

Percent of Minnesotans without health insurance drops to historic low

A new report from the Minnesota Department of Health (MDH) and the University of Minnesota finds that Minnesota cut its uninsured rate nearly in half between 2013 and 2015, and the rate of Minnesotans without health insurance has now reached an all-time low.

The report cites recent health reform efforts and an improved economy as key factors that drove down the state's uninsured rate, as more than 200,000 Minnesotans – including 35,000 children – gained health insurance coverage between 2013 and 2015.

“Minnesota has a history of leading the nation in providing health insurance for our residents and workers,” said Minnesota Commissioner of Health Dr. Ed Ehlinger. “Even so, 2015 marked an unprecedented advancement for the health and security of Minnesota families – particularly those who had previously been lost in the gaps of our system.”

The percent of Minnesotans without health insurance fell to 4.3 percent in 2015 – the lowest rate in state history – according to the survey conducted by MDH and the University of Minnesota's State Health Access Data Assistance Center.

“The drop in the number of Minnesotans without health insurance is great news for our state,” said Minnesota Department of Human Services Commissioner Emily Johnson Piper. “These findings demonstrate that efforts in our state to improve the quality and affordability of health care for the people of Minnesota are making a difference.”

During the same time, a decade-long decline in the rate of Minnesotans who receive health insurance through an employer was halted. The percent of Minnesotans who have employer coverage remained steady, while the percent of Minnesotans purchasing health insurance on their own rose slightly. About 10 percent of Minnesotans reported getting their coverage through MNSure.

“Today's news confirms that more Minnesotans are getting health insurance coverage. This is great news for Minnesota,” said MNSure CEO Allison O'Toole. “However, our work is not done yet. Today's report shows 22 percent of Minnesota's uninsured are potentially eligible for advanced premium tax credits available only through MNSure. We do not want Minnesotans to leave money on the table, and will do everything we can to make sure they are getting the coverage they need and can take advantage of the financial supports available to make it affordable.”

All groups of Minnesotans, regardless of income, racial or ethnic group or age, reported increases in health insurance coverage. For example, uninsured rates for Hispanic/Latino Minnesotans fell by nearly 200 percent from 34.8 percent in 2013 to 11.7 percent in 2015.

However, Commissioner Ehlinger notes the disparity in insurance coverage persists between white Minnesotans and American Indians and Minnesotans of color.

“While it is encouraging to see across-the-board progress in reducing the total number of people who go without health insurance, we still see troubling gaps among racial and ethnic groups,” Commissioner Ehlinger said. “These disparities threaten the health of our communities and our state as a whole, and we need to continue to work on reducing them. All Minnesotans deserve an equal opportunity to be healthy, and access to quality health care services is an important part of that.”

Health insurance is designed to provide access to health services and protection from high medical bills. In 2015, more than three-quarters of Minnesotans with health insurance reported their insurance protected them from high medical bills, and 93 percent of Minnesotans felt confident they could get the health care they need. Nonetheless, two in 10 Minnesotans still reported not getting needed care because of cost in the past year, a rate unchanged from 2013.

“Monitoring the extent to which health insurance access translates into access to health care will be important as more Minnesotans gain coverage,” said Kathleen Call, a lead researcher on the study and professor at the University of Minnesota School of Public Health.

The MDH report is available online from the Health Economics Program (<http://www-dev.health.state.mn.us/divs/hpsc/hep/index.html>).

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