



ISSUE

Preserving Access to Health Care

MMA Position

Minnesota must maintain its commitment to provide affordable health care to all Minnesotans. While we continue to be a national leader, not all Minnesotans have the same chance to be healthy. Members of our BIPOC (Black, Indigenous, and People of Color) communities, people with disabilities, people living in poverty, and members of the LGBTQ community experience worse health outcomes in Minnesota. And the COVID-19 pandemic has shown us again the importance of having strong health care coverage.

Background

Minnesota has always ranked high in terms of general health status compared to other states. We have prided ourselves on the work that physicians, hospitals, other health care professionals, employers, and the state have done to ensure all Minnesotans have access to care. However, the racial and ethnic health disparities that currently exist in Minnesota are among the worst in the nation. Such disparities have meant that, compared to whites, Minnesota's BIPOC communities experience shorter life spans; higher rates of infant mortality; higher incidences of diabetes, heart disease, cancer, and other diseases and conditions; and poorer general health. For example, Minnesota has one of the lowest overall infant mortality rates in the United States (4.9 infant deaths per 1,000 births). However, there is a persistent disparity in the infant mortality between whites (4.3/1,000) and Blacks/African Americans (9.2/1,000) as well as American Indians (9.1/1,000).¹

These disparities impact everyone. They have a negative effect on the quality of life, the cost of health care, and the overall health of all Minnesotans.

In addition, COVID has shown the fragility of our employer-based health care system. With unemployment rates approaching 10 percent during the pandemic, many Minnesotans lost their health care coverage at a time when they needed it most.²

Minnesota's commitment to providing affordable health care predates the passage of the Affordable Care Act (ACA). However, the ACA expanded both private and public coverage to further reduce our uninsured rate. With continued legislative and legal challenges to the ACA at the federal level, Minnesota must be ready to maintain the programs created by the ACA, like expanded Medical Assistance coverage, MinnesotaCare as a basic health plan, and a prohibition on pre-existing condition exclusions by insurers.

Talking Points

When adopting the health and human services budget for 2021-2022, the Legislature must consider the following critical issues:

- Minnesota health care safety net programs (Medical Assistance and MinnesotaCare) must be fully funded if we are to achieve health equity and improve health for all Minnesotans. They must also address the impact of housing, transportation, education, and economic opportunity policies in pursuit of that goal.
- Ensure insurance coverage for all regardless of the outcome of any ACA challenge. Minnesotans should not lose coverage under proposals to change or limit the law.
- Invest in public health and prevention and recognize the significant influence that the social determinants of health have on health care costs and utilization. These factors must be covered as part of any insurance coverage.
- Support innovation in care delivery and payment designed to promote health, not just health care.

¹ Eliminating Health Disparities Initiative: Fiscal Years 2015 to 2018: REPORT TO THE MINNESOTA LEGISLATURE 2019, March 2019

² US Bureau of Labor Statistics, <https://www.bls.gov/eag/eag.mn.htm>

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