

THE MINNESOTA STATE COUNCIL ON DISABILITY

ANNUAL REPORT - 1991

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INTRODUCTION

The Legislature created the Minnesota State Council on Disability in 1973 as the primary public agency to recommend and advocate for programs and legislation that will improve the quality of life and promote the independence of persons with disabilities in Minnesota

The agency strives to fulfill its mission through a combination of activities; the agency maintains an organized information and referral database for dissemination throughout the state. The agency takes the lead in assuring improved physical and programmatic accessibility and provides technical consultation. Careful research, community involvement, and interaction with other government agencies results in the development of position statements on the delivery of services to persons with disabilities.

The Legislature gave many specific duties and powers to the Council. Among the most important are:

- . Advising the Governor, the Legislature, and state agencies on matters pertaining to public policy and programs, services, and facilities for persons with disabilities.
- . Encouraging and assisting with the development of coordinated inter-departmental goals and objectives as well as the coordination of programs, services, and facilities for persons with disabilities.
- . Serving as a source of information to the public on matters pertaining to disabilities.
- . Researching, formulating, and advocating plans, programs, and policies to serve the needs of persons who are disabled.
- . Initiating or intervening in administrative or judicial proceedings which directly affect the legal rights of persons with a disability.

The Council is composed of 21 members appointed by the Governor for a term of three years. A majority of them must be disabled themselves or must be parents or guardians of persons with a disability, and at least one member must be from each of the eleven development regions of the state. In addition, the Council has a number of ex-officio members representing state agencies that have programs affecting persons with disabilities. Council members establish policy for the Council and an annual work plan, both of which provide a focus for the daily work of the Council's ten full-time staff positions.

The Council's constituency is the largest minority group in our society. It is estimated that 14.9% of the state's population - over 650,000 Minnesotans - have one or more functional limitations. This number represents a wide range of disabilities. Services for persons with disabilities depend to a great extent on the age of the person. The graph below illustrates the relative proportions of persons with disabilities in three age groups:

Although there is considerable overlap, certain issues or services are of particular importance for each group.

0-19 Habilitation Service Needs

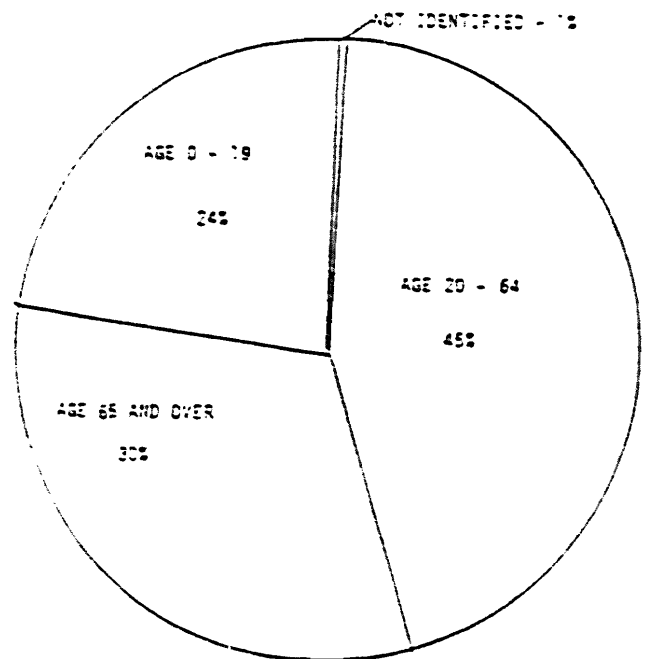
- Education
- Support home based services
- Physical therapy
- Occupational therapy
- Medical
- Language development

20-64 Rehabilitation Service Needs

- Supported work
- Standard employment
- Developmental Achievement Centers
- Medical intervention and support
- Transportation
- Living arrangements

65-100 Supportive Needs

- Medical
- Live in programs
- Personal care attendants
- Senior activities
- Retirement funds
- Nutrition sites and programs
- Transportation



Disabled persons identified in this study tended to be older than the general population. The average age of the disabled person identified in this study was 45.5 years. The average age of the general population was about 32 years. These figures are from the 1978 publication of the then Department of Economic Security, The Assessment of Disability in Minnesota.

Because the Council has been given a very broad mandate, it has become involved over the years in issues that affect all of these groups. In fact, one of its major challenges is choosing those issues which will have the greatest overall impact on persons with disabilities.

1991 COUNCIL ACTIVITIES

Americans With Disabilities Act

On a statewide level, the Minnesota State Council on Disability played a central role in the passage of the Americans With Disabilities Act (ADA) which is the major civil rights legislation for persons with disabilities. During the intense period when the bill was being considered by the U. S. House and Senate, the Council was in close communication with Washington, D. C. and routinely initiated action alerts, telephone trees and letter writing campaigns in support of the ADA.

After the bill was signed into law by President Bush, the Council on Disability took the lead to educate employers, business owners, individuals with disabilities and service providers on the new civil rights language. To this end, the Council on Disability developed a brochure and workshop manuals on the ADA. The Council organized several ADA workshops throughout the state and presented at approximately fifty workshops which were sponsored by other organizations. Council staff has trained approximately 6500 Minnesota citizens on the ramifications of the new legislation.

Recently the Council on Disability was involved in the development of regulations which will guide the implementation of the ADA.

Through the Council's effort a statewide ADA Steering Group was pulled together and has focused on coordination and consolidation of ADA efforts statewide many state agencies have asked for assistance in understanding their responsibilities under this new civil rights legislation for people with disabilities. In addition a steady flow of requests is received daily from consumers, government entities, and private businesses. The Council is perceived as the most informed organization in government and perhaps statewide.

Transportation

After a delay of several years, the Minnesota Department of Transportation (MN/DOT) expects to be publishing soon its proposed new operating standards for special transportation services for persons who are elderly or disabled. The standards are intended to increase the operational and vehicle safety of these programs; they are required by legislation developed by the Council on Disability. The Council will review these proposed standards and will make any needed recommendations to assure the greatest level of safety possible for riders who are elderly or disabled.

The Council also works to improve transportation for persons who are disabled in the Twin Cities metropolitan area through membership on the Regional Transit Board's Transit Access Advisory Committee (TAAC). Major focus areas for TAAC have been: (1) legislative funding for Metro Mobility; (2) the new Metro Mobility fare structure; (3) regular bus route accessibility; and (4) the ADA Compliance Plan required by the United States Department of Transportation.

