



DEDICATED TO ESTABLISHING SINGLE-PAYER
HEALTH CARE FOR ALL MINNESOTANS
THROUGH ADVOCACY, EDUCATION, LOBBYING AND
COMMUNITY ORGANIZING AND COMMUNITY
ORGANIZING



**Resolution of Support for The Minnesota Health Plan
Passed by unanimous vote, St. Paul City Council, April 20, 2011**

Commentary provided by The Minnesota Universal Health Care Coalition, muhcc.org

WHEREAS, it is estimated that at some point in 2009 approximately 14 percent of St. Paul residents were without health insuranceⁱ, and

Uninsurance is a fatal disease. Those without health insurance are more likely to die than those with health insuranceⁱ. Thus, over 1 in 10 St. Paul residents had a preventable fatal disease in 2009.

WHEREAS, approximately 71 percent of these people who are without health insurance statewide are employedⁱⁱⁱ; and

It is time to break the link of health insurance to employment. It no longer works in a society and time where people change jobs frequently and work one or more part-time jobs. When health insurance is linked to employment, people often lose health insurance for themselves (and their families) when they need it most – when they are ill and unable to work.

WHEREAS, the Minnesota Health Plan would lower the cost of health care through a single payer system for all Minnesota residents^{iv}; and

Time and time again, studies of single-payer systems prove that the efficiency inherent in a single-payer system saves 15- 25% of total costs compared to our current unnecessarily complex and multipayer system.

WHEREAS, the Minnesota Health Plan would encourage independent entrepreneurs to start businesses because they would not have to worry about health care coverage for themselves and their families, and

A February 2011 study commissioned by the Vermont legislature found that a single payer system would create 3600-8200 jobs in Vermont, both by increasing jobs in health care delivery, and by triggering an influx of people into the state for those jobs.^v

WHEREAS, lower premiums as a result of the Minnesota Health Plan would have a positive effect on the city's budget; and

In 2010, \$26,300,000 was spent by the city of St. Paul on health benefits for 2472 employees (\$10,640 per employee). This was 12.5 % of the city's 2010 budget of \$211.1 million dollars.

Though financing scenarios vary, many studies of state single-payer plans include a 6-7% business tax on total revenue in the financing scheme. For the city of St. Paul, a 6.5% tax for health care would be \$13,721,500. This is an estimated annual savings of \$12.6 million dollars.^{vi} Note that the bill for the Minnesota Health Plan does not specify a financing plan, so this calculation is done only to provide information for comparison.

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WHEREAS, the Minnesota Health Plan would reduce the need for unnecessary emergency room visits thus reducing the related costs and relieving area hospitals of a burden that threatens solvency, and

The emergency room is the only medical facility required by federal law to see all who enter^{vii}. The Minnesota Health Plan would open our clinic doors to all who enter.

WHEREAS, 74 legislators have been co-authors of the Minnesota Health Plan in the past; and

In the 2009-2010 legislative session, over 1/3 of Minnesota legislators co-authored the bill to create the Minnesota Health Plan. This is excellent, but still far short of representing the 60% of people who prefer that government become more involved in the administration of health care, even if it means raising taxes.^{viii}

WHEREAS, HF51/SF8, described as creating and funding a health plan to make “health care guaranteed and affordable for every Minnesotan,” was introduced into the 87th Session (2011-2012) of the Minnesota legislature; now therefore,

BE IT RESOLVED, that the Saint Paul City Council hereby supports the Minnesota Health Plan; and be it

FURTHER RESOLVED, that the council hereby directs the council president to inform area legislators of the council’s support for universal health care coverage and urges them to vote in the affirmative for the Minnesota Health Plan.

¹ University of Minnesota, School of Public Health and the Minnesota Department of Health, Health Economics Program, 2009 Minnesota Health Access Surveys.

¹ “Health Insurance and Mortality in US Adults.” *American Journal of Public Health* | December 2009, Vol 99, No.12 Wilper, et al.

¹ MN Department of Health, February 2010 Fact Sheet (attached). In 2007, 71% of the uninsured were employed. In 2009, 66% of the uninsured were employed.

¹ Numerous state studies have demonstrated that a single-payer system saves money. These are catalogued at http://www.pnhp.org/facts/single-payer-system-cost?sms_ss=email&at_xt=4dacfc902c2ae26e%2C0

Most recently, a study commissioned by the Vermont legislature, and released in February, 2011, found that a single-payer system would save 25% of health spending compared to the current system. A summary of this study is attached.

¹ The complete study can be found at: <http://www.leg.state.vt.us/jfo/healthcaresystemdesign.aspx>

¹ City expenditure statistics provided by Pat Lindgren, legislative aide to Councilmember Dave Thune, in personal conversation with Lisa Nilles, March, 2011. Calculation estimates done by Lisa Nilles, Acting Director Minnesota Universal Health Care Coalition (muhcc.org)

¹ The federal Emergency Medical Treatment and Labor Act (EMTALA). EMTALA is Section 1867(a) of the Social Security Act, within the section of the U.S. Code which governs Medicare.

¹ <http://pnhp.org/blog/2009/12/09/two-thirds-support-3/>