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Evaluating the Potential Impact of a Public Option on Minnesota's Hospitals and Patients

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Overview

As the world emerges from the COVID-19 pandemic, policymakers are eager to find solutions to ongoing issues related to health care access and affordability, particularly in an increasingly complex health care landscape marked by ongoing challenges such as nationwide inflation and health care workforce shortages.[1]

Minnesota, a longtime pioneer in health care access innovation, is once again considering implementing a public option in hopes of improving health care access and affordability across the state. The Minnesota Legislature is currently reviewing companion bills in the House and Senate that propose establishing a buy-in to MinnesotaCare, the state's basic health program covering low-income Minnesotans without access to affordable health coverage.[2,3,4] Minnesota legislators refer to this MinnesotaCare buy-in proposal as a public option, as it would establish a government insurance plan that competes against private plans on the exchange.

To understand the implications of the proposed MinnesotaCare buy-in ("Public Option"), economists at FTI Consulting modeled its effects on access to care and hospital finances across the state. We found that, under the Public Option, many hospitals across Minnesota would experience significant financial losses and increased risk of closure due to low reimbursement rates and unprecedented shifts in their payer mix, creating undue hardships for hospitals and implications for access to care, particularly in rural areas. In addition, we found that the Public Option would yield minimal improvements to the state's uninsured rate, which is already among the lowest in the United States.[5] As Minnesota's policymakers assess the possibility of a Public Option, it is crucial that they weigh the implications it could have on providers and access to care, particularly in underserved, rural areas.

Key Findings

- Minnesota is a leader among states regarding health coverage, with an uninsured rate of 4.7 percent as recent as 2021,[6] which is already substantially lower than the national average. We estimate that the Public Option would reduce the uninsured rate by only 0.5 percentage points, to 4.2 percent.
- The Minnesota Public Option could threaten to disrupt providers' payer mix, with approximately 62 percent out of the 80,000 individuals choosing to enroll and switching from private to public plans.
- The Public Option would reduce total revenues for all hospitals in the state, even with the addition of newly insured consumers.
  - All 122 hospitals in Minnesota for which we could obtain cost report data experienced reduced revenues under the Public Option, producing an estimated total annual loss of nearly $203 million.
  - The Public Option could cause significant financial distress for Minnesota hospitals, as reimbursements would be significantly lower than commercial rates. Over 10 years, Minnesota hospitals could lose over $2.3 billion in revenue as a result of the Public Option.
- The Public Option could have significant implications for access to care across the state with all of the critical access hospitals (CAH) in Minnesota experiencing additional losses under the Public Option with 11 operating at high risk.
- Access to care in rural areas could be particularly threatened, with one third of hospitals in rural areas potentially operating at a higher risk due to the Public Option.

Background

Minnesota has a long history as a leader in ensuring access to health care for its residents, with its uninsured rate hitting an all-time low of four percent in 2021, well below the national rate of eight percent.[7,8] The state's achievements in health coverage are the product of the various unique programs the state has implemented. For example, MinnesotaCare was created in 1992 by Republican Governor Arne Carlson, predating the Affordable Care Act (ACA) by decades.[9] MinnesotaCare was established to provide coverage for low-income residents who do not qualify for Medicaid but otherwise do not have access to affordable health insurance. The program currently covers people whose incomes are below 200 percent of the federal poverty level (FPL), with 101,741 Minnesotans enrolled in the program in January 2023.[10,11]

In 2015, MinnesotaCare was converted into a Basic Health Program (BHP) under the ACA, which allowed the program to receive substantial federal funding.[12] As a Basic Health Program, MinnesotaCare receives 95 percent of the amount of the federal funding that the state would have otherwise received in marketplace subsidies for the BHP population.[13] Aside from federal funding, MinnesotaCare is financed with enrollee premiums and state funding from Minnesota's Health Care Access Fund, which receives most of its state revenue from a tax on providers.[14] Premiums for MinnesotaCare enrollees typically range from $0 to $80 per person per month; however, due to the enhanced advanced premium tax credits (APTC) enacted by the American Rescue Plan Act of 2021 (ARPA) and extended by the Inflation Reduction Act of 2022 (IRA), enrollees will pay no more than $28 per person per month in premiums through 2025.[15,16]

The Public Option, as introduced by House File 96 and Senate File 49, would expand MinnesotaCare to people above the 200 percent of the FPL cap, allowing Minnesotans to buy into the program, with premiums on a sliding scale according to income.[17,18] Moreover, the legislation would allow undocumented noncitizens, who are currently ineligible for MinnesotaCare, to buy into the program as well.[19] The Minnesota Public Option would also create a small employer Public Option for businesses with fewer than 50 employees.[20] If the legislature passes these bills, the Public Option would go into effect on January 1, 2026, pending federal approval of various provisions.[21]

