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September 9, 2013

The Honorable Mark Dayton
Governor of Minnesota
Office of the Governor
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

MNsure Board
C/O John Reich
Public Relations Officer
MNsure
81 East 7th Street, Suite 300
St. Paul, MN 55101-2211

Senator Tony Lourey
Legislative Oversight Committee
C/O Stacie Weeks
Committee Administrator
Senate Health and Human Services Division
75 Rev. Dr. Martin Luther King Jr. Blvd.
Capitol, Room 120
St. Paul, MN 55155-1606

Dear Governor, Members of the MNsure Legislative Oversight Committee, and Members of The MNsure Board,

We are writing to request your attention to the critical matter of reducing racial disparities in health in Minnesota through the implementation of MNsure, and specifically through engaging and resourcing community organizations of, by, for and in specific communities of color to help their communities fulfill the promise of the Affordable Care Act.

While there is a huge opportunity to reduce racial disparities through the implementation of the Affordable Care Act in Minnesota, those improvements are not at all guaranteed. In fact, the Gruber Gorman analysis of changes in insurance coverage in Minnesota under the ACA projects that all races will improve at an equal rate as a result of implementation, resulting in significant progress for communities of color and all Minnesota communities but leaving 9.3% of communities of color uninsured, vs. 4% of white Minnesotans - a disparity in coverage equal to that of today. To meet even this minimum threshold, not to mention to actually *reduce* racial disparities in health, will not be easy or automatic. It will require thorough ongoing and collaborative attention and resources at every level, including community, providers, administration, legislature, and board.

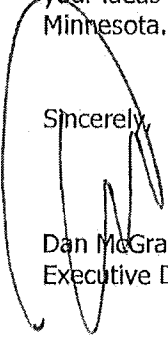
We have heard consistent and widespread commitment to this principal from all of these bodies over the past two years of implementation planning in Minnesota. The Advisory task force dedicated an early meeting to reducing health disparities and committed to prioritize that goal in all their work. The legislature, governor, agencies, MNsure staff, and even the new board in your first months, have each spoken to the importance of reducing disparities in health. But the makeup of recent grant recipients to be consumer assistance partners with MNsure creates barriers to this goal.

While the grantees appear talented and diverse in many ways, an opportunity was missed to resource many existing, trusted, community-based organizations with deep and long-standing relationships in specific communities of color. Doing so could mobilize an army of effective communicators and create new and lasting enrollment capacity within these communities. Most glaringly, none of the many African American and Somali community based applicants were selected, despite the fact that Africans and African Americans make up Minnesota's largest minority population, and face some of the worst health disparities. Growing the capacity of these organizations is an essential complement to the work done by long-time enrollment assistance agencies and organizations that serve a variety of racial and ethnic groups but are not *of* specific communities.

MNsure has always reserved the right to target additional funds to address racial disparities and reach communities with barriers to enrollment. We ask that, in your respective roles, you ask MNsure to use this power to resource, in addition to the current list of grantees, at least one community-organization or coalition in the African American and Somali communities, as well as a broader range of existing community organizations rooted in specific communities of color. In addition we ask that you lead MNsure in developing a public plan, complete with goals, strategies, and benchmarks, for the reduction of racial disparities in health, and make oversight of the implementation of that plan a part of the board's official regular duties, with significant and meaningful input from a broad set of leaders *from* the affected communities. We further support the request, made by an alliance of organizations in the African American and Somali communities, to meet with the Governor to identify other areas of concern and ongoing means of engagement to avoid similar missed opportunities in the future.

Minnesota can be so proud of so many things in our health care history. But we can't continue to focus on innovation while consistently leaving parts of our state behind. We look forward to your response and your ideas and engagement to make the reduction of disparities a pillar of ACA implementation in Minnesota.

