Minnesota's Community Health Centers

MN FQHC Patients by Insurance Status

- Medicaid/MNCare 47%
- Medicare 10%
- Private 14%
- Uninsured 29%

MN FQHC Patients by Poverty Level

- <100% FPL
- 100-200% FPL
- >200% FPL

MN FQHC Patients by Race & Ethnicity

- White 30%
- Latino 24%
- Other/Not Reported 6%
- African American 29%
- American Indian 4%
- Asian 7%

Patient-Centered, Quality Health Care

- 79% of pregnant women entered prenatal care during their first trimester.
- 85% of patients have been screened for tobacco use and were provided cessation services.
- 86% of asthma patients ages 5 through 40 were prescribed appropriate medications.
- 70% of diabetic patients controlled A1c levels (<=9).

181,000
low income Minnesotans served.

1,400
FTE staff including physicians, dentists, dental therapists, community health workers, nurse practitioners, and "enabling services" staff.

$150 million
in economic activity generated.

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1. **Increase Health Center Appropriation**  
**HF 711 (McDonald) | SF 3022 (Abeler)**  
Health Centers receive $3.1M per year from the Minnesota Depart of Health to "improve and expand services to low-income" Minnesotans. **We are requesting a $2M increase to the appropriation to $5.1M per year.** The appropriation increase will be invested towards expanding (1) access to dental care, (2) access to substance abuse treatment and behavioral health services, (3) care coordination, and (4) data analytics.

<table>
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<tr>
<th>CHC Appropriation (in Millions)</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
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<tr>
<td>Current Approp.</td>
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<td>Approp. Request</td>
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<td><strong>$5.1 million in FY 18, 19 &amp; 20</strong></td>
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2. **Streamline Health Center MA Payments**  
**HF 1269 (Zerwas) | SF 3022 (Abeler)**  
Provides Community Health Centers with the ability to submit MA encounter claims directly to the Minnesota Department of Human Services (DHS) for direct payment. This approach eliminates costly payment delays and the need for Community Health Centers to redirect administrative time and money towards patient care.

3. **Redirect 340B Program Prescription Drug Savings**  
**HF 1269 (Zerwas) | SF 3022 (Abeler)**  
Directs DHS to create process by which Community Health Centers are able to share prescription drug savings with generated through the 340B program. This will ensure compliance with federal law while supporting the mission of Community Health Centers through reinvested 340B savings.

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