



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

March 29, 2017

Representative Matt Dean  
Chair, Health and Human Services Finance Committee  
Minnesota House of Representatives  
401 State Office Building  
100 Reverend Martin Luther King Jr. Blvd.

Dear Representative Dean:

Thank you for your hard work in crafting the House's 2017 Health and Human Services Omnibus Budget Bill (HF 945). I appreciate the committee's new investments in public health and agencies like the Minnesota Department of Health (MDH), where we work every day to protect and improve the health of Minnesotans.

A strong public health system emphasizes both prevention and treatment. While effective treatment is needed to address health problems when they arise, it is even preferable, from both a fiscal and health perspective, to prevent health problems from developing. Indeed, focusing on prevention is the only rational long-term strategy for turning the curve on health care costs and improving Minnesotans' quality of life.

With these complementary strategies in mind, I urge you to consider changes to HF 945 to align more with the top priorities in the Governor's budget: protecting vulnerable adults, giving at-risk children a healthy start in life, and preventing opioid use and addiction - especially in our American Indian communities.

I am grateful to see the House invest more resources in protecting vulnerable adults. As you know, MDH plays a vital role in protecting our most vulnerable adults living in nursing homes and home care settings. MDH has been working to streamline its processes, but the aging of our population and the tremendous increase in service demand far outpaces any gains possible through process improvement alone. The House proposal increases investigations of vulnerable adult abuse allegations but at just a quarter of the level requested in the Governor's revised March recommendation. Continued underfunding will have serious ramifications for vulnerable adults, their families, and the community and will prevent MDH from:

- Doubling the number of investigations completed and increasing their timeliness;
- Communicating swiftly and consistently with families about the status of complaints;
- Investigating lower-level allegations to prevent them from becoming more serious; and
- Developing more efficient case management and IT systems.

I appreciate the House's recognition of the importance of giving at-risk children of teen parents a healthy start in life by increasing the Medical Assistance (MA) reimbursement for public health nurse home visiting. For many children born to teen parents, the achievement gap starts at birth. Teen pregnancy and the need for evidence-based home visiting is a statewide challenge. Approximately 51 percent of teen births occur outside the seven-county metro area. Without funding the Governor's request to expand home visiting for all teen births in the state, we would be unable to meet the needs of our most at-risk children in many parts of Minnesota.

The House bill makes new investments related to opioid use and addiction. Minnesota must aggressively address the opioid crisis, and I encourage you to consider integrating two proposals included in the Governor's budget. The Governor's revised budget endorses a bipartisan proposal by Representative Baker (HF1440) and Senator Rosen, to create an ongoing source of funds to support opioid abuse prevention and treatment. The Governor's budget also proposed strategies specific to the opioid crisis in American Indian communities by strengthening connections between Tribal culture and a culture of health, and by reducing adverse childhood experiences for American Indian youth.

I am concerned that this bill does not fund the MDH operating adjustment and fee proposals recommended by the Governor. The cost of delivering effective services grows each year. While we make tough choices and continuously find new ways to do more with less, we cannot maintain the service levels Minnesotans expect 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 short change the state's operating costs of the agency.

If we were required to manage this cost growth without a reasonable operating adjustment, we would face service cutbacks that could lead to:

- Delays in reporting kids' elevated blood levels to local agencies for follow up to identify the source and ensure the children receive appropriate care;
- Decreased ability to ensure that trauma care in rural hospitals meets minimum standards for rapid treatment of life-threatening injuries;
- Reduced capacity to establish health risk limits for groundwater contaminants posing a health risk;
- 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 capacity to run the Safe Harbor for Youth program for victims of sexual exploitation;
- Less ability to investigate vulnerable adult maltreatment and for the licensing and certification of nursing homes and other health care facilities; and
- Less flexibility to respond to state-level priorities and emergencies, and meet our match requirements for federal funds.

I respectfully ask for you to reconsider our recommended fee increases for certain programs. This is not an attempt to raise taxes or find new revenue to balance the state's budget. The legislature explicitly chose to fund 34 of our public health programs through fees — now representing \$50 million (10 percent) of our total budget. If we commit to funding public health programs through fees, then we must commit to raising those fees periodically as costs rise. By

law, we are required to propose fee levels for those programs that balances their costs. Without the Governor's recommended fee changes, we cannot 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 the safety of our restaurants, pools, and lodging establishments.

This bill funds one proposal by cutting another, equally vital program. Sustaining a statewide tobacco Quitline is important. However, it is disappointing to see funding for a treatment service – even one as valuable as the Quitline – coming at the expense of local counties' funds for preventing tobacco use. The Statewide Health Improvement Partnership (SHIP) supports local schools, businesses, apartment owners/managers, farmers, community groups, senior organizations, hospitals, clinics, chambers of commerce, faith organizations and many others in creating opportunities for active living, healthy eating and tobacco-free living. SHIP supports smoke-free spaces, including public housing, among many other strategies to prevent the harmful effects and high health care costs of smoking. The proposed cut equals nearly 10 percent of the program this biennium and nearly 17 percent going forward. It is a particularly important to maintain nicotine addiction prevention efforts in light of data showing e-cigarettes are attracting young people in greater numbers.

I oppose the House bill's Radon Act repeal. Radon is a leading cause of lung cancer, and a major public health hazard in Minnesota. Nearly 40 percent of Minnesota homes have elevated levels of radon and we see about 600 lung cancer deaths per year related to radon exposure. MDH receives regular complaints from the public about improper radon testing and mitigation work. Current law adds credibility to the work done by professionals trained in proper testing and mitigation. It ensures consumers get the promised protection from Radon. A repeal will increase the risk to the public, especially in Greater Minnesota where there are typically fewer building inspection officials to provide even minimal oversight. In response to concerns from the Radon testing industry, we worked in good faith during the 2016 Session to make substantial revisions to the Radon Licensing Act that reduced fees and addressed other concerns. I urge you honor that agreement and protect Minnesotans from this serious cancer threat.

Lastly, I hope you will fund the one-time cost of implementing the network waiver appeals included in the premium subsidy bill enacted in January (Laws of 2017, chapter 2). The appeals provision was added late in a fast-paced process, so there was no opportunity to address the fiscal impact. The Governor's revised budget includes \$411,000 one-time in FY 2018 for these costs.

Minnesota is overall a healthy state but we face significant and growing health challenges. Governor Dayton's budget addressed these challenges in a strategic and effective way. His proposed investments benefit the health of Minnesotans today and into the future. I appreciate that this budget bill makes some positive investments in public health, but the investments fall short of addressing Minnesota's pressing needs. I pledge to continue working collaboratively with you on a budget that addresses these needs and provides smart public health investments to protect and enhance quality of life for all Minnesotans.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward P. Ehlinger, MD, MSPH

Commissioner

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Cc: Governor Mark Dayton

Representative Joe Schomacker, Chair, Health and Human Services Reform Committee

Representative Erin Murphy, Minority Lead, Health and Human Services Finance Committee

Representative Tina Liebling, Minority Lead, Health and Human Services Reform Committee