

Opinions in Minnesota about Medical Assistance, the State's Medicaid Program

JUNE 2025



Key Findings

- There is broad support for Medical Assistance and providing coverage to people in need.
- Minnesotans thought, in general, the changes Congress is contemplating would not improve people's health.
- While Minnesotans were split about establishing work requirements, opinions shifted with more information.
- Most Minnesotans oppose reducing the amount of money the federal government puts toward Medical Assistance.

Background

Minnesota historically has been a state with low uninsurance (3.8% in 2023) due to high rates of employer coverage and a robust state public health insurance system (Medical Assistance and MinnesotaCare). Supported by simplified

enrollment through MNsure, the state's health insurance exchange, the high rates of coverage help Minnesotans have strong access to health care. Congress is currently debating significant changes to Medicaid financing and administration. Experts have shown such changes will reduce enrollment and coverage if the state cannot compensate for the losses.^{i,ii}

This fact sheet summarizes findings from a survey of 2,000 Minnesotans conducted by the Minnesota Department of Health (MDH) and the [State Health Access Data Assistance Center \(SHADAC\)](#) in the spring of 2025 to better understand Minnesotans' opinions of Medicaid. The survey provides insights on what Minnesotans know about the federal discussions around Medicaid, their perception of proposed budgetary and policy changes and how Minnesotans view the role of Medicaid in their communities.ⁱⁱⁱ

Detailed cross tabs are available on the MDH website in the [Minnesota Opinions about Medical Assistance Data \(Excel\)](#) file.^{iv} The analysis for this work was conducted by SHADAC at the School of Public Health University of Minnesota.

Support for Medicaid in Minnesota

There is broad support for Medicaid and for providing coverage to people in need. Nearly three quarters of people responding to the survey (71.9%) said that Medicaid was "very important" to the people in their local community. As shown in Table 1, women, people who ever received Medicaid, were lower income, or were BIPOC (for definition, see note) reported at higher rates that Medicaid was very important in their communities.

Table 1: How important, if at all, is Medicaid (also known in Minnesota as Medical Assistance or MA) to people in your local community?

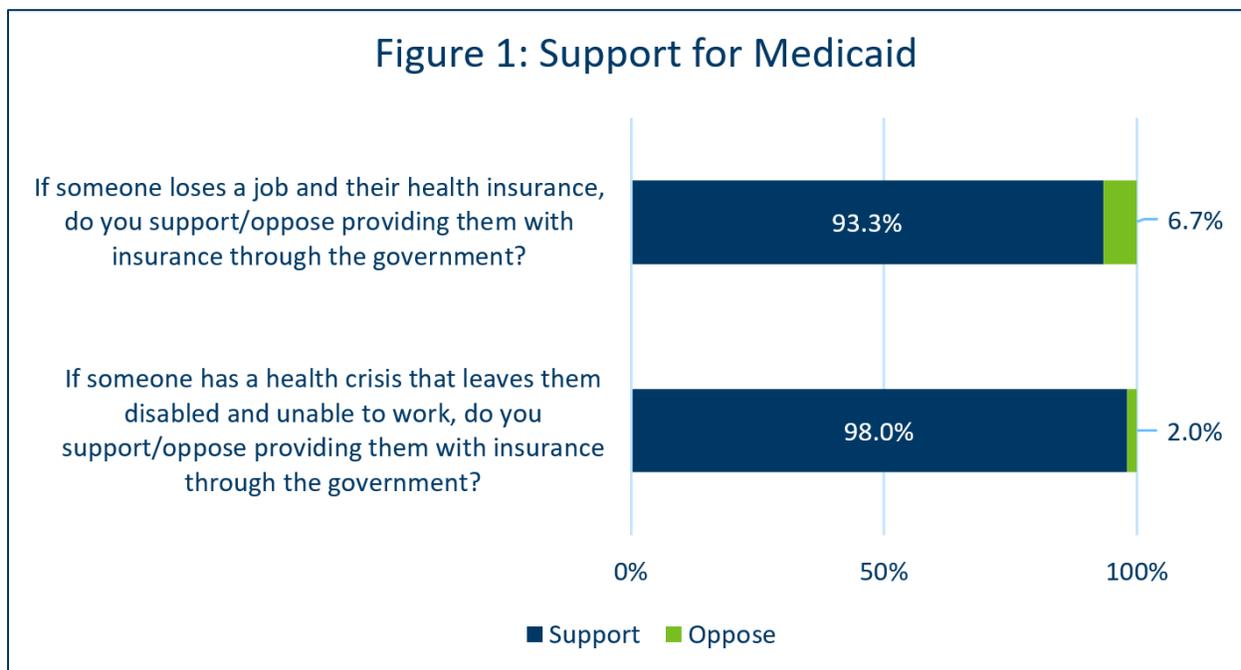
Population		Very important	Somewhat important	Not too/not at all important
Ever Received Medical Assistance	Yes	81.2%	16.3%	2.5%
	No	59.8%	28.6%	11.6%
Federal Poverty Guidelines	0>200%	83.1%	16.6%	0.2%
	200%+	68.1%	23.3%	8.6%
Race/Ethnicity	White, alone or with others	70.1%	22.5%	7.3%
	Black, alone or with others	85.3%	N/A	N/A
	BIPOC	83.0%	14.8%	2.2%
Coverage	Public	82.7%	13.5%	3.8%
	Private	65.7%	25.8%	8.4%
	Uninsured	69.3%	28.0%	2.6%
Geography	Twin Cities Metro	70.2%	22.1%	7.7%
	Greater Minnesota	73.9%	21.1%	5.0%
Gender	Men	62.5%	30.1%	7.4%
	Women	76.7%	17.2%	6.0%
Total		71.9%	21.6%	6.5%

