

Minnesota Universal Health Care Coalition Newsletter

May 2008

Greetings!

The short but intense 2008 legislative session is over, the entire Minnesota House of Representatives is up for re-election, and we are gearing up to do some heavy lifting around grassroots organizing for the remainder of this year.

In this newsletter you will find articles that give a session wrap up and celebrate key victories. The time has never looked better for true health care reform, and we urge you to get involved and support the effort. Please visit our website and find out how you can get involved.

We are also asking you to consider making a financial contribution to MUHCC to help strengthen its influence in the legislature on health care reform.

Thank you,
Susan Hasti, MD
Minnesota Universal Health Care Coalition, Chair

2008 Legislative Wrap-up



More than ever before, MUHCC's presence was felt at the State Capitol this past session. Member organizations rallied for single-payer universal health care at their "Days on the Hill" and, for the first time, MUHCC employed 2 lobbyists. Julian Loscalzo and Ken Peterson (pictured left) were able to be our eyes, ears, and legs at the capitol this session, and their daily presence linked our work directly to the legislative process.

In 2008 we lobbied for the Minnesota Health Act(SF2324/HF2522), a bill to create single-payer universal health care for all Minnesotans. The bill roared out of its first committee (Senate Health Policy Committee) with a bipartisan vote of 8-3, and then got lost in the hype surrounding a health bill (authored by Senator Berglin and Representative Huntley) touted as "the reform" for Minnesota.

MUHCC did not support the "Berglin-Huntley" bill for the same reason that Governor Pawlenty threatened to veto it - it did not offer any measures to control costs, nor did it attempt to provide universal health care access to Minnesotans.

MUHCC supported a cost study bill which would have commissioned the University of Minnesota School of Public Health to analyze and compare the statewide cost of our leading health care reform proposals, the Minnesota Health Act and that offered in the "Berglin-Huntley" bill. Unfortunately, this bill was removed in the last days of the session.

The health care bill that passed and was signed by the governor (SF3780) is a markedly watered-down form of the "Berglin-Huntley" bill. Single-payer advocates in the House and Senate skillfully negotiated to remove the most onerous portions of the original bill such as "Level 3" payment reforms which would have created an entirely new payment structure for clinics and hospitals, requiring an extra layer of bureaucracy, complexity and cost.

SF3780 does not significantly increase access to care for Minnesotans (only 12,000 of our state's 450,000 uninsured would gain access through this), nor does it contain proven methods of cost control (administrative efficiency, bulk purchasing of drugs and supplies).

We will be back next year with true reform that controls costs and provides access to comprehensive health care for all Minnesotans. Join us in the effort to build public and legislative support for the Minnesota Health Act!

Physicians Support Single-Payer!

[Thanks to a 2007 University of Minnesota study](#), we know that **64% of Minnesota physicians** believe that single-payer universal health care is the best way to provide the most health care to the most people for a given cost. Now, we are beginning to see visible signs of that support! Elizabeth Frost and Ann Settgest, co-founders of the Minnesota chapter of Physicians for a National Health Program and members of the MUHCC Steering Committee, spearheaded an effort to collect signatures and place a full-page ad in Minnesota Physician.

The times are a-changing. Dr. Richard Adair, a 65-year-old physician and a member of MN-PNHP, explains how the current system is not only having an impact on patients, but also on physicians.

"The financial burden of caring for uninsured people is driving some doctors out of primary care and into better-paying specialties, at a time when we need more primary care doctors," he said.

In his years as a physician, he has seen a sharp change in how physicians look at health care. "Having lunch with other doctors used to mean listening to conservatives griping about the government. Now lunchroom talk is that single-payer would be a good idea," said Adair.

(Adapted from "Most Minnesota doctors like single-payer health care, academic study finds," by Andy Birkey, Minnesota Monitor, February 25, 2008.)

Got Health Insurance?

Even if the answer is "yes," there is no guarantee that you have access to comprehensive care and protection from financial ruin. Our system continues to crumble, and we're all paying the price.

A May 4, 2008 New York Times article, ["Even the Insured Feel Strain"](#) explains the problem: Since the recession of 2001, the employee's average cost of an annual health care premium for family coverage has nearly doubled - to \$3,300, up from \$1,800 - while incomes have come nowhere close to keeping up.

Factor in other out-of-pocket medical costs, and the portion of the average American household's income that goes toward health care has risen about 12 percent, according to the consulting and accounting firm Deloitte, and is now approaching one-fifth of the average household's spending.

In a recent survey by Deloitte's health research center, only 7 percent of people said they

felt financially prepared for their future health care needs.

As single-payer advocates, we know that the path to achieving comprehensive, universal health care is bumpy and long. We might stop if our goal was not so utterly important for the health of our community. There are many people who, by their words and actions, inspire us.

We can all be inspired by the example of Thomas Friedman's mother, of whom he wrote, ". . . every time life knocked her down, she got up, dusted herself off and kept on marching forward, motivated by the saying that pessimists are usually right, optimists are usually wrong, but most great changes were made by optimists." (NYTimes, May 11, 2008).

Network of Spiritual Progressives

It is a moral issue that wealthy Americans enjoy the finest health care in history while 45 million Americans have no health insurance. We would be outraged if ONE child was denied primary education, if the fire department refused to put out ONE house fire, or the police failed to respond to ONE 911 call, and yet, as a nation we are divided on the answer to the question, "Should everyone have access to medical care when they need it?"

The Minnesota chapter of The Network of Spiritual Progressives is responding to this issue. They have recently changed their covenant to include the following:

"We will seek universal single-payer health care that takes into account emotional and spiritual as well as physical health"

We look forward to working with them and other spiritual communities to urge our legislators to eliminate one of the greatest social injustices of our time.



MUHCC Board Member Alan Ingram welcoming the National Association of Social Workers for a Day on the Hill (April 7th, 2008). Many of the members sported a sticker stating - "[Minnesota Health Plan, Yes We Can](#)".

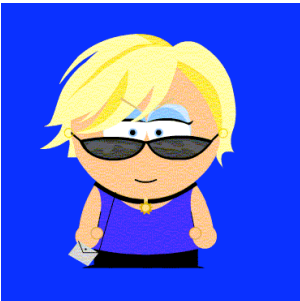


Advocates for Universal Health Care on the Capitol Steps (April 7th, 2008).

WE ARE WORKING HARD

However, we cannot do this without your support. Your financial support enables us to do our work. It enables us to affect public policy on health care through effective lobbying and grassroots organizing.

Please consider making a financial contribution to the Minnesota Universal Health Care Coalition. To find out how you can donate, please visit the [MUHCC web-site](#).





2008 DFL State Convention

DFL CONVENTION June 6th through 8th

If you are planning on attending the convention - we look forward to seeing you!! We have huge plans for our very own candidate - the Minnesota Health Act!!

Please stop by the DFL Progressive Caucus booth to find out what we are up to, and how you can help. It will be a lot of fun, and our goal is to put the implementation of the Minnesota Health Act on the DFL

| The NOT so humorous cartoon

