



LPHA Day at the Capitol

February 16, 2023 | L'Etoile du Nord Vault Basement, State Capitol

Agenda

9:00 – 10:00 a.m.	Coffee Reception with Legislators
10:00 – 10:15 a.m.	Welcome Remarks & Overview of the Day — <i>Maggie Rothstein, Chair</i>
10:15 – 10:30 a.m.	Remarks from Representative Debra Kiel
10:30 – 11:00 a.m.	Legislative Process, Tips for Meeting with Legislators & Legislative Update — <i>Brian McDaniel & Christian Franzen, LPHA Contract Lobbyists & Kari Oldfield-Tabbert, LPHA Director</i>
11:00 – 11:15 a.m.	Remarks from DHS Assistant Commissioner Cynthia MacDonald
11:15 – 11:30 a.m.	LPHA Priorities — <i>Liz Auch & Patty Bowler, Legislative Co-Chairs</i>
11:30 – 11:45 a.m.	Remarks from Representative John Huot
11:45 a.m. – 12:00 p.m.	Remarks from MDH Commissioner Brooke Cunningham
12:00 – 12:45 p.m.	Lunch
12:45 – 2:30 p.m.	Individual Meetings with Legislators and/or Committee Hearing Attendance. Note: LPHA members are encouraged to come back to the meeting room after their legislative meetings to report back on conversations and write follow-up thank you notes to their legislators. Materials will be provided. Meeting space closes at 2:30 p.m.

If you're interested in a [tour of the Capitol](#), tours begin at the Capitol Information and Tour Center located in Room 126 on the first floor to the right side of the main (south) entrance. Tours are scheduled to leave at the top of each hour from 10:00AM – 2:00PM.



Public Health
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2023 Legislative Action Priorities

Supporting Minnesota's Local Public Health System

LPHA supports a significant, statewide increase in funding to support local public health foundational responsibilities.

Foundational public health responsibilities need to be available in health departments across the state so the public health system can work as a whole. Currently, the capacity of Minnesota's local health departments varies widely across the state. All Minnesotans should have access to good quality public health services, regardless of where they live. Foundational responsibilities must be in place in every health department, so they are always ready to serve their community and achieve equitable health outcomes. Local health departments should have a baseline of organizational competencies such as assessment and surveillance of health threats, emergency preparedness and response, infectious disease prevention and control, communications, development of community partnerships, administrative competencies, and expert staff they can leverage to protect and promote public health. Investing in prevention and a strong local public health infrastructure pays off by saving health care and other public program costs, such as those from corrections and child protection.

Strengthening Public Health Emergency Preparedness (PHEP) and Response Capacity

LPHA supports state-level investment in Public Health Emergency Preparedness to ensure strong future response to emergencies and health threats.

Responding to disasters and emergencies—whether health focused or not—is a core responsibility of Minnesota's local public health departments. The COVID-19 pandemic reinforced the need to have a strong infrastructure that can support a robust response to emergencies, both through planning and response. Currently, Minnesota's PHEP activities are funded by grants from the federal government, with no state-level investment. This state-level investment is crucial. Past proposals to redistribute PHEP funds and a series of funding cuts highlight the vulnerability of federal funding and have compromised local public health's ability to respond to emergencies. Although there was increased federal investment due to COVID-19, historically, federal funding has been cut drastically (from nearly \$16 million in 2002 to \$9.2 million in 2019) and funding expectations were not realigned to reflect the cuts.

Responding to Public Health Workforce Shortages

LPHA supports a focus on and investment in the public health workforce.

Since 2008 local health departments across the United States have lost more than 20% of their workforce, more than 50,000 jobs. A significant increase in investment in the public health workforce, focused on retention of the current workforce and bringing in new skilled workers, is needed to ensure there is a robust workforce to provide crucial public health services into the future. Programs such as loan forgiveness, support of the public health AmeriCorps program, and investment in training and recruitment of public health workers will be key in recruiting and retaining a robust public health workforce in the years to come.

Addressing Community Health Needs

LPHA supports policy and funding to address post-COVID-19 community health needs and ongoing stable, statewide funding for the Statewide Health Improvement Partnership to help Minnesotans live healthier, longer lives and continue to drive down state health care costs.

Local public health plays an important role in addressing social determinates of health that have a direct link to poor health outcomes. COVID-19 has deeply impacted people in our state, further exacerbating existing health inequities. Local public health will continue to serve a leading role in addressing ongoing community needs such as housing challenges, food insecurity and healthy eating, violence, higher rates of addiction, and mental health challenges.

About the Local Public Health Association of Minnesota



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The Local Public Health Association of Minnesota (LPHA) is a voluntary, non-profit organization that works to achieve a strong local public health system through leadership and collective advocacy on behalf of Minnesota's county, city and tribal local public health departments. The Association represents more than 230 public health directors, supervisors and community health services administrators throughout the state. LPHA is an affiliate of the Association of Minnesota Counties.



Talking Points for 2023 Legislative Action Priorities

It's best practice to use local data and stories when possible. For each of the below points, please consider sharing local data, stories or anecdotes as your talk through LPHA's Legislative Action Priorities for 2023.

Supporting Minnesota's Local Public Health System

LPHA supports a significant, statewide increase in funding to support local public health foundational responsibilities.

STATUS: The Governor's budget proposal included funding for public health system transformation. Specifically, \$15 million is for local health departments and \$750,000 for tribal health departments to fulfill foundational public health responsibilities. LPHA is working on a bill with similar language that will request \$45 million/year for foundational public health responsibilities (\$42 million/year for local public health and \$3 million/year for tribal health). A bill number is not available at this time as we are working to finalize author commitments.

FACT SHEET LANGUAGE (INCLUDED ON ONE-PAGE HANDOUT)

Foundational public health responsibilities need to be available in health departments across the state so the public health system can work as a whole. Currently, the capacity of Minnesota's local health departments varies widely across the state. All Minnesotans should have access to good quality public health services, regardless of where they live. Foundational responsibilities must be in place in every health department, so they are always ready to serve their community and achieve equitable health outcomes. Local health departments should have a baseline of organizational competencies such as assessment and surveillance of health threats, emergency preparedness and response, infectious disease prevention and control, communications, development of community partnerships, administrative competencies, and expert staff they can leverage to protect and promote public health. Investing in prevention and a strong local public health infrastructure pays off by saving health care and other public program costs, such as those from corrections and child protection.