Source: SHADAC analysis of the 2025 Minnesota Opinions about Medical Assistance survey, June 2025

N/A: Not available. Indicates a sample size below suppression standards.

Notes: BIPOC stands for Black, Indigenous, and People of Color and includes participants who reported their race as white and in combination with another race. Black participants and Indigenous participants include participants who selected that race alone or in combination with another race.

As shown in Figure 1, the vast majority (93.3%) of survey respondents support providing coverage through the government to people who lose their job-related coverage. Similarly, virtually all Minnesota respondents (98%) also support providing coverage through the government to people who have a health problem that leaves them disabled and unable to work (Figure 1).



Source: SHADAC analysis of the 2025 MN Opinions about Medical Assistance survey, June 2025

Knowledge of proposed changes to Medicaid

Most people participating in the survey had heard about the changes to Medicaid being considered by lawmakers in Congress and thought they were more about saving money than improving people’s health.

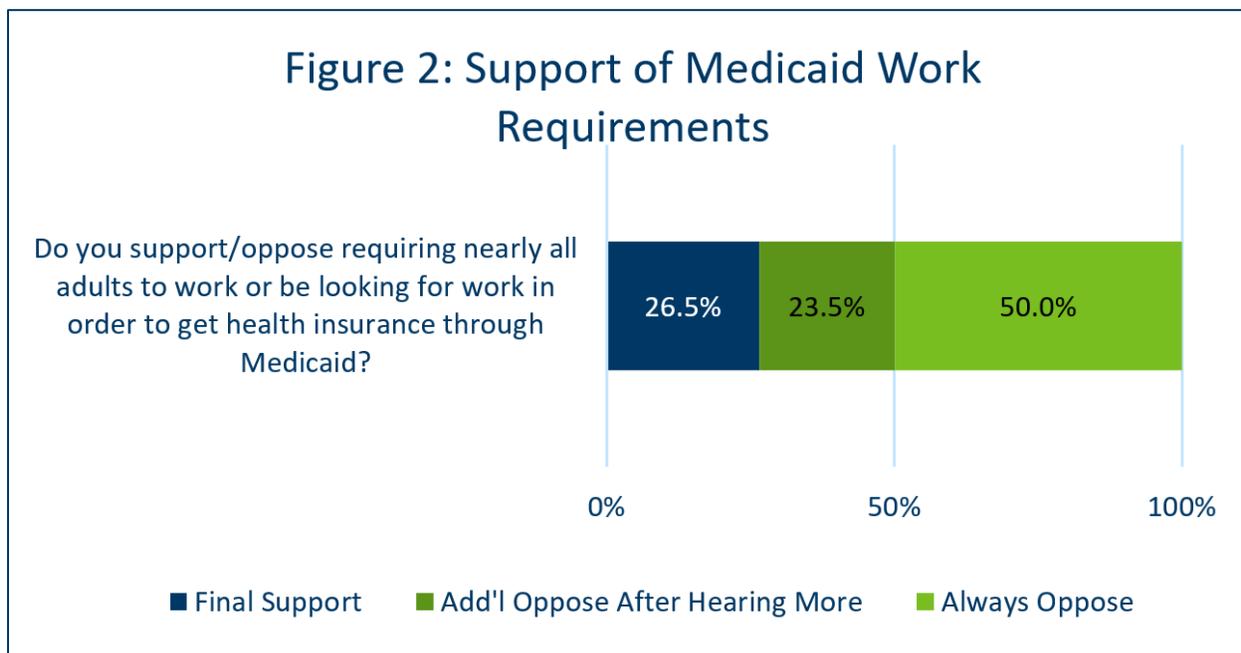
Close to two thirds (63.7%) reported they had heard or read “a lot” or “some” about the changes, while only 15.7% were not aware of the proposed changes. A large majority (70.7%) thought that the changes would reduce spending.

