



March 31, 2023

Senator Melissa Wiklund Chair of the Committee on Health and Human Services

Re: SF 2995, as amended—Wiklund: Department of Health provisions modification and appropriation

Dear Chair Wiklund and Members,

The City of Minneapolis is submitting this written testimony regarding SF 2995, as amended. Below is a list of our priorities. While we are supportive of many provisions in this bill, we have some concerns about funding and items that are not included:

- **Public Health Systems Transformation**: Thank you for including \$21,400,000 in grants to local and tribal public health and funding for the Public Health AmeriCorps program. In addition, we view Community Health Workers as part of the public health infrastructure and are happy to see that they are included.
- \$8.4 million for **Emergency Preparedness (EP) funding** for local public health departments and tribal governments. Thank you for including this provision in the bill as Federal funds provide the only stable support for the Minneapolis Health Department. We have been in constant response mode since 2018 (encampments, Drake Hotel fire, COVID) and federal funds alone are insufficient to cover staff or community EP expenses.
- School Based Health Clinics: \$3,364,000 in FY 24-25 and \$5,966,000 in FY 26-27 for grants provide to expand school-based health. Thank you for including this in the bill. Minneapolis operates eight high school-based clinics and provides integrated medical, mental health and health education services. This funding would help replace federal funds slated to end May 2023.
- **Grants for Peer Led Adolescent Mental Health Promotion** are not included, and we would encourage the same level of funding as what the House and Governor are proposing.
- Elevated Blood Lead Level (EBL): We support reducing the EBL from 10 mg/ug to 3.5 mg/ug and have been intervening at 5 mg/ug for some time. We don't receive any state funding for this activity and know that intervening at 3.5 mg/ug will cost the Minneapolis Health Department at least \$220,000 per year and an estimated \$612,000 for property owners. We are requesting that state funding for local public health be added to this bill.
- **Targeted Home Visiting**: Thank you for including \$20 million in ongoing funds to support home visit for pregnant and parenting families. About 40% of Minneapolis births are covered by Medical Assistance yet less than 10% of families are served by home visiting. Home visiting has been shown to improve parent and child well-being through the reduction of adverse childhood experiences.
- We are concerned that funding for the **Comprehensive Overdose and Morbidity Prevention was not included.** Minneapolis is facing a crisis in that unsheltered and culturally diverse persons often do not have access to prevention and supportive services.

- We are grateful that funding for **Emergency Shelters** has been included in this bill, as targeted funding is needed for ongoing shelter operations and homeless response in Minneapolis and Hennepin County to ensure that we have no gaps into the future.
- **Supporting long COVID survivors**: Thank you for including \$3.1 million to provide guidance and tools for providers and patients suffering with the long-term impacts of the pandemic but funding will be needed beyond 2024-26.
- Thank you for including language to reinstate the **Fetal and Infant Mortality Case Review Committee and provide funding.** In Minneapolis, there are significant disparities by race/ethnicity in that Black and American Indian babies are 3 and 4 times more likely to die than white babies.
- Lastly, we are appreciative that grants to local government (\$12.5 million/biennium) to promote local planning for **Climate Resiliency** was included which will impact our ability to implement our climate equity plan.

Sincerely,

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Damon Chaplin Commissioner of Health City of Minneapolis