LEADING POINTS

- Minnesota's local health departments work each day to prevent and address public health problems that do not make the headlines by providing immunizations, education, data tracking and many programs and services that reduce the impact of infectious diseases in our communities; monitor environmental threats to air, food, and water; and, work with community partners to promote wellness, identify disparities and their causes among vulnerable populations, and promote equity among all community members.
- Minnesota's public health system operates within a framework established nearly 50 years ago. It is strained beyond its capacity to address complex community health needs and keep pace with rapid social, economic, and technological change.
- We know many health departments are struggling to meet the needs of their communities and capacity varies widely. All Minnesota residents, regardless of where they live, should have access to a baseline set of public health services in their communities to ensure equitable health outcomes.
- The State government should provide the resources to assure foundational public health responsibilities are in place across the state, while allowing flexibility for communities to address additional local priorities.

SUPPORTING POINTS

- **(Insert story about your agency)** How could your agency benefit from foundational capabilities support? Are other categorical grants meeting your needs? Give an example. Tell a story about a current health need in your community (i.e. COVID-19, responding to the vaping crisis, a recent TB outbreak, a public health nuisance, etc.).
- **[Insert local data on current priorities in your community (e.g., syphilis rates, TB, mental health, opioids)]**

Strengthening Public Health Emergency Preparedness (PHEP) and Response Capacity

LPHA supports state-level investment in Public Health Emergency Preparedness to ensure strong future response to emergencies and health threats.

STATUS: The Governor's budget proposal includes \$8,400,000/year to support local and tribal public health emergency planning and response. LPHA is working on a bill like the bi-partisan bill from last year that asks for \$9,000,000/year for local and tribal emergency preparedness with MDH able to withhold up to 10% for administrative expenses. Representative Huot has agreed to author the bill in the House and we are awaiting confirmation from our requested Senate author. A bill number is not available at this time.

FACT SHEET LANGUAGE (INCLUDED ON ONE-PAGE HANDOUT)

Responding to disasters and emergencies—whether health focused or not—is a core responsibility of Minnesota's local public health departments. The COVID-19 pandemic reinforced the need to have a strong infrastructure that can support a robust response to emergencies, both through planning and response. Currently, Minnesota's PHEP activities are funded by grants from the federal government, with no state-level investment. This state-level investment is crucial. Past proposals to redistribute PHEP funds and a series of funding cuts highlight the vulnerability of federal funding and have compromised local public health's ability to respond to emergencies. Although there was increased federal investment due to COVID-19, historically, federal funding has been cut drastically (from nearly \$16 million in 2002 to \$9.2 million in 2019) and funding expectations were not realigned to reflect the cuts.

LEADING POINTS

- PHEP funding supports response to many things, whether from infectious disease outbreaks such as COVID-19, or natural disasters (tornadoes, floods, snowstorms, fires) or even terrorism. This crucial program is key for ensuring an equitable response to future emergencies quickly and effectively.
- This program is currently only funded by federal dollars and funding cuts have resulted in less staff time for agencies to respond. In our smallest, rural agencies, a preparedness staff person may be splitting their time between multiple counties and covering a large geographic area (often 4-6 counties) while our more urban agencies often have 1-2 staff to cover a large population. This model for preparedness makes it difficult for all communities in our state to have equitable access to these resources and robust response.
- **(Insert story about your agency)** How does your agency use your agency use PHEP funding? Does the available funding meet your needs? Do you experience challenges related to either sharing a PHEP coordinator or not having enough staff time to cover PHEP? If so, what does that look like in your community? How could your agency or community benefit from additional PHEP support? Tell a story about a how you've used PHEP in your agency (i.e. COVID-19, responding to the a flood/fire, other infectious disease outbreaks, etc.).

SUPPORTING POINTS

- There was additional temporary investment in preparedness as a result of COVID-19, however, long term, sustained investment from the state in our preparedness infrastructure is key to responding to whatever emergency is next.
- **[Insert local data on current priorities in your community or other PHEP needs you may need to address in the future – i.e. an infectious disease outbreak in your community]**

Responding to Public Health Workforce Shortages

LPHA supports a focus on and investment in the public health workforce.

STATUS: The Governor's budget proposal includes public health system transformation language which includes \$500,000 to the Public Health AmeriCorps program to increase wages of those positions. The AmeriCorps opportunity helps expose more people to governmental public health careers. The Governor's budget proposal also includes funding at \$971,000 each year to expand, strengthen, equip, and evaluate the community health worker workforce in Minnesota by partnering with the MN Community Health Worker Alliance.

FACT SHEET LANGUAGE (INCLUDED ON ONE-PAGE HANDOUT)

Since 2008 local health departments across the United States have lost more than 20% of their workforce, more than 50,000 jobs. A significant increase in investment in the public health workforce, focused on retention of the current

workforce and bringing in new skilled workers, is needed to ensure there is a robust workforce to provide crucial public health services into the future. Programs such as loan forgiveness, support of the public health AmeriCorps program, and investment in training and recruitment of public health workers will be key in recruiting and retaining a robust public health workforce in the years to come.

LEADING POINTS

- The public health workforce is the backbone of our nation's governmental public health system. However, governmental public health was hit hard by the Great Recession and whereas much of the rest of the public sector workforce has recovered, or grown, local health departments have not.
- COVID-19 has further hit the local public health workforce. When we are not fully staffed up, it impacts our ability to deliver a variety of important services in our communities.
- **(Insert local story about workforce challenges faced in your community and the impact that has – i.e. We have had positions posted for public health nurses for more than 6 months. Being unable to hire for these positions means we can offer X program and can't serve our community in X way without the staff.)**

SUPPORTING POINTS

- In Minnesota, we've had approximately 15 local public health administrators/directors retire since April 2020 (start of pandemic response) and more than half dozen leave for other careers. This accounts to a turnover of nearly 40% of our local public health leadership (this is of our 51 Community Health Boards administrators) since the pandemic started. We need to consider how to build ongoing leadership in our workforce into the future.
- The deficiency is compounded by the age of the public health workforce – nationally, nearly 55% of public health professionals are over the age of 45 and almost a quarter of health department staff are eligible for retirement. Between those who plan to retire and those who plan to pursue opportunities in the private sector (often due to low wages), nearly half of the local and state health department workforce might leave over the next several years.