Accessibility - Access '92

The Minnesota State Council on Disability has long been a leader in the area of architectural and program access. The ACCESS '92 project was initiated in 1983, when the Council on Disability along with the Governor's Office and the Legislature became critically aware that discrimination was occurring because of a lack of physical access to many of the state owned buildings and facilities. Although the original goal of ACCESS '92 was to make state owned facilities physically accessible by 1992, the amount actually appropriated for this effort has been minimal.

During the past year the Council on Disability has been actively involved in designing a more comprehensive survey tool, training architects on access, and providing technical assistance to surveyors and state agencies.

We assisted the Department of Jobs and Training review their accessibility problems in rented or leased offices statewide. Other state departments, especially in rented or leased facilities need to review their services which are available to the public and also to accommodate any staff must be accessible.

Information and Referral

A popular service of the Minnesota State Council on Disability is our state-wide information and referral system. Each year thousands of people throughout the state call for information on a variety of topics to help them meet the specialized needs of persons with disabilities.

MSCOD's information and referral system served 9,000 persons during 1991. The information and referral system is staffed by professionals with a broad background in services to people with disabilities; the agency provides back-up support to these people with other staff who are experts in transportation, physical access, community development, public awareness, discrimination and legal concerns.

In addition to voice callers, the information and referral line also handles calls from people who are deaf or hearing impaired through the use of a telecommunication device for the deaf (TDD).

Information and referral calls range from giving the caller a name and phone number to extensive research on their questions. As an example, recently a hunter who is disabled wanted changes in the law so he could hunt from his all-terrain vehicle and not have to keep his firearm secured, which he felt did not give him the same opportunity as a hunter who could walk. He was given a copy of the statutes which apply to his situation and a suggestion on language to amend the statute; he is currently pursuing a change in the statute.

The Minnesota State Council on Disability also worked with the centers for independent living to develop a statewide computer data base network to better serve persons with a disability in the Greater Minnesota area.

Health Care Issues

The Minnesota State Council on Disability issued a position paper on health care issues for persons with disabilities. Subsequently, the Council took a lead role in establishing a coalition of organizations dealing with disability to develop a position on health care issues for input to the Minnesota Health Care Access Commission (MHCAC), to agree on legislative positions, and otherwise advocate for persons with disabilities.

The Minnesota State Council on Disability is the lead organization in the Coalition on Health Care for Persons with Disabilities. The coalition receives input on health care issues from many organizations dealing with disabilities; it tracks health care related legislation on a state and national level; and it advocates on behalf of persons with disabilities on health care issues.

The Council and the Coalition have adopted a position statement on health care issues and have given input on health care legislation as it affects persons with disabilities.

Demographics

There is a great demand for accurate basic demographic information on persons with disabilities in Minnesota and on service needs. Unfortunately, the most reliable data available is from a study conducted by the Division of Vocational Rehabilitation (now Division of Rehabilitation Services) in 1976. Recognizing the need for regular statistical research in this area, a group of interested professionals from several agencies that could use this type of data has been working to develop a mechanism to meet this need. The Council has been chairing this group - called the Minnesota Disability Information and Statistics Committee (MnDISC) - for a year and a half. MnDISC has explored several possibilities and is presently planning a presentation to agency and department heads to elicit broad support for such a research mechanism.

In addition, MSCOD has started to pull together a task force of interested parties, to find the resources to complete and update the 1976 DRS Survey on persons with disabilities.

Employment

In Minnesota, legislation was passed allowing up to 50 state positions to be included in a supported work program. It further allowed that each full-time position could be filled by up to three supported work employees and a job coach. However, only a very few positions have been filled by supported workers, and none has been filled by several workers sharing the position. The Council has contacted the Department of Employee Relations (DOER) with its concerns, and at the Council's urging DOER has convened a meeting of concerned parties to see how to maximize this employment opportunity for persons with disabilities who require a supported work program. The Council will continue to work with DOER and advocate to resolve this issue.

Education

The Council has followed with interest the development of Federal and State government rules and policies impacting on students with disabilities. The Council has worked to ensure that disability awareness is included in school curricula which are being developed as a result of the Minnesota Board of Education's "Inclusive Education Program" curriculum rule. Currently the Council has agreed to offer "disability awareness" training statewide to the 435 school districts, expecting up to 5,000 teachers seeking inservice training in this area. We will include educational cooperatives, intermittent school systems, and direct offering to districts not covered under one of the above special needs education systems. Primarily the teachers today are receiving students with special needs into their standard classroom without an understanding of disabilities.

The Minnesota State Council on Disability worked with the Department of Education on an accessibility plan for the 435 school districts in the state, last year. Last year the state legislature requested that the Department of Education and the Council devise a system to assist the 435 school districts in their attempt to develop an "accessibility plan per school district." Certain funds will be made available to accommodate the districts in their efforts. This project included designing a survey form, presenting at seven training programs throughout the state, and assisting in the development and support of legislation, which might allow for additional funds to the school districts to implement their new "accessibility plan."

Other Activities

The Minnesota State Council on Disability commissioned a task force to identify and examine systemic problems that interfere with the recovery and integration of persons with mental illness into the community and to develop and make recommendations to correct identified problems. The task force was chaired by Council member, Richard Hirschenberger.

The Position paper adopted by the Council on November 21, 1991 recommends eight principals on how to appropriately deal with the system which delivers services to citizens who have mental illness.

The Minnesota State Council on Disability publishes a newsletter, "The Connector," with a circulation of 8,500. This publication concentrates on information of special significance for persons with disabilities. It is sent to organizations dealing with disabilities, to individuals with disabilities and to other interested individuals.

"Employment And People With Disabilities" was published by the Minnesota State Council on Disabilities. It deals with issues affecting employment such as attitude, awareness, discrimination, transportation, financial disincentives, accessibility, education, training, etc. This booklet was sent to legislators, disability advocates, The Division of Rehabilitation Services and others.

The State Council on Disability provides general supervision and oversight for the Governor's Advisory Council on Technology for People With Disabilities, which is housed with the State Planning Agency.

Each year the Council has a booth at the State Fair. We receive numerous inquiries at the fair, which particularly increases our contacts with persons in Greater Minnesota.

