

**The Minnesota Universal Health Care Coalition recognizes the recently enacted federal health reform legislation, the Patient Protection and Affordability Act, as a first step toward universal access to medical care. The federal bill is a *political* victory for advocates of reform because it affirms the principle of health care as a right and demonstrates that reform is possible. The legislation is not, however, a *policy* victory. It builds on a broken, expensive system and falls far short of its stated goals. It will not achieve universal access to health care, security and stability of health care coverage, or control of spiraling medical costs.**

**The Minnesota Universal Health Care Coalition is committed to taking the necessary next steps to create a sustainable health care system that guarantees continuous affordable access to quality health care. We support the Minnesota Health Plan, a single-payer plan for ALL Minnesotans.**

**The federal bill succeeds in:**

- Increasing access to care by increasing funding of community clinics and expansion of Medicaid eligibility
- Reducing costs by reducing overpayments to the administrators of “privatized” Medicare
- Initial regulation of the private insurance industry by insisting that those who have chronic health issues (pre-existing conditions) are not denied access to health insurance, and that those who become ill while insured do not have their insurance dropped

**The federal bill fails in:**

- Administrative simplicity and efficiency. It retains our fragmented, multi-payer system, and increases the administrative complexity by adding state-based insurance exchanges that must offer five tiers of medical coverage
- Affordability. Even with subsidies, the affordability standards are such that many will find policies too expensive to purchase or, if they do buy them, too expensive to use because of the high co-pays and deductibles
- Cost control. The federal bill is based on the “Massachusetts plan” of universal coverage by individual mandate (you must have health insurance or pay a financial penalty), in place in MA since 2006. The Massachusetts plan has failed to control costs, thus making health care once again, increasingly inaccessible<sup>1</sup>
- Universal access. Upon full implementation in 2019, 23 million Americans will still not have health insurance.

**The Minnesota Health Plan provides the reform we need by:**

- Guaranteeing continuous affordable coverage to ALL Minnesotans regardless of health status, age or employment- the health care you need, when you need it
- Opening “choice of provider” to all licensed providers in the state of Minnesota, not merely those chosen by your insurance company as “in network”
- Controlling costs with proven measures of bulk purchasing, negotiated provider fees, global hospital budgeting and capital planning
- Enacting administrative simplicity, allowing health care dollars to be spent on health care, not administration

Our current system is economically bankrupting our citizens and our businesses, and morally bankrupting our collective spirit. The federal bill went as far as our nation’s polarized political climate allowed in 2010. Further change must come at the state level. We therefore renew our efforts to pass The Minnesota Health Plan, guaranteeing this most basic right for all within our borders – health care when you are sick.

<sup>1</sup> Access and Affordability: An Update On Health Reform In Massachusetts, Fall 2008, Sharon K. Long and Paul B. Masi, *Health Affairs*, 28, no.4 (2009): w578-w587.