

May 6, 2019

Rep. Tina Liebling
Rep. Rena Moran
Rep. Laurie Halverson
Rep. Jennifer Schultz
Rep. Rod Hamilton

Sen. Michelle Benson
Sen. Jim Abeler
Sen. Dr. Scott Jensen
Sen. Paul Utke
Sen. John Marty

Re: Comments to the Conference Committee on HF2414

Dear Members of the Conference Committee:

Thank you for the opportunity to comment as the Health and Human Service Conference Committee finalizes legislative provisions in the omnibus bill. Numerous provisions affect cost, quality and access to health care for residents throughout Minnesota, especially those who rely upon Medical Assistance and MinnesotaCare.

Hennepin County, Hennepin Health (Health Maintenance Organization) and Hennepin Healthcare (Hospital and Clinics) have a deep commitment to increasing access to health care and related social services for the safety-net population in Hennepin County and statewide. As we work to build healthy, equitable communities, we jointly offer the following comments on the provisions of HF2414:

Adequate and Stable Funding for the Health Care Access Fund.

Hennepin Health and Hennepin Healthcare strongly support the repeal of the sunset of the provider tax. The provider tax is a time-tested and reliable source of funding for Medical Assistance and MinnesotaCare programs, upon which over 900,000 Minnesotans rely. Failure to repeal the sunset of the provider tax would put the sustainability of essential health care programs, our entire state budget, and thousands of Minnesotans' health care at unwarranted risk.

Robust Benefit Sets and Funding for Health Care Programs.

Access to high-quality, affordable health care is an essential building block of healthy communities. It is important that health care coverage include the full range of services necessary to enable Minnesotans to maintain and improve their overall health. We have deep concerns with Senate provisions that reduce Medical Assistance coverage to "benchmark-equivalent benefit sets" and cap funding for safety-net health care programs. More specifically, a reduction to "benchmark-equivalent benefit sets" would eliminate coverage for preventive dental services, vision benefits, personal care assistant services, physical therapy and



non-emergency medical transport. Minnesota should provide primary care, especially oral health care to adults covered through Medical Assistance and MinnesotaCare because it is cost-effective, increases the likelihood of identifying and diagnosing disease before it worsens, and improves not only oral health but overall health. Access to these primary services help patients avoid costly and inefficient use of deep-end services, such as emergency department visits and inpatient hospital stays.

We support House provisions that outline additional benefits for substance use disorder treatment, nonsurgical treatment for periodontal disease and enhanced asthma care services, as expanded access to these services will enhance the health of Minnesota communities.

We also support the House 340B drug rule fix that brings Minnesota into federal compliance and provides funding support to the entities impacted by the federal reimbursement reductions.

Finally, we were disappointed that provisions to add medical respite as a covered service under the Medical Assistance benefit, as an evidence-based way to ensure that Minnesotans experiencing homelessness have a cost-effective and safe place to continue recovery, were not included.

Reduction of Barriers Eligible Minnesotans Face in Maintaining Health Care Coverage.

Hennepin Health and Hennepin Healthcare serve a population disproportionately impacted by housing shortages, food insecurity, mental illness, substance use disorder, and multiple other barriers to receiving and completing paperwork, maintaining health care coverage, and accessing the other essential services. Hennepin County, Hennepin Health and Hennepin Healthcare work diligently to assist eligible residents to remain enrolled in their Medical Assistance and MinnesotaCare plans.

We are concerned that Senate proposals creating barriers to maintaining Medical Assistance coverage will increase enrollment churn and related administrative burdens, with very little benefit, and further hinder our work to ensure eligible Minnesotans are able to access health care coverage and keep our communities healthy.

Support for Programs that Promote Mental Health, Address the Social Determinants of Health and Further Public Health.

We support the many investments that work to improve the mental health of Minnesotans. Mental health services linked to campuses, schools and shelters and mental health supports for farm families expand critical access in our communities. In addition, we appreciate additional investment put forward by both the House and the Senate for screening services, enhanced housing for persons with serious mental illness and mobile mental health services, as well as the House provisions to increase monthly Minnesota Family Investment Program (MFIP) payments and provide targeted supports for families experiencing mental illness and homelessness.

Finally, we support House language that boosts opioid prevention and tobacco cessation programs and funds county-based grants for crisis and suicide prevention services and House and Senate language to expand officer-involved community-based care coordination.

Provisions Related to Nonprofit Health Maintenance Organizations.

There is significant complexity related to the use of net earnings and conversion of assets of nonprofit HMOs. We therefore encourage the conferees to consider any unintended consequences of draft language. In particular, as an HMO run by a local unit of government that integrates health care coverage with social services, Hennepin Health encourages the adoption of Senate language that does not inadvertently restrict our ability to take a comprehensive approach to the integration of health care and social services.

In addition, Hennepin Health notes that, in recent years, Minnesota's existing nonprofit HMOs have provided critical funding for community resources, such as the Hennepin County withdrawal management facility located at 1800 Chicago Avenue S in Minneapolis. Hennepin Health encourages the adoption of language describing the purposes to which all net earnings must be directed that encompasses these important investments in Minnesota. Finally, Hennepin Health also believes that it is important to ensure that there is a level playing field between nonprofit HMOs and any for-profit HMOs.

Thank you very much for your ongoing work on behalf of the Minnesotans we serve. Hennepin County, Hennepin Health, and Hennepin Healthcare, remain steadfastly committed to improving the health of Minnesotans through maintaining robust, adequately funded and accessible health care and social programs that enhance the quality of our vibrant communities.

We appreciate the thoughtful approach that the House and Senate conferees have taken to the development of health care policy. We welcome the opportunity to work with the members of the conference committee and to provide additional information about the issues described herein.

If we may be of assistance, please contact Rochelle Westlund at rochelle.westlund@hennepin.us or 612-348-7173 or Susie Emmert at susie.emmert@hcmcd.org or 651-278-5422.

Sincerely,



Commissioner Marion Greene
Chair, Hennepin County
Board of Commissioners



Anne Kanyusik Yoakum
Chief Executive Officer
Hennepin Health



Dr. Jon Cumming
Interim Chief Executive Officer
Hennepin Healthcare