



Protecting, Maintaining and Improving the Health of All Minnesotans

April 9, 2025

Senator Melissa Wiklund
Chair, Health and Human Services
2107 Minnesota Senate Building
St. Paul, MN 55155

Senator Paul Utke
Ranking Member, Health and Human Services
2403 Minnesota Senate Building
St. Paul, MN 55155

Dear Chair Wiklund and Ranking Member Utke,

I am writing to you today to express my appreciation for the inclusion of so many of our recommended proposals in SF2669. As you know, public health has historically been underfunded, and the investments of the past few years have shored up MDH's ability to protect, maintain, and improve the health of all Minnesotans.

Minnesotans have come to expect, and frankly deserve, a high performing public health system. The recent cut of more than \$220 million in previously approved federal funding have been destabilizing to the agency and the system of public health in Minnesota and across the country. This was an unprecedented and unexpected action by the federal government. While this grant funding originated during the COVID-19 pandemic, it funded work across our agency – all of which had been fully approved by the federal government.

This resulted in layoffs and cuts to services that Minnesotans rely on, including those that support the state's response to infectious disease, including measles, H5N1, and wastewater surveillance; the state's public health laboratory; and community engagement activities.

I am grateful to be before this Committee and greatly appreciate your efforts and want to highlight some MDH priorities included in this bill.

Investing in Public Health

Thank you for this bill's sustained investments in public health infrastructure. This proposal will fund prevention and control activities, including investigating diseases, identifying outbreak sources, conducting laboratory testing, alerting the public and health care systems about health threats, and developing activities and guidelines to prevent the spread of the disease and curb outbreaks. This work has traditionally been funded by federal dollars, but federal funding has decreased while costs have risen, all while Minnesota is experiencing a significant increase in cases of disease and also a significant demographic

transformation. While this proposal represents just a drop in the bucket compared to the recent federal cuts to our work, it is a significant and important investment of state resources.

As you know, public health historically has been underfunded and ends up being stuck in a cycle of panic and neglect. While the importance of public health has never been clearer, the importance of investing in prevention cannot be overstated. We spend 80% of our health care dollars treating chronic diseases—these are diseases that can and should be prevented. If we want to address the growing burden that health care is placing on our state budget, we should be doing what we can to keep people healthier and for longer.

User Fees

Thank you also for including many of the agency's fee proposals. While they are never enjoyable to request, most of the fees in this budget have not been increased in years; several of them have not been modified in more than a decade. Without increasing fees, we will experience delays in serving communities, performing mandatory inspections, and providing technical assistance. Together, the revenues generated from these proposals will allow us to address backlogs, meet public health needs, and align with the statutorily required work that we do at MDH within our SGSR appropriation.

Agency Operating Adjustment

Finally, I appreciate the inclusion of the operating adjustment for the Department to help us maintain our current service levels. This funding represents support of the talented and dedicated people we have, investments in technology, and to continue the oversight that we want for fiscal stewardship.

Thank you to Chair Wiklund for your efforts in creating this bill, and thanks to the Committee for your support of MDH and public health in Minnesota.

Sincerely,

A handwritten signature in black ink, appearing to read "Brooke A. Cunningham", with a stylized flourish at the end.

Brooke Cunningham, MD, PhD
Commissioner