



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

May 4, 2021

Senator Michelle Benson  
Chair, Health and Human Services Finance  
Minnesota Senate  
3109 Minnesota Senate Building  
St. Paul, MN 55155

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

Dear Chair Benson and Chair Liebling,

I am writing to you today regarding the conference committee for the Health and Human Services Omnibus bill (HF 2128). I appreciate all of the hard work that has gone into creating these two bills, and all of the work we will do together in the coming days to strengthen health in Minnesota.

As the last year has taught us, public health has never been more critical, but you cannot wait for a pandemic or other emergency to make sure the system is ready to respond. We also know that prevention saves money, prevention saves time, and most importantly, prevention saves lives.

I want to thank you both for your support for adjustments to the State Government Special Revenue Fund (SGSR) and several of our policy proposals in both bills. However, I am concerned to see the lack of funding for many of the Governor's other prevention strategies in the Senate bill.

#### **Administration Priorities**

We are especially appreciative of the inclusion of the Governor's Budget proposals making SGSR adjustments for newborn screening and the asbestos and radioactive materials programs, as well as several Housekeeping proposals, including securing access to birth and death records. I would also like to thank the House for including several of our policy proposals, adding general surgery to the international medical graduate program, and an update to the Ground Water Protection Act.

#### **House Provisions**

I'd like to express my added appreciation for the inclusion of several other public health priorities in the House language:

##### **Sustained Investments**

Thank you for shoring up the MDH public health emergency account. When the legislature passed the initial COVID funding bill last March, we never imagined how costly this response would be. We are appreciative to the legislature for this sustained investment in public health preparedness in Minnesota.

Additionally, I was pleased to see new investments to support local public health and address health disparities. The COVID vaccine rollout has been one of the most ambitious public health endeavors in the history of our country, but because of Minnesota's strong vaccine ecosystem, we have consistently been one of the nation's leading states for our rollout. However, we know we can always do better. This is why I am also pleased to see the inclusion of language to strengthen our vaccine equity work, and I know that we are already incorporating lessons

learned over the past year about equity and outreach to strengthen the Department's work to address disparities going forward.

### **Agency Operating Adjustment**

Finally, I appreciate the House's inclusion of the operating adjustment for the Department to help us maintain our current services as the cost of doing business rises each year.

### **Senate Provisions**

There are, however, several items that I am disappointed to see are included in the Senate language that are outlined below:

#### **Statewide Health Improvement Partnership (SHIP) Changes**

I urge you to reconsider the proposed cuts to SHIP. Minnesota needs both SHIP on a statewide basis, and strong funding for the core services of local public health. As written, this bill dismantles a program that has deep community relationships that are essential to the ongoing work of local public health and tribal health, and that have also helped us pivot and respond to the pandemic in real time.

Through SHIP, Minnesota has led the nation by creating and sustaining an approach to implement evidence-based, locally driven, population-level efforts to improve health and well-being. SHIP local public health (LPH) and tribal health work closely with schools, worksites, health care partners, and community-based organizations to implement strategies to increase access and consumption of healthy food, access and participation in physical activity and decrease first use and promote cessation of commercial tobacco. For 2020-2021, of 1000 strategies enacted by local and tribal partners, 86% of rated activities were either evidence-based - rated proven-effective or promising. An additional 14% of activities were theory-based or culturally informed. SHIP uses evidence based approaches validated by Results First, and has saved lives and hundreds of millions of dollars in avoided health care costs.

Over the past year, as Minnesota has faced the COVID-19 pandemic, SHIP has played an essential role. SHIP has used its existing network of partner organizations at the local level and across tribal nations to help organize efforts to provide critically needed emergency food relief, create physical activity opportunities for youth and adults alike, support schools in their meal preparation and meal distribution work and promote the availability of mental health and suicide prevention resources, as well as other work designed to keep all people living in Minnesota healthy during the pandemic.

One of the lessons of the COVID pandemic is that in Minnesota there are highly vulnerable populations who have borne the brunt of severe illness, hospitalization and death. Within those populations are people who suffer from the chronic diseases SHIP is working to reduce—those with heart disease, type 2 diabetes and stroke. SHIP local, tribal and statewide strategies reach all residents by changing environments and policies to ensure everyone has access to opportunities to be active, eat healthy foods and limit exposure to commercial tobacco. These foundational environmental and policy changes lead to generational behavior change, improving not just the health of those impacted by chronic disease, but also help to instill healthy habits that last a lifetime.

I cannot emphasize enough the strains that the past year has put on our public health system, and the impact that has been revealed of years of underfunding by all levels of government. Thank you for your attention to increasing local public health funding. I believe that both increases to the local public health grants and maintenance of the SHIP funding are merited now to strengthen public health in Minnesota.

### **Health Disparities**

Addressing Minnesota's troubling health disparities is a priority we share. While I welcome the proposed development of a model curriculum on antiracism and implicit bias for hospitals with obstetrics care and birth centers, I do not believe that taking money from our Eliminating Health Disparities Initiative grants to pay for it is the best solution. I look forward to working with you to find other ways to fund this work.

### **Licensure of Abortion Facilities**

The inclusion of new licensure for abortion facilities singles out a small number of health providers—out of over 800 clinics throughout the state. This new regulation is unnecessary as these facilities are already regulated through physician licensure rules set by the Board of Medical Practice. Further, this legislation interferes with the patient-physician relationship and the constitutional right to privacy.

### **Investing in our Infrastructure**

I am concerned that our proposed Operating Adjustment is not funded. The cost of delivering effective government services grows each year, and while we do challenge ourselves to make tough choices about our priorities and continuously look for ways to improve our efficiency, we cannot maintain the services Minnesotans expect without periodically adjusting budgets to reflect growing costs.

### **Tobacco Cessation and Prevention**

Finally, Madam Chairs, I will also reiterate the importance of including new investments in tobacco cessation and prevention and hope that it is included either in HHS or in the Taxes bill. This will be an important resource for further reducing commercial tobacco use and new forms of addiction such as vaping in Minnesota.

### **In Closing**

In conclusion, while our attention this past year has been on the dramatic impact of a global infectious disease pandemic, we must also remember the importance of investing in prevention across the whole breadth of health issues we face. We spend 80% of our health care dollars treating chronic diseases. These are diseases that can largely be prevented, delayed, or ameliorated through prevention strategies. Yet we spend less than 5% of the nation's health budget, and less than 3% of Minnesota's, on prevention. We need to address—in a sustainable way—the growing burden that health care costs are placing on our state and local government budgets, and on the budgets of businesses and families. To do so we must address the imbalance in our funding strategies between after the fact expensive interventions, and prevention strategies to avert health problems in the first place.

Thank you for your efforts in drafting this bill. As always, my staff and I are ready and willing to work with you as we move forward through the budgeting process.

Sincerely,

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

Jan K. Malcolm  
Commissioner

Cc: Sen. Jim Abeler, Sen. Mark Koran, Sen. Paul Utke, Sen. John Hoffman, Rep. Jennifer Schultz, Rep. Dave Pinto, Rep. Aisha Gomez, Rep. Joe Schomacker