

## AARP Testimony

### House Health and Human Services Finance Committee

March 28, 2017

On behalf of the more than 660,000 Minnesota AARP members, we want to thank you for the opportunity to submit written testimony on the House HHS budget. My name is Mary Jo George and I am the Associate State Director of Advocacy for AARP. While we recognize the challenges of developing a budget given the negative target, we are concerned that this budget misses the mark on making critical investments for older Minnesotans, especially given the state's \$1.6 billion surplus.

First, **we want to thank you for partial funding for the Office of Health Facility Complaints (OHFC)**. Protecting vulnerable adults is a top priority for AARP. However, we are deeply concerned that without full funding, it will be difficult for OHFC to increase the number of investigations of maltreatment. Today, OHFC is only able to complete 10% of family complaints and 1% of provider self-reports. We have heard from far too many families that their loved ones have suffered maltreatment including loss of limbs, verbal and physical abuse and even death, but the OHFC was unable to investigate in a timely manner.

Additionally, we are supportive of reforms to streamline the OHFC process and are open to the Minnesota Alliance For Patient Safety (MAPS) stakeholder process to improve care. **However, AARP strongly believes this stakeholder process must include consumer advocates and families that have experienced maltreatment and have dealt with the OHFC process.** We are hopeful to continue to work with you to improve these areas.

Second, **we are very concerned that there is no additional funding for either the MA income standard program or the Elderly Waiver (EW) program.** Both of these programs can help older Minnesotans age in place and reduce reliance on more expensive nursing home care. While we recognize full funding for EW may be too costly, we urge additional increases to address the workforce shortage.

Lastly, we are concerned that the proposal to move Minnesota to a federal health care exchange would jeopardize our ability to retain MinnesotaCare. This program has been extremely successful in helping low-income working families and individuals afford health care coverage. Many low income individuals between the ages of 50-65 are enrolled in MinnesotaCare because they have chronic illnesses that prevent them from working full-time. With a huge state surplus, we also don't believe MinnesotaCare premiums should be increased.

Thank you again for the opportunity to testify. We look forward to working with you on these important issues throughout the process.