Impacts on Health Insurance Coverage

Minnesota is a leader among states in terms of its population's insured rate, ranking among the top five states in rates of insurance coverage in the nation.[22] Throughout the last ten years, the state has seen drastic improvements in health coverage rates, from an uninsured rate of 9.4 percent in 2013 to 4.7 percent in 2021.[23] Given Minnesota's already remarkably higher-than-average rates of insurance coverage, it is important for policymakers to be able to understand the coverage improvements the Public Option would yield relative to the program's impacts in other areas of the health care system.

Like MinnesotaCare, the Public Option is structured as a public, affordable coverage option for consumers – characterized by lower premiums. For our analysis, we assume that the Minnesota Public Option would offer premiums that are 28 percent lower than premiums for commercial plans on the exchange.[24] Given the low premiums, the Public Option is likely to be an attractive option for consumers and, as a result, could draw many people away from the private insurance market. FTI Consulting's economists found that if Minnesota were to implement the Public Option, there would be over 80,000 new enrollees in MinnesotaCare (see Table 1, below), 62 percent of whom would have switched from their private plan. Outside of the individual market, we estimate that among the people who would enroll in the Public Option, 22 percent would be employees of small businesses obtaining coverage through the small employer Public Option (see Table 2 in Appendix for breakdown of small-business employee take-up). Furthermore, out of the estimated 81,000 undocumented noncitizens in Minnesota, we estimate that only 13,000 would enroll in the Public Option.[25]

Since many of the enrollees in the Public Option would be switching from commercial plans rather than becoming newly insured, the gains in the state's insured rate would be limited. We estimate that if the Public Option were enacted, it would reduce Minnesota's uninsured rate to 4.2 percent, a reduction of only 0.5 percentage points.

Table 1: Enrollment in Minnesota Public Option by FPL

FPL Bracket	Switch to PO	Newly Insured by PO	Total PO	Share of Switchers	Share of Newly Insured	Share of Total Enrollment
Total	50,000	30,200	80,200			
200%-250%	16,600	8,200	24,800	33%	27%	31%
250%-300%	9,300	6,600	15,900	19%	22%	20%
300%-400%	8,400	6,400	14,800	17%	21%	18%
400%+	15,800	9,000	24,800	32%	30%	31%

Source: Authors' calculations using data from the Centers for Medicare and Medicaid Services (CMS) and the state of Minnesota.

Considering the limited coverage gains for consumers, it is imperative that policymakers also examine the Public Option's other impacts, particularly the program's impacts on providers and access to care, especially in rural and underserved areas.

Financial Effects on Hospitals

Despite Minnesota's efforts to financially support health care providers throughout the last few years via emergency funding and increasing public funds for hospitals in 2020, the COVID-19 pandemic exacerbated hospitals' already concerning operating margins to a mere 1.2 percent and the percentage of Minnesota's hospitals operating at a negative margin to 44 percent.[26,27,28] Unfortunately, the Public Option could add to the financial distress hospitals have experienced as they continue to care for their communities in the aftermath of the pandemic. With hospitals and health systems having already faced immense financial strain across Minnesota, the low reimbursement rates that a Public Option would employ may pose added hardships. Under the Public Option, hospitals in Minnesota would see an unprecedented influx of patients from public plans, many of whom previously had private coverage. A 2021 report from the Minnesota Community Measurement shows that commercial plans pay 207 percent of what Medicare pays, and MinnesotaCare reimburses providers at much lower rates than Medicare, making this difference even more severe.[29] As patients switch from private to public coverage, the shift in payer mix would lead to a net reduced revenue for hospitals due to MinnesotaCare's low provider reimbursement rates.

