

## Health care: Improving access and affordability

The state took important steps in 2021 to make it easier for Minnesotans to get affordable health care coverage. Significant measures approved this year include extending postpartum Medical Assistance coverage for mothers and improving access to MinnesotaCare, telehealth services and dental care.

Women on Medical Assistance will soon keep their coverage for a year after giving birth. Low-wage workers hard hit by the pandemic's economic impacts will have better access to MinnesotaCare with lower premiums through 2022, as well as eligibility for dependents when an employer's coverage is unaffordable.

Other changes will put Minnesotans served by public health care programs in a better position to get care that meets their needs. Removing some of the previous constraints on telehealth will make treatment and services more accessible in rural areas and give families and children more flexibility, while moving the state to a more modern model of care delivery. With lack of transportation frequently cited as a barrier to health care, the state will ease access to monthly transit passes for public health care program enrollees, supporting their ability to get in-person health care services and meet other daily needs that impact their health.

The state will take action to reverse disparities in health outcomes. Low-income Minnesotans served by public health care programs have greater difficulty accessing dental care, and experience higher rates of dental disease. Higher dental reimbursement rates will make it more affordable for dentists to serve public health care program enrollees. Minnesota has some of the nation's worst disparities in birth outcomes for African American and American Indian mothers and babies. Expanding a program that supports better birth outcomes will lead to multigenerational benefits.

### 2021 legislation

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**Lowering MinnesotaCare premiums through 2022.** In a change stemming from the federal American Rescue Plan Act, or ARPA, approximately 102,000 Minnesotans who rely on MinnesotaCare for health insurance will pay less for that coverage through 2022. *FY2022-23: Savings of \$120.4 million*

**Making it easier for families to get MinnesotaCare.** People with access to employer-sponsored coverage through a spouse or parent will become eligible for MinnesotaCare if the combined cost of coverage for the employee and dependent is unaffordable for the family, as defined in federal law. This is a change from determining affordability based on the cost of employee coverage only, while excluding the cost of dependent coverage. *FY2022-23: \$3.2 million*

**Covering postpartum care for one year after childbirth.** Medical Assistance coverage for women will extend for 12 months after giving birth, instead of 60 days. Covering postpartum maternal health helps avoid preventable pregnancy-related mortality and morbidity, particularly among Black and Native American women, who experience disparate health outcomes during this medically vulnerable time. *FY2022-23: \$4.7 million*

**Continuing access to telehealth.** Many of the changes originally made to respond to the pandemic will continue, including removing a three-visit-per-week limit on telehealth, expanding the types of providers eligible to serve enrollees through telehealth, and allowing enrollees to receive telehealth services in their homes. Coverage for audio-only visits will continue through June 2023 while DHS studies their effectiveness. *FY2022-23: \$37 million*

**Addressing disparities in dental care.** Raising payment rates for dentists will improve incentives and make it more affordable for them to serve public health care program enrollees. The state will also add coverage of nonsurgical treatment for periodontal disease. *FY2022-23: \$26 million*

**Improving access to public transportation for health care and other needs.** Medical Assistance enrollees will receive a monthly public transit pass if they use public transit for one covered health care service during the month. The public transit pass can also be used to access jobs, food, housing, child care and other daily needs that affect health and well-being. *FY2022-23: \$65,000*

**Supporting pregnant African American and American Indian women for better birth outcomes and multigenerational health.** The state will expand a successful program that improves overall health, social and economic outcomes for pregnant African American and American Indian women and their babies. The Integrated Care for High-Risk Pregnancies program screens pregnant women for homelessness, hunger, untreated mental illness, substance use disorder and exposure to institutional racism, and reduces these stressors by providing culturally specific services and resources such as housing referrals, behavioral health care and food. The program will be available in regions with the highest concentrations of African American and American Indian births in Medical Assistance. *FY2022-23: \$1.6 million*

**Improving care for children with asthma.** Children on Medical Assistance with poorly controlled asthma will be able to receive a home assessment by a registered environmental health specialist, lead risk assessor or healthy homes specialist. Coverage of products to address asthma triggers will be required. *FY2022-23: \$866,000*

## Related information

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- [DHS 2021 session fact sheets](#)
- Integrated Care for High-Risk Pregnancies: <https://healthyblackpregnancies.org/>

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