Addressing Community Health Needs

LPHA supports policy and funding to address post-COVID-19 community health needs and ongoing stable, statewide funding for the Statewide Health Improvement Partnership to help Minnesotans live healthier, longer lives and continue to drive down state health care costs.

STATUS: Currently, there are no active proposals to amend SHIP language or change funding. There are several proposals to address other community health needs. The Governor's budget proposal includes funding for adolescent mental health promotion, advancing health equity, community mental well-being, comprehensive drug overdose and morbidity prevention, supporting school health, and several programs to ensure the health and well-being of young people. Bills have also passed off the House floor to provide no-cost universal school meals to all Minnesota kids and emergency food shelf assistance.

FACT SHEET LANGUAGE (INCLUDED ON ONE-PAGE HANDOUT)

Local public health plays an important role in addressing social determinates of health that have a direct link to poor health outcomes. COVID-19 has deeply impacted people in our state, further exacerbating existing health inequities. Local public health will continue to serve a leading role in addressing ongoing community needs such as housing challenges, food insecurity and healthy eating, violence, higher rates of addiction, and mental health challenges.

LEADING POINTS ON COMMUNITY HEALTH NEEDS

- Local public health played an important role throughout the pandemic as a resource connector and resource provider, helping people access food and economic security programs. Many local agencies also helped connect people with housing and have hosted food drop off events throughout the state. However, the needs are great and additional support is needed to provide these services.
- In the past several years, we've seen economic instability, food insecurity, increased opioid overdoses, and many inequities. We will likely see the impacts of COVID-19 for many years into the future, and local public health will play a key role in responding and working with the community.

- **(Give local examples of what you have seen in your community – share programs/projects you have instituted locally to address these challenges.)**

SUPPORTING POINTS ON COMMUNITY HEALTH NEEDS

- Food insecurity tracks closely with national and household economic conditions, with trends paralleling unemployment, poverty, and food prices.
- **[Insert local data on current priorities in your community – i.e. data on increased mental health challenges or rates of addiction.]**

LEADING POINTS ON SHIP

The most important thing to communicate to your legislators about SHIP is a strong story of what is happening locally in their district. Consider this template:

In our community of [CITY/COUNTY/ETC], the Statewide Health Improvement Partnership (SHIP) is supporting [INITIATIVE]. This effort brings together partners from [LIST LOCAL PARTNERS – BE SPECIFIC, WHEN POSSIBLE] with the shared goal of [GOAL (E.G., INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES, GETTING FOOD TO PEOPLE IN NEED DURING COVID-19, ETC.)]. We're already seeing a positive impact: [SHARE LOCAL OUTCOMES AND DATA, ALSO ANY QUOTES FROM PARTNERS/COMMUNITY]. Without sustained funding for SHIP, [WHAT WILL YOU LOSE?]. Please support our efforts to continue to strengthen and expand this important work in our community by maintaining SHIP funding. [CONSIDER STATEMENT ON WHAT YOU'D DO NEXT IF FUNDING CONTINUES.]

SUPPORTING POINTS ON SHIP

- SHIP provides dedicated funding to reduce health care costs and prevent and reduce the leading causes of chronic disease: tobacco use and obesity. It does this by creating more opportunities for healthy eating, physical activity, tobacco-free living, and wellbeing. **[Insert local data on prevalence of chronic disease.]**
- **[Highlight SHIP success story from your community. Consider adding quote/statement of support from a community partner.]**
- Curbing state health care costs requires a strong state investment in upstream prevention, like SHIP.
- Statewide, stable funding for SHIP needs to be maintained at \$35 million per biennium to help all Minnesotans live healthier, longer lives and continue to drive down state health care costs.

Talking Points on Additional Topics of Interest

Adult Use Cannabis Legalization

STATUS: There are currently proposals moving forward in both the House and Senate to legalize adult use cannabis for those over 21. Each proposal must move through multiple hearings in each body. LPHA has focused advocacy on public health impacts of cannabis and ensuring that public health can play a role in safe use and youth prevention with funding to support the work and making sure there is a local public health voice on the advisory council. HF 100 (Authors - Stephenson; Hanson, J.; Hortman; Long; Gomez; Her; Koegel; Cha; Jordan; Greenman; Elkins; Feist; Frederick; Hollins; Howard; Olson, L.; Hemmingsen-Jaeger; Lillie; Noor; Xiong; Wolgamott; Becker-Finn; Brand; Hassan; Pérez-Vega; Curran; Clardy; Tabke; Reyer; Agbaje; Hussein; Sencer-Mura) and SF 73 (Authors - Port; Oumou Verbeten; Putnam; Murphy; Boldon)

SUPPORTING POINTS

- LPHA is neutral on the bill, however, we want to make sure that if cannabis is legalized, that it is done so thoughtfully with a focus on health, safe use for adults and youth use prevention.
- Currently, the state gets funding for a public education campaign and development of resources, however, local public health best understands our communities. We will be called upon by community partners to go into schools, work with community organizations and consult with businesses about the impacts of legalization. Our communities know us and count on us. Dedicated funding to local and tribal public health is necessary so we can develop resources and dedicate staff time to provide that support to our communities
- Local public health should be represented on the state's cannabis advisory committee. It is crucial to have a dedicated voice focused on preventing use, particularly among young people. Local public health has a pulse on our communities and can speak to community needs as part of the advisory group.

- Ensuring equity is crucial. We must make sure that cannabis related policies do not disproportionately impact communities that already experience health inequities or have been historically targeted by other harmful products, such as commercial tobacco. As such, it is critical that local governments, exhibit strong, local control, and zoning authority to make sure that communities aren't targeted disproportionately.
- We strongly advise that the bill makes certain these products are not visually appealing to children. We support policies to ensure products include health warnings and are sold in child-resistant packaging. This is crucial to ensure these products are not attractive or accessible to young children.
- The Institute of Health shared data that cannabis related calls in 2017 were 207 and by 2021 there were 3,054 – in MN, poison control calls went from 19 in 2020 for cannabis ingestion to 94 in 2022. If cannabis become widely available, we must ensure young people do not get access.
- We support efforts to ensure there is data collection and analysis at MDH to understand trends in cannabis use, allowing our public health system to respond and prevent youth use in the most meaningful way.

