



Resolution for <u>Universal</u>, <u>Single Payer Health Care</u> – 5/30/24

## BE IT RESOLVED THAT:

The DFL supports legislation for a health care system that puts patients over profits, by enacting the Minnesota Health Plan (MHP) at the state level and the Medicare for All Act of 2023 at the national level. With a universal, single payer system, Minnesotans will be healthier. Everyone is covered without fear of medical debt. Patients choose their doctor. The emphasis is on health, wellness, and prevention. Profit-driven insurance companies do not get to deny care or override doctor's decisions. Doctors can provide care instead of managing insurance company profits. The complex bureaucracy of "who pays" is eliminated, significantly reducing wasteful administrative costs, and simplifying the system, for all of us.

## **EXPLANATION:**

There are currently over 200,000 Minnesotans without any health insurance. There are at least a million more with insurance, who cannot afford their medical bills because of co-payments, deductibles, and care not covered by their insurance plan, even after paying high premiums. MHP legislation would provide a single, statewide plan that would cover all Minnesotans for all their medical needs – from cradle-to-grave. Benefits include coverage of all necessary care, including: dental, vision, hearing, mental health, chemical dependency treatment, prescription drugs, medical equipment and supplies, and long-term care - all with no deductibles or co-pays.

The Minnesota Health Plan would eliminate the problem of un-insurance and under-insurance. It would replace our costly insurance system with healthcare for all. Equally important, it would reduce the need for costly medical care through public health, education, prevention, and early intervention.

Under the plan, patients would be able to see the medical providers of their choice when they need care, and their coverage by the health plan would not end when they lose their job or switch to a new employer.

## Learn more! MNHealthPlan.org

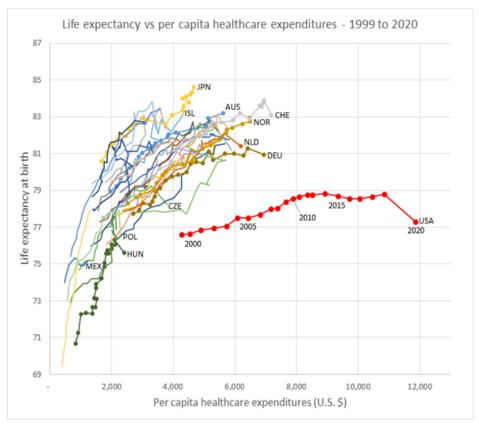
Health Care for All Minnesota advocates for the MHP. You can learn more and help us make it a reality! Visit our booth in the exhibit hall!





The U.S. is an outlier among its wealthy peer nations, being the only one without a national health plan that guarantees health care for all its residents. It is also in last place of 11 countries, for nearly every analyzed health care metric, according to a Commonwealth Fund report -(Mirror, Mirror 2021: Reflecting Poorly - Health Care in the U.S. Compared to Other High-Income Countries.)

"The United States ranks last overall, despite spending far more of its gross domestic product on health care. The U.S. ranks last on access to care, administrative efficiency, equity, and health care outcomes, but second on measures of care process."



As shown in this graph, even though the US spends over twice as much per capita as most other wealth nations, we are falling far behind in life expectancy.

SOURCE: Max Roser (2020) - "Why is life expectancy in the US lower than in other rich countries?" Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/uslife-expectancy-low! [Online Resource]

The Minnesota Health Plan and Medicare for All Act would be governed by these principles:

- ensure all Minnesota residents are covered:
- cover all necessary care, including dental, vision and hearing, mental health, chemical dependency treatment, prescription drugs, medical equipment and supplies, long-term care, and home care;
- allow patients to choose their doctors;
- reduce costs by negotiating fair prices and by cutting administrative bureaucracy, not by restricting or denying care;
- affordable to all through premiums based on ability to pay & elimination of co-pays;
- focus on preventive care and early intervention to improve health;
- ensure that there are enough health care providers to guarantee timely access to care;
- continue Minnesota's leadership in medical education, research, and technology;
- provide adequate and timely payments to providers; and
- use a simple funding and payment system.

