



Minnesota Universal Health Care Coalition

March 2010 E-Newsletter

Dear Friends,

For the past year, we've been consumed by the national debate and negotiations on federal health care reform. This may be the home stretch on this particular effort. President Obama is promising an "up or down vote" before the end of the month- bipartisanship be damned. As I write this I am reading the dueling headlines: "[Thousands rally to support health care reform in Downtown Washington](#)" "[Businesses to fight health bill with huge ad campaign](#)". (I think we could have covered the uninsured with all the money that has been spent to lobby all angles of this effort). There promises to be a host of procedural moves to derail and to promote passage. There is no chance that a national single-payer bill will come out of this fight right now, but there is still an opportunity to remove barriers to state single-payer. We've put out the call to you before and we do it again. WE NEED YOU TO ACT IN THE NEXT SEVERAL DAYS- Read on!

Amy Lange
Executive Director

ACT NOW TO REMOVE BARRIERS TO STATE BASED REFORMS CURRENTLY IN THE FEDERAL BILL

The Senate reform bill mandates that each state set up an insurance exchange through which private insurers would sell their plans to individuals and small businesses. The bill, as written, prevents states from creating alternatives, such as a single payer system until 2017, three years after the implementation of the insurance exchanges. **Please contact your Congressman/Congresswoman and Senators to ask that Section 1332 be changed to allow state waivers immediately!** For detailed information [read the brief](#) on our website. Find your congressional representatives [here](#)

HOUSE HEALTH POLICY COMMITTEE PASSES MINNESOTA HEALTH PLAN!

The House Health Care and Human Services Policy and Oversight Committee took the Minnesota Health Plan off the table on February 23, 2010 and voted to pass it. . No testifiers were called, but the bill received vigorous debate as House chief author David Bly fielded questions from Committee members.



The hearing room was packed to overflowing with advocates who erupted in spontaneous applause on a number of occasions. A number of legislators including Liebling, Laine, Hayden, Fritz, Ruud, Gardner and Loeffler spoke positively about the bill and declared their intention to vote affirmatively, in advance of the vote. Jeers and snickers broke out when Rep. Steve Gottwalt (HD15A- St.Cloud) criticized the plan as "socialist". **Final Vote: 11-6!**

In Favor: Fritz (26B), Gardner (53A), Hayden (61B), Huntley (7A), Laine (50A), Liebling (30A), Loeffler (59A), E. Murphy (64A), Ruud (42A), Thao

(65A), Thissen (63A)

Opposed: Abeler (48B), Bunn (56A), Gottwalt (15A), Kelly (28A), Mack (37A), Torkelson (21B)

Pass: Norton (29B)

WE AREN'T THE ONLY ONES FRUSTRATED!!!

What Do We Need Insurers For Anyway?

..."The only way insurers can remain profitable at all is by selling healthy people on policies that don't offer much coverage at all, while squeezing older, less healthy people remorselessly so they either pay for most of their care out of pocket or get priced out of the insurance market completely (thus becoming a burden for taxpayers). In short, this is an

industry that acts as if it will have trouble making money unless regulators allow it to cover only injuries suffered by a young single male hit by an asteroid. Meanwhile, however, it fritters premium income away on expenses generated largely by corporate initiatives having nothing to do with healthcare"... [Read it in the LA Times](#)

No More Concessions on Health Care Reform: Single-Payer

... "Democrats would be wise to view this moment not with finality, but as the beginning of the journey toward the sanity of single payer, toward what most of Europe and Canada have." ... "The system that (Representative Joe) Wilson, the Republicans, and bought-off Democrats defend is a lie, as many other countries pay much less for health care and their people live longer. Conservatives tell us that a government takeover of health care is "full of job-killing tax increases." The fact is, our health care system, which can ban coverage for pre-existing conditions and forces people to work while suffering from illness so they can keep their health insurance, no doubt is killing Americans themselves"... [Read it in the Boston Globe](#)

The Cure that Does Not Speak Its Name:

... "What every other nation has in common is that they have taken the commercialism out of their health systems. As a consequence, they can direct health spending to areas of medical need rather than letting the market direct health dollars to areas of greatest profit. And with everyone covered, they can use highly cost-effective strategies for prevention, wellness, and public health. That's how you cover everyone for ten percent of GDP"... Read [Robert Kuttner in Huffington Post](#)

If Air Travel Worked Like Health Care

"Hello! Thank you for calling Air Health Care, the airline that works like the health care system. My name is Cynthia. How can I give you travel care today?"

"Hi... I need to fly from Washington, D.C., to Eugene, Oregon, on October 23."

"Yes, I'd be happy to assist you with that. It does look like we can get you on a flight on January 23 at 1 p.m. or February 8 at 3 p.m. Which would you prefer?"...

[Watch on YouTube](#)

FREQUENTLY ASKED QUESTIONS

Why do we want a single-payer system if Medicare is going broke?

Whether deliberate or not, this oft asked question confounds two separate issues, the solvency of the Medicare Part A Trust Fund and the rate of growth of Medicare spending. Yes the Medicare Part A trust fund is currently underfunded, and as of 2009 was projected to be solvent for only 8 more years (although in 1997 It was expected to be solvent for only 4 more years) Adjustments in payroll taxes or funding from general revenues, as Medicare Part B & D are funded, will be needed address the projected shortfall due to changing population demographics (increasing elderly).

The other issue implied by the question is growth in spending. For this the evidence is clear, [Medicare costs per capita are rising slower than the per capita](#) costs of private insurance. And this is true despite the fact that Medicare covers the oldest and sickest people. From 1996-2004 health care spending for the non elderly (largely covered by private insurance) grew 3.4% points faster than the economy; for the elderly, 97% of whom are covered by Medicare, health care spending grew 0.3% faster than the economy. A [recently published analysis](#) by Jacob Hacker Ph.D., Professor of Political Science, Yale, outlined 4 explanations for Medicare's lower per capita costs and slower growth: lower administrative costs, ability to bargain for lower prices, lack of profit margin and ability to restrain cost increases (through payment reforms, reviews of technology and quality monitoring)

TAKE ACTION!

Stop Insurance Company Crimes- TakeAction Minnesota to Hold Health Care Reform Action

Thursday March 11th at 11:30 a.m. Hennepin County Government Center 300 S 6th St Minneapolis

Hear from UnitedHealth protesters/arrestees, as well as a few of the 19 Minnesotans currently protesting insurance companies in D.C. Push back at the insurers who are shortchanging us every day. Why? Because if the insurance companies win, we lose! For more information or to RSVP contact Chris Conry: chris@takeactionminnesota.org



MINNESOTA HEALTH PLAN BUMPER STICKERS ARE HERE!

Available at our office, our events, or by mail.
Suggested donation: \$1.00 each.

PLEASE CONSIDER A CONTRIBUTION TO SUPPORT OUR ADVOCACY WORK-
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