## Programs supported by the Health Care Access Fund

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<tr>
<th>Funding</th>
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</table>
| **Statewide Health Improvement Partnership (SHIP)** | $17.5M  
- Reduce chronic diseases before they start by addressing major contributors like smoking, physical inactivity and unhealthy eating.  
- Support the prevention of Alzheimer’s disease and opioid misuse. | Minnesotans statewide have improved health through increases in healthy food access; active living opportunities and commercial tobacco-free places; and limits on youth tobacco access. Chronic disease prevalence and costs are reduced through policy, systems and environmental changes. SHIP serves as a funding catalyst by providing the required activities and infrastructure necessary to secure other federal grants including for dental, cardiovascular, diabetes prevention, disability and dementia. | 41 local public health boards and 10 tribal nations.  
- All Minnesotans, including local public health, school children, workplaces, health care settings and child care settings. | SHIP TRIBAL GRANTS:  
Plan: May 2019 funding announcement and application release.  
Sunset impact: Need funding source confirmed to issue announcement. Unless an alternative funding source is identified, this grant program will end.  
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Plan: May 2020 funding announcement and application release.  
Sunset impact: Need funding source confirmed to issue announcement. Unless an alternative funding source is identified, this grant program will end. |
| **Health Economics** | $6.6M  
- Conduct critical analyses of the health care market to assist in the development of evidence-based health policy solutions on issues like access, quality, costs and efficiency.  
- Funds the MN All Payer Claims Database (MN APCD), the statewide quality reporting and measurement system (SQRMS) and the Health Care Access Survey. | Health care system stakeholders – including legislators, providers and others – have access to statewide analyses of health care costs, system efficiency and health care markets that do not exist elsewhere. | All Minnesotans, including health care providers and payers, self-insured employers and policymakers. | These activities will end once the Health Care Access Fund is unable to support them, unless another funding source is identified. |
| **Loan Forgiveness** | $3.2M  
- Address health care access issues in areas and facilities with provider shortages.  
- Provide funding to health care professionals who agree to practice in rural or underserved areas. | Over 300 providers from 16 professions are serving Minnesotans in underserved areas statewide for up to four years, providing health care and building relationships and experiences that often influence where they choose to practice in the future. | More than 300 individual health care providers. | Plan: November 2018 funding announcement.  
Sunset impact: No awards can be made after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement will be the final year. |
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| **Rural Health & Primary Care** | - Improve health of rural and underserved urban residents and ensure a continuum of core health services throughout the state.  
- Improve access and quality of critical trauma care and services.  
- Strengthen the health care workforce and connect professionals to high-need communities.  
- Improve health equity | Rural communities have stable and well-developed primary care. Vulnerable populations have access to safety-net health services statewide. | Rural hospitals and health care systems, community clinics, health care providers, emergency medical services, trauma hospitals, legislators and health professions education programs. | These activities will end once the Health Care Access Fund is unable to support them, unless another funding source is identified. |
| **Health Care Homes** | - Support primary care clinics in establishing patient-centered medical home practices.  
- Provide technical assistance to help clinics meet certification standards and develop community partnerships to improve health. | Nearly 370 certified clinics served 3.9 million Minnesotans with care coordination -- team-based, patient-centered care. The Health Care Homes model saved state and federal taxpayers $1 billion and improved the quality of care. | All Minnesotans, including primary care providers and community partners, local public health, behavioral health, social service agencies and patients/consumers. | These activities will end once the Health Care Access Fund is unable to support them, unless another funding source is identified. |
| **Minnesota E-Health Initiative** | - Lead efforts to develop statewide plans for health data interoperability, including uniform standards consistent with federal changes.  
- Assess progress by the state, providers and local public health.  
- Work with a public/private initiative to establish interoperable statewide infrastructure. | Interoperability supports better health care access and improved quality and safety. This initiative leads to fewer duplicative tests, better coordinated care and better-informed providers and patients. The state is a neutral convener in a competitive health care marketplace. | All Minnesotans, including health care providers, local and state government and payers. | These activities will end once the Health Care Access Fund is unable to support them, unless another funding source is identified. |
| **Rural Family Medicine Residency Grants** | - Support the four rural family medicine residency programs in the state, to ensure a strong pipeline of physicians with interest and experience practicing in rural areas. | Programs sustain and expand clinical training opportunities in rural facilities and have funding for new residency slots. | - Family Medicine residency programs in Duluth, St Cloud, Mankato and Rochester.  
- Rural hospitals and clinics and their patients. | Plan: September 2018 funding announcement.  
Sunset Impact: No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year. |
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| **International Medical Residency Grants**

$1M

- Increase access to primary care in rural and underserved areas of the state and advance health equity.
- Help immigrant, international medical graduates integrate into the Minnesota health care delivery system.