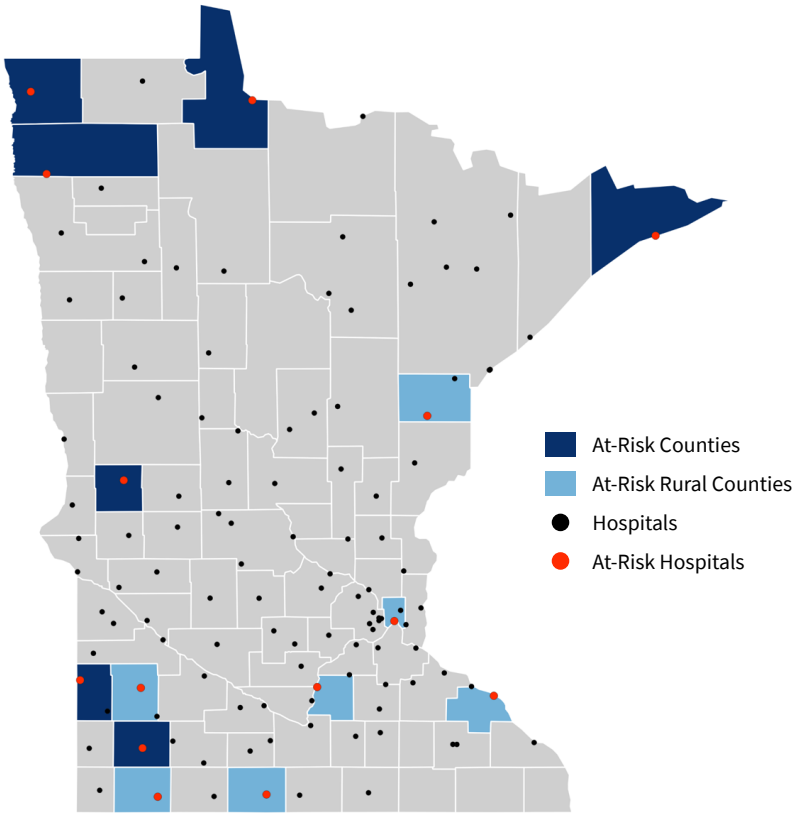
Minnesota's hospitals could lose over $2.3 billion over ten years due to the Public Option.

We estimate that all 122 hospitals in Minnesota for which we could obtain cost report data would experience reduced revenue under the Public Option, losing a combined $203 million because of the Public Option. Over ten years, the Public Option would reduce their revenues by a combined $2.3 billion due to the lower reimbursement rates. Even with the addition of newly insured consumers, the Public Option would reduce total revenues to hospitals, as providers serving enrollees who switch from private plans to the Public Option would be reimbursed at lower rates for the same services.

Some hospitals could experience more severe financial losses than others, making them more vulnerable to closure if the Public Option is enacted. When analyzing the Public Option's impact on providers, we identified 14 hospitals in the state that would be at "high risk" of financial distress, meaning those that are already operating at a significant loss (over five percent in 2022), to determine

which providers would be most impacted and vulnerable to closure. Figure 1 demonstrates the counties that have at least one hospital in the high-risk range. These 14 high-risk hospitals account for $8 million of the total annual revenue loss for hospitals. Eleven of these 14 hospitals are critical access hospitals (CAHs), which provide limited, but essential care in communities with a scarcity of hospitals, including a number of rural areas. Disrupting the balance between private and public reimbursement rates for these essential hospitals, which are oftentimes the only hospital in their county, could threaten their financial viability, impacting access to care in rural communities.

Figure 1: Minnesota Hospitals at Risk of Closure Under the Public Option



Source: Authors' calculations using Centers for Medicare and Medicaid Services (CMS) Hospital Cost Report Data.

Effects on Access to Care

The implementation of a Public Option and the disruption it would bring to providers' payer mix, combined with the existing outlook for hospital finances, may have far-reaching consequences for access to care in Minnesota. According to the most recent Minnesota Statewide Health Assessment in 2017, many Minnesotans with insurance do not get the care they need because it is too expensive, demonstrating the existing issues Minnesotans face in accessing care, which could be magnified if hospitals are put at financial risk due to the Public Option.[30] Our analysis estimates that high-risk hospitals could lose almost $1 billion after the introduction of the Public Option, which could lead to widespread hospital closures or reductions in necessary services. Among the 14 high-risk hospitals we identified, ten of them are the only hospitals in their county. As such, the risk of these hospitals closing has serious implications for access to care for those counties' residents.

Rural Areas

Residents of rural areas across the country frequently face increased barriers to accessing and affording health care, and Minnesota is no exception. Rural Minnesotans face severe disparities in physician availability compared to their urban counterparts, with a physician-to-patient ratio of 1 to 1,987 in rural or isolated areas compared to 1 to 277 in urban areas.[31] In addition, people in rural communities must travel farther to receive inpatient health care services, particularly mental health and obstetrics services.[32] Critical access hospitals are crucial in ensuring that rural residents can access essential health services.[33] We estimate that every single one of Minnesota's 76 critical access hospitals could experience additional losses due to the Public Option, with 11 of these hospitals operating at high risk. The closure of these critical access hospitals could force rural residents to travel significantly farther to access care. For example, our analysis finds that the sole hospital in Lake of the Wood County is considered "high-risk." Should this hospital close or need to eliminate or reduce service lines, patients who currently rely on this hospital may need to travel an extra 60 to 70 miles to access the next closest hospitals in Roseau or Koochiching Counties. Furthermore, a study from the University of Minnesota found that the closing of rural hospitals strained emergency medical services (EMS), with the average length of ambulance trips for municipal EMS agencies increasing 22 percent in areas where rural hospitals had recently closed.[34]

