

Healthcare

Plain and simple, healthcare is an individual right and, it is so much more than that. Let me explain – early in my Navy career there was some concern from leadership that Sailors were hesitant to exercise their right to self-defense. I don't know what caused the concern but after a significant amount of discussion stronger guidance was issued – not only did Sailors have the right to self-defense they had a responsibility to exercise it. I think we are in a similar place today with respect to healthcare – Minnesotans are hesitant to exercise their right due to cost or accessibility – consequently, as a compassionate, moral society, we have the responsibility to provide healthcare for all.

Action not Rhetoric

Discussions about healthcare are really no longer conversations – the subject has become too partisan and highly emotional. Passionately taking sides will not help us get to a solution. As Minnesota Senator John Marty points out in his book, [A Minnesota Healthcare Plan, Healing Healthcare, The Case for a Common Sense Healthcare System](#), the discussion is often confused with universal health insurance or hijacked by an irrational fear of “socialized medicine”. The plan Marty proposes is not about health insurance, it's about comprehensive healthcare for all Minnesotans - nor is it socialism. My position on healthcare is consistent with Marty's plan, it's about providing comprehensive health CARE for all, not health INSURANCE for some. To be sure, Marty's plan may seem like a stretch to far but combined with a rational realistic transition to implementation it will lead to much better health outcomes at significantly lower cost.

Comparing Competing Plans

The greatest feature of the Minnesota Health Plan (MHP) is its focus on pre-cradle-to-grave comprehensive health care outcomes. The plan recognizes that the way we currently provide healthcare, through a complicated system of health insurance companies is ineffective and expensive. Multiple pricing schemes for the same procedure – none of which are visible to the consumer, combined with confusing and arbitrary networks of providers limit access to care and sub-optimize health care delivery. The problem is made worse by shortages in primary care and some specialty providers and an excess supply of providers in other specialty areas. The MHP also recognizes the huge administrative burden of the current system that adds no value, even to the current system! In many cases trained medical professionals are required to make sense of complicated medical insurance coding systems, their medical training wasted on administrivia.

So, how does implementing the MHP provide better health outcomes at lower cost than an alternative “market based” health care system? The current system is, arguably, a competitive system. I think most of us would agree that it's a system that serves best the richest (and surprisingly) the poorest among us. Republicans are promoting a market-based healthcare system based on pricing transparency. Their initiatives will still result in a less effective and more costly system than the MHP because effective comprehensive health care just doesn't lend itself to competitive pressures. While competition may provide some improvement in

routine preventive services where consumers have the luxury of time to comparison shop, I don't want my wife Googling ambulance services or cardiac care providers while I'm lying on the floor suffering a heart attack! It's also not certain that competition will reduce the administrative costs and could in fact increase costs as providers advertise more to influence consumer behavior.

The MHP envisioned by Senator Marty reduces cost by eliminating the confusing and inefficient processes of the current system. Studies have shown that a single payer system like the MHP can save 15% or more on administrative costs compared to the current system with no loss of service. Based on 2016 Minnesota health care spending the savings would be over \$7 billion dollars!¹ Additional savings come from replacing multiple procedure-based pricing schemes with annual budget negotiations based on actual cost and with consideration for local conditions. It will also significantly reduce the cost of drugs by allowing the state to negotiate prices with the pharmacy companies. It improves outcomes by making preventative care more accessible and by including comprehensive coverage for issues that affect health that are not covered now, including dental and mental health coverage that are woefully neglected by today's system. For example, Minnesotans make almost 33,000 emergency room visits annually for dental problems,² which emergency rooms are not equipped to handle.

Moving Forward

As with any system, it has to be designed for the outcomes you want – healthcare is no different. Marty makes the statement that “our healthcare system is broken”³. It's not, it's working just the way it was designed – to provide profits for health providers with health outcomes as an incidental (or accidental) result. Marty's plan goes a long way towards eliminating the most significant issues that have resulted in the United States having one of the most expensive healthcare systems producing some of the worst healthcare outcomes. My efforts as a legislator will be focused on updating his comprehensive plan to take into consideration some changes in the healthcare environment, building a consensus on the value of the design, and transitioning the system into implementation.

Obviously, any discussion on comprehensive health care reform requires more than the two pages I have allotted for my position papers. For a much deeper look, I recommend John Marty's book. You can download a copy here: <http://mnhealthplan.org>

¹ MHP pg. 58

² From 2007 to 2010, 131,914 patients were treated in hospital emergency rooms for non-traumatic oral and dental conditions. See MN Department of Health, “Minnesota Oral Health Plan 2013-2018: Advancing Optimal Oral Health for All Minnesotans,” January 2013, p. 13, <http://www.health.state.mn.us/oralhealth/pdfs/StatePlan2013.pdf>.

³ MHP pg.75