Tobacco Use Prevention

STATUS: LPHA is a member of the Minnesotans for a Smokefree Generation Coalition. The coalition is leading on legislation that prevents the sale of flavored tobacco products, including menthol and supporting tobacco cessation expansion. Bill numbers are not available at this time.

SUPPORTING POINTS

- Commercial tobacco use remains the leading cause of preventable death and disease, taking the lives of more than 6,300 Minnesotans each year.
- Smoking costs the state over \$7 billion a year: more than \$3 billion in excess health care costs and \$4 billion in lost productivity. In Minnesota's Medical Assistance program alone, smoking-related health care costs total \$563 million.
- In Minnesota, one in seven 11th graders uses e-cigarettes, and 88 percent of those students use flavored e-cigarettes.
- Cessation: Minnesota can assist people in quitting by passing legislation that:
 - Requires coverage for guidelines-based tobacco cessation treatment, all FDA-approved cessation medications and group, phone, and individual counseling.
 - Requires those treatments to be available without cost-sharing and without barriers such as prior authorization requirements and quantity limits.
 - Expands the types of providers who can be reimbursed for delivering counseling services, such as alcohol and drug counselors and mental health practitioners.
- Flavored Tobacco: Policies ending the sale of all flavored commercial tobacco products -- including menthol cigarettes, flavored cigars, e-cigarettes, hookah, and smokeless tobacco -- will prevent youth addiction, advance health equity and create a healthier future for everyone.
 - Minnesota communities are leading the way. 25% of Minnesotans are covered by a local ordinance that restrict or prohibit the sale of flavored and/or menthol tobacco products.

Family Home Visiting

STATUS: The Governor's budget proposal recommended \$12,500,000 each year to increase prevention-focused family home visiting services to families with children under age five. \$11,250,000, of the funds would be distributed to CHBs, tribal nations, and non-profits via grants.

LEADING POINTS

- Family home visits are an effective way to prevent child maltreatment, promote healthy childhood development and foster self-sufficiency among Minnesota's most at-risk families—all of which help reduce health care and public program costs.
- Prenatal to age three is the most critical time for brain development. 85% of brain growth occurs before age three, and brain growth is impacted greatly by a child's early experiences.
- Funding to support Minnesota's home visiting programs on a widespread basis would allow us to reach even more families in need, making sure all Minnesota babies get a health start.
- **[Share local family home visiting success stories.]**



LPHA Day at the Capitol, February 16, 2023

MN State Capitol, L'Etoile du Nord Vault Basement | [75 Dr. Rev. Martin Luther King Jr. Blvd.](#), St Paul

Tips and Logistics

The main buildings of the Capitol complex include the Capitol building, State Office Building and Minnesota Senate Building. [View a map of the Capitol complex.](#)

- The **Capitol** building is home to the House and Senate Chambers, the Governor's office, committee hearing rooms, and the Supreme Court Courtroom.
- The **State Office Building** (directly west of the State Capitol) houses all House committee hearing rooms and all Representatives' offices. It also houses the Revisor of Statutes office and the Legislative Library.
- The **Minnesota Senate Building** (directly north of the State Capitol) houses all Senate committee hearing rooms and all Senators' offices.
- The Capitol complex is connected by an underground tunnel. Signs are posted. [View a map of the tunnel system.](#)

1. Meet in the State Capitol: We will meet in L'Etoile du Nord Vault Basement Room 15B of the State Capitol. Main entrance is at the front of the building. Disability access is located at the north and south entrances.

2. Parking is a challenge during the legislative session. There are a number of parking options, but spaces fill up quickly. Click here for information on locations and how to pay:
<http://www.mn.gov/admin/citizen/buildings-grounds/parking/>.

- **Lots:** the nearest metered parking is available in [Lot AA](#), located on Rice St. and University Ave., and the [Centennial Ramp](#), located on Cedar Street (Orange Level, east of the Centennial Office Building, **access ramp from Rev. Dr. Martin Luther King Jr. Boulevard**). See a map of all Capitol complex parking [here](#).
- **Street:** [metered street parking](#) is available on side streets, including Sherburne Ave. and Park St. (You may pay by credit card using the free [Passport app](#) on your smartphone.)
- **Public disability parking:** disability parking is available <https://mn.gov/admin/citizen/buildings-grounds/parking/>. Click on the disability tab for information.
- **Do not** park at the former Sears building or any prohibited area. You will get ticketed and might get towed.
- For an interactive map of the Capitol area with more parking locations, click here: <http://www.gis.leg.mn/html/directions.html>.

3. **Arrive early.** Our coffee networking reception with legislators begins at 9:00 a.m. Please try to arrive at the State Capitol Building by 8:45 a.m. It will take you some time to get parked and into the meeting room (**L'Etoile du Nord Vault Basement Room 15B of the State Capitol building**).
4. **Travel light:** There is nowhere to leave your coat or bags during the day. You will need to carry whatever you bring.
 - Don't leave valuables in your car. There is a fair amount of theft around the Capitol complex.
 - Wear comfortable shoes, and be prepared to do a lot of walking!
5. **Meetings with your legislators:** All members are strongly encouraged to schedule separate meetings with your legislators. You may schedule your visit for any time throughout the day (don't worry if you need to step out of LPHA's morning program – that's OK!).
 - Find out who represents you and their committee assignments here: <http://www.gis.leg.mn/OpenLayers/districts/>.
 - Set up a meeting with your legislator ahead of time by calling or emailing them and/or their legislative assistant. Contact information for legislators and their legislative assistants can be found online on each member's information page. For Senators, visit [here](#) and for Representatives visit [here](#). If you have questions about how to schedule a meeting, please reach out to [LPHA staff](#).
 - Before your meeting, do some online research. Learn what committees your legislators serve on and the types of bills they have authored. Think about how to connect our issues to the things that are important to your legislator.
 - Plan to arrive a few minutes early for your meeting with your legislator and be sure to greet and check in with his/her legislative assistant.
 - You will only have a few minutes to make your key points, so be direct. (Many legislative visits are 15 minutes or less.) If you don't know your legislator, your goal should be to establish a rapport and connect about "back home" as much as it is to share your thoughts about public health issues.
 - Remember, you are the public health expert and their constituent. They want to hear what is happening in their district and how legislation will impact your programs and their constituents.
 - If your appointment is canceled, ask their assistant if you could pull them out of a committee or off the floor. If they think that will work, ask where you can find the legislator. If not, kindly leave a message with their assistant and follow up with a phone call or email later.
 - To send a note to your legislator in a House or Senate committee, give the note to a page (seated by the door), then wait while the page hands the note to the legislator. They will likely acknowledge you, and hopefully get up from the committee to walk out in the hallway with you. At that point you will have only a few minutes, so explain who you are and why you are at the Capitol. Then, ask if you can follow up with them later in the day or by phone about some key public health issues in their district.
 - To pull a Representative/Senator off the House/Senate floor, approach the pages at the respective Chamber entrance in the Capitol. Give them a note to deliver to your legislator, indicating you are a constituent and asking if he/she can step out to talk to you; wait outside the doors for his/her response.