Urban Areas

Urban and rural residents alike may struggle to access care under a Public Option. In the face of major financial struggles, some hospitals in urban areas of Minnesota have shut down, disrupting the availability of certain services.[35] For example, in 2020, the Minnesota Psychological Association voiced their concerns over the closure of St. Joseph's Hospital in St. Paul, Minnesota, stating that the facility's closure would result in a one-third reduction in mental health hospital beds for the city.[36] Economists at FTI Consulting found that out of the three hospitals that would face the largest financial losses due to the Public Option, two of these are in Hennepin County and would each have an estimated $10 million in annual losses. Furthermore, four out of the ten hospitals with the largest losses are in this county. Hennepin County has a population of nearly 1.3 million people and is home to Minneapolis, the state's most populous city.[37] When facing a significant loss under the Public Option, hospitals in Hennepin County and other urban areas may need to evaluate their options to ensure their financial solvency and continue to adequately to serve patients.

Discussion: Unknowns

Given the legislation to establish a Public Option is in its early stages, there remain many unknowns regarding the specifics of what the Minnesota Public Option would look like in practice. First of all, in order to ensure the affordability of the Public Option, the introduced legislation requests various federal waivers and approvals, including the continuation of federal basic health program payments and, importantly, the approval to receive federal payments equal to the value of premium tax credits and cost-sharing reductions that Public Option enrollees (population with incomes above 200 percent of the FPL) would have otherwise receive to enroll in a marketplace plan.[38] Should the federal government deny the requested approvals, there may be significant implications for the affordability of the Public Option and policymakers may have to consider actions such as raising the provider tax, increasing other taxes, or charging higher premiums – impacting both consumers and providers.

In terms of hospital finances, it is important to note that this analysis did not examine how the public option could impact Minnesota's existing provider tax. Minnesota's provider tax is currently a 1.6 percent tax on medical bills and hospital stays and is the largest source of state revenue for the Health Care Access Fund, which is a significant source of funding for MinnesotaCare.[39,40] With an influx of new enrollees, whose federal subsidies will be lower than current beneficiaries due to their higher incomes, it is likely that policymakers may need to evaluate changes, and likely increases, in the provider tax if they would like to maintain the ultra-low premiums that MinnesotaCare enrollees have access to today. This, in turn, could exacerbate challenges related to financial security that providers would experience as a result of the Public Option.

Should the state fail to obtain federal approval of the various provisions laid out in the legislation, then another potential repercussion is that the Public Option may not successfully achieve lower premiums for newly eligible consumers than those they could find from private plans on the exchange. The current legislation does not offer a potential

premium scale for the Public Option population, leaving many questions unanswered as to how the Public Option would maintain MinnesotaCare's current, low premiums, considering the population that would be newly eligible for the Public Option is eligible for lower subsidies than the MinnesotaCare population with incomes below 200 percent of the FPL.

An additional point of uncertainty regarding what the Public Option would look like in practice is the development of a small employer Public Option. Currently, it is unclear how small employers might adjust to the Public Option, for example, it remains to be determined if they would provide employer contributions or if they would receive tax deductions. Regardless of the final design of the small employer Public Option, the result would fit in the overall outcome of establishing a Public Option: enrollees moving from private to public insurance, leading to lower overall reimbursement for providers.

Conclusion

At first glance, the Public Option seems to be in line with Minnesota's history as a leader in improving access to care for its residents, however, our analysis finds that the proposed Public Option may work against Minnesota's vision of achieving universal health care. The results of our analysis suggest that a Public Option in Minnesota could threaten the financial viability of the state's hospitals, in turn threatening access to health care for Minnesotans, without significantly contributing to achieving universal health care coverage in the state. Given the negative effects the Public Option may generate, combined with the limited improvements it would bring to the state's uninsured rates, it is critical for Minnesota's policymakers to study the far-reaching consequences of creating a MinnesotaCare Public Option and to consider how this policy might compare to other mechanisms to increase health care access and affordability for all of Minnesota's residents.

