

Health care: Protect access, but missed opportunities

During the 2017 session, Minnesota preserved access to health care for 1.2 million Minnesotans with low and moderate incomes who are served by Medical Assistance and MinnesotaCare. Lawmakers invested in the growth of the Integrated Health Partnerships, an initiative that improves the health of low-income people while lowering costs through innovations such as care coordination. Our state also supported efforts to connect parents with knowledgeable public health nurses and to ensure stable funding for Minnesota's hospitals.

However, the Legislature missed opportunities to strengthen and provide adequate funding for the health care system, even with the uncertainty around future federal support of state health care programs. Proposals that did not pass include a more affordable MinnesotaCare buy-in option available to all Minnesotans, greater access to dental care and efforts to address gaps in health care coverage.

Other changes will destabilize future human services budgets, including measures to shift Medical Assistance spending to the Health Care Access Fund without any action to extend the provider tax, the fund's main source of revenue. Also managed care capitation payments shift to the next fiscal year, which was previously used during a deficit, not when the state had a healthy budget surplus.

2017 legislation

Lowering costs while improving health and accountability. The Integrated Health Partnerships initiative has improved accountability, savings and health outcomes. New legislation supports better communication between providers, patients and community support programs. *SFY 2018-19: \$9.4 million savings*

Increasing payments for nurse home-visitors serving new parents. Certified public health nurses who coach and support new parents during pregnancy and after birth will get \$140 more per home visit beginning in 2018. Outcomes include healthier babies and children who are better prepared for school. *SFY 2018-19: \$614,000*

Dental access. State dental reimbursement rates will increase by 23.8 percent for children and young adults and 53 percent for MinnesotaCare enrollees. However, the Legislature did not enact substantially higher dental rates proposed by the governor, and removed a requirement that dentists who accept state employees as patients must also serve people on public programs. Minnesota is out of compliance with federal dental access regulations, with limited or no access for many public program enrollees. *SFY 2018-19: \$4.1 million*

Greater access to medical care for low-income Minnesotans. New funding will help the state follow federal rules on access to critical health services for public health care program enrollees. New consumer protections will help enrollees make informed health plan selections. *SFY 2018-19: \$12.4 million*

Supporting hospitals across Minnesota. Hospital compensation that reflects the needs of low-income people plays a significant role in the financial sustainability of individual hospitals and the overall quality of Minnesota's health care system. DHS retained the authority to adjust rates to improve mental health care and other services. *SFY 2018-19: No fiscal impact*