Health Care for All Minnesota—Frequently Asked Questions

Why I care about this issue/what I'm working on:

_____

_____

_____

Does single-payer mean eliminating private insurance companies? Yes. We would no longer need a middleman to pay the bills. Hospitals, clinics, doctors and other providers would contract directly with the state, eliminating the administrative overhead of a multi-payer system. This would also eliminate networks, cumbersome pre-authorization processes, co-pays/deductibles, denials for necessary care, excessive premiums, and fear of financial ruin due to limits in coverage.
Notes: _____

How would we pay for this? Current proposals suggest a combination of taxes, contributions from businesses, and premiums based on ability to pay. We do need to cover those who currently have no insurance but we would realize savings by reducing administrative overhead and setting prices. Individual costs would go down due to elimination of co-pays and deductibles.
Notes: _____

Isn't this "socialized medicine"? This is a common concern, however, a socialized health care system would involve public ownership of hospitals and other facilities and patient caregivers who would all be employees of the state. We advocate a system that is publicly funded and administered while care delivery remains as is. No networks means that you choose your health care options. ....
Notes: _____

What about the people who work for insurance companies? The MHP specifies a two year plan to provide transition support for people currently employed by insurance companies, hospitals, and clinics for administrative work. This is approximately 42,800, which is one-third the number of persons who currently change jobs every month in MN. We also believe that many jobs would be created as a result of removing the burden of the cost of health care coverage from employers. Notes:

_____

What about wait times and who makes health care decisions? A funding system that is accountable to the public would allow us to allocate providers and facilities across the state based on need and then work to improve efficiencies of service. Decisions about your care would be between you and your provider, not insurance company employees, based on maximizing profits, reducing claims. Notes:

_____

What can we do about the high prices for things like drugs and hospitalizations? In addition to reducing administrative waste, the state or federal government would be a big customer who could then negotiate prices for drugs, devices, tests, hospitals, and fees. One example is the discount on drugs purchased by the VA health system which reduces the cost by 40%.
Notes: _____

What about all the people who have insurance through their work? Why would they support this? That is a challenge. We are working to help people understand that employment-based insurance is likely costing them directly in wage suppression and indirectly in taxes, the cost of everything they buy, and the loss of resources available for other needs and priorities. People who buy private health insurance are stretched; taxpayers spend a lot of money making coverage available for those who don't have insurance through their work, subsidizing costly private insurance for the uninsured.
Notes: _____

3 May 2018