

Rural Health Care in MINNESOTA

Working to ensure quality, accessible health care for all Minnesotans

Key priorities:



Connecting Greater Minnesota to health care by promoting broadband to expand the use and accessibility of telehealth networks; improving access to behavioral health supports systems; and ensuring that primary care, obstetric care and trauma care is accessible to all.



Revitalizing Minnesota's rural health care workforce by providing rural residency tracks and rural clinical training; growing international medical graduate opportunities; optimizing use of the Conrad 30 waiver program; and promoting health care loan forgiveness programs.



Advancing rural health equity by supporting Minnesota's health care safety-net of providers, funding, and programs.

Solutions for rural MN:



Broadband funding and telehealth access
Continue to invest in the expansion of high-speed internet. Continue to include audio-only telehealth as a telehealth service and extend payment parity.



Workforce training
Increase targeted funds for rural Graduate Medical Education that supports rural training tracks. Continue to fund Health Professional Loan Forgiveness grants for health professional shortage areas.



Conrad 30 Waivers
Increase the number of Conrad 30 Waivers to allow more international medical professionals to practice in rural areas. Open pathways for internationally trained physicians to become licensed.



Expansion of wrap-around services
Broaden behavioral health services to include supports for housing, employment and community integration.

DATA HIGHLIGHTS

Rural health is a health equity issue.

In the next 10 years...

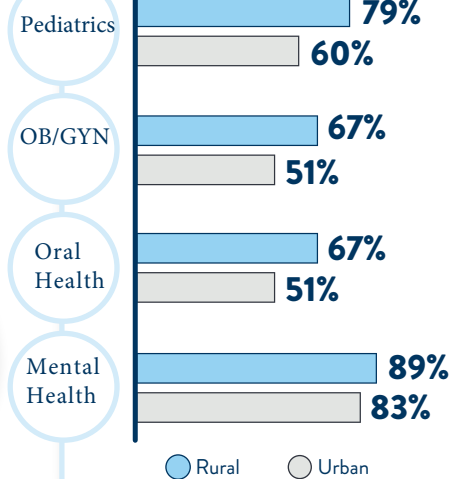
1 in 3 residents are projected to be **65+** years of age in rural Minnesota.

The total number of adults ages **65+** will outnumber children in Minnesota ages 0-14.

Demands for health care services for older adults will continue to increase, requiring more intensive levels of care, and more time with their providers.

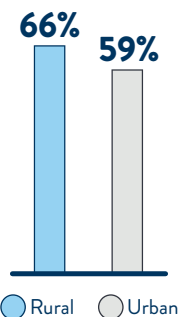
1 in 3 rural physicians plan to leave the workforce within the next **5 years**.

Primary care is a lynchpin for rural health care.



Rural physicians often fill gaps in care when there is a shortage of specialty providers to serve rural populations.

Rural Minnesotans were more likely to say they couldn't get an appointment with a primary care provider.



Minnesota is addressing future rural health care access by working with partners to build training pipelines that prepare future providers for rural practice.