### Minnesota

#### Overall Rank
- **Rank:** 39
- **Score:** 2.97
- **Score Key:** 1 → 5
- **US Mean:** 3.17
- **US Median:** 3.18

#### Study Indicators
- **Corporate:**
  - 5 = healthcare professionals and others have greatest flexibility with regard to ownership, business structure, and employment in healthcare sector
  - **Score:** 1.00
  - **US Mean:** 2.59
  - **US Median:** 2.00
- **Insurance:**
  - 5 = insurers have greatest flexibility to determine structure and pricing of health insurance policies
  - **Score:** 3.00
  - **US Mean:** 3.40
  - **US Median:** 3.60
- **Occupational Regulation:**
  - 5 = medical professionals have easiest access to licensure and employment and greatest discretion regarding services they offer
  - **Score:** 4.20
  - **US Mean:** 3.15
  - **US Median:** 3.40
- **Provider Regulation:**
  - 5 = healthcare providers have greatest flexibility to determine hospital and pharmacy operations
  - **Score:** 2.67
  - **US Mean:** 2.69
  - **US Median:** 2.67
- **Telemedicine:**
  - 5 = state’s environment is most conducive for telemedicine practitioners
  - **Score:** 2.25
  - **US Mean:** 2.74
  - **US Median:** 2.50

The Healthcare Openness and Access Project (HOAP) measures how open and accessible each state’s healthcare system is to patient and provider preferences. The overall HOAP index is the average of 10 categories below, referred to as subindexes in the study, each of which is in turn an average of multiple indicators.

The HOAP index ranks Minnesota near the bottom of the 51 jurisdictions analyzed. Some of the state’s highest scores are in the Occupational Regulation Subindex and the Public Health Subindex and some of its lowest are in the Corporate Subindex and the Telemedicine Subindex. Minnesota’s score and rank in each subindex are given below.

**Note:** Order of subindexes does not reflect importance.
### DIRECT PRIMARY CARE
5 = state environment is most conducive to direct primary care (DPC) practices as an alternative method of financing primary care

<table>
<thead>
<tr>
<th>#</th>
<th>State</th>
<th>Score</th>
<th>US Mean</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IDAHO</td>
<td>4.00</td>
<td>3.27</td>
<td>3.33</td>
</tr>
<tr>
<td>2</td>
<td>MONTANA</td>
<td>3.25</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>3</td>
<td>MISSOURI</td>
<td>3.25</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>4</td>
<td>MISSISSIPPI</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
<tr>
<td>5</td>
<td>UTAH</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
<tr>
<td>6</td>
<td>WISCONSIN</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
<tr>
<td>7</td>
<td>WYOMING</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
<tr>
<td>8</td>
<td>INDIANA</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
<tr>
<td>9</td>
<td>COLORADO</td>
<td>2.98</td>
<td>2.77</td>
<td>2.83</td>
</tr>
</tbody>
</table>

**STUDY INDICATORS**
- State has pro-DPC laws
- State has higher market demand for DPC
- State has more DPC practices per capita

### MEDICAL LIABILITY
5 = physicians and others are least constrained by threat of malpractice litigation

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>US Mean</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.33</td>
<td>3.02</td>
<td>3.00</td>
</tr>
</tbody>
</table>

**STUDY INDICATORS**
- Physicians pay fewer malpractice actions
- Physicians pay lower malpractice premiums
- State has adopted more reforms to modulate malpractice litigation

### PHARMACEUTICAL ACCESS
5 = patients have easiest access to certain classes of drugs, including experimental and unconventional treatments

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>US Mean</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4.00</td>
<td>4.22</td>
<td>4.33</td>
</tr>
</tbody>
</table>

**STUDY INDICATORS**
- State allows access to e-cigarettes
- State allows access to naloxone
- State has strong “Good Samaritan” protection
- State allows greater access to experimental drugs
- State allows access to medical marijuana
- State allows easier access to pseudoephedrine
- State allows over-the-counter access to oral contraceptives

### PUBLIC HEALTH
5 = residents have easiest access to substance abuse remedies and greatest discretion when offering medical assistance to others

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>US Mean</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.00</td>
<td>3.69</td>
<td>3.67</td>
</tr>
</tbody>
</table>

**STUDY INDICATORS**
- State allows greater access to experimental drugs
- State allows access to medical marijuana
- State allows easier access to pseudoephedrine
- State allows over-the-counter access to oral contraceptives

### TAXATION
5 = state imposes lowest burden of taxation for certain healthcare services, financing methods, and devices

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>US Mean</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.00</td>
<td>3.69</td>
<td>3.67</td>
</tr>
</tbody>
</table>

**STUDY INDICATORS**
- State has fewer provider taxes
- State has fewer health savings account (HSA) taxes
- State has fewer medical device taxes

---

**STATE RANKING BY OVERALL HOAP INDEX SCORE**

1. IDAHO
2. MONTANA
3. MISSOURI
4. MISSISSIPPI
5. UTAH
6. WISCONSIN
7. WYOMING
8. INDIANA
9. COLORADO
10. ALASKA
11. NEVADA
12. NEBRASKA
13. VIRGINIA
14. S. DAKOTA
15. NEW HAMPSHIRE
16. LOUISIANA
17. OREGON
18. ARIZONA
19. ALABAMA
20. TEXAS
21. NEW MEXICO
22. MAINE
23. WASHINGTON
24. OHIO
25. IOWA
26. MICHIGAN
27. PENNSYLVANIA
28. N. DAKOTA
29. HAWAII
30. KANSAS
31. S. CAROLINA
32. FLORIDA
33. OKLAHOMA
34. CALIFORNIA
35. TENNESSEE
36. MARYLAND
37. ILLINOIS
38. DELAWARE
39. MINNESOTA
40. DIST. OF COLUMBIA
41. MASSACHUSETTS
42. VERMONT
43. N. CAROLINA
44. WEST VIRGINIA
45. KENTUCKY
46. ARKANSAS
47. RHODE ISLAND
48. CONNECTICUT
49. NEW YORK
50. NEW JERSEY
51. GEORGIA