



Minnesota Hospital Association

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Letter to the members of the House Early Childhood Finance and Policy Division

December 11, 2020

Dear Rep. Pinto and Division members:

Since March, Minnesota's hospitals and health systems have been immersed in caring for COVID-19 patients while simultaneously providing other emergent health care services. To date, some 363,710 COVID-19 cases have been confirmed in Minnesota, with 18,809 needing hospital care and some 4,106 individuals needing an intensive level of care.

Over the last nine months, we have focused solely on providing excellent patient care by ensuring an adequate supply of ICU beds, ventilators and continuously trying to acquire Personal Protective Equipment for our essential health care staff. More recently, our biggest challenge has evolved toward staffing challenges. Keeping staff healthy and in the workforce is what is now driving our care capacity concerns.

The Minnesota Hospital Association (MHA) has been surveying our members, specifically asking about workforce absences and their underlying causes. The following are the top three reasons for health care employees reporting why they are unable to come to work during the pandemic: Number 1: A COVID-19 diagnosis or other illness, Number 2: Following quarantine guidance due to exposure, and Number 3: lack of childcare. This raises concerns about the need for additional childcare availability, particularly if it can be targeted for essential health care workers. MHA recognizes that childcare providers and facilities face similar challenges --- with staff being unavailable due to illness, quarantine policy, and caring for family members.

MHA supports policies creating additional childcare availability and would strongly encourage prioritization of capacity focusing on the children of essential employees and essential health care employees.

Childcare services within the schools became much more challenging for hospitals and health systems when the state changed its Tier 1 policy. Initially, to qualify for a Tier 1 placement, only one parent needed to be designated as an essential worker. As availability became tighter, the state changed its policy to require both parents (if it was a two-parent household) to be essential workers to qualify for a Tier 1 status. This reduced the availability of school childcare slots in many communities and for hospital employees. Elementary school closings create more challenges for keeping health care workers on the job than do the school closings for older students.

MHA certainly recognizes the need for additional financial support for childcare providers in the coming months. We are uncertain as to the appropriate amount or distribution mechanism. To reiterate, we believe a targeted approach and prioritization could provide the most value to Minnesotans during this historic crisis.

Thank you for your consideration of our comments.

Best.

Mary Krinkie

Vice President, Government Relations