Members of The State Council and Staff Serve on These Interagency Committees:

- . Caregiver Support Project Task Force*
- . Access Club*
- . Courage Center Public Policy Committee*
- . Independent Living Council (DRS)*
- . Channel 9's Public Voice Panel*
- . Mental Retardation and Related Conditions Advisory Committee (DHS)*
- . Motion / Vision Impaired Consumer Advisory Panel (U S West)*
- . Statewide Affirmative Action Committee (SWAAC)*
- . Title XIX Citizen's Advisory Committee*
- . Transit Accessibility Advisory Committee (TAAC)*
- . UHF Access Committee*

- . *Advisory on Inclusive Educational Program*
- . *Minnesota Consortium for Persons with Disabilities*
- . *Long Term Care Campaign*
- . *Coalition on Health Care Issues for Persons with Disabilities*
- . *Governor appointed Coordinator for National Council on Disability*

The Council participates on the State Transition Interagency Committee, which is a catalyst to state and local systems serving persons with disabilities in transition from school to community living and employment.

The Chair of the Minnesota State Council on Disability is a member of the President's Committee on Employment of People With Disabilities, which is an advisor to the President and an advocate for policies and practices urging the rights of persons with disabilities to equal employment opportunities.

CONSIDERATIONS FOR THE GOVERNOR AND LEGISLATURE

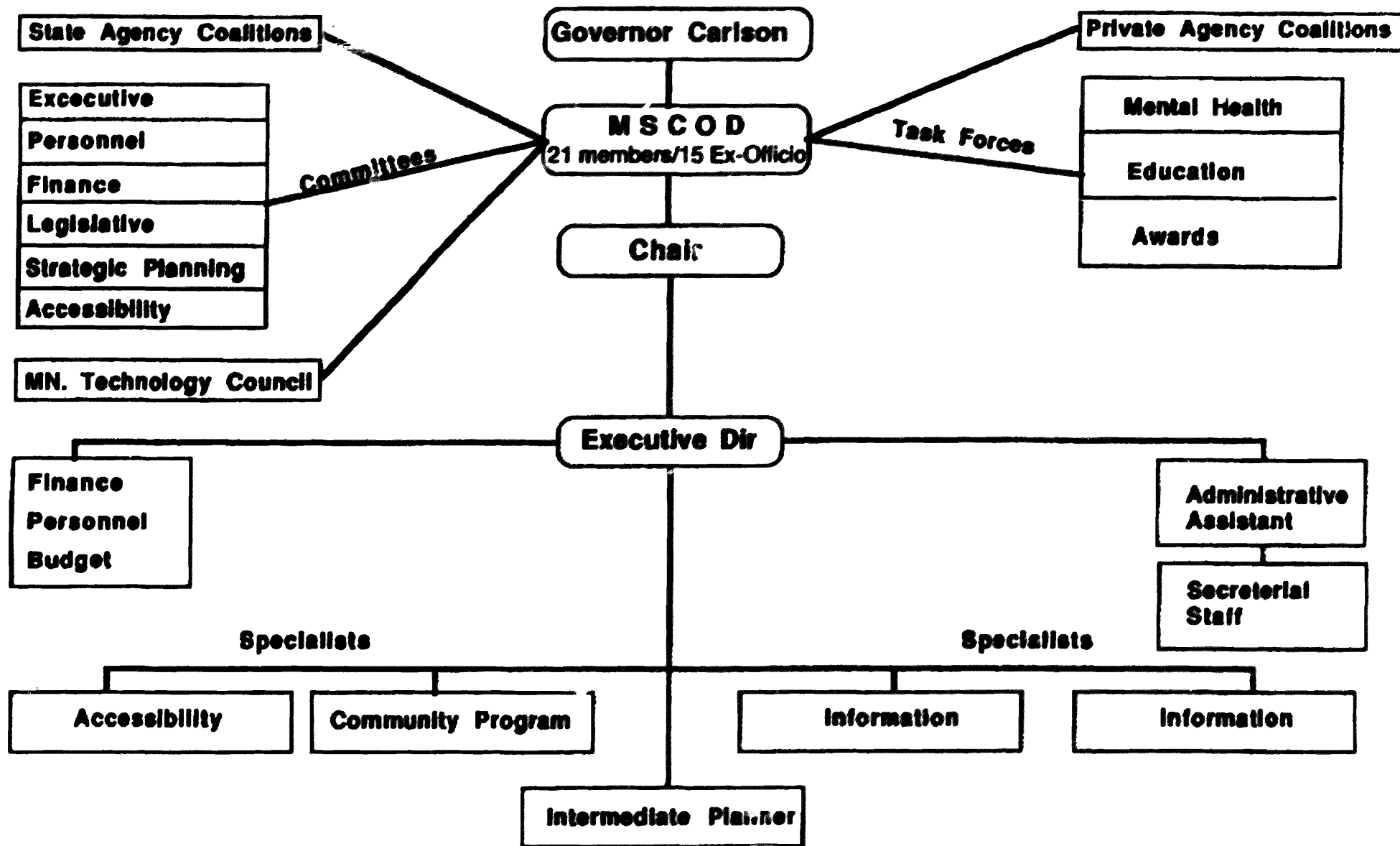
This is a summary of recommendations suggested to the State Council on Disability from hearings and discussion with persons with disabilities during 1991.

Recommendations

1. *The Department of Human Services, the Division of Rehabilitation Services and the State Council on Disability could identify and address, through a plan of cooperation, the service needs of constituencies with disabilities who are currently unserved or under served.*
2. *The Legislature may need to authorize and provide funding for a legislative study to determine which agencies in Minnesota are responsible for providing and coordinating the comprehensive services for all persons with disabilities.*
3. *The Legislature could require that all state and local agencies which receive public funds establish and maintain waiting lists of people requesting services who are not being served or who desire additional services in order to provide data for planning, evaluation and program development activities.*
4. *The Legislature could provide funding to establish and maintain a coordinated statewide data base on disability information. This base of information must include extensive data about the characteristics and service needs of persons with disabilities; included should be detailed information about relevant programs and services, including employment, which are provided by State and local agencies.*
5. *Minnesota could require all State and Federally assisted programs in the state to adopt and uniformly operate with a consistent definition of services and eligibility criteria for disability programs.*
6. *The Legislature could formally delineate the responsibility of all existing State and Federally assisted agencies and programs to accommodate persons with disabilities with appropriate services and support.*

1991 COUNCIL ACCOMPLISHMENTS

- * Legislative achievement: implemented move toward school access planning with 435 school districts plus funding to develop plan.
- * Review of 3300 pieces of state legislation for impact upon the disability community. Produced a summary (for distribution) of important legislation, regarding disability, passed in the 1991 legislative session.
- * Supported numerous state agencies and legislators in the development of legislation and the Governor's office in putting together disability positions or resolving disability issues.
- * Responded to requests from state agencies on accessibility issues, from a new ramp at one agency to dealing with leased buildings for another major agency.
- * Dealing with the Department of Administration-Building Code Division, almost daily, on accessibility/building code issues.
- * Access '92-99% of surveys of state owned facilities are completed and meetings with department heads are being scheduled in order to select priority buildings.
- * Worked with over a 100 different organizations statewide, both public and private, on accessibility concerns.
- * Worked in cooperation with over fifty community organizations on disability issues.
- * Americans With Disabilities Act training, statewide, to thousands of Minnesota's business persons, professionals, consumers and interested citizens.
- * "Disability Awareness" training to over 1000 individuals by MSCOD staff.
- * Major work with the Regional Transit Board/Metro Mobility on concerning issues surrounding transportation for people with disabilities.
- * Special emphasis was given to issues regarding special education, services to people with mental illness and healthcare issues, throughout the year.