6. Committee hearing etiquette:

- You can walk in and out of committee hearings at any time.
- Turn off your cell phone ringer.
- If you want to see the bills or agenda for the meeting, you can take handouts that are on a side table in every room.
- Don't walk in front of the testimony table.
- Don't approach legislators who are sitting at the committee table during a hearing (even though you might be sitting right next to them in some hearing rooms). You must use a page to approach them.
- Applause and demonstrations are prohibited in committee hearings.
- View the list of scheduled hearings and agendas here: www.leg.state.mn.us/calendarday.

7. Viewing Senate and House floor sessions:

- You can watch Senate or House floor sessions from the galleries, which are like balconies above the main floors (located on the 3rd floor in the Capitol).
- When in the gallery, turn off cell phones and talk quietly. Applause, demonstrations and food and beverages are prohibited in the galleries.
- Don't lean over railings or set anything on railings.
- You cannot display signs in the galleries.

8. Logistics – printed materials and box lunches:

- So we know how many materials to print, and how many box lunches to order, it is important that we get your RSVP: [Register online here](#)

More questions?

[See more FAQs about visiting the Capitol.](#)



Tips for Meeting with Your Legislators

1. **Be prepared.** Learn about your legislators' committee assignments and think about how your issue relates to their priorities. (The LPHA Director and contract lobbyists can help provide this information, upon request). [Find your representatives online.](#)
2. **Have your topic and key messages ready.** Two to three key points are all you need. Don't try to cover everything and avoid jargon and acronyms.
3. **Practice your "elevator speech."** In 30 seconds or less, what are you supporting and why?
4. **Make a local connection.** Stress how the issue will affect your legislator's district and share a story that highlights your experience with the issue and why you care about it.
5. **Share materials based on your discussion.** Either before or after your meeting, share a brief fact sheet, position paper or other materials. LPHA can provide you with fact sheets and talking points, but consider local fact sheets, as well.
6. **Mention coalition members.** Mention any other organizations, important individuals, government officials, and/or legislators that support your position.
7. **Be a good listener.** After you present your position, allow the legislator to respond. Be prepared to refocus the conversation if they get off track.
8. **Stay positive.** Your legislator may disagree with your position. If so, don't become combative or argue. Stay positive and keep lines of communication open for the future.
9. **Become a resource.** Let them know your expertise and share contact information with them. Legislators and their staff welcome a constituent who is knowledgeable on specific issues.
10. **Expect to be asked questions.** If you don't know an answer, say so and tell you'll get back to them with more information.
11. **Thank the legislator.** Always thank the legislator for his/her time at the end of the meeting, even if he or she did not agree with your position. If your meeting went well, invite him/her to visit your local health department to see you and your staff in action.
12. **Follow up with a prompt thank you.** In your note, reiterate key points and any commitments the legislator made to you. Include all follow-up information you promised to provide.

January 2023



Public Health
Prevent. Promote. Protect.

2023 MN House and Senate Members

District	Name	Office	Twitter	Facebook.com/
1	1 Sen. Mark T. Johnson (R) (Minority Leader)	2401	@Senmarkjohnson	Senator.Mark.Johnson
	1 A Rep. John Burkel (R)	309	@RepJohnBurkel	RepJohnBurkel
	1 B Rep. Debra Kiel (R) (Human Services Policy Republican Lead)	203	@DebKiel	RepDebKiel
2	2 Sen. Steve Green (R)	2319	-	SenSteveGreen
	2 A Rep. Matt Grossell (R)	371	-	RepMattGrossell
	2 B Rep. Matt Bliss (R)	311	@MattBlissMN	RepMattBliss
3	3 Sen. Grant Hauschild (D)	3111	@grant_hauschild	GrantforMN
	3 A Rep. Roger Skraba (R)	221	@argoguide	-
	3 B Rep. Natalie Zeleznikar (R)	223	@natalieforhouse	fighting4MN
4	4 Sen. Robert J. Kupec (D)	3101	-	Kupec4MN
	4 A Rep. Heather Keeler (D) (Children and Families Committee Vice Chair)	431	@RepKeeler	RepKeeler
	4 B Rep. Jim Joy (R)	315	@JimJoyMN	Jim-Joy-for-MN-House
5	5 Sen. Paul J. Utke (R) (HHS Committee Ranking Minority Member)	2403	@SenUtke	SenatorPaulUtke
	5 A Rep. Krista Knudsen (R)	225	@KristaForHouse	kristaknudsenforhouse
	5 B Rep. Mike Wiener (R)	327	-	Mike-Wiener-for-House-of-Representatives
6	6 Sen. Justin D. Eichhorn (R) (Assistant Minority Leader)	2235	@SenatorEichorn	senatorjustineichorn
	6 A Rep. Ben Davis (R)	227	-	bendavis6a
	6 B Rep. Josh Heintzeman (R)	375	@JoshHeintzeman	-
7	7 Sen. Robert D. Farnsworth (R)	2323	-	robarnsworthmn
	7 A Rep. Spencer Igo (R) (Assistant Minority Leader)	233	@SpencerIgoMN	RepSpencerIgo
	7 B Rep. Dave Lislegard (D)	451	@Replislegard	repdavelislegard
8	8 Sen. Jennifer A. McEwen (D)	3217	@JenMcEwenMN	SenatorMcEwen
	8 A Rep. Liz Olson (D)	479	@LizOlson218	RepLizOlson
	8 B Rep. Alicia Kozlowski (D)	429	@alicia4duluth	alicia4duluth
9	9 Sen. Jordan Rasmusson (R)	2409	@jordanrasmusson	rasmussonmn
	9 A Rep. Jeff Backer (R)	369	@JeffBacker	RepJeffBacker
	9 B Rep. Tom Murphy (R)	313	-	TomMurphyforHouse
10	10 Sen. Nathan Wedenberg (R)	2325	@Nate4Senate	NathanWesenbergforsenate
	10A Rep. Ron Kresha (R)	207	-	RepRonKresha
	10B Rep. Isaac Schultz (R) (Assistant Minority Leader)	201	@ImSchultz	IsaacSchultzMN
11	11 Sen. Jason Rarick (R)	3413	@JasonRarick	SenatorRarick
	11A Rep. Jeff Dotseth (R)	343	@dotseth_jeff	JeffDotsethForStateRep
	11B Rep. Nathan Nelson (R)	393	@NathanNelsonMN	RepNathanNelson
12	12 Sen. Torrey N. Westrom (R)	2201	@SenWestrom	SenatorTorreyWestrom
	12A Rep. Paul Anderson (R)	227	-	RepPaulAnderson
	12B Rep. Mary Franson (R)	303	@RepMaryFranson	-
13	13 Sen. Jeff R. Howe (R)	2231	@JeffHoweMN	JeffHoweMN
	13A Rep. Lisa Demuth (R) (Minority Leader)	267	@DemuthforHouse	RepLisaDemuth
	13B Rep. Tim O'Driscoll (R)	237	-	Tim-ODriscoll-for-Minnesota-House-of-Representatives