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Appendix

Notes on Methodology

Economists at FTI Consulting modeled the proposed Public Option to determine its impact on financial solvency for Minnesota's hospitals, access to care, and the overall uninsured rate in Minnesota. The population of interest for this model includes households with incomes above 200 percent of the FPL, which is the population that would be newly eligible for MinnesotaCare under the Public Option. Based on the available information, our model assumes that the Public Option would reimburse providers at 66.7 percent of commercial rates and that premiums would be 28 percent less than those of commercial plans.[41]

The proposed Public Option will also be open to undocumented noncitizens. While the availability of population estimates for this group is difficult to obtain, we utilized estimates of this population by FPL from the from the Migration Policy Institute. Our model assumes that undocumented noncitizens do not have access to the exchange prior to the introduction of the Public Option.

The Public Option will extend the enhanced subsidies provided by the American Rescue Plan in 2021 and extended by the Inflation Reduction Act in 2022.[42] These extensions will ensure that enrollees who choose to purchase a plan with enhanced subsidies will continue to purchase exchange plans once the MinnesotaCare expansion is implemented. Apart from the enhanced subsidies, no additional revenues from higher taxes or higher (posted) premiums are expected.

Given the uncertainty of what the Public Option would look like if the legislation passes and the various federal approvals it is contingent upon, we assume that the population of enrollees whose incomes fall between 200 percent and 400 percent of the FPL will be eligible for the same subsidies they are currently eligible for and will not receive additional subsidies from the state. We further assume that these subsidies will be specific to the individual based on their income, and will not be distributed uniformly across all beneficiaries. So, individuals above 200 FPL will still pay a net premium that is the unsubsidized buy-in premium for a public option, less the amount of federal subsidies they are entitled to.

Lastly, analyzing the Public Option's impact on providers, we identified hospitals at "high risk" of financial distress, meaning those that are already operating at a significant loss (over five percent in the most recent year), to determine which providers would be most impacted and vulnerable to closure.

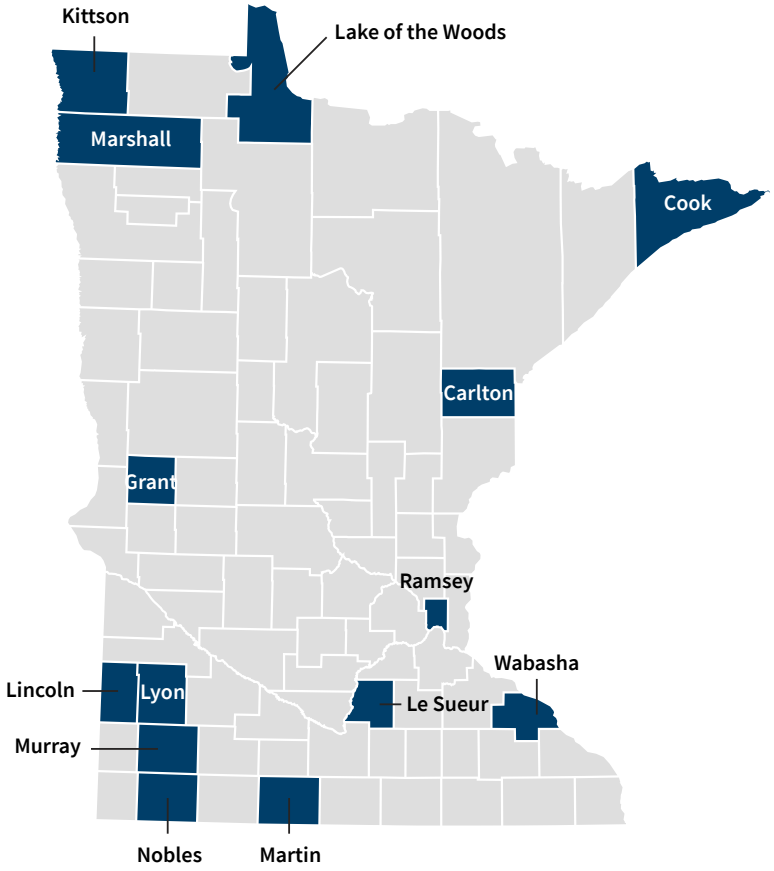
Supporting Figures

Table 2: Small Business Employees Take-up of the Public Option

FPL Bracket	Small Business Take-up	Total Take-up	Small Business Share of Take-up
Mn Total	17,900	80,200	22%
200%-250%	5,600	24,800	23%
250%-300%	3,300	15,900	21%
300%-400%	3,300	14,800	22%
400%+	5,600	24,800	23%

Source: Authors' calculations using data from the Centers for Medicare and Medicaid Services (CMS) and the state of Minnesota.

Figure 2: Minnesota Counties with a High-Risk Hospital



Source: Authors' calculations using Centers for Medicare and Medicaid Services (CMS) Hospital Cost Report Data.

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