Sincerely,



Dan McGrath
Executive Director

CC: Senator Jeff Hayden
Senator Bobby Joe Champion
Representative Raymond Dehn
Representative Rena Moran
Alfred Babington-Johnson, Stairstep Foundation
Fartun Welj, Isuroon
Mahmoud Noor, Confederation of Somali Community in Minnesota
Scott Gray, Minneapolis Urban League



SEIU Healthcare
United for Quality Care

September 10, 2013

Dear Members of the MNSure Board,

On behalf of SEIU Healthcare Minnesota, I urge you to add or re-prioritize MNSure outreach grants so that you are able to reach adequately one of the communities most harmed by racial health disparities: African-Americans. Unless we use this opportunity to address the persistent, devastating racial health disparities in Minnesota, the Affordable Care Act (ACA) will not fulfill its tremendous promise.

Jamie Gulley
President

Jigme Ugen
Executive Vice President

Tee McClenty
Executive Vice President

David Blanchard
Executive Vice President

Lisa Weed
Executive Vice President

Our union of 16,000 hospital, clinic and nursing home workers worked very hard to help establish MNSure, both through the Health Insurance Exchange Advisory Task Force and advocacy during the legislative process. We repeatedly said that MNSure must seek to eliminate racial health disparities. As you know, our state's always above-average healthcare results (e.g. insurance rates, access to quality health care services, and health outcomes) mask an unfortunate truth: the disparities between those rates for white Minnesotans and for Minnesotans of color are among the worst in the nation. These disparities will persist, unless everyone who implements the ACA in Minnesota acts with deliberate and focused attention on the problem at every step.

To eliminate these disparities, the first and least complicated step is to enroll members of this population in MNSure. That is why we are so concerned that no outreach grant was awarded to a community organization rooted in the African-American community. Both academic research into effective outreach strategies and common sense suggest that people in "hard to reach" communities are best reached by other people who share their existing relationships and networks. African-Americans, like any other social group, are best reached through established organizations in their own communities, with a proven track record of success and a solid foundation of community trust.

We ask that, in addition to all the well-qualified organizations that have recently received consumer assistance grants, a community-based organization rooted in Minnesota's African-American community receive a grant to support robust outreach and enrollment efforts.

More broadly, as you continue to build the strongest and most effective Exchange in the country, we urge you to use the ACA and MNSure as opportunities to eliminate racial health disparities in Minnesota.

We thank you for your attention to these critically important issues, and look forward to your response.

Sincerely,

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St. Paul, MN
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Jamie Gulley
President
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c: Governor Dayton
MNSure Legislative Oversight Committee





ISAIAH

Faith in Democracy

September 9, 2013

The Honorable Mark Dayton, Governor of Minnesota
Office of the Governor
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

MNSure Board
Attn: John Reich, Public Relations Officer
MNSure
81 East 7th Street, Suite 300
St. Paul, MN 55101-2211

Senator Tony Lourey and Rep. Joe Atkins, Co-Chairs, Legislative Oversight
Committee
Attn: Stacie Weeks, Committee Administrator
Senate Health and Human Services Division
75 Rev. Dr. Martin Luther King Jr. Blvd.
Capitol, Room 120
St. Paul, MN 55155-1606

Dear Governor Dayton, Members of the MNSure Board, and Members of the
Legislative Oversight Committee:

As many of you know, ISAIAH is a coalition of Minnesota congregations working for racial and economic justice. We are grateful for your leadership in moving Minnesota move forward under the Affordable Care Act, not least through the implementation of MNSure. However, we are very concerned that MNSure use every available opportunity to reach communities that have suffered the most. In particular, we are concerned the health of communities of color. In particular, 18% of African American Minnesotans lack health insurance coverage, and 26% of Latinos do, compared to 9% of white Minnesotans.

As faith leaders, we believe God calls us to health, wholeness, and love for our neighbor. In our faith tradition, we believe that we are all one body, and we are all God's children. Nothing represents the lack of wholeness in our state as gravely as do the shameful and persistent racial disparities that plague us. We know that each of you understands these racial disparities will not disappear without an intention to reverse them. We have heard many of you pledge to tackle these disparities as a priority, and we applaud you for these intentions.

