

Minnesota Children's Summit 2005: Smart Policies, Strong Families
Monday, March 28, 2005
Practicing Family Impact Analysis
1:45-2:45 p.m.

MinnesotaCare

Family Impact Analysis Exercise

- Policy changes proposed = removal of adult without children; coverage for parents would be decreased to 190%
- Question on policy – clarifying decrease
- Some adult eligible for another program if 75%
- Why? Budget issues – There is an emphasis on not harming kids in the state, but doesn't that still affect kids if parent aren't covered? Some studies show that parents don't take kids if they don't go; especially for single parent dad families (fastest-growing type of family).
- Are there any pros?
 - The governor would say this part of the budget grows 20% each year so addressing that but target the most vulnerable families – targeting #6 principle.
- Group decided to focus on Principle 6
 - What about pregnant women? Exception, but only while pregnant (if income is over)
 - Flies in the face of what we know about modeling and learning (parents using health care)
 - Hard for parents to provide good care for children if they are sick; can pass on illness, would go to ER.
 - Bullet 1:
 - They're already provided for by other programs
 - Except for undocumented residents
 - Targets the most needy mostly but there are some gaps
 - Uses income and citizenship to define need – rather than social need – may address economic need but maybe not social need (access to extended family, etc).
 - Not so easy to get employer-sponsored insurance – other side would say employers aren't because government is.
 - So a pro would be it would increase demand for employers to supply insurance.
 - So does it – for families in most extreme need? Better to frame it as does it exclude people of most need? No (except undocumented citizens)
 - What does it mean to have need?
 - Shrinking middle class
 - “190%” sounds like a lot but its not in numbers – what families actually need is closer to 200%
 - And a major health crisis could put them in extreme poverty

- Current system – premiums are not affordable
 - Dangers of having cooks, chefs, etc without health coverage – public health
 - Pro: economically targeted most need
 - Con: how do we define most vulnerable? Policy doesn't account for the whole family
 - Doesn't target efforts to prevent problems for families – definitely fails 3 point
 - Fails to consider parents' medical well-being
 - Well-being of adults w/out children and impact on their families (e.g., grown children)
 - 60-year-old whose stuck –effects adult children – caring for parents medical needs.
 - Also under current MNCare law – limits to benefits
 - When it came out, to meet a need and currently we're not meeting it so to go backward...
 - Doesn't save money in the long-run – county, city will pick up the tab
 - Americans are short-sighted – think long-range, impact in 10-years, etc.
 - Initially for working families and has changed to low-income and really not a lot of benefits.
- Principle 1: Support and Supplement Families
 - MNCare is a substitute for employer provided health insurance (affordable)
 - Is there a way public programs crowd out private offerings?
 - What about non-custodial parents insurance? If joint custody, depends on medical agreement.
 - Does the change support and supplement parents?
 - I think no- especially when we talk about parents being a good role model in health care, taking children to health care, provide parenting.
 - What responsibilities might be compromised?
 - Parent health – parenting (general responsibilities), role model good health, parent-child interaction time.
 - Extended family not taken into consideration – shifting financial burden on grandparents (e.g., providing child care) or if grandparent is losing coverage, could impact nuclear family.
 - At 57,000 (250% family of 4), paying most of the premium anyway
 - Family issue – them and us: When you frame it as single mother/welfare – them, but it could be us hardworking etc, but somehow that message isn't getting out; attempt to drive wedge instead of interconnectedness
 - Even if its not us its about us, impacts a whole community even if it affects someone else first.
- Policy doesn't really impact parents helping kids because kids are still covered.
- At least it is neutral, but it does impact family unit.

- Could it enforce absent parents? Maybe (mothers needing more \$ so now going after dad⁰ but dad usually not able to help but mom can't get own health insurance from non-custodial health insurance, but non-custodial parent not likely to have insurance.
- Consequence of whole movement is more reliance on ER – some hospitals not having ER
- #1 current MNCare does it to an extent but as its cut off, less likely to address issue.
- Longer terms, drives ER up which is not preventative; not continuity of care.