People in underserved rural and urban areas of the state have increased access to diverse health care providers in primary care.

- International medical graduates.
- Members of rural/medically underserved urban areas.
- Community partners, including the U of M; Mayo Clinic; Hennepin County Medical Center and other providers.

Plan: March and September 2018 funding announcements.

Sunset impact: No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year.

| **Hospital Safety Net Grants**

$725,000

- Provide financial support to hospitals that serve high-cost Emergency Medical Assistance patients statewide.

Hospitals receive incentives to serve high-cost Emergency Medical Assistance patients through support that offsets uncompensated care.

- Safety net hospitals.
- Emergency Medical Assistance enrollees.

Plan: March 2019 funding announcement.

Sunset impact: No Health Care Access Fund awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year for Health Care Access Fund-supported grants; grants from the general fund ($590,000/year) would continue.

| **Rural Hospital Planning & Transition Grants**

$300,000

- Provide funding for small rural hospitals to plan for changes in health care, expand services and address changing community needs.

Ten to 15 grants a year allow rural hospitals to plan, innovate, maintain core services and address emerging needs in their communities.

- Rural hospitals and their patients.
- Small hospitals (50 beds or fewer) in rural Minnesota.

Plan: March 2018 funding announcement.

Sunset impact: No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year.

| **Health Care Summer Internship Grant**

$300,000

- Provide funding for health care internships for high school and college students interested in pursuing health careers statewide.

New links are created in the health care workforce pipeline. In 2017, 51 facilities participated and received funding for interns, and 228 students participated.

- Minnesota Hospital Association (partners to administer grant).
- Hospitals, clinics, nursing homes and their patients.

Plan: September 2018 funding announcement.

Sunset impact: No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year.

| **Community Clinic Grants**

$250,000

- Provide funding for primary care, dental, mental health and free clinics that serve underserved populations statewide.

Safety net clinical services are preserved through maintaining and expanding clinics that do not turn patients away.

15 safety net clinics in rural, urban and suburban communities annually.

Plan: August 2018 funding announcement.

Sunset impact: No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year for Health Care Access Fund-supported grants; grants from the general fund ($311,000/year) would continue.
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<td>$219,000</td>
<td>• Provide financial support for Federally Qualified Health Centers to offset uncompensated care statewide.</td>
<td>Federally Qualified Health Centers provide care to patients regardless of their ability to pay.</td>
<td>18 Federally Qualified Health Centers and their patients.</td>
<td><strong>Plan:</strong> June 2018 funding announcement.  <strong>Sunset impact:</strong> No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year for Health Care Access Fund-supported grants; Federally Qualified Health Centers subsidy payments from the general fund ($2.425 million/year) would continue.</td>
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<td>$219,000</td>
<td>• Provide funding for mental health clinics that serve uninsured children statewide.</td>
<td>Clinics have incentives to provide care to uninsured children.</td>
<td>Mental health clinics and centers and the uninsured children and families they serve.</td>
<td><strong>Plan:</strong> September 2018 funding announcement.  <strong>Sunset impact:</strong> No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year for Health Care Access Fund-supported grants; grants from the general fund ($175,000/year) would continue.</td>
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<tr>
<td>$63,000</td>
<td>• Provide funding for dental clinics that serve uninsured children statewide.</td>
<td>Clinics have incentives to provide care to uninsured children.</td>
<td>Dental clinics and the uninsured children and families they serve.</td>
<td><strong>Plan:</strong> September 2018 funding announcement.  <strong>Sunset impact:</strong> No awards can be made for use after Dec. 31, 2019, unless another funding source is confirmed. The 2018 funding announcement would be the final year for Health Care Access Fund-supported grants; grants from the general fund ($50,000/year) would continue.</td>
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