Intention, however, is not enough. Intention must be matched with resources and a commitment to changing the structures and systems that continue to reproduce the results of racial inequity. In particular, with the recent announcement of outreach and in-person assister grants, it appears that several trusted community-based organizations serving the African American and Somali communities were left out.

Investing in the capacity of organizations authentically based in communities of color is an essential element not only in reducing access to healthcare, but also in *creating the conditions for health*. In our rapidly diversifying state, with a rapidly aging population, creating racial equity is not just the *moral* course, it is also the *necessary* course.

We ask that MNsure use all the tools and resources available to resource additional organizations in the African American and Somali communities, as well as a broader range of existing community organizations rooted in specific communities of color. We hope and pray that MNsure will develop a robust, transparent and accountable plan to actually reduce racial disparities in health. This must be done in meaningful relationship with a broad set of leaders and organization rooted in the affected communities.

We further support the request made by an alliance of organizations in the African American and Somali communities to meet with the Governor to identify other areas of concern and ongoing means of engagement to avoid similar missed opportunities in the future.

Again, we thank you for your leadership through this challenging work. We remain hopeful and committed to the vision that Minnesota can overcome the painful chasm of racial inequity in our state, in order to build a state in which all of God's children can truly thrive.

Sincerely,



Rev. Paul Slack
President, ISAIAH



Doran Schrantz
Executive Director, ISAIAH

September 6, 2013

The Honorable Mark Dayton
Governor of Minnesota
Office of the Governor, 130 State Capitol
75 Rev. Dr. Martin Luther King Jr., Blvd.
St. Paul, Minnesota 55155

MNsure Board
C/o John Reich
Public Relations Officer, MNsure
81 East 7th St., Suite 300
St. Paul, Minnesota 55101-2211

Governor Dayton, Chair Beutner, and Members of the MNsure Board:

The undersigned write to you because of genuine concern that a critical project and an underlying social enterprise of immense importance are being undermined. The social enterprise is the pursuit of universal health care, and the critical project is MNsure. A malignant cancer looms if MNsure continues to move without intentionally grafting into its process the communities facing the greatest health disparities.

There is no secret that many powerful forces fought to prevent the adoption of the president's health legislation, and those same forces are sparing no effort to weaken, and if possible, repeal the ACA and stymie MNsure. The truth that the success of the ACA and MNsure is vital to the most vulnerable segments of our society is as clear as the magnitude of the opposition. Disparate health outcomes exacerbate the cost of health care and raise formidable barriers to movement out of poverty. A successful launch of an inclusive MNsure will be an important development for population segments at the margins of our society.

Governor, you announced your determination to have Minnesota craft its own Exchange. You activated a process to move forward that was marked with encouraging signposts for those who hoped for an end product that would take seriously the challenge to reach the uninsured and provide a well-thought-out approach to enrollment. The sources of hope included the formal resolve of the Insurance Exchange Advisory Task Force that all actions leading to the creation and implementation of the Minnesota Insurance Exchange should take into account the potential to reduce, and if possible, eliminate disparate health outcomes. The second bright spot was the inclusion in the legislative act of specific language indicating that the board would include a voice or voices that would advocate for the elimination of health disparities.

MNsure is now taking shape, but the hopeful signposts are in the rearview mirror, and current actions raise serious concern about the degree to which the goal of

reaching the uninsured is a priority. An alarm was sounded when MNsure announced, with great fanfare, that Paul Bunyan and Babe the Blue Ox were to be at the center of a \$9,000,000 advertising campaign to spread the MNsure message to the state of Minnesota. This well-funded advertising campaign to Minnesotans, in general, was juxtaposed with another announcement that less than half the Bunyan/Ox outlay, \$4,000,000, was being provided to do infrastructure, outreach, and enrollment to harder-to-reach eligible enrollees.