14	14	Sen. Aric Putnam (D)	3215	@AricForMN	SenatorAricPutnam
	14A	Rep. Bernie Perryman (R)	321	-	Bernie-Perryman-For-House
	14B	Rep. Dan Wolgamott (D) (Speaker Pro Tempore)	401	@RepWolgamott	RepWolgy
15	15	Sen. Gary H. Dahms (R)	2219	@DahmsForSenate	sendahms
	15A	Rep. Chris Swedzinski (R)	245	@RepChrisSwede	RepChrisSwedzinski
	15B	Rep. Paul Torkelson (R) (Deputy Minority Leader)	261	@Paul_Torkelson	Paul-Torkelson-for-MN-State-Representative
16	16	Sen. Andrew R. Lang (R)	2205	@SenatorLangMN	SenatorLang
	16A	Rep. Dean Urdahl (R)	279	@DUrdahl	RepDeanUrdahl
	16B	Rep. Dave Baker (R) (Assistant Minority Leader)	259	@DBaker16b	repdavebaker
17	17	Sen. Glenn H. Gruenhagen (R)	2417	@GlennGruenhagen	SenatorGlennGruenhagen
	17A	Rep. Dawn Gillman (R)	213	@Gillmanforhouse	gillmanforhouse
	17B	Rep. Bobbie Harder (R)	211	-	-
18	18	Sen. Nick A. Frentz (D) (Assistant Majority Leader)	3109	@NickAFrentz	SenatorFrentz
	18A	Rep. Jeff Brand (D)	501	@RepJeffBrand	representativebrand
	18B	Rep. Luke Frederick (D) (Assistant Majority Leader & (Human Services Policy Vice Chair)	487	@RepLFrederick	replukefrederick
19	19	Sen. John R. Jasinski (R) (Assistant Minority Leader)	2227	@SenatorJasinski	SenatorJohnJasinski
	19A	Rep. Brian Daniels (R) (Children and Families Committee Republican Lead)	231	@BrianDanielsMN	RepBrianDaniels
	19B	Rep. John Petersburg (R)	217	@JPetersburgMN	RepJohnPetersburg
20	20	Sen. Steve J. Draskowski (R)	2411	@SteveDraz	steve.draskowski
	20A	Rep. Pam Altendorf (R)	331	@PamAltendorf	AltendorfforHouse
	20B	Rep. Steven Jacob (R)	389	-	jacobforthepeople
21	21	Sen. Bill Weber (R) (Assistant Minority Leader)	2211	@SenatorWeber	SenBillWeber
	21A	Rep. Joe Schomacker (R) (Health Committee Republican Lead)	209	@joeschomacker	repschomacker
	21B	Rep. Marj Fogelman (R)	323	-	MarjForHouse
22	22	Sen. Rich Draheim (R)	2225	@SenatorDraheim	SenatorRichDraheim
	22A	Rep. Bjorn Olson (R) (Assistant Minority Leader)	229	@BjornOlsonMN	bjornolsonformnhouse
	22B	Rep. Brian Pfarr (R)	351	-	RepBrianPfarr
23	23	Sen. Gene Dornink (R)	3411	@GeneDornink	SenatorGeneDornink
	23A	Rep. Peggy Bennett (R)	307	@PeggyABennett	reppeggybennett
	23B	Rep. Patricia Mueller (R)	253	@RepMueller	RepMueller
24	24	Sen. Carla J. Nelson (R)	2301	@CarlaNelsonMN	SenatorCarlaNelson
	24A	Rep. Duane Quam (R)	247	@DRQuam	RepDuaneQuam
	24B	Rep. Tina Liebling (D) (Health Committee Chair)	477	@TinaLiebling	RepresentativeLiebling
25	25	Sen. Liz Boldon (D) (Assistant Majority Leader)	3201	@LizBoldonMN	LizBoldonMN
	25A	Rep. Kim Hicks (D)	413	@KimHicksMN25A	State-Representative-Kim-Hicks
	25B	Rep. Andy Smith (D)	411	@AndySmithMN	AndySmithMN