Minnesota State Council on Disability (MSCOD)

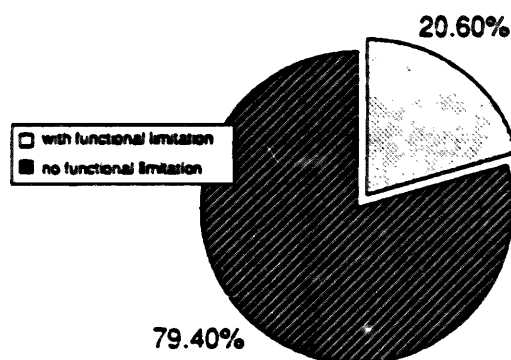
THE MINNESOTA STATE COUNCIL ON DISABILITY

DATA

How many people are limited in physical functions?

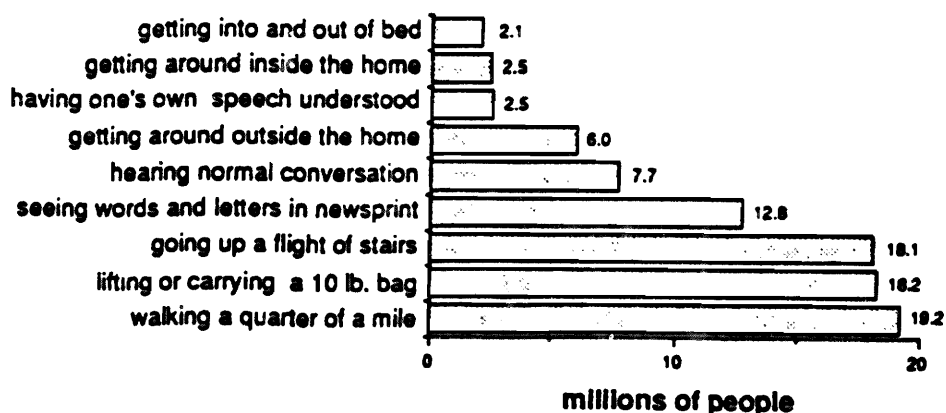
When disability is categorized as a limitation in a person's ability to perform selected physical functions, more than 20% of all noninstitutionalized persons age 15 and over in the United States have a physical functional limitation (37.3 million people). Many people have more than one limitation. For 19.2 million people the limitation is in walking a quarter of a mile; for 18.2 million it is lifting or carrying something as heavy as a bag of groceries; for 18.1 million, it is going up a flight of stairs without resting; for 12.8 million, it is seeing words and letters in ordinary newsprint, even when wearing glasses or contact lenses; for 7.7 million, it is hearing what is said in normal conversation; for 6.0 million, it is getting around outside the home; for 2.5 million, it is having one's own speech understood; for 2.5 million, it is getting around inside the home; and for 2.1 million, it is getting into and out of bed.

One in five people over age 15 has a physical functional limitation.



U.S. noninstitutionalized population over age 15

But the types of functional limitations vary.



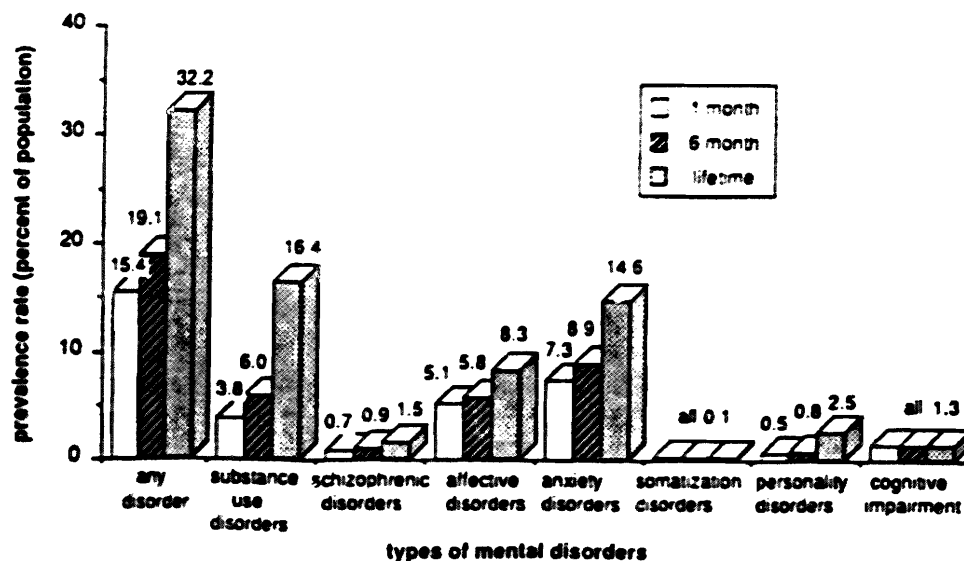
How many people have a mental disorder?

There is great difficulty in measuring this population based upon issues of definition, and of the amount of time that someone could have a **mental disorder**. A five site survey of noninstitutionalized adults (age 18 and over) in the United States estimated that 15.4% of this population report a mental disorder in any one month period. Furthermore, 19.1% report a mental disorder in the preceding six month period, and 32.2% report one at some time during their life.

National rates of major mental disorders are listed below. It should be noted that some disorders predominately affect men, such as substance use and antisocial personality, whereas affective, anxiety and somatization disorders affect women more.

Technical Note: The five sites of this survey (the Epidemiologic Catchment Area Survey) are New Haven, Connecticut; Durham, North Carolina; Baltimore, Maryland; St. Louis, Missouri; and Los Angeles, California.