Very few believe that MNsure has targeted adequate resources to engage the uninsured. Despite misgivings, committed community entities lined up in large numbers to partner to reach and enroll the uninsured. Governor, a number of us, who see ourselves as your philosophical allies, began to advocate in our communities in order to battle the barrage of false and distorted characterizations of the ACA and MNsure issued by the venture's enemies. This was done despite lack of clarity about the shape of the outreach and enrollment plan.

We participated in panels and information sessions to reassure our communities and to tamp down their fears and promote hopefulness about the degree to which the left out would not be left out again. Senators Champion, Lourey, and Hayden were very proactive in providing Minnesotans with community discussion opportunities, intentionally including both MNsure staff and trusted community voices to pave a path to enrollment success.

Furthermore, with the announcement of the \$4,000,000 for outreach and infrastructure, Senator Hayden convened multiple interaction opportunities between Native American, Asian, Somali, and African American groups and MNsure staff in order to allow community concerns and suggestions to be heard and to allow the staff of the Exchange to get to know the community players that could hold effective dialog with their constituents.

Finally, the announcement of how MNsure portioned out the dollars for outreach and infrastructure was made. A chart is attached to indicate how the funds were apportioned across geography and communities. Great effort was obviously made to insure equity between the metropolitan area and outstate, and for the most part there is some participation from community groups for most ethnicities. However, the African American community that represents between 17-19% of the uninsured is totally missing from any resource allotment. Similarly challenging, none of the indigenous Somali community-based nonprofits was designated for financial support.

The fact that no African American community entities or Somali community nonprofits were chosen was not because of a lack of credible and well-thought-out grant requests from these communities. The record indicates that several African American and Somali legacy institutions did apply they were just left out.

Our intent is not to indict any of the many organizations from all over the state that put themselves forward and were chosen for infrastructure support. All hands need

to be on deck for success to occur. However, to achieve maximum enrollment of the uninsured MNsure must partner with the voices in the African American and Somali communities that have the trust of their constituents and that are naturally involved in outreach and assistance. This basic truth has been overlooked or dismissed. If we are to win this must be corrected.

We have two specific requests. First, to the board, in as much as immediate community engagement is critical to the initial roll out of MNsure, we would like for you to make resources available to African American and Somali community-based nonprofits to pursue outreach and enrollment. Secondly, Governor, we need to be active partners with you in achieving inclusion and intentional community benefit as various state initiatives are conceived and launched. A meeting with you could bring us closer to ensure access for all.

We know you have a significant commitment to every aspect of health reform and community engagement. Would you make us aware of the opportunity to have a dialog around these matters? We thank you in advance for your consideration.

Please feel free to respond to Alfred Babington-Johnson e-mail Babington@stairstep.org, (612) 521-3110 ofc.

Sincerely,

Disabled Immigrant Association
Diocesan Bishop Minnesota-Wisconsin Pentecostal Assemblies of the World
Insight News
Isuroon Project
Islamic Civic Society of America
Minnesota State Baptist Convention
Minneapolis Urban League
Minnesota-Dakota NAACP
Minority Media Coalition
Nurul-Iman Institute
Open Path Resource
St. Paul Black Ministerial Alliance
The Stairstep Initiative

cc: MNsure Legislative Oversight Committee
Senator Tony Lourey
Senator Jeff Hayden
Senator Bobby Joe Champion
Representative Joe Atkins
General Counsel, Office of the Governor, Micah Hines

MNSure Outreach and Infrastructure Grant Recipients

General	Outstate	Latino	Asian	Native	Refugees	Women	Somali	African American
Accountability MN	Communicating for America, Inc	Centro Chicano	Hmong American Partnership	MN Chippewa Tribe	International Inst. Of Minnesota	Planned Parenthood		
MN Teen Challenge	Central MN Jobs & Training	CLUES			MN Council of Churches	Women Venture		
MN AIDS Project	Generations Health Care Initiative				MORE			
Portico Healthnet Resource West, Inc.	Community Resource Connections, Inc.							
Springboard for the Arts	Healthfinders Collaborative, Inc.							
Small Business Minnesota	Women's Health Center of Duluth, P.A.							