26	26	Sen. Jeremy R. Miller (R)	2215	@jeremyrmiller	SenatorJeremyMiller
	26A	Rep. Gene Pelowski, Jr. (D)	491	@GenePelowski	gene.pelowski
	26B	Rep. Greg Davids (R)	283	-	-
27	27	Sen. Andrew Matthews (R)	2233	@AndrewMathewsMN	SenAndrewMathews
	27A	Rep. Shane Mekeland (R)	215	@ShaneMekeland	RepShaneMekeland
	27B	Rep. Kurt Daudt (R)	273	@kdaudt	KurtDaudt
28	28	Sen. Mark W. Koran (R)	2203	@MarkkoranMN	SenatorMarkKoran
	28A	Rep. Brian Johnson (R)	243	@RepJohnsonMN	RepBrianJohnson
	28B	Rep. Anne Neu Brindley (R) (Human Services Finance Republican Lead)	251	@anneneu	RepAnneNueBrindley
29	29	Sen. Bruce D. Anderson (R)	2209	-	-
	29A	Rep. Joe McDonald (R)	241	@joemacphoto	RepJoeMcDonald
	29B	Rep. Marion O'Neill (R)	357	@MarionONeill1	RepMarionONeill
30	30	Sen. Eric Lucero (R)	2413	@EricLuceroMN	EricLuceroMN
	30A	Rep. Walter Hudson (R)	317	@WalterHudson	-
	30B	Rep. Paul Novotny (R)	301	-	RepPaulNovotny
31	31	Sen. Calvin K. Bahr (R)	2415	@calbahrsd31	Bahrforhouse
	31A	Rep. Harry Niska (R)	337	@HarryNiska	Niska4MN
	31B	Rep. Peggy Scott (R) (Assistant Minority Leader)	335	-	RepPeggyScott
32	32	Sen. Michael E. Kreun (R)	2321	-	MichaelForMN
	32A	Rep. Nolan West (R) (Assistant Minority Leader)	287	@West4MN	RepNolanWest
	32B	Rep. Matt Norris (D)	507	@MNfromMN	MNforMN
33	33	Sen. Karin Housley (R) (Assistant Minority Leader)	2213	@KarinHousley	KarinHousleyMN
	33A	Rep. Patti Anderson (R)	387	@pattiandersonmn	pattiandersonmn
	33B	Rep. Josiah Hill (D)	415	@Hill4MNHouse	josiahhillforhouse
34	34	Sen. John A. Hoffman (D) (Human Services Committee Chair)	2111	@JohnHoffmanMN	SenatorJohnHoffman
	34A	Rep. Danny Nadeau (R)	291	@NadeauDanny	dannyforhouse
	34B	Rep. Melissa Hortman (D) (Speaker)	463	@melissahortman	repmelissahortman
35	35	Sen. Jim Abeler (R) (Human Services Committee Ranking Minority Member)	2207	@jimabeler	JimAbelerMN
	35A	Rep. Zack Stephenson (D)	449	@zackstephenson	repzackstephenson
	35B	Rep. Jerry Newton (D)	367	@JerryNewtonMN	JerryNewtonForMNHouse
36	36	Sen. Heather Gustafson (D)	3103	@gus_heather	voteheathergustafson
	36A	Rep. Elliott Engen (R) (Assistant Minority Leader)	345	@elliottengenMN	elliottengenMN
	36B	Rep. Brion Curran (D)	531	@brioncurran	brionforhouse
37	37	Sen. Warren Limmer (R)	2221	@SenWarrenLimmer	SenWarrenLimmer
	37A	Rep. Kristin Robbins (R) (Assistant Minority Leader)	239	@KRobbinsMN	RepKristinRobbins
	37B	Rep. Kristin Bahner (D) (Human Services Finance Vice Chair)	525	@KristinBahnerMN	RepKristinBahner
38	38	Sen. Susan Pha (D)	3233	@SusanPhaSenate	susanphaforsenate
	38A	Rep. Michael Nelson (D)	585	-	rep.michael.nelson
	38B	Rep. Samantha Vang (D)	545	@RepSamanthaVang	RepSamanthaVang
39	39	Sen. Mary K. Kunesh (D) (Assistant Majority Leader)	3209	@MaryKunesh9	marykunesh4mn
	39A	Rep. Erin Koegel (D)	445	@ErinKoegel	RepErinKoegel
	39B	Rep. Sandra Feist (D)	409	@SandraFeistMN	RepresentativeSandraFeist

40	40	Sen. John Marty (D)	3235	@JohnMarty	senjohnmarty
	40A	Rep. Kelly Moller (D)	509	@KellyForUs	repkellymoller
	40B	Rep. Jamie Becker-Finn (D)	559	@jbeckerfinn	repbeckerfinn
41	41	Sen. Judy Seeberger (D)	2109	@JudySeeberger	JudyForSenate
	41A	Rep. Mark Wiens (R)	353	-	Wiensfor41A
	41B	Rep. Shane Hudella (R)	289	@HudellaDTBL	HudellaForHouse
42	42	Sen. Bonnie S. Westlin (D)	4304	@WestlinMNSenate	WestlinForMNSenate
	42A	Rep. Ned Carroll (D)	565	@NedJCarroll	CarrollCampaign
	42B	Rep. Ginny Klevorn (D)	581	@GinnyKlevorn	RepKlevorn
43	43	Sen. Ann H. Rest (D) (President Pro Tem)	3409	-	SenatorRest
	43A	Rep. Cedrick Frazier (D)	439	@CedrickFrazier	RepresentativeCedrickFrazier
	43B	Rep. Mike Freiberg (D)	381	@RepFreiberg	RepFreiberg
44	44	Sen. Tou Xiong (D)	3203	@TouXiongSenate	TouXiong53A
	44A	Rep. Peter Fischer (D) (Human Services Policy Chair)	551	@PeterFischerMN	RepPeterFischer
	44B	Rep. Leon Lillie (D)	365	@leonlillie	StateRepresentativeLeonLillie
45	45	Sen. Kelly L. Morrison (D) (Assistant Majority Leader)	3205	@Morrison4MN	StateSenatorKellyMorrison
	45A	Rep. Andrew Myers (R)	377	@MyersVote	VoteAndrewMyers
	45B	Rep. Patty Acomb (D)	593	@PattyAcomb	StateRepresentativePattyAcomb
46	46	Sen. Ron Latz (D)	3105	@SenRonLatz	-
	46A	Rep. Larry Kraft (D)	515	@LarryKraftSLP	LarryKraftSLP
	46B	Rep. Cheryl Youakim (D)	443	@CLYouakim	StateRepresentativeCherylYouakim
47	47	Sen. Nicole L. Mitchell (D)	3229	@NicoleM_4Senate	NicoleMitchellMN
	47A	Rep. Amanda Hemmingsen-Jaeger (D)	537	@Amanda_MNHouse	amandaformnhouse
	47B	Rep. Ethan Cha (D)	527	@ethanchamnhouse	ethanchamnhouse
48	48	Sen. Julia E. Coleman (R) (Assistant Minority Leader)	2303	@JuliaEColeman	SenJuliaColeman
	48A	Rep. Jim Nash (R) (Minority Whip)	349	@JimNashMN	RepJimNash
	48B	Rep. Lucy Rehm (D)	533	@LucyRehmMN	LucyRehmMN
49	49	Sen. Steve A. Cwodzinski (R)	3207	@CwodMN	senatorcwodzinski
	49A	Rep. Laurie Pryor (D)	571	@lauriepryor	replauriepryor
	49B	Rep. Carlie Kotyza-Witthuhn (D)	567	@carlieforhouse	repcarliekw
50	50	Sen. Alice Mann (D) (HHS Committee Vice Chair)	3225	@DrAliceMann	dralicemann
	50A	Rep. Heather Edelson (D)	549	@heather_edelson	RepHeatherEdelson
	50B	Rep. Steve Elkins (D)	517	@ElkinsForHouse	StateRepSteveElkins
51	51	Sen. Melissa H. Wiklund (D) (HHS Committee Chair)	2107	@mhwiklund	SenatorWiklund
	51A	Rep. Michael Howard (D)	473	@mikehowardmn	RepMichaelHowardMN
	51B	Rep. Nathan Coulter (D)	569	@NathanCoulter	NeighborsForNathanMN
52	52	Sen. Jim Carlson (D)	3221	-	SenatorJimCarlson
	52A	Rep. Liz Reyer (D)	575	@reyerforhouse	RepLizReyer
	52B	Rep. Ruth Richardson (D)	403	@RuthForHouse	RuthForHouse
53	53	Sen. Matt D. Klein (D)	2105	-	MattKleinMN
	53A	Rep. Mary Frances Clardy (D)	529	@ClardyForHouse	-
	53B	Rep. Rick Hansen (D)	407	@reprickhansen	MNRepRickHansen
54	54	Sen. Eric R. Pratt (R)	2217	@EricPrattMN	EricPrattMN
	54A	Rep. Brad Tabke (D) (Assistant Majority Leader)	543	@BradTabke	RepBradTabke
	54B	Rep. Ben Bakeberg (R)	329	@BenBakebergMN	Ben-Bakeberg

