

Health care: Improving Minnesotans' access to comprehensive, affordable coverage and equitable care

Minnesotans deserve to be able to choose affordable health care coverage that works best for their family, regardless of their income or ZIP code. However, many state residents lack affordable health insurance options, while others with coverage forego care to avoid paying high deductibles and copays. And far too many go without any coverage at all.

One-quarter of Minnesota's population receives coverage through Medical Assistance or MinnesotaCare, but administrative barriers can make it difficult for them to access and maintain coverage consistently. Public health care program enrollees also have far lower COVID-19 vaccination rates than Minnesotans as a whole, a disparity that occurs in every age, racial and ethnic demographic group. Disparities in birth outcomes for pregnant African American and Native American enrollees can create multigenerational health impacts. Targeted investments in the Governor's budget will focus on these disparities while improving overall access to health care in Minnesota.

Proposals

Governor Walz's budget includes the following proposals:

- **Making health care more accessible and affordable:** Minnesotans will have the option to buy into some of the most comprehensive health care coverage available on the market through an expansion of MinnesotaCare, which includes primary care, vision, dental, hearing, mental health, and substance-use disorder services. Improvements to existing public health care programs will make it easier for 1.4 million enrolled Minnesotans to maintain coverage and for new applicants to apply. People on MinnesotaCare will continue to pay lower premiums. About 1,700 uninsured undocumented Minnesota children from low-income families will become eligible for MinnesotaCare. *FY 2023-25: \$ 162.9 million*
- **Stabilizing health care coverage for children:** Children and youth covered by Medical Assistance – who make up more than one third of the state's population under 21 – will receive continuous, stable coverage for 12 months. Most states offer continuous Medicaid coverage for children so they can access care, such as well-child visits and immunizations, and reduce gaps in their coverage. Continuous coverage prevents unnecessary, expensive churn caused by administrative burdens or temporary changes, such as a caregiver's income change due to extra shifts or hours during a busy season. *FY 2023-25: \$42.1 million*
- **Responding to COVID-19 in state health care programs:** This proposal invests resources and makes temporary changes to minimize disruptions for Medical Assistance and MinnesotaCare enrollees when standard renewal processes resume. Renewal processes were temporarily suspended during the pandemic so more Minnesotans could maintain health care coverage and the state could receive additional federal funding through the Families First Coronavirus Response Act. This proposal also supports the county, tribal and department front-line workers who will review eligibility for 1.4 million enrollees after the federal public health emergency ends. *FY 2023-25: \$13.2 million*

- **Improving equitable access to COVID-19 vaccine through outreach:** Public health care program enrollees have far lower COVID-19 vaccination rates than Minnesotans as a whole in every age, racial and ethnic group. Culturally informed community-based providers and organizations will receive grants to help reverse these disparities with targeted outreach to public health care program enrollees to encourage vaccination, answer questions and address misinformation. *FY 2023-25: \$1.1 million*
- **Supporting urban American Indians in Minnesota Health Care Plans:** The COVID-19 pandemic has disproportionately impacted American Indian communities – including those who live in urban areas – and highlighted the importance of maintaining health care coverage. Grant funding for the Indian Health Board of Minneapolis will expand efforts to keep eligible urban American Indians enrolled in Medicaid, improve access to quality health care, and increase COVID-19 vaccination rates. *FY 2023-25: \$7.5 million*
- **Closing the health care opportunity gap for former foster care youth:** Adverse childhood experiences frequently experienced by former foster care youth raise their risk for poor health, unstable housing and unemployment as well as lifetime health problems such as diabetes, heart disease, cancer and stroke. Minnesota currently provides public health care coverage to former foster care youth ages 18 to 26 who were in foster care, enrolled in Medical Assistance and living in Minnesota on their 18th birthday. The Governor’s proposal will extend coverage to former foster care youth living in any state and enrolled in Medicaid on their 18th birthday. *FY 2023-25: \$1.1 million*
- **Improving maternal and infant health by removing barriers to doula services:** Doulas are associated with reduced preterm births, cesarean sections and use of pain medications, while supporting mothers’ emotional well-being. Current limitations require doulas serving Medical Assistance enrollees to operate under the supervision of a licensed health care professional, which acts as a barrier to access. With 80% of Black pregnant Minnesotans and 90% of Native American pregnant Minnesotans receiving birthing services through Medical Assistance, better access to doulas as additional support to supplement regular medical care can help reduce maternal and infant health disparities. *FY 2023-25: \$90,000*
- **Supporting tribal providers and payments:** Federal Medicaid changes to tribal provider enrollment and payments, known as the “Four Walls” policy, will go into effect nine months after the end of the federal public health emergency. To align with federal guidance, the proposal allows Indian Health Services facilities or select tribal health centers to enroll as a tribal Federal Qualified Health Center and directs the Department to establish an alternative payment methodology. *FY 2023-25: \$889,000*
- **Clarifying Minnesota Health Care Program enrollee error overpayments:** Enrollee overpayments that do not rise to the level of fraud, theft or abuse can occur when an individual received more Medical Assistance or MinnesotaCare benefits than they were entitled to because of incorrect information. The proposal sets standards for addressing and recovering enrollee overpayments so the process is consistent statewide. *FY 2023-25: \$0*

Related information

Governor’s 2022 Revised Supplemental Budget Recommendations:

- [Increasing Health Care Access and Affordability for Minnesotans](#)
- [Responding to COVID-19 in Minnesota Health Care Programs](#)
- [12 Months of Continuous MA Eligibility for Children Under 21](#)
- [Medical Assistance for Former Foster Care Youth](#)
- [Remove Doula Supervision Requirement](#)