Opinions about work and work requirements

Survey respondents were initially evenly split on whether they supported the idea of requiring nearly everyone who is of working age on Medicaid to be working or looking for work (known as “work requirements”). People who were low income (38.8%) were somewhat less likely to support this policy. People in Greater Minnesota were somewhat more likely (55.9%) to support the policy.

As shown in Figure 2, respondents’ opinions shifted somewhat when they received more information about the work requirements policy and its potential impacts. After being told about evidence showing that work requirements are expensive to administer, have little impact on employment, and result in eligible people losing insurance because the process was confusing. The overall share supporting work requirements dropped to 26.5%.^{v,vi}

Survey respondents were also split on whether they think most people on Medicaid are already working. A little over half (56.9%) thought that most working-age adults on Medicaid are already working.^{vii}



Source: SHADAC analysis of the 2025 MN Opinions about Medical Assistance survey, June 2025

Opposition to funding cuts

Most Minnesota respondents to the survey (80%) oppose reducing the amount of money the federal government currently puts toward the Medicaid expansion.

Among those who initially supported reducing federal support, about a quarter (27.3%) changed their minds when they learned that states might not be able to compensate for the lost funding and that 20 million people nationwide would lose insurance coverage over a 10-year period.

About the survey

The MN Opinions about Medical Assistance (Medicaid Opinions survey) is a follow-on study to the [Minnesota Health Access Survey \(MNHA\)](#).^{viii} The MNHA Survey is a large-scale web and telephone survey conducted every two years to collect information on the health of Minnesotans and how they access health insurance and health care services. The Medicaid Opinions survey was designed to provide information about how Minnesotans perceive the Medicaid program and potential changes to it. Participants for the Medicaid Opinions survey were recruited from a panel of Minnesotans who participated in the MNHA and agreed to be recontacted. There were 2,000 people who completed the Medicaid Opinions survey in the spring of 2025, either by telephone or online.

While the results from the Medicaid Opinions survey were weighted to be representative of all adults in the state, both the panel characteristics, which were skewed towards more advantaged groups, and the small sample sizes of populations of interest, make it more difficult to generalize these findings to the entire Minnesota population. As a result, it should not be interpreted as applying to all Minnesotans or completely representative of each of the populations of interest.

KEY FINDINGS FROM MN OPINIONS ABOUT MEDICAL ASSISTANCE SURVEY

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06/25/25

To obtain this information in a different format, call: 612-201-4520.

ⁱ Kaiser Family Foundation, Health Provisions in the [2025 Federal Budget Reconciliation Bill \(https://www.kff.org/tracking-the-medicaid-provisions-in-the-2025-budget-bill/\)](https://www.kff.org/tracking-the-medicaid-provisions-in-the-2025-budget-bill/)

ⁱⁱ This fact sheet of the Medicaid Opinions survey focuses on Medicaid and the relationship to coverage, but other budgetary and administrative changes to private coverage could also influence insurance in Minnesota.

ⁱⁱⁱ [State Health Access Data Assistance Center \(https://www.shadac.org/\)](https://www.shadac.org/)

^{iv} [Minnesota Opinions about Medical Assistance Data \(Excel\) \(https://www.health.state.mn.us/data/economics/docs/madata.xlsx\)](https://www.health.state.mn.us/data/economics/docs/madata.xlsx)

^v Congressional Budget Office, [CBO's Estimate of the Budgetary Effects of Medicaid Work Requirements Under H.R. 2811, the Limit, Save, Grow Act of 2023 \(https://www.cbo.gov/publication/59109\)](https://www.cbo.gov/publication/59109)

^{vi} [Health Affairs, Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care \(https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538\)](https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538)

^{vii} In 2023, nearly two thirds (64%) of Medicaid adults under age 65 were working. This is based on [Understanding the Intersection of Medicaid and Work: An Update | KFF \(https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/\)](https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/)

^{viii} [Minnesota Health Access Survey \(https://www.health.state.mn.us/data/economics/hasurvey/index.html\)](https://www.health.state.mn.us/data/economics/hasurvey/index.html)