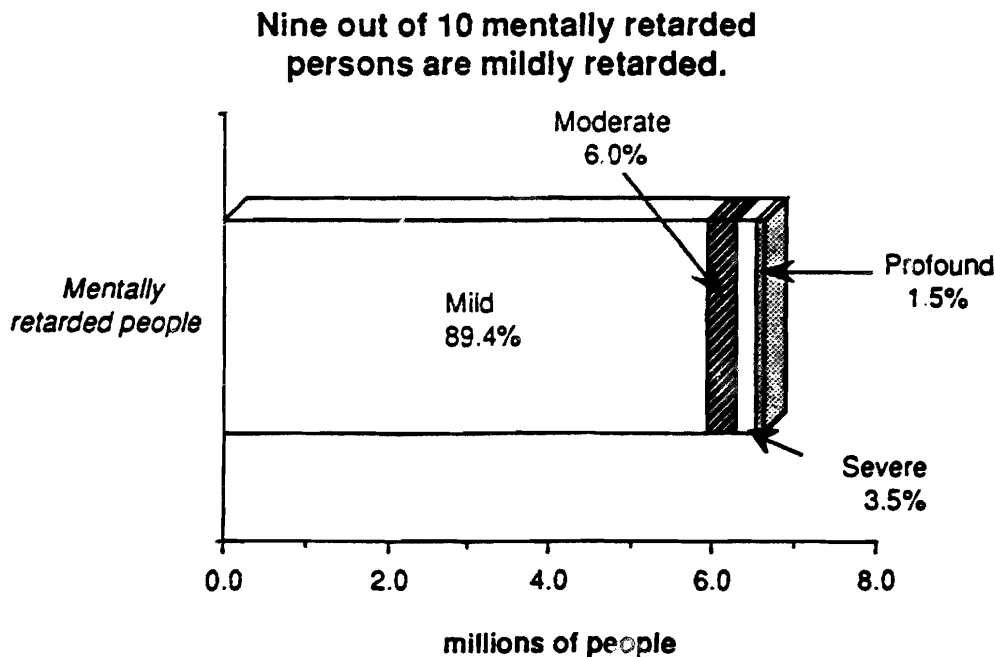
Almost one-third of people have a mental disorder in their lifetimes.



How many people are mentally retarded?

Because mental retardation is difficult to measure in the population, there is not much agreement on how many people are **mentally retarded**. Estimates of their percentage in the U.S. population range from .67% to 3%. At any point in time, however, approximately 1% of the population is estimated to be mentally retarded. This translates to between 2 and 2.5 million people who are mentally retarded. Estimates vary by age and definition used.

There are four different degrees of mental retardation, which are categorized by IQ and social functioning. People with IQ's under 20 are considered to be profoundly mentally retarded (1.5% of all mentally retarded). Severely mentally retarded people have IQ's between 21 and 35 (3.5%). Moderately mentally retarded individuals have IQ's between 36 and 50 (6.0%). The large majority are mildly mentally retarded people with IQ's between 51 and 70 (89.4%). An additional 2.5 million are borderline (70-80) or low normal (80-90) in IQ.



Technical Note: These data are based upon a 3% estimate of the population.

SENIOR DATA

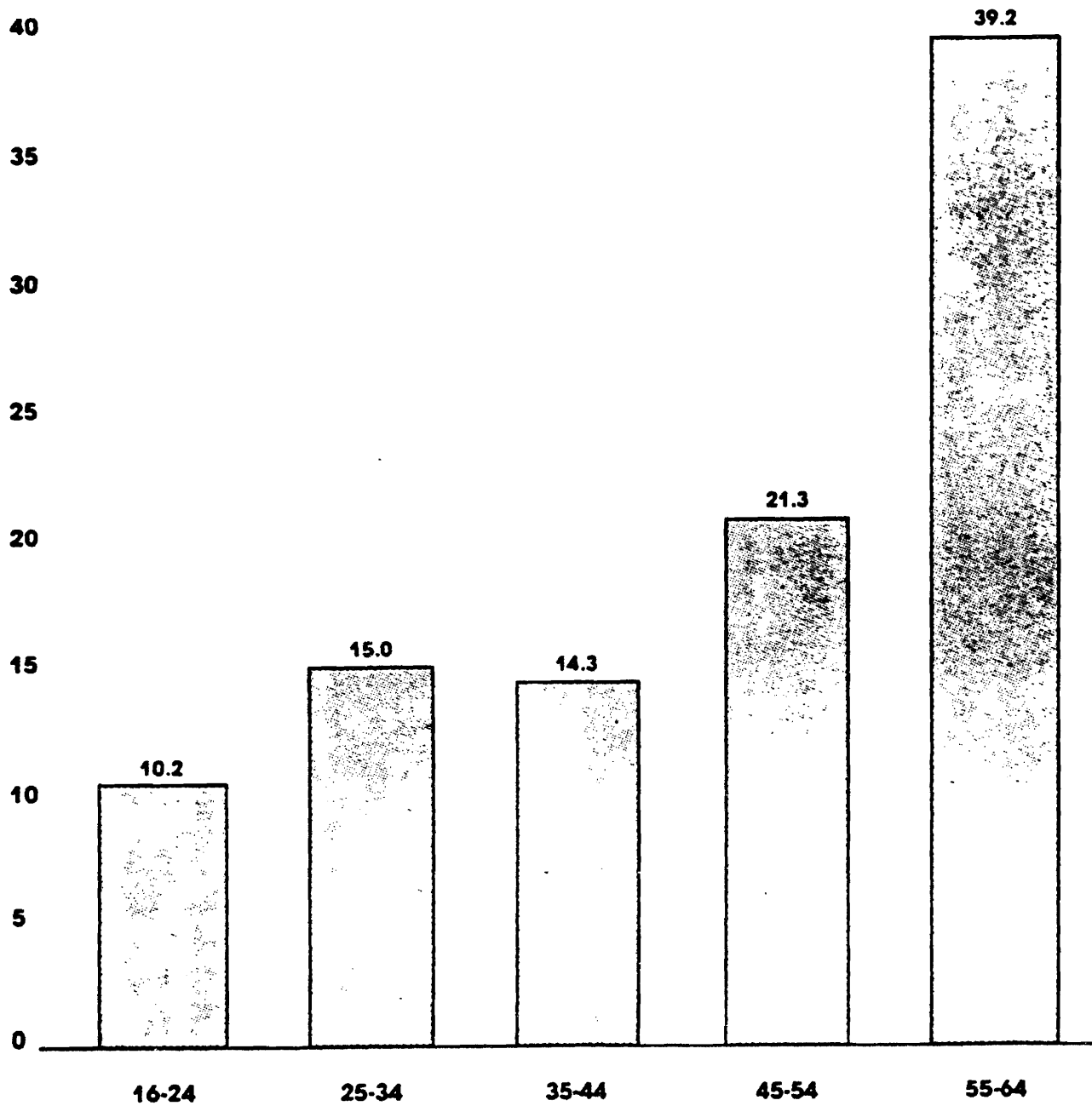
Senior populations seem to be on the incline through the years 2000 - 2010. We show a graph by economic development regions of the state where all areas increase in the next few years. There was a report last year generated by advocates of the nursing home industry and seniors that highlights a major bed deficiency for people over 65 throughout the state.

