

The Community Action Duluth board recently voted to make the restoration of General Assistance Medical Care a priority for action!

Earlier this year, Governor Pawlenty line-item vetoed and then unallotted General Assistance Medical Care (GAMC) – a health care program that currently serves between 35,000 and 40,000 adults without children in Minnesota. As a result, this program will end on March 1, 2010. There has been a great deal of concern about what will happen to these thousands of Minnesotans when their access to health care disappears. At least 1600 people in Duluth are currently on GAMC. Many of these people have chronic illnesses including mental illness. Some of them are homeless.

Last Friday, the [Minnesota Department of Human Services \(DHS\) announced](#) that 28,000 of these adults without children will be automatically transitioned to another state health care program – MinnesotaCare.

Problem solved? No way, say the experts.

Why isn't MinnesotaCare a viable option for this population? Well, here are just a few reasons according to the MN Budget Project of the MN Council of Non-profits:

- Transitional MinnesotaCare, the program these individuals will initially be transferred to, does not provide the same level of benefits as GAMC. There is a \$10,000 yearly cap on inpatient hospital stays, plus higher copayments on hospital stays, non-preventative doctor visits and prescription drugs. And unlike GAMC, **if a patient is unable to afford the copayment, the provider is legally allowed to refuse them service in the future.** Remember, for most people to qualify for GAMC, their income has to be below the poverty level (75 percent of poverty to be exact). For example, a couple must earn less than \$911 a month to be eligible. At that income level, after paying for food, housing, utilities and transportation, there's not much left over for health care. These are extremely low-income and extremely vulnerable people in our state.
- This automatic transition to MinnesotaCare will only last for the remainder of the individual's current eligibility for GAMC. In other words, **within one to six months, all of these individuals will lose their eligibility for Transitional MinnesotaCare and will have to renew their application for the regular MinnesotaCare program or lose coverage.** The GAMC population, however, is made up primarily of individuals facing significant problems, including chemical dependency, mental illness and homelessness. Not exactly people who have the ability to just sit down at the kitchen table and work through a daunting and confusing stack of application forms and then wait patiently for a few months while their application is reviewed. Their lives are unstable and most of them didn't enroll in GAMC until a health care crisis landed them in the hospital. One of the unique aspects of GAMC is that it provides retroactive coverage. A patient can apply for GAMC when they enter the hospital and get coverage from the date of application. With MinnesotaCare, however, coverage starts once the application has been approved anywhere from 45 to 60 days later - so health care providers are left to foot the bill.
- Another problem is money. GAMC is funded by the state's general fund. MinnesotaCare is funded through the Health Care Access Fund (HCAF). Moving this high-need population onto MinnesotaCare is going to increase the costs of MinnesotaCare by adding a large group of people with substantial health care needs. It's estimated that this shift will cause a deficit in the

HCAF by 2011. And guess what – if the fund is projected to run a deficit, the law requires DHS to begin disenrolling people. Who is first on the list for losing health care? Adults without children. This shift to MinnesotaCare not only **jeopardizes future access to health care for the 28,000 GAMC enrollees being moved to MinnesotaCare, but an additional 35,000+ adults without children who are already enrolled in MinnesotaCare.**

It's clear that while moving GAMC participants onto MinnesotaCare may provide a little temporary relief to this population, it is not a solution. GAMC was created precisely because this population faces extraordinary challenges and could not be served by other health care options. So the only real solution is to restore GAMC. Since the state is likely to be facing continued budget deficits, we'll need to raise additional revenues to get GAMC back again.

Powerful testimony from law enforcement, GAMC recipients, hospital staff, doctors, and social workers has indicated that, without GAMC, lives will be lost.

When the 35W bridge collapsed, 13 people died. The result of eliminating GAMC could be on the same scale or, perhaps, worse. The difference in this case is that we can see the gusset plates beginning to bend. Will we stop this imminent disaster?

TAKE ACTION – Call, write or e-mail the following:

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