

## **Resolution for the Minnesota Health Plan and Medicare for All Act**

- 1. Whereas**, the City of St. Paul is challenged to meet the rising costs of its employee health coverage [General Fund-2019 Adopted Budget];
- 2. Whereas**, the City of St. Paul employee and retiree health care costs are rising which may require a rise in property taxes [Adam Langley, associate director of tax policy Lincoln Institute; John Adams, University of Minnesota professor retired, Star Tribune 8/25/19];
- 3. Whereas**, 9.1% of St. Paul residents under age 65 lack health insurance [U.S. Census Bureau], and 6% of total residents lack coverage [Minnesota Department of Health];
- 4. Whereas**, insurance companies aren't helping local small businesses maintain their employees' health coverage during the COVID-19 pandemic [CITYPAGES, 3/19/20];
- 5. Whereas**, unemployment is approaching that of the Great Depression, with **40 million** of our fellow Americans, including **400,000 to 600,000** Minnesotans, losing their jobs, and millions losing their health insurance with lost jobs due to the COVID-19 pandemic [U of M School of Public Health, Urban Institute, Forbes, Wall Street Journal, U.S. Rep. Jayapal, Sen. Sanders];
- 6. Whereas**, 72.1% of Minnesotans without health insurance are employed [MDH];
- 7. Whereas**, the uninsured rate of all Minnesotans rose from 4.3% in 2015 to 6.5% in 2017, leaving approximately 349,000 without coverage despite the state's economic recovery [Minnesota Department of Health (MDH)];
- 8. Whereas**, the following Minnesotans had the highest rates of un-insurance in 2017 [MDH]:
  - people of color and American Indians (13.9 percent);
  - people with a high school education or less (11.9 percent);
  - persons with incomes below 200 percent of the federal poverty guidelines (11.3 percent); and
  - young adults, ages 18 to 34 (10.9 percent);
- 9. Whereas**, Minnesota employers' health insurance costs increased at a faster rate of 5.7% than the 4.3% national average [Minnesota Health Action Group of businesses];
- 10. Whereas**, Minnesota's total health care spending will double from \$47.1 billion to \$94 billion in 10 years to be 19% of our state economy, more than housing and transportation [MDH];
- 11. Whereas**, the Minnesota Health Plan [SF 1125, HF 1200] for a unified health care financing system will contain costs and save money to provide high quality, comprehensive health care for every Minnesotan [Lewin Group, a subsidiary of United HealthGroup];
- 12. Whereas**, the Minnesota Health Plan will save local and state government spending on employee health care [Lewin Group];
- 13. Whereas**, U.S. residents and businesses beyond Minnesota would spend less under a Federal Medicare for All Act [HR 1384];
- 14. Whereas**, both conservative and progressive studies estimate a national savings of \$2 trillion to \$5 trillion over 10 years under the Medicare for All Act;
- 15. Whereas**, both the MN Health Plan and Medicare for All Act are based on the same principles of a unified health care financing system;

**Therefore, be it resolved,** the City of St. Paul affirms that health care is a basic human need, which must be guaranteed to all Minnesota and U.S. residents and, therefore, **endorses** the Minnesota Health Plan [SF 1125 and HF 1200] and the Medicare for All Act [HR 1384].

**Be it further resolved,** the City of St. Paul will notify Minnesota's State Legislators and Congressional Delegation of its endorsement; and Council Members and other City officials will encourage them to sign on to the Minnesota Health Plan and Medicare for All Act as co-sponsors.