



Health Plan moving ahead in Minnesota as single-payer is killed in Washington

Single-payer denied by Congress, despite public support for it

Out of the sound and fury over health care reform in Washington, one certainty has emerged- no single-payer- even though polls show the majority of Americans want it.

Whatever the outcome, the so-called reform will be based on what the health insurance and drug industries want- taxpayer subsidies to insurance companies to enroll low and middle-income people, and continued subsidies to drug companies.

“Mad-As-Hell” Doctors protest “compromise care”



“Mad-As-Hell” Doctors rally with MUHCC, COACT, and other groups at state capitol for single-payer health care for all

“Nothing on the table in Washington’s health care reform debate will put an end to private insurers profiteering off of Americans’ need for health care,” said seven “Mad-As-Hell” Doctors who rallied with the Minnesota Universal Health Care Coalition (MUHCC) and COACT for single-payer at the state capitol Sept. 16.

The doctors toured the country in behalf of the majority of physicians and citizens nationally, including 64% of Minnesota physicians, who support a single publicly-financed health care system for everyone, according to Physicians for a National Health Program.

Because the Congressional plan will continue to subsidize the health insurance industry with taxpayer dollars, it perpetuates “the worst of capitalism and the worst of socialism,” the doctors said.

They pointed to the **Minnesota Health Plan** as a model for Minnesota and other states to follow as the most humane and fiscally responsible alternative to the compromised program crafted by Congress.

Minnesota Health Plan based on principle, not D.C.-style compromise

Years before health care reform made the scene in Washington, COACT’s and MUHCC’s work for the Minnesota Health Plan never wavered from the principle of single-payer.

“Our health must not be a commodity on the free market for the profit of the insurance industry,” said COACT president Charlie Quick who represents IBEW 110 in MUHCC. “Regardless of the compromise in Washington, we in Minnesota are determined to enact single-payer, which will treat us as patients, not consumers.”

Minnesota grown single-payer

As gallant attempts for a single-payer amendment failed in Congress, the Minnesota Health Plan had already passed out of two state Senate Committees, with 73 state legislators signed on so far. And all the gubernatorial candidates interviewed by MUHCC said they would sign the bill as the next governor. Furthermore, one of the two major parties made it their top priority, and the Speaker of the House added her leadership by signing on as a co-author.

“When asked about the odds, we say the numbers show half the senate and a third of the house voting for the bill at this point, and excellent chances of the next governor signing it,” said COACT canvass staff Emily Lakedon and Larry Lura.

“The favorable odds are sustained by our continual calls to constituents to get their legislators’ to vote for the bill. Everyone we talk to is excited about the prospects of our state being a model for the nation.”



“Mad-As-Hell Nurses” Ellen Lafans (left), Tom Kelly, Eileen Weber, and Joan Janusz at single-payer rally

“Out with the old . . .

The beginning of a new decade brings with it the need to replace the dysfunctional health system with one that works.

The U.S. Senate and U.S. House bills fail to create single-payer while maintaining the costly and wasteful insurance-run system at taxpayer expense. Much or most of the near trillion taxpayer dollars will subsidize insurance companies for enrolling middle and lower-income people.

The following are the bills’ other failures and reasons for enacting a “Minnesota-grown” Health Plan:

- 18 to 23 million people will remain uninsured;
- small chance of a viable public option to compete with insurance companies to drive down costs;
- no expansion of Medicare for people 55 to 64;
- over \$400 billion cut from Medicare and other federal health programs to pay for Congress’s plan;
- everyone mandated to enroll in private plans or pay penalties;
- no choice of doctors or hospitals because insurance companies will continue to determine the providers for those with employer-based coverage;
- high deductibles and copays will continue to be unaffordable for people with health insurance;
- no re-importation of lower-priced drugs;
- no cost control.



“Mad-As-Hell Doctors” list failures of Congress’s “compromise care” at state capitol rally for single-payer and MN Health Plan

15th Annual Members Meeting
Saturday, October 30, 2010, 10 AM
St. Francis Center (Franciscan Sisters)
116 SE 8th Avenue, Little Falls, MN 56345
Board Elections 11 AM / Free Lunch 12 Noon

. . . in with the new”

The 2010 state legislative session began with passage of the Minnesota Health Plan out of the Senate Judiciary Committee after passing out of the Senate Health and Commerce Committees last session. The chief Senate author, Sen. John Marty (Roseville), and one of the 73 co-signers, Rep. Al Doty (Royalton), told the Annual COACT Farm Picnic crowd that for *any* proposal to work, it must

- ensure that all Minnesotans get high quality care;
- not restrict, delay, or deny care, or reduce quality to hold down costs;
- reduce costs through efficiency and reduction of bureaucracy;
- cover all necessary care;
- allow choice of providers;
- be funded by premiums based on ability to pay;
- focus on preventive care to improve health and to reduce costs from untreated illnesses;
- ensure an adequate number of health professionals and facilities;
- continue the state’s lead in medical education, research, and technology;
- pay providers adequately.

Adding legislative power to the Plan are **Speaker of the House** Margaret Anderson Kelliher and **House Health Committee Chair** Rep. Paul Thissen who signed on as co-authors.



Sen. John Marty (left) and Rep. Al Doty discuss growing momentum of the MN Health Plan at COACT Farm Picnic.