A major concern for outstate Minnesota is specialized nursing services. In many areas there is a waiting list from one to three years to have a senior placed in a facility reasonably close to family members. As you go further north, west and south, sometimes the miles between placements are greater, making it exceedingly difficult for continued support services from family members.

In Minnesota the senior population over 65 is slightly higher than the national average. It appears to be a significant factor in outstate Minnesota. The demographic population appears to be in the 80-85 plus category which is an ever increasing population number across the state. There are estimates for the year 2000 that indicate that 14% of the nations elderly will be 85 or older. In Minnesota the corresponding figures are expected to be 15% plus.

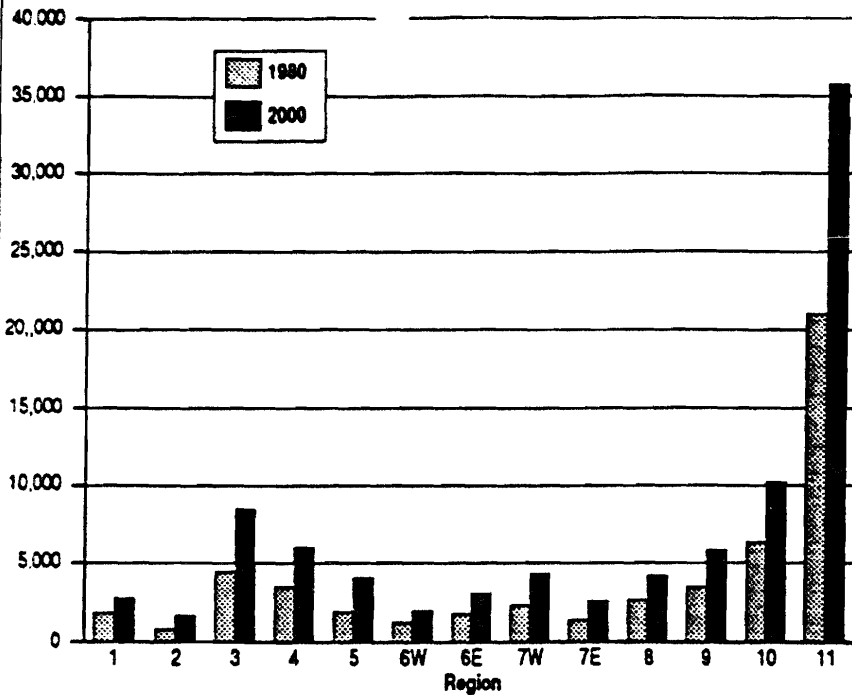
Age Distribution

Percent
Disabled



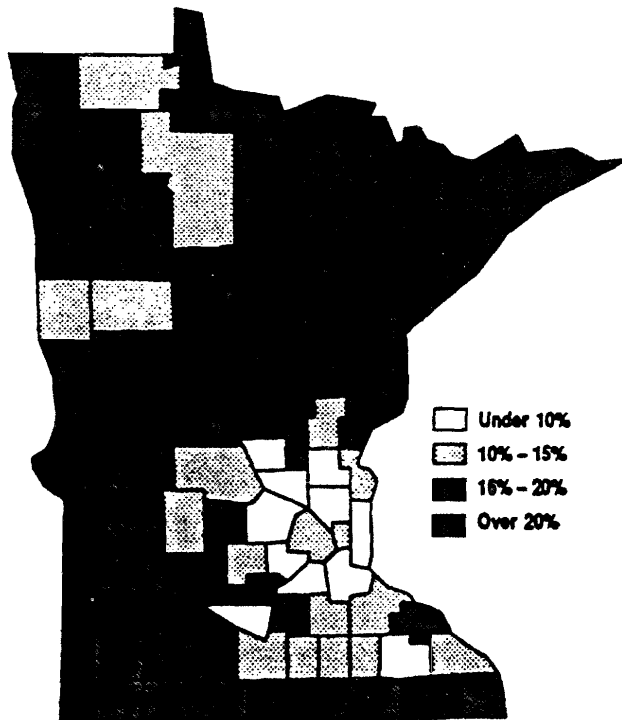
Six disabled Americans of working-age in every ten (60.5%) are between the ages of 45 and 64.

Figure 38. Number of Persons Over 85 Years.



Source: Minnesota Department of Health.

Figure 39. Percent 65 or Older, 1988.



Source: U.S. Bureau of Census.

- Over half the cities with a population of 1,000 to 2,500 grew between 1980 and 1988; nearly 75 percent of the cities with a population under 500 are stagnant or losing population.
- Minority population is increasing much faster than the Caucasian population.
- Minorities exhibit much lower family income, higher poverty rates, lower educational attainment, and higher unemployment rates than the population as a whole.

ELDERLY

Much of the information for this section of the report is from a survey conducted during 1989 by the Wilder Foundation and anecdotal information received during Capital for a Day visits to various parts of the state.

Demographics

According to estimates by the Census Bureau, 12.5 percent of Minnesota's population in 1986 was 65 and older. This is slightly higher than the national figure of 12.1 percent. Estimates by the Minnesota Health Department for 1988 place the number at 12.3 percent. In addition, the number of elderly who survive into very old age (+85) is increasing rapidly. In 1950, only five percent of the country's plus 65 population was over 85. Estimates for the year 2000 indicate that 14 percent of the nation's elderly will be 85 or older. In Minnesota, the corresponding figure is expected to be 15.1 percent (figure 38).

Figure 39 shows the estimated percent of persons 65 and over in 1988 for each Minnesota county. Figure 40 shows the percent change between 1980 and 1988. Counties show-

ing the largest percentage of this age group are located primarily in the southwest, west-central and north central portions of the state. The Twin City Metropolitan Area (seven county area) and adjacent counties have the lowest percentages. According to the 1980 census, 39 percent of the state's population over 65 lived in the Twin City Metropolitan Area and 61 percent lived in Greater Minnesota. By 2000, comparable figures are expected to be 43 and 57 percent (figure 41). The number of persons over 65 for 1980 and 2000 is shown in figure 42.

