

**December 19, 2024**

The Honorable Amy Klobuchar  
425 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Tina Smith  
720 Hart Senate Office Building  
Washington, DC 20510

The Honorable Angie Craig  
2442 Rayburn House Office Building  
Washington, DC 20515

The Honorable Tom Emmer  
326 Cannon House Office Building  
Washington, DC 20515

The Honorable Brad Finstad  
2418 Rayburn House Office Building  
Washington, DC 20515

The Honorable Michelle Fischback  
2229 Rayburn House Office Building  
Washington, DC 20515

The Honorable Betty McCollum  
2426 Rayburn House Office Building  
Washington, DC 20515

Congresswoman-Elect Kelly Morrison  
PO Box 684  
Wayzata, MN 55391

The Honorable Ilhan Omar  
1720 Longworth House Office Building  
Washington, DC 20515

The Honorable Pete Stauber  
145 Cannon House Office Building  
Washington, DC 20515

**RE: Protect Medicaid**

Dear Honorable Members of the Minnesota Congressional Delegation:

For generations, Minnesota's Medical Assistance program has supported individuals with disabilities, older adults, children and families through efficient and innovative use of federal Medicaid funding. We write to you on behalf of over a hundred of Minnesota's health care providers, health insurers, nonprofits, service organizations, and consumer and worker representatives that are united in opposition to major changes to Medicaid such as making it a block grant, instituting a per-capita-cap, adding work reporting requirements, and other measures in upcoming budget resolutions and reconciliation bills.

Over the years, our organizations have had diverse opinions about the best way for Minnesota to build on its reputation as a leader in health care innovation. Nonetheless, we are united in our recognition of Medical Assistance as a vital part of Minnesota's nation-leading health care infrastructure. We also agree that the three most commonly mentioned proposals would have a significant negative impact on Minnesota's health care system, and more importantly, would harm Minnesotans' health care.

**The financial and physical well-being of more than one million Minnesotans will be put in danger if their health care coverage is compromised.** The stakes of this debate are not just measured in dollars, they are felt in the lives of our families, friends, and neighbors. Through Medical Assistance, over 600,000 Minnesota children and 140,000 Minnesotans with disabilities are able to visit their family doctor to stay well, find medical care when they need it, and pay for treatment without fear that their financial security will be at risk. Every month, 38,000 of our state's elders find support through a nursing home or in independent living thanks to the state's Elderly Waiver and Nursing Facility programs.

**Large cuts to Medicaid funding will put the most vulnerable Minnesotans at risk.** Funding reductions to Medicaid will grow to a size that will be impossible for the state of Minnesota to overcome without cutting coverage, eliminating important benefits, reducing already too low payments to providers and shifting costs to local governments. Estimates of policies proposed in 2017 would have reduced Medicaid funding by one-third. With such a drastic decrease in resources, Minnesota would be forced to reduce health care coverage for sick children, struggling seniors, people with disabilities, and other Minnesotans.

**Per capita caps and block grants decouple the level of funding for Medicaid from the actual cost of providing health care for the most vulnerable Minnesotans.** Such a radical change in Medicaid's funding system would place Minnesota in a precarious fiscal situation as the state confronts expected and unexpected health care crises. Minnesota does not have the resources to shoulder alone the burden of unpredictable cost increases that can arise during public health crises or economic recessions. Furthermore, per capita caps and block grants would likely unfairly penalize Minnesota for being an innovator in health care delivery. Minnesota's health care system routinely ranks among the top in the nation for health care access, quality, and outcomes. Our high quality is matched with high efficiency. If the federal government begins funding Medicaid based on current funding levels rather than on actual state needs, Minnesota will suffer as a result.

**Work Reporting Requirements are an unfunded mandate to counties and lead to people losing their health insurance even when they qualify.** We have seen the negative impact of the work requirements in Arkansas -- where outdated online systems and shortages in county staff led to people losing their Medicaid even when they were qualified and even when they were working part-time. The work requirement did not lead to more people working. It led to more people not receiving health care. The most recent effort to re-enroll people in Medicaid demonstrates the difficulty counties have across the country with these types of efforts. Some states' enrollment dropped by 50 percent due to limited staffing to process applications.

