



## Provider Tax and MinnesotaCare Expansion

### SUPPORT extending the Provider Tax and Expanding MinnesotaCare

The health care provider tax funds essential health care services for over one million Minnesotans and enables critical investments in the health and well-being of Minnesota's communities. The provider tax is set to expire in 2019 which will create an annual revenue shortfall of \$680 million. This loss of funding will jeopardize health care access for thousands of low-income Minnesotans, threaten the stability of the health care sector and negatively impact the state budget. This will also affect the state's ability to fund the current MinnesotaCare program into the future.

The current MinnesotaCare program is a state-subsidized health insurance plan that provides comprehensive coverage with low deductibles and co-pays for low-income Minnesotans who work but don't qualify for Medical Assistance. The complexity of the health insurance model with high deductibles, limited formularies, and limited provider networks are at the heart of Minnesotans' frustrations. MNA wants a MinnesotaCare expansion that addresses affordability and complexity, not one that applies the MinnesotaCare name to complex and less comprehensive coverage.

### Talking points for the issue:

- *MNA supports extending the Provider Tax by **eliminating the sunset of the tax.***
- *The Provider Tax has provided **a stable source of income** for the Health Care Access Fund and the MinnesotaCare program.*
- *The Provider Tax **is time tested since it was enacted in 1992.** With the uncertainty at the federal level it is important we have adequate reserves in the fund to protect the program.*
- *In 2018, 70% of Minnesotans polled **supported letting residents buy their insurance through a public insurance program** such as Medicare or MinnesotaCare.*
- *MNA supports the passage of an expanded MinnesotaCare program **that is open to all Minnesotans**, retains the current MinnesotaCare benefit set, cost sharing, provider network, and administrative framework; **raises providers rates** and uses direct contracting with providers.*