Income

Most elderly rely on a variety of sources for income. Major types reported by respondents in the study include current employment, social security, interest/dividends, retirement plan or pension, VA benefits, farming income, supplemental security income, rental income, disability, and other minor sources such as unemployment compensation, financial assistance from family, alimony or divorce settlement and income from selling property.

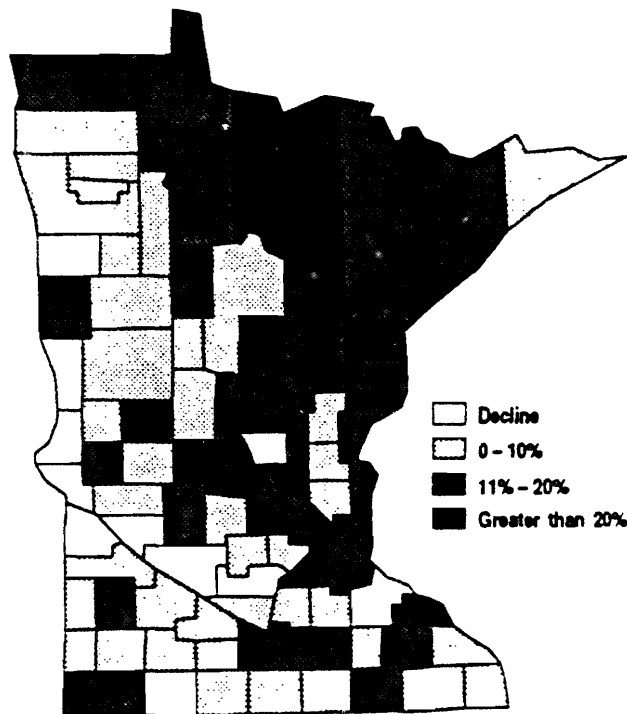
According to survey respondents in the Wilder study, 54 percent reported that social security benefits were their main source of income. Only 11 percent said that current employment represented their main source of income (figure 43). Twenty-nine percent said that they were currently employed. Since survey respondents were persons 60 and over, the relatively high number still employed is not unusual. Somewhat unusual is the somewhat small percentage of persons relying on pension income (18 percent) for their main source of income. This is somewhat alarming since the trend is for company pensions/retirement plans to account for an even smaller share of retirement

income in the future. This will put even greater pressure on social security and other forms of income to make up the difference.

According to the U.S. Census, the

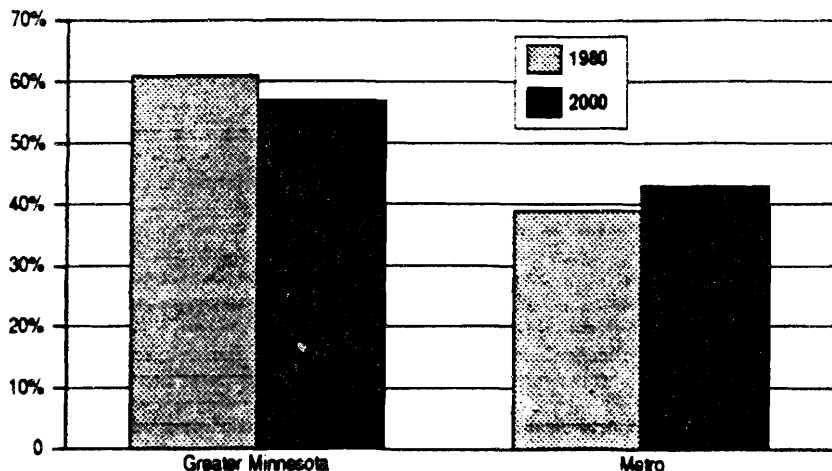
poverty rate in 1979 for all Minnesotans was 9.5 percent, but was 12.9 percent for persons age 60 and over and 14.8 percent for those over 65. Results from the Wilder study show higher poverty rates for Greater

Figure 40. Percentage of Change of Persons 65 or Older.
1980 - 1988.



Source: Minnesota Department of Health.

Figure 41. Share of the Over 65 Population.



Source: Minnesota Department of Health.

Minnesota than for the Twin City Metropolitan Area. For those living alone in Greater Minnesota the rate is 30 percent while the comparable figure for the Twin City Metropolitan Area was 13 percent. The

comparable rates for those living with someone else are ten and two percent respectively. The study also shows that the rates of poverty in Greater Minnesota do not vary significantly because of city size.

Housing

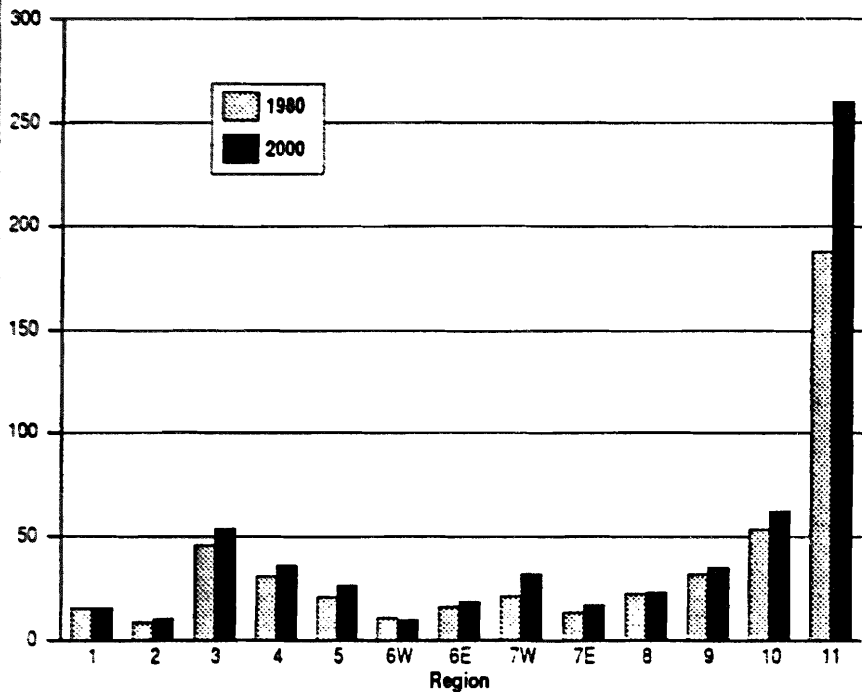
There are a variety of housing types that the elderly use to satisfy shelter needs. These include single family homes, rental units, subsidized housing, nursing homes, condominiums, and single room occupancy facilities.

