

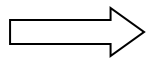


Minnesota Chapter

*MNAAP is dedicated to improving the health and wellbeing of all Minnesota children, teens and families*

## 2017 Legislative Priority: Protect Access to Health Care/Health Equity

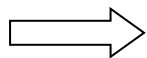
The MNAAP encourages legislation that ensures all of Minnesota's children and teens, including immigrants and refugees, have equal access to medical, mental and oral health care in addition to programs and services that support optimal development and wellbeing. Child health is a strong predictor of adult health. Investments in child health pay enormous dividends throughout life and have broad, positive societal impacts.



***The MNAAP urges the Legislature to invest in health and human service (HHS) programs. Given the strong budget picture in the next biennium, the state's pediatric community opposes any budget targets that include cuts in HHS. All too often in recent years, HHS programs have seen repeated budget cuts, putting Minnesota's most vulnerable children and families child health at risk.***

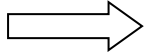
Protecting access to health care and promoting health equity can be advanced through:

- **Health care homes:** All children and pregnant women should have access to an appropriate health care home, a proven model for comprehensive, patient-centered primary care. Health care homes facilitate access to appropriate specialists and must be supported through adequate insurance coverage and benefits. They are critical to improving population health and health equity.
- **Emphasis on prenatal to 5:** MNAAP supports initiatives that promote prenatal care and early childhood brain development, including home visiting programs. We support investments in voluntary home visiting programs, a proven mechanism to enhance care, improve parenting skills, and mitigate future costs to the health care system. There is abundant evidence that a child's first years of life establish the fundamental elements of lifelong experiences impact the entirety of a child's life in countless ways. Ninety percent of brain development occurs before age five.



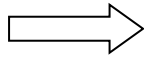
***Governor Dayton's budget makes a wise and prudent investment in identifying young children with developmental and emotional concerns to connect them with appropriate child development information to parents and childcare professionals via the Help Me Grow program. The MNAAP strongly encourages legislative support for this important initiative.***

- **Mental health access:** The MNAAP supports efforts to increase access to children's mental health services. All too often, children and families are left waiting months for care. More must be done to assist children and families coping with mental health disorders, including investments in crisis services, text-based suicide prevention systems, and support for both primary care and subspecialist pediatricians.



***Minnesota's pediatricians routinely see the stark need for investment in the state's mental health system, and urge support for SF 1368 (Klein) & HF 960 (Backer). These bills expand children's school-linked mental health grants in areas of the state in which the services are unavailable, as well as providing for transportation when school is not in session.***

- **Promoting Health Equity:** Although Minnesota is consistently ranked as one of the healthiest states in the nation, we have among the most severe racial and economic health disparities of all states. For far too many children in Minnesota, the quality of care they receive depends on where they live, their socioeconomic demographic, or their family's race or ethnic group.



***The MNAAP supports investment in home visiting services to pregnant and parenting teens and urges support for HF 1564 (Franson) & SF 2118 (Hoffman), as well as the Governor's budget proposal. The Minnesota Department of Health's Home Visiting Program has demonstrated success in helping young parents of at-risk children develop the skills they need to care for their children.***

- **Controlling costs:** Care that is prohibitively expensive for families is no care at all. The MNAAP supports efforts that improve affordability of quality health insurance, co-pays and prescription drugs. Components of quality health insurance include portability, continuous coverage, streamlined and simplified administrative aspects, choice of clinician(s), affordability for families, and coordination with existing maternal and child health programs.

*We are Minnesota's pediatricians. And we are committed to protecting and advancing the health of every child and adolescent in Minnesota.*

*With over 1,000 members, we are not just an organization of primary care docs. We are geneticists, surgeons, ER specialists, and developmental specialists. We are private-practice clinicians, and we are academics. We are not just Twin Cities clinicians. We hail from all over the state--from Brainerd, Duluth, St. Cloud, Faribault, Austin, and Rochester. And we are not just from independent private practices. Many of us work for very large, multi-specialty groups such as CentraCare, HealthPartners, Sanford, and Mayo Clinic. We are full-time, part-time, still-in-training, and retired.*

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