



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

April 7, 2017

Senator Michelle Benson
Co-Chair, Health and Human Services
Minnesota Senate Building, Room 3109
95 University Avenue West
St. Paul, MN 55155

Senator Jim Abeler
Co-Chair, Health and Human Services
Minnesota Senate Building, Room 3215
95 University Avenue West
St. Paul, MN 55155

Dear Senator Benson and Senator Abeler:

Once again, I wish to express my thanks for your hard work in crafting the Senate's 2017 Health and Human Services Omnibus Budget Bill (SF 800). As I mentioned during my testimony, focusing on prevention is the best long-term strategy for turning the curve on health care costs and improving Minnesotans' health and quality of life. The Senate bill prioritizes investments to protect vulnerable adults, address opioid abuse, and give our highest-risk children a healthier start in life. However, I have serious concerns about the bill's inadequate funding for many key public health services.

I appreciate the bill's investment in Vulnerable Adult Act enforcement and the extensive engagement by Senator Housley on this issue. MDH plays a vital role in protecting over 125,000 vulnerable adults living in nursing homes and home care settings. While this bill increases investigations of alleged maltreatment, it funds just a quarter of the Governor's revised March recommendation. The Senate's proposal is insufficient to meet rapidly rising demand and ensure the timely response that Minnesotans have a right to expect. MDH has been working to streamline its processes, but without the Governor's request we will not be able to double the number of investigations, complete investigations within statutory timeframes, communicate swiftly and consistently about the status of complaints, develop more efficient case management systems, and investigate lower-level allegations to prevent more serious problems.

The Senate bill recognizes the importance of evidence-based family home visiting as a proven strategy to give high-risk children a healthy start in life. Unfortunately, the Senate's proposal is not nearly enough to expand this vital service to every corner of the state. While the Governor's proposal would serve an additional 3,660 teen parents and their children throughout the state each year once fully phased-in, the Senate proposal would serve only 230 families in approximately seven county or tribal areas in the first year—and half that number ongoing. The Senate proposal also does not include funding needed to build capacity for evidence-based models in communities that do not offer them today, so that these proven services are available regardless of where children live. Without full funding of the Governor's request, we will be neglecting the needs of our highest-risk children in many parts of Minnesota.

Preventing opioid use and the crisis of addiction in Minnesota is a vital and shared priority. I encourage you to consider adding the American Indian prevention grant funds included in the Governor's budget to specifically address the disproportionate effect of the crisis in American Indian communities. Minnesota ranks worst of all states in deaths due to drug overdoses among American Indians (25 deaths in 2016) and worst of all states for the rate of opiate overdose deaths among American Indians (57 deaths per 100,000). The rate of opioid overdose deaths for American Indians in Minnesota is six times higher than for whites in Minnesota. That is the greatest disparity in the nation and a tragedy that requires a more urgent response.

While I appreciate the public health investments in this bill, I have serious concerns about how they are funded. The bill cuts MDH operations and shifts a payment to local public health. It also fails to include the operating adjustment and fee increases necessary to sustain existing programs. Demand for public health services and public health threats are growing rapidly, not declining. The cost of delivering effective government services grows each year. While we make tough choices and continuously find ways to do more with less, we cannot maintain the services Minnesotans expect and deserve without adjusting budgets to reflect growing demand and costs. Furthermore, at a time when states' federal funding for public health is in question, it is not prudent to reduce or ignore the basic costs of services funded by the state's budget. The Governor's budget recognizes this reality by funding reasonable operating adjustments and modestly increasing fees for six programs the legislature explicitly chose to fund through fees.

By not including the Governor's proposed operating adjustment and fee increases, combined with the base reduction, the Senate bill represents a reduction of approximately 70 positions agency-wide that provide services that Minnesotans expect and deserve. This erosion of services could result in all or some of the following:

- Further delays in investigating complaints of maltreatment of vulnerable adults in nursing homes, home care, and other health facilities.
- Less capacity to run the Safe Harbor for Youth program for victims of sexual exploitation.
- Delays in laboratory testing for rabies, measles, mumps, influenza, and Zika and less ability to test for radiation in the environment near nuclear power plants.
- Reduced oversight of medical cannabis manufacturers, which is necessary to ensure safe and legal access to medical cannabis for patients with debilitating health conditions.
- Lessened ability to issue licenses and permits or investigate complaints in a timely fashion – which undermines the vital work of ensuring health care practitioners meet state qualifications and standards, preventing contamination of drinking water and blood supplies, and verifying that restaurants, pools, and lodging establishments are safe.
- Overall, less flexibility to respond to state-level priorities and emergencies and meet our match requirements for federal funds.

In particular, if you do not agree to the Governor's recommended fee increase for body art regulation, I request that you repeal the program entirely. Current fee levels support less than 1.5 positions to oversee more than 175 establishments, 800 body artists, and numerous guest artists and temporary events throughout the state. At this staffing level, we cannot responsibly fulfill our duties under the law to oversee this complex and ever-changing industry. I also want to note that body art regulation is part of a larger program that oversees a group of health occupations, including occupational therapists. Combining several small regulatory programs creates economies of scale that allow us to provide licensing, credentialing, and complaint

investigation services at relatively low cost. By not increasing fees to sustain health occupations and body art regulation, while simultaneously transferring occupational therapy regulation to a separate board, the Senate bill threatens the viability of this entire program. Under these conditions, service levels would be reduced substantially, complaint investigations would be extremely limited, and we could not implement background checks for these health occupations as directed by current law.

Shifting the payment date for the local public health grant is also concerning because our public health system is built on a strong state-local partnership. This shift effectively forces local communities' property taxpayers to provide cash flow assistance to the state, a hardship especially for smaller community health boards with limited resources. More importantly, if this amount were never paid back, it would represent a 36-percent cut to core public health services in local communities across Minnesota.

I am disappointed to see the Senate's proposed 18-percent cut in family planning services for low-income women. Temporary Assistance for Needy Families (TANF) funding for Family Planning Special Projects has provided pre-pregnancy family planning services to low-income Minnesotans for nearly 40 years. The program reached more than 30,000 people in all corners of the state in FY 2016, reducing the risk of unintended pregnancies that otherwise result in inadequate prenatal care, fetal exposure to alcohol, tobacco, and other drugs, maternal depression, economic hardship, child development problems, abuse, and neglect. Thanks to these efforts, Minnesota's teen pregnancy rate has dropped 66 percent since the 1990s; now at a historic low. The loss of funding means shorter hours of service, fewer women obtaining services, and decreased access to highly effective, long-acting reversible contraceptives.

Minnesota is a healthy state overall because we have consistently made a commitment to improving the health of every community, even as we face significant and growing public health challenges. Governor Dayton's budget addresses these challenges in a strategic and effective way. While I appreciate that the Senate's budget proposal includes several of our top priorities, the investments in this bill remain insufficient. I thank you for your hard work this session, and I look forward to working with you collaboratively to ensure that we achieve our shared goal of protecting, maintaining, and improving the health of all Minnesotans.

Sincerely,



Edward P. Ehlinger, MD, MSPH
Commissioner

cc: Governor Mark Dayton

Senator Paul Gazelka, Majority Leader, Minnesota Senate

Senator Tom Bakk, Minority Leader, Minnesota Senate

Senator Tony Lourey, Minority Lead, Senate Health and Human Services Finance Committee

Senator Jeff Hayden, Minority Lead, Senate Human Services Reform Finance and Policy Committee