

## To Build a Healthier Minnesota, Invest in Primary Care.

When properly supported,  
primary care delivers  
**better health, better care  
and lower costs.**<sup>1</sup>

1. Primary Care Collaborative. (2020)  
Primary Care Investment. Retrieved from:  
[www.pcpcc.org/topic/primary-care-investment](http://www.pcpcc.org/topic/primary-care-investment)

2. Minnesota Department of Health  
Office of Rural Health and Primary Care report:  
[Overview of the Physician Workforce 2019](#)

### *We are family physicians.*

- The Minnesota Academy of Family Physicians (MAFP) represents **3,100+ family physicians, resident physicians and medical students across the state.**
- We are Minnesota's largest physician specialty organization.

### *We care for people, not just conditions.*

- We **care for the whole person, through every stage of life**—from newborns to older adults.
- We **build long-term relationships**, knowing our patients' medical histories, families and values.
- We serve as a **trusted first point of contact**, helping patients **navigate a complex health care system.**
- We **coordinate care** across specialties.
- We focus on **prevention, wellness and long-term health**, while treating **common illnesses** and managing **chronic disease** and **behavioral and mental health** needs.

### *We are essential to Minnesota communities.*

- In many **rural + underserved areas**, we are **the primary—and sometimes only—source of care.** *More than half of physicians in rural communities and over two-thirds in the most isolated areas are family doctors*<sup>2</sup>.
- We **stand in the gaps of care**, providing obstetric, mental health, emergency and other essential services in communities with limited or no access to other medical specialties.

*We believe every Minnesotan deserves the chance to be healthy—regardless of geography, income or background.*

# Policy Actions to Strengthen Primary Care in Minnesota

## *Policies that Strengthen Primary Care:*



### **Center primary care in health care reform.**

Make primary care central to reform and funding decisions. Early, consistent care keeps Minnesotans healthier and reduces reliance on emergency rooms and hospitals.



### **Reform the Minnesota Restricted Recipient Program.**

Improve care for high-need Minnesotans, reduce inefficiencies and give physicians more time with patients while maintaining safety and coordinated care.



### **Expand and diversify the primary care workforce and training pathways.**

Invest in training, loan forgiveness and physician wellness to address workforce shortages, especially in rural and underserved communities — keeping care close to home.



### **Protect vaccine access and coverage.**

Maintain consistent vaccine access and coverage to prevent disease, protect vulnerable Minnesotans and avoid costly outbreaks:

- **HF 3743 / SF 3859** (*coverage + advisory council*)
- **HF 3240 / SF 3438** (*outbreak response grants*)



### **Advance gun violence prevention.**

Support evidence-based firearm safety policies that reduce preventable injuries/deaths and improve community safety:

- **HF 3668 / SF 513** (*prevention office*)
- **HF 3407 / SF 3661** (*ghost guns ban*)
- **HF 3401 / SF 3572** (*school firearm rules*)
- **HF 1601 / SF 2320** (*local restrictions*)
- **HF 3433 / SF 3654** (*assault weapons ban*)  
+ **HF 3434 / SF 3681** (*assault weapons + high-capacity magazines ban*)



### **Address private equity in health care.**

Ensure ownership and payment models protect patient access, continuity of care and the sustainability of community-based primary care practices.

*Family physicians provide comprehensive primary care across the lifespan and serve as the entry point for most of a patient's health care needs.*



For more information or to connect with a family physician, contact:

**Megan Verdeja**

Lobbyist

612-382-2292

[megan@unitedstrategiesllc.com](mailto:megan@unitedstrategiesllc.com)

**Jami Burbidge, CAE, MAM**

Chief Operating Officer

952-224-3874

[jami@mafpo.org](mailto:jami@mafpo.org)