Clinics	Community Action	County Entities	For Profit Enterprises
Health Center of Duluth	MN Community Action Partnership	Dakota County	Lyon-Dugin Associates
Northpoint Health & Wellness	Western Community Action, Inc.		Somali Health Solutions
Southside Community Health Services, Inc.			MN Health Access Network

From: Sen. Michelle Benson
To: Members of MNSure Legislative Oversight Committee

When Obamacare 'Navigators' Ask If You're Qualified, You Should Ask Them About Identity Theft
Grace-Marie Turner Contributor

Starting October 1, armies of "Navigators" will begin asking Americans very personal questions to learn if they qualify for taxpayer-subsidized insurance under ObamaCare.

Thirteen attorneys general have expressed deep concerns about what the Navigators are going to do with the information. They are rightly worried about identity theft and fraud as consumers reveal Social Security numbers, addresses, employer information, income, home addresses, children's names, health habits, and much more.

Now Congress is asking some questions of its own, including how Navigators and the organizations they work for will be spending \$67 million in federal grants they received last month.

The groups are outraged that they are being questioned. "It is shocking. It is absolutely shocking," says Lisa Hamler-Fuggitt, executive director of the Ohio Association of Foodbanks, that received a \$1.9 million grant.

Letters signed by 15 Republican members of the House Energy and Commerce Committee request information from 51 organizations – including hospitals, universities, Indian tribes, patient advocacy groups and community organizers – about how they intend to use the money. A total of 104 organizations shared the \$67 million in grants.

"It is Congress' responsibility to conduct careful oversight and to be good stewards of taxpayer dollars," said Energy and Commerce Committee Vice Chairman Marsha Blackburn, R-TN. "Americans have every right to know how their hard-earned dollars are being spent to implement the president's health care law."

The ranking member on the committee, Rep. Henry Waxman, D-CA, who is a master at congressional oversight, blasted back with a letter of his own: "You have opened investigations of every group that received Navigator grants in 11 states," he wrote. "And you are requesting that they provide briefings and answer a long list of questions on organization budgets and employee training, education, monitoring, review, and supervision."

Exactly.

The questions Upton and 14 other members of his committee are asking are sensible questions designed to make sure that taxpayer money is being spent appropriately.

For example, the committee asks the organizations receiving the grants to provide a written description of:

- the work that will be performed with the funds obtained via your Navigator grant including a detailed description of how this funding will be utilized
- the training or education employees, volunteers, or representatives must complete

- the processes and procedures in place to monitor, review, or otherwise supervise your employees, volunteers, or representatives
- how your organization will utilize the information obtained during performance of your Navigator grant

There's more, but you get the picture. Does this sound like an outrageous request from Members of Congress?

It apparently does to Rep. Frank Pallone, D-NJ. He was quoted as saying the investigation is "another attempt to undermining the Affordable Care Act...using harassment and intimidation tactics, and what amounts to modern McCarthyism, with no justification for their actions."

The Energy and Commerce Committee requested the information from the Navigator organizations by September 13. "We are simply asking these organizations who received Navigator grants – tell us how you will spend the money and how you will protect personal financial and health information during the enrollment process," Blackburn said. "It is our job to ask those questions."

Waxman counters: "You are insisting on voluminous document productions by September 13, just when these groups need to be focused on their mission of helping uninsured Americans enroll for coverage. Indeed, it appears that these requests may have been sent solely to divert the resources of small, local community groups, just as they are needed to help with the new health care law."

One has to wonder how many other groups are not accustomed to answering questions about how they are spending millions of dollars in taxpayer money.

This article is available online at:

<http://www.forbes.com/sites/gracemarieturner/2013/09/09/when-obamacare-navigators-ask-if-youre-qualified-you-should-ask-them-about-identity-theft/>