

## Health care: Removing barriers to equitable care, making comprehensive coverage more accessible to all Minnesotans

Critical investments and policy changes in 2023 will improve access to comprehensive health care coverage and equitable health care for all Minnesotans. Medical Assistance coverage for children will stabilize with new continuous eligibility policies, and undocumented Minnesotans will become eligible for MinnesotaCare coverage. The goal is to move the needle on Minnesota's indefensible racial health disparities. Additional resources will help support the return to standard eligibility renewal processes in Medical Assistance or MinnesotaCare after a three-year pause during the COVID-19 pandemic, helping to ensure that people who remain eligible keep their insurance and that others find affordable health insurance options.

### 2023 legislation

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**Stabilizing health care coverage for children.** The state will provide a more equitable start for the youngest Minnesotans by giving children who qualify for Medical Assistance continuous eligibility for coverage up to age 6, and continuous eligibility for 12 months at a time from ages 6 through 20. Ensuring consistent access to care during childhood – a critical time for brain development, school readiness, education and lifelong health – will benefit almost 600,000 kids and help them reach their full potential. *FY 2024-25: \$24.6 million; FY 2026-27: \$83.5 million*

**Expanding health care insurance options.** Beginning January 1, 2025, undocumented Minnesotans who meet all other eligibility requirements will qualify for MinnesotaCare. *FY 2024-25: \$8.1 million; FY 2026-27: \$101.1 million*

**Ensuring that people who qualify keep their health insurance.** New measures will help ensure that eligible Minnesotans renew and keep their Medical Assistance and MinnesotaCare insurance as standard renewal operations resume, following the end of the continuous coverage maintained during the COVID-19 pandemic. The changes will help enrollees make a smooth transition to normal eligibility operations, address hurdles to consistent coverage, increase funding for navigator organizations to help enrollees, and provide administrative resources to alleviate burdens faced by county and Tribal staff. MinnesotaCare premiums will not be required until July 2024. Systems changes will streamline the process. *FY 2024-25: \$68.8 million*

**Addressing oral health disparities for low-income people.** The state will restore comprehensive dental benefits for adults enrolled in Medical Assistance and MinnesotaCare, undoing a 2008 cut. *FY 2024-25: \$30 million; FY 2026-27: \$47.7 million*

**Supporting health care coverage and access to care for urban American Indians.** State investments will help keep eligible urban American Indians enrolled in Medicaid, improve their access to quality health care and increase their COVID-19 vaccination rates. *FY 2024-25: \$7.6 million*

**Improving health for birthing people and infants.** More access to doulas will help reduce health disparities. Doulas will receive higher reimbursement rates for their services and will no longer have to meet a supervision

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requirement. Doula help birthing people avoid preterm births, cesarean sections, and use of pain medications while supporting their emotional well-being. Eighty percent of Black pregnant Minnesotans and 90% of Native American pregnant Minnesotans receive birthing services through Medical Assistance. *FY 2024-25: \$374,000; FY 2026-27: \$556,000*

**Supporting Tribal providers and payments.** Federal Medicaid changes to Tribal provider enrollment and payments, known as the “Four Walls” policy, are planned. To align with federal guidance, the state will allow Indian Health Services facilities and select Tribal health centers to enroll as Tribal Federal Qualified Health Centers and establish an alternative payment methodology. Dedicated staffing will support Tribes as they develop and implement Medicaid services. The state will provide needed technical assistance, policy and rate analysis, compliance reviews, and support in identifying and initiating Tribal consultation when necessary. *FY 2024-25: \$1.3 million; FY 2026-27: \$1.4 million*

**Supporting access to health care for former foster care youth.** The state will extend public health care coverage to former foster care youth ages 18 to 26 from any state, as long as they were in foster care and enrolled in Medicaid on their 18<sup>th</sup> birthday. Currently, coverage is available only to former foster care youth who live in Minnesota. Adverse childhood experiences put former foster care youth at risk for poor health, unstable housing and unemployment. *FY 2024-25: \$2.2 million; FY 2026-27: \$1.2 million*

**Ensuring access to non-emergency medical transportation.** Adjustments to fuel rates will reflect gas prices, while rates for meals and lodging will go up and documentation requirements be lessened. Higher gas prices harmed many non-emergency medical transportation providers. *FY2024-25: \$2.5 million; FY2026-27: \$1.7 million*

**Improving Medical Assistance for people with disabilities.** New measures will help keep eligible people with disabilities enrolled in Medicaid, removing barriers to coverage and improving the user experience. *FY2024-25: \$8 million; FY2026-27: \$2.2 million*

## Related information

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- [DHS 2023 session fact sheets](#)