**Medical Assistance offers a perfect example of how Medicaid already offers states opportunities to innovate and save money without compromising on quality.** Some would make the erroneous argument that the funding cuts resulting from per capita caps or block grants represent a worthwhile trade-off in exchange for an unclearly defined increase in states' ability to be creative with Medicaid dollars. In reality, Minnesota's long tradition of bipartisan support for health care reform provides an ideal example of how states can embrace innovation and flexibility through the current financing and waiver structure. The severity of the cuts would likely only result in the flexibility of who and what services to cut.

We ask that you oppose any major changes to Medicaid policies or funding levels. Any major changes will fundamentally restructure our state-federal Medicaid partnership and will end the guaranteed access to care for millions of Minnesotans.

Respectfully,

Accessible Space, Inc.  
Accord  
African American Leadership Forum  
AFSCME 65  
Agate Housing and Services  
Aliveness Project  
Altair ACO  
Amherst H. Wilder Foundation  
ARRM  
Arrowhead Community Employment  
AspireMN  
Autism Society of Minnesota  
Avera Health  
Bear Creek Services, Inc  
Care Providers of Minnesota  
CCRI, Inc.  
Central Minnesota Mental Health Center  
Change Inc.  
Children's Dental Services  
Children's Minnesota  
Client Community Services, Inc.  
Community Dental Care  
Covenant Ability Network of MN  
Crescent Cove  
Dependable Home Health Care  
Fairchild's Fostercare  
Fairview Health Services  
FamilyWise  
Fraser  
Greater Minnesota Family Services  
Great River Homes, Inc.  
Habilitative Services, LLC  
Habitat for Humanity of Minnesota  
Hammer Residences, Inc.  
Hearth Connection  
Hennepin County  
Hennepin Healthcare System  
Hmong Home Health Care  
Integrity Living Options, Inc.  
ISAIAH  
Jane Lawrenz  
Jewish Community Relations Council of  
Minnesota and the Dakotas  
Jewish Family and Children's Service of  
Minneapolis  
Kaposia, inc.  
LeadingAge Minnesota  
Leo A. Hoffmann Center  
Lifeworks Services, Inc.  
Living Well Disability Services  
Lutheran Social Service of Minnesota  
Mains'I Services Inc.

Mental Health Resources, Inc.  
Mid-Minnesota Legal Aid  
Minnesota AFL-CIO  
Minnesota Association of Community Health  
Centers  
Minnesota Association of Community Mental  
Health Programs  
Minnesota Brain Injury Alliance  
Minnesota Budget Project  
Minnesota Chapter, American Academy of  
Pediatrics  
Minnesota Commission of the Deaf, DeafBlind  
and Hard of Hearing  
Minnesota Community Action Partnership  
Minnesota Consortium of Community Developers  
Minnesota Council on Disability  
Minnesota Doctors for Health Equity  
Minneapolis Health Department  
Minnesota Hospital Association  
Minnesota Medical Association  
Minnesota Psychological Association  
Minnesota Rare Disease Advisory Council  
Minnesota School Social Workers Association  
Minnesota Social Service Association  
Mount Olivet Rolling Acres  
MRCI  
MSS  
NAMI Minnesota  
NHS Northstar  
NO  
North Homes Children and Family Services  
North Star Policy Consulting  
Northern Dental Access Center  
Pine River Group Home, Inc.  
Planned Parenthood North Central States  
Presbyterian Family Foundation (PFF)  
PrimeWest Health  
Oakridge Homes & Oakridge Support Services  
Reach for Resources  
RECLAIM  
REM Minnesota, Inc.  
Residential Services, Inc.  
Reviving Sisterhood  
Rock Elm Country Homes  
Rudolph Community and Care  
Minnesota Rural Health Association  
Saint Paul Jewish Federation  
SAVE-Suicide Awareness Voices of Education  
SEIU Healthcare MN & IA  
South Country Health Alliance  
St. David's Center  
Stepping Stones for Living

Supportive Lifestyles, Inc.  
TBI Residential & Community Services  
The Arc Minnesota  
The Leukemia & Lymphoma Society  
The Phoenix Residence Inc. & Phoenix Service  
Corporation  
Therapeutic Services Agency  
Thrive Behavioral Network  
Touchstone Mental Health  
TSE Inc.  
UFCW Local 1189  
University of Minnesota School of Dentistry  
Upstream Arts, Inc.  
Volunteers of America Minnesota and Wisconsin  
Washburn Center for Children  
Winter Family Care  
Zumbro Valley Medical Society