committee and Preferred Drug List Reform - Including Access to Liquid Medications**

We respectfully ask that you please include:

- **Increased Access to Services for the Diagnosis, Monitoring, and Treatment of Rare Diseases (SF 1029)**

We believe this legislation has the potential of helping many Minnesotans, including those enrolled in Medical Assistance, and could actually result in cost savings to the state. For an undiagnosed rare disease, multiple diagnostic tests, medical appointments, repeated emergency room visits, and ultimately unwarranted interventions can add to the costs of the disease. Many people with rare diseases experience irreversible damage as the disease progresses. Some may miss points in time when interventions could help. Access to the right provider at the right time can provide cost savings to both the health care system as a whole, and to individual patients and their families. Most importantly SF 1029 can increase quality of life for Minnesotans on Medical Assistance with a rare disease.

Please reach out to us with any questions or concerns at thisismedicaid@gmail.com.

Sincerely,

Erin Sutton and Michelle SanCartier
This is Medicaid Co-Conveners

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