Many provisions of the Affordable Care Act (ACA) helped thousands of Minnesotans to gain access to health insurance. Publicly-financed options like Medical Assistance and Minnesota Care ensure that affordable health care remains within their reach. As the Minnesota Budget Bites indicates, more Minnesotans qualified for Medical Assistance thanks to ACA. Data from the MDH’s Health Access Survey show that the uninsured rate decreased from 8% to 4% between 2009 and 2015. All demographic groups benefited from it. In the case of Latinos, uninsured rates fell by nearly 200 percent from 34.8 percent in 2013 to 11.7 percent in 2015. According to the American Community Survey (ACS), the uninsured rates for Latinos under 65 also declined from 29.7% in 2013 to 20.8% in 2015. The total number of uninsured as of 2015 was 56,591. However, no matter the data sources and insurance gains, Latinos remain the largest uninsured population among all other racial and ethnic groups.

The ACA allowed many remaining uninsured to access preventive care through community health clinics. The federal government is foreseeing revamping or eliminating many provisions of ACA. Restrictive reforms that are not applicable to all socioeconomic groups could cause increased costs in hospitals and emergency rooms.

One of the social determinants of wellbeing and a healthy life is to have equitable access to affordable insurance and health services. The percentage of uninsured Latinos in the state require protecting sources of payment for primary care services by safety-net providers and information about potential eligibility to access health insurance. For instance, 22 percent of Minnesota’s uninsured are potentially eligible for advanced premium tax credits available only through MNsure.

Some of these services need cultural competent and bilingual health care practitioners and services. Studies suggest that language might be the most important determinant of health disparities between Hispanic and white, non-Hispanic populations.

According to a report to the State Legislature, an estimated 213,100 residents have a limited ability to speak, read, write, or understand English, limiting their ability to understand health information in their non-primary language. In rural Minnesota, Nobles, Olmsted, Rice, and Stearns counties account for large numbers of residents whose primary language is Spanish.

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nobles</td>
<td>1,146</td>
</tr>
<tr>
<td>Olmsted</td>
<td>1,066</td>
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<tr>
<td>Rice</td>
<td>1,016</td>
</tr>
<tr>
<td>Stearns</td>
<td>839</td>
</tr>
</tbody>
</table>

Source: MDE (April, 2015)

2 MDH. (2016). Health Insurance Coverage in Minnesota: Results from the 2015 Minnesota Health Access Survey.

The Minnesota Council on Latino Affairs (MCLA) is a state agency called to advise and inform the Governor’s Office, Legislative branch and stakeholders on matters of importance to Latino Minnesotans.

4 http://www.mncompass.org/health/health-care-coverage#1-11239-d
In order for Latino communities to understand the importance of preventative health care and provide information on how to access health services when needed, the Council will work with the legislature to ensure equitable access, and cultural and linguistic competency in health education, policies, and care facilities.

**Recommendations**

**Relevant Policy**

**MNsure**
The Council supports legislation to protect the 96% of Minnesotans that are insured, included those who are enrolled in the non-group market through Minnesota’s health insurance market place MNsure and who have been able to obtain premium and cost-sharing subsidies. This year, enrollees are qualifying for much bigger tax credits.6

In light of potential changes to ACA, policy makers should take into account that like most Americans, the majority of Minnesotans think that whatever new state laws result out of reforms, pre-existing conditions should be covered, and young people should be allowed to stay on their parents plan until age 26.7

Any changes to MNsure and other health programs in the state will potentially leave thousands of Latinos without insurance and confused about new options. Since navigating the health system has proven to be one of the main barriers to access health care, new provisions will need to be addressed with a well-conceived targeted communication strategy that provides guidance and assistance similarly to current Assisters. These are certified professionals free of charge who usually live in the community and help apply for insurance and enroll in a plan (e.g. Navigators).

**Health Equity**
The Council remains committed to supporting MDHS’ Cultural and Ethnic Communities Leadership Council and the MDH’s Office of Minority & Multicultural Health and Center for Health Equity.

Supporting the implementation of MDH’s 2014 Report “Advancing Health Equity in Minnesota” to institutionalize and operationalize equity with appropriate community engagement is key to achieve healthy outcomes in communities of color.

**Relevant Legislation**

**Interpretation Services**
Recently, the State legislature, MDH, and health care interpreters have recommended to improve the current interpreter roster and replace it with a tiered, verified interpreters’ registry. This is to better ensure that all limited English proficient (LEP) Minnesotans have access to quality medical care.

The Council will support the (re)introduction of any legislation that establishes a registry setting minimum requirements and ongoing continuing education that assure that all Latino patients who need medical interpretation, not only receive the best medical treatment, but the interpretation they need. In the last legislature, MCLA testified in support of the “Spoken Language health care interpreter tiered registry system required” bill as it will have a positive impact in Latino patients.

**Questions:** Rosa Tock, Legislative and Policy Liaison, rosa.tock@state.mn.us (651-592-7487)

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6 The average monthly subsidy for 2017 is $637 up from $210 for the average person who bought a health plan through MNSure for 2016 coverage.


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