55	55	Sen. Lindsey Port (D)	3213	@Lindsey_Port	SenatorLindseyPort
	55A	Rep. Jessica Hanson (D)	421	@RepJessHansonMN	repjesshansonmn
	55B	Rep. Kaela Berg (D) (Assistant Majority Leader)	577	@kaelaberg	repkaelabergmn
56	56	Sen. Erin K. Maye Quade (D)	3227	@ErinMayeQuade	-
	56A	Rep. Robert Bierman (D) (Health Committee Vice Chair)	579	@RobertBiermanMN	StateRepRobertBierman
	56B	Rep. John Huot (D)	591	@Mnrephuot	RepJohnHuot
57	57	Sen. Zach Duckworth (R) (Assistant Minority Leader)	2229	@ZachDuckworth	zach.duckworth.usa
	57A	Rep. Jon Koznick (R)	281	@Jonkoznick	RepJonKoznick
	57B	Rep. Jeff Witte (R)	255	-	witteforhouse
58	58	Sen. Bill Lieske (R)	2327	-	LieskeforSenate
	58A	Rep. Kristi Pursell (D)	523	@Pursell4MNHouse	Pursell4MNHouse
	58B	Rep. Pat Garofalo (R)	295	@PatGarofalo	RepPatGarfalo
59	59	Sen. Bobby Joe Champion (D) (President of the Senate)	3401	@SenatorChampion	SenBobbyJoeChampion
	59A	Rep. Fue Lee (D)	485	@RepFueLee	RepFueLee
	59B	Rep. Esther Agbaje (D) (Assistant Majority Leader)	437	@go4esther	RepAgbaje
60	60	Sen. Kari Dzedzic (D) (Majority Leader)	3113	@KariDzedzic	SenatorKariDzedzic
	60A	Rep. Sydney Jordan (D) (Assistant Majority Leader)	553	@SydneyJordanMN	RepSydneyJordan
	60B	Rep. Mohamud Noor (D) (Human Services Finance Chair)	379	@mohamudnoor	RepMohnamudNoor
61	61	Sen. D. Scott Dibble (D)	3107	-	-
	61A	Rep. Frank Hornstein (D)	563	-	Frank-Hornstein-for-House
	61B	Rep. Jamie Long (D) (Majority Leader)	459	@Jamiemlong	JamieLongForStateHouse
62	62	Sen. Omar Fateh (D) (Human Services Committee Vice Chair)	3219	@OmarFatehMN	omarfatehmn
	62A	Rep. Aisha Gomez (D)	453	@RepAishaGomez	RepAishaGomez
	62B	Rep. Hodan Hassan (D)	597	@RepHassan	hodanforhouse
63	63	Sen. Zaynab Mohamed (D)	2103	@ZaynabMMohamed	zaynabforsenate
	63A	Rep. Samantha Sencer-Mura (D)	417	@SamSencerMura	sencermura4MN
	63B	Rep. Emma Greenman (D)	433	@emmagreenman	RepEmmaGreenman
64	64	Sen. Erin P. Murphy (D) (Assistant Majority Leader)	3211	@epmurphymn	epmurphymn
	64A	Rep. Kaohly Vang Her (D)	359	@KaohlyVangHer	RepKaohlyVangHer
	64B	Rep. Dave Pinto (D) (Children and Families Committee Chair)	503	@davepinto	repdavepinto
65	65	Sen. Sandy Pappas (D)	2113	@SenatorPappas	SenatorPappas
	65A	Rep. Samakab Hussein (D)	521	@samakabforhouse	samakabforhouse
	65B	Rep. María Isa Pérez-Vega	583	@Marialsa	PeopleforMarialsa
66	66	Sen. Clare Oumou Verbeten (D)	2101	@SenClareOumou	ClareOumou
	66A	Rep. Leigh Finke (D)	423	@leighfinke	LeighforMN
	66B	Rep. Athena Hollins (D) (Majority Whip)	471	@AthenaHollins	Representative-Athena-Hollins
67	67	Sen. Founghawj (D) (Assistant Majority Leader)	3231	@founghawj	senatorhawj
	67A	Rep. Liz Lee (D) (Assistant Majority Leader)	539	@RepLizLee	lizleeMN67A
	67B	Rep. Jay Xiong (D)	557	@RepJayXiong	RepJayXiong