

Dear Honorable Members of the House HHS Reform/Policy Committee,

The Minnesota Patient Advocacy Coalition is a consortium of organizations which has come together to advocate in favor of preserving and/or enhancing access to quality health care services for all Minnesotans before appropriate legislative or administrative bodies at the state and federal levels of government.

The Minnesota Patient Advocacy Coalition and its member organizations seek solutions to address one of the most challenging problems facing Minnesota's overall excellent health care system -- health disparities. While Minnesota enjoys among the nation's highest rankings in overall health, quality of care and access to health care, we also have among the nation's largest health disparities among our racial, ethnic and other communities. These disparities are even more evident in populations of Minnesotans' living with a chronic disease or condition.

The Minnesota Patient Advocacy Coalition supports the goals of HF1208 - to improve data collection on disparate populations in our state. HF1208 is the result of many years of work by Minnesota's racial and ethnic communities and other communities experiencing health inequities to address health disparities through data collection and analysis. This bill is also based on numerous reports and recommendations from state health care reform task forces, commissions and state agencies, including the recent Minnesota Department of Health report "Advancing Health Equity."

We support the goal of HF1208 to improve the collection of health data on disparate populations in Minnesota to more clearly illustrate the health inequities that contribute to disparities and guide our state in reducing them. HF1208 will allow Minnesota to take a first step in identifying the racial and ethnic disparities, we will then be able to assess and evaluate other socio-economic factors that impact health and quality of care.

We also support the second goal of HF1208, to avoid penalizing providers who serve patients and communities impacted by disparities. Currently, provider payment rates and a provider's ability to participate in health plan networks and government programs are tied to their quality scores. But the current quality measurement system does not distinguish between the quality of care being delivered and the complexities in providing care to patients in disparate communities.

The implications of this are very serious. Under the current system, providers who serve a large patient population impacted by health disparities may have significantly lower quality scores when compared to other providers, resulting in them being penalized in their payment rates and/or their ability to participate in health plan networks or government programs.

For these reasons, the following members of the Minnesota Patient Advocacy Coalition support HF1208 and ask for your support as well.



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free of cardiovascular  
diseases and stroke."*

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