The Wilder study reports that over 83 percent of those over 60 own their home. Of interest is the high number of elderly who live alone, but own their home; over 60 percent of the elderly fall into this category. Also of interest is the small number of elderly who live in subsidized rental units — less than 25 percent in 1989 according to survey results. (figure 44). Figure 45 shows the high number of elderly females who live alone.

Although the number of elderly owning homes is relatively high, the homes they own are generally old and in need of more repair than is true for the general population. According to the Wilder study the median age of single family homes owned by the elderly is 36 years old compared to 24 for working age adults. Most elderly housing in need of repair is in rural areas, very small cities, or in the inner city. What is worrisome is that quite frequently the elderly are physically or financially unable to make the necessary repairs and deterioration continues.

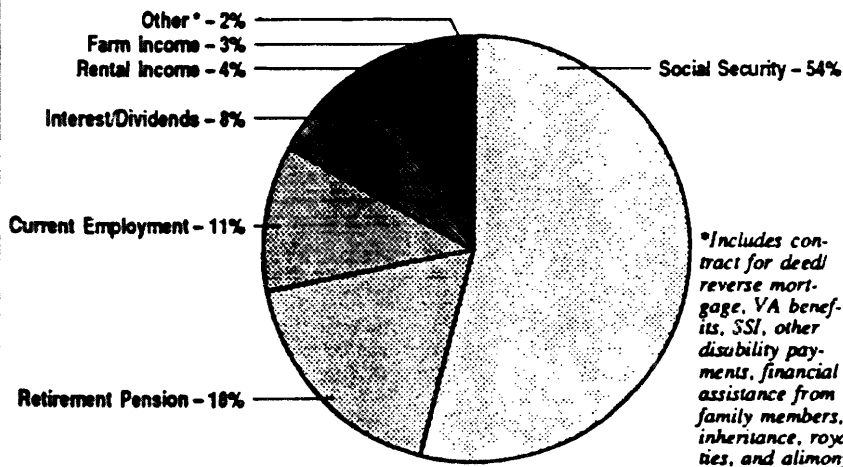
The decline in the number of single room occupancy units is of concern to many elderly and to providers of housing for the elderly. While some of these units were in old hotels and other dilapidated structures and do not provide the most up-to-date accommodations, they did serve as shelter for many low-income single males who could not afford anything else.

Figure 42. Number of Persons 65 or Older.
In thousands.



Source: Minnesota Department of Health.

Figure 43. Main Source of Income.



Source: Wilder Foundation.

MA Expenditures -- State Fiscal Year 1990

In FY 1990, total MA expenditures for services were \$1.405 billion. This total can be broken down by level of government.

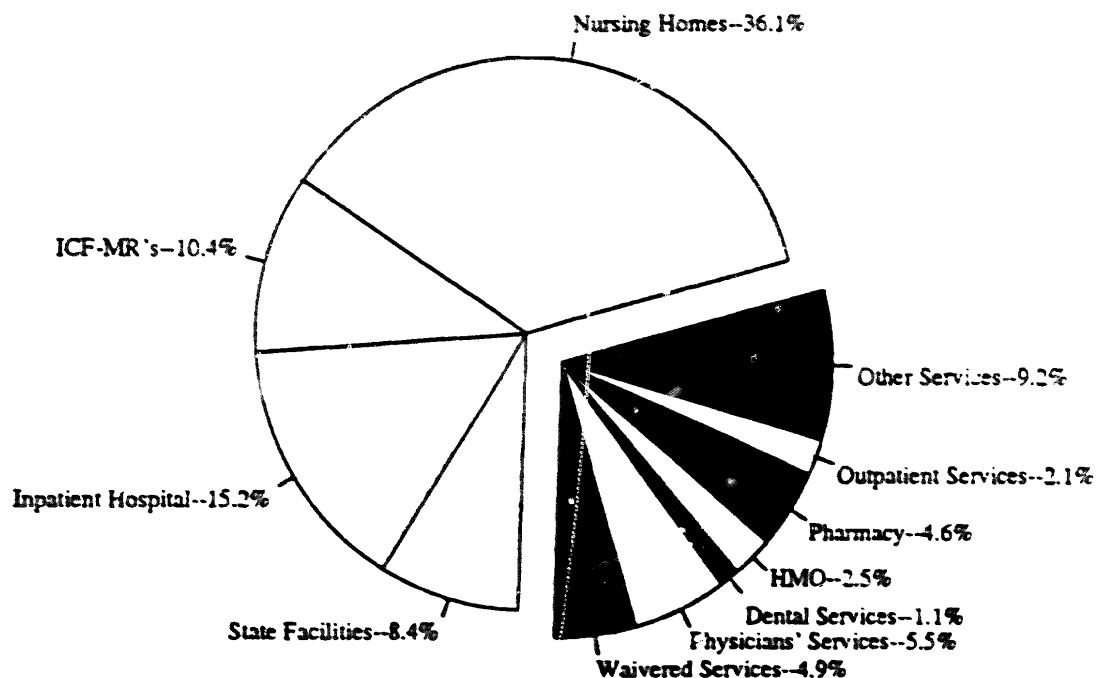
Actual Expenditures -- SFY 1990

Federal	\$742,457,321
State	\$596,815,595
County	\$ 66,348,624

The following graph shows the percentage of MA spending on services accounted for by the major service categories.

- Nursing home care was the largest single expenditure category.
- Institutional care (care provided in nursing homes, ICF-MRs, inpatient hospitals, and state facilities) accounted for 70.1% of MA spending.
- Two relatively recent MA initiatives, waived services and HMO services, together accounted for 7.4% of MA spending.

Minnesota Medical Assistance Expenditures



House Research Graphics
Data Source: Department of Human Services

1991 COUNCIL MEMBER ROSTER

Gregg Asher, Chair, Mankato

T. Jerry Hayes, Vice-Chair, Shorewood

Roberto Avina, St. Paul

Peggy Chong, Minneapolis

Rose Moriarty, Champlin

Charles Graig, Embarrass

Richard Hirschenberger, Baxter

Judy Johnson, Red Wing

Mark Netzinger, Cambridge

Anita Ortis, Hibbing

Audrey Richardson, Bemidji

Patricia Runia, Appleton

Rev. David Sams, Worthington

Suzanne Steidl, Thief River Falls

Diane Storm, Edina

Jane Strauss, Minneapolis

Jerome Trautner, Manomin

Brian Wagner, Alexandria

Joan Willshire, Minneapolis