



April 14, 2023

Senator Melissa Wiklund  
2107 Minnesota Senate Building  
95 University Ave W,  
St. Paul, MN 55103

**RE: SF 2995 Health Omnibus bill**

Dear Chair Wiklund,

On behalf of Hennepin Healthcare, I write in support of several legislative proposals that will help protect, maintain, and improve the health of the many Minnesotans we serve, including various provisions in the Department of Human Services' (DHS) budget proposal. Increasing access to health care for Minnesotans will improve the health of our communities. We support the following proposals included in your Omnibus bill:

### **Increasing Access to Healthcare through Capacity and Workforce Investment**

We must invest in proposals to increase both capacity and workforce to support individuals to discharge from the hospital into appropriate community settings that can better meet their needs.

- **Recuperative Care for people who are unhoused** (SF1951/HF 2081) should be paid for by Medicaid so health systems and housing providers can establish the infrastructure needed to care for people who are unhoused after an acute or post-acute health care incident, preventing hospitalization and pivoting to longer term housing, and the funding included for **the follow-up homeless mortality study** helps us to understand the impact of these services.
- Restoration of matching funds for the **Medical Education and Research Costs (MERC) is not a new appropriation**, please include study group language to allow stakeholders to work with DHS and MDH to seek new options to maximize federal funding for health care education and ensure consistent funding for clinical training sites into the future. Additionally, new investments are appreciated in **expanded primary care rural training** and **mental health grants for health care professionals**.
- Ensuring inpatient hospital fee-for-service Medicaid rates are rebased using current costs and inflationary trends.
- **Continuous Medicaid eligibility for children** through age 6 and 12-month continuous eligibility for children ages 19 and under.
- Support the **education and training of professionals providing mental health or substance use disorder treatment services, and provide loan forgiveness and professional scholarship grants** (SF 1679/HF 1436).
- Prevention of violence in health care is one of the best ways we can recruit and retain staff. **Health care worker safety grant** funding for providers will protect our health care workers. Please increase this grant amount, as violence against health care workers rises, more resources are needed.
- Our safety-net health system serves patients statewide - our **Medical Resource Control Centers (MRCC)** are major state assets used as "flight control centers" for local, regional, and state EMS agencies. The **Minnesota Poison Center**, which is housed in our hospital, assists families and Minnesotans across the state with managing and preventing poisoning or overdose incidents.

### **Improving Health Care Disparities**



The patient population Hennepin Healthcare serves largely includes people on public programs and those disproportionately impacted by healthcare disparities. Minnesota faces some of the biggest health disparities in the nation.

- Maternal health investments are critical to reducing disparities. **Health Beginnings, Healthy Families** focus on perinatal quality and infant mortality. **Medical Assistance (MA) coverage for long-acting reversible contraceptives (LARC)**, a **rate increase for reproductive health services** in MA and MNCare, and clarification about changes related to reproductive health statute following court rulings, all support improving maternal health. We also support **removing the requirement of supervision by a licensed provider for doula services** in MHCP, and **providing a rate increase for doula care**, will increase access to services that help reduce maternal and infant health disparities.
- **Investing in oral health** for individuals enrolled in MHCP, including **reinstating the adult dental benefit** and **rebasng dental rates** to more accurately reflect the cost of providing dental care.
- Investing in **Clinical Dental Education Innovation Grants** for educational institutions and clinical training sites working to expand access to dental care.
- Extended authority for the use of **audio-only telehealth** in MHCP.
- The Governor's recommendation for investments to expand the **community health worker (CHW) workforce** will significantly improve health outcomes by addressing the social conditions that impact health status, called social determinants of health (SDOH).
- Grants to **support capacity building to advance health equity and in organizations serving diverse communities** will support our patient population and the **Emmet Louis Till victims recovery program** will support persons who have experienced trauma and their families, all key to decreasing health disparities.

### **Substance Use Disorder and Mental Health Supports**

- Providing **investments and specialization in new Psychiatric Residential Treatment Facilities (PRTFs)**.
- Improving access to behavioral health services by **increasing the payment rate for Adult Day Treatment by 50%**, expanding access to **first episode psychosis teams**, and increasing investments in the **Transition to Community initiative**.

**As the Omnibus process continues, we hope you will reconsider the following proposals for inclusion:**

- Investing in **statewide provider capacity to transition serving people with complex high-acuity support needs** from acute care settings to community-based settings through **acute premium pay and hospital avoidable days reimbursement (SF 2885/HF 2848)** to address the growing problem of more people living in the hospital when there is not a place to go due to a lack of capacity in the community.
- The **Comprehensive Drug Overdose and Morbidity Prevention Act** will help provide access to critical SUD treatment and address the drug epidemic our health care providers see every day, especially the harm reduction services for people experiencing homelessness and homeless overdose prevention hubs and advancing access to **evidence-based nonnarcotic pain management services**. We recommend including funding at the same level as the Governor's proposal.
- We support the **exclusion of hypodermic syringes or needles from the definition of drug paraphernalia**.



- The Improving Program Integrity in Minnesota Health Care Programs proposal that **expands Minnesota's Project ECHO** program with a focus on interventions that reduce health disparities.
- **Adolescent Mental Health Promotion funding** for community and evidence-based, culturally informed mental health supports and programming for young people will better serve the young people that often end up in our ED due to mental health crises.
- **Significant investment is needed in children's mental health services** including residential services as more children are boarding in emergency departments and remaining in hospitals when they do not need to be there (SF 1174/HF 1198).
- Including the creation of the **Taskforce on Pregnancy Health and Substance Use Disorders** is necessary to ensure we are doing all we can to keep mothers and babies healthy, and establish uniform responses that are supportive and not punitive. Please expand the **mortality review committee to include morbidity**. The majority of morbidity events are preventable and it's unacceptable to continue to allow Black and Indigenous people to bear the brunt of this preventable crisis.
- We hope you will support investments to address gaps in health care screening and management in communities disproportionately impacted by COVID -19 through data collection and analysis by the **Minnesota Electronic Health Record Consortium**.

### Concerns included in the bill

We continue to have significant concerns about the **MCO opt-out (~25M-37M loss of annual revenue)** and the **pharmacy carve out (~24M loss of annual revenue)** as these would result in insurmountable losses for HCMC. We appreciate your efforts to mitigate 340B losses for our health system and others, however, these will still result in millions of losses for HCMC. We sincerely request a pause until the financial implications and solutions are fully understood and clearly defined, and there are assurances we will not lose this level of reimbursement. We are glad to participate in any transparency reporting you may be interested in preparation for future proposals or recommendations, but these are truly losses we cannot sustain. We encourage legislators to address the challenges for independent pharmacies by providing a dispensing fee equal to fee for service, and to leave the existing pharmacy program as is in managed care.

Finally, all health systems are challenged by the inability to discharge patients, which exacerbates overcrowded emergency departments and places further pressure on our teams. We sincerely request legislators focus on what we know works to improve our health systems – **increasing capacity to move people to the right setting, violence prevention efforts, mental health support for our health care workers, and recruitment and retention strategies like loan forgiveness, scholarships and pipeline programs**.

We sincerely appreciate the support you've provided in your proposal to many priority areas. We understand the difficult decisions you must make due to the many competing priorities to improve Minnesota for all of our residents.

Sincerely,

A handwritten signature in blue ink, appearing to read "Aimee Decker".



Jennifer DeCubellis  
Chief Executive Officer  
Hennepin Healthcare System

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