



# Minnesota Universal Health Care Coalition

## December 2009 E-Newsletter

Dear Friends,

The Senate health reform debate is in full swing, amendments are being introduced daily, and backroom deals abound. It's hard to see the current iteration of the bill as more than a boon for large for-profit insurers who will have a guaranteed influx of millions of new customers. However "it ain't over till it's over" so make your voice heard. And while all eyes are on the debate in Washington, we have opportunities in Minnesota. The legislative session is just around the corner, starting February 4<sup>th</sup>. The focus will be on bonding and restoring General Assistance Medical Care, but our work on the Minnesota Health Plan continues and we anticipate a couple hearings. Our main focus will be on the Governor's race. Look for our candidate guide on health care coming in January. We encourage you to attend precinct caucuses on February 2<sup>nd</sup>. You can make sure that the next governor of Minnesota is a supporter of the Minnesota Health Plan! Read more to find out about bringing single-payer and the MN Health Plan to the fore.

*Amy Lange*  
Executive Director

### **MEDICARE FOR PEOPLE AGE 55-64?!**

The Senate began debate on a final health insurance reform bill on November 30<sup>th</sup>. Last week, a group of 10 Senators (5 "centrist" and 5 "liberal") introduced a "compromise", which would abolish the public option and instead allow the uninsured to sign up for private plans evaluated by the Office of Personnel Management (similar to the method for federal employees), and would open Medicare to people age 55-64. Though single-payer advocates have long supported expanded Medicare as an incremental approach (a lower age threshold each decade, perhaps), in the context of the current reform bill and its reliance on for-profit insurance subsidized by taxpayers, there is ample reason to be cynical and discouraged by the expanded Medicare proposal. Read some perspectives on the issue:

[Physicians for a National Health Program : Medicare Buy-In is Really a Subsidy to Private Insurers](#)

[Bob Cesca: Contradictory Republicans Still Flummoxed by Medicare](#)

[Robert Reich: How a Few Insurers are Controlling Health Care](#)

[Sam Stein: Public Option's Architect Intrigued by Medicare Buy-In](#)

[Ricardo Alonso-Zaldivar: You'll See More Options- at a Price](#)

The Congressional Budget Office is in the process of number crunching right now. There may yet be a vote in the Senate before the holiday recess.

### **SENATOR AL FRANKEN OFFERS AMENDMENT REQUIRING INSURERS TO SPEND MORE ON ACTUAL CARE**

From Wendell Potter's Blog: [The Insurance Industry's Lethal Bottom Line](#)

"Today, insurers only pay about 81 cents of each premium dollar on actual medical care. The rest is consumed by rising profits, grotesque executive salaries, huge administrative expenses, the cost of weeding out people with pre-existing conditions and claims review designed to wear out patients with denials and disapprovals of the care they need the most. This equation is known as the medical loss ratio (MLR)

Sen. Al Franken (D-Minn.) is now leading a group including Sens. Jay Rockefeller (D-W. Va.) and Blanche Lincoln (D-Ark.) to introduce an amendment that would require that 90 percent of the money consumers spend on health insurance premiums go directly to health care costs.”

## **SENATOR BERNIE SANDERS- SINGLE-PAYER HERO**

On December 2<sup>nd</sup>, Sen. Bernie Sanders (I-VT) introduced a Federal Single-Payer amendment to the Senate health bill. Sanders’ measure, known as Senate Amendment 2837, would create "a universal, single-payer health insurance system" that is federally funded but administered by the states. It was introduced with two co-sponsors, Sen. Sherrod Brown of Ohio and Sen. Roland Burris of Illinois. [Read more.](#)

Sanders will also push for legislation allowing states to develop single-payer systems. Saying during a floor speech early December, "I think we have got to give states the option, the flexibility to go forward with a single-payer system if that is what they want to do," Sanders said. "Once they've done it and done it well, other states around the country will say, 'We want the same thing. It's the cost-effective way to provide comprehensive health care to all of our people.'" [Read more](#)

## **WHO WILL BE THE NEXT GOVERNOR OF MINNESOTA?**

We seem to live in an era of continuous election cycles. The race to be the next Minnesota governor is already in full swing. At last count, there are 10 in the DFL field and 5 in the Republican. (The Independence and Green parties, don't yet have declared candidates.) With mounting red ink, the next governor will be focused on the budget and jobs, jobs, jobs. Rightfully so. Our job is to keep health care on the front burner. At 1/6 of the economy, dealing with health care must be a budget priority and we know that single-payer brings down health care spending and slows health care inflation.

Help us make sure the next governor is one who will sign the Minnesota Health Plan. Attend your precinct caucus. Introduce our single-payer resolution, and distribute it to your friends, neighbors and colleagues. Run to be a single-payer, delegate (don't declare a candidate). Stay tuned, in January we will report on the candidates' stands on health care.

## **RESOLUTION IN SUPPORT OF A UNIVERSAL, SINGLE-PAYER HEALTH CARE SYSTEM ON THE FEDERAL AND STATE LEVEL.**

**WHEREAS**, lack of health insurance is a cause of 45,000 deaths per year in the U.S. and

**WHEREAS**, 62% of personal bankruptcies are due to medical expenses and over 75% of these people have health insurance and

**WHEREAS**, Over 47 million people in this country lack health insurance, millions more are under-insured, over 450,000 Minnesotans lack insurance coverage and minorities are disproportionately likely to be without insurance and

**WHEREAS**, Federal reforms will not achieve universal coverage nor adequately control costs and will perpetuate a fragmented and inequitable health care system and

**WHEREAS**, a single payer system is the only system of health care that can assure universal and equitable coverage, portability and choice of provider, while also controlling costs

**BE IT RESOLVED** that the (political party) supports and works to enact a universal, single-payer health care plan on the federal level and the single-payer [Minnesota Health Act](#) at the state level.

[For more information on caucuses](#)

For a PDF of the resolution

Volunteer to call supporters about caucuses and the single payer resolution! Contact us: [info@muhcc.org](mailto:info@muhcc.org)

## **MARK YOUR CALENDAR:**

**Health Equity and General Assistance Medical Care Convening- sponsored by TakeAction MN**

**Tuesday December 15, 2009, 6:30-8:30 pm**

Plymouth Congregational Church 1900 Nicollet Ave. Minneapolis MN 55403

**Phone Bank for the Minnesota Health Plan**

**December 17<sup>th</sup> 6:30-8:30** at MUHCC

**Precinct Caucuses Tuesday February 2<sup>nd</sup>**

**The 2010 Legislative Session Starts February 4<sup>th</sup>**

Details for these and other events available on our [website](#)

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