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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 478

February 1, 2007

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to health; providing for a universal health care system that provides
1.3 affordable access to high quality medical care for all Minnesotans; requiring
1.4 a focus on preventive care and early intervention; providing comprehensive
1.5 benefits; reducing costs through prevention, efficiency, and elimination of
1.6 bureaucracy; directing the commissioner of health to prepare a plan to be
1.7 implemented by 2010; proposing an amendment to the Minnesota Constitution,
1.8 article XIII, by adding a section, affirming that every resident of Minnesota has
1.9 the right to affordable, comprehensive health care; proposing coding for new
1.10 law in Minnesota Statutes, chapter 144.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. **LEGISLATIVE FINDINGS.**

1.13 (a) All people deserve quality health care, yet an increasing number of Minnesota
1.14 families are unable to pay for coverage.

1.15 (b) Many seniors find that Medicare, which promised health care in their retirement,
1.16 does not provide needed coverage without costly Medicare supplemental policies and,
1.17 even then, many cannot receive care.

1.18 (c) Many workers do not earn enough to pay for health care; as a result, they do not
1.19 receive preventive care and put off necessary treatment for themselves and their families
1.20 until the medical condition becomes acute, requiring more costly treatment.

1.21 (d) Many people are forced, against their wishes, to switch from their personal
1.22 doctors, clinics, and hospitals, not based on medical need, but because they switched jobs
1.23 or their employer switched health plans. This replaces doctors who have their trust with
1.24 new providers who do not know their medical history. Loss of continuity of care can put
1.25 health at risk and wastes the time and resources of both doctors and patients.

2.1 (e) The lack of universal care has particularly serious consequences for the
2.2 uninsured, but it also creates extra hardship and risks for many people with health care
2.3 coverage and more expenses for the public.

2.4 (f) The lack of affordable care creates a huge burden on the Minnesota economy
2.5 through lost worker productivity, higher special education costs, the spread of preventable
2.6 infectious diseases, and skyrocketing long-term care expenses that could have been
2.7 prevented with affordable in-home care alternatives. Furthermore, taxpayer-funded
2.8 expenses for education, housing, health care, and crime prevention, including law
2.9 enforcement, prosecution, and corrections, are higher due to untreated chemical
2.10 dependency and mental illness.

2.11 (g) Insured patients and taxpayers end up paying costs to cover the underinsured
2.12 through cost-shifting when hospitals provide expensive emergency care for illnesses and
2.13 diseases that could have been prevented with routine preventive care.

2.14 (h) Bureaucratic paperwork for medical providers, insurers, patients, and government
2.15 agencies, which is used to determine eligibility and financial responsibility, currently
2.16 consumes more than one-fourth of all health care dollars in Minnesota. Additionally,
2.17 cost-shifting between third-party payers results in expensive gatekeepers aimed at
2.18 reducing financial responsibility and results in higher billing costs. A universal health care
2.19 system would reduce these expenses that do nothing to promote health.

2.20 (i) Providing a universal health care system would improve the quality of life for
2.21 all Minnesotans and would reduce overall costs to the public through prevention and
2.22 efficiency.

2.23 (j) A well-designed universal health care system would continue to promote
2.24 Minnesota's leadership in medical education, training, research, and technology and would
2.25 free medical providers to focus on providing quality care without needing to worry
2.26 whether the treatment or referrals they provide will be approved by the insurer and without
2.27 wasting unnecessary resources on billing.

2.28 (k) A well-designed universal health care system would free small employers from
2.29 wasting resources shopping for an affordable plan for their workers and would free
2.30 employees to seek employment that best uses their talents instead of seeking jobs based
2.31 on the employer's health benefits.

2.32 (l) A well-designed universal health care system would mean that patients would
2.33 be able to get needed treatment promptly, instead of going through numerous additional
2.34 doctor visits that are designed to deny care instead of provide it.

2.35 (m) It is in the public interest to establish a universal health care system for medical
2.36 and economic reasons. Because the federal government has not provided universal health

3.1 care, Minnesotans will not obtain such coverage unless the state develops a system on its
 3.2 own.

3.3 (n) In order to develop a system that serves Minnesotans best, the system must:

3.4 (1) ensure that all Minnesotans receive high quality health care, regardless of
 3.5 their income;

3.6 (2) allow patients the ability to choose their own providers;

3.7 (3) hold down costs, not by restricting or denying coverage or reducing the quality
 3.8 of care, but through prevention, efficiency, and elimination of bureaucracy;

3.9 (4) provide comprehensive benefits, including complete mental health services,
 3.10 chemical dependency treatment, prescription drugs, medical equipment and supplies,
 3.11 dental care, long-term care, and home care services;

3.12 (5) be funded through premiums and other payments based on the person's ability
 3.13 to pay, so as not to deny full access to all Minnesotans;

3.14 (6) focus on preventive care and early intervention;

3.15 (7) provide an adequate number of qualified health care professionals and facilities
 3.16 to guarantee timely access to quality care throughout the state; and

3.17 (8) continue promoting Minnesota's leadership in medical education, training,
 3.18 research, and technology.

3.19 **Sec. 2. [144.7055] UNIVERSAL HEALTH CARE SYSTEM.**

3.20 Subdivision 1. **Commissioner's working group.** (a) The commissioner of health
 3.21 shall establish a working group to design a universal health care system for Minnesota.
 3.22 The commissioner shall prepare proposed legislation for submission to the legislature by
 3.23 January 31, 2008, to establish a universal health care system for Minnesota to take effect
 3.24 in January 2010. The proposed legislation must meet all of the requirements specified in
 3.25 subdivision 2.

3.26 (b) The working group shall include medical providers, patients, and representatives
 3.27 of employers and employees in preparing the proposed universal health care system.

3.28 (c) The working group is governed by section 15.059, subdivision 6, and expires
 3.29 January 31, 2008.

3.30 **Subd. 2. Requirements for universal health care system.** The commissioner's
 3.31 proposal to the legislature under subdivision 1 shall be designed in a manner that:

3.32 (1) ensures all Minnesotans receive high quality health care, regardless of their
 3.33 income;

3.34 (2) allows patients the ability to choose their own providers;

4.1 (3) does not restrict or deny care or reduce the quality of care to hold down costs, but
4.2 instead reduces costs through prevention, efficiency, and elimination of bureaucracy;

4.3 (4) provides comprehensive benefits, including all coverage currently required by
4.4 law, complete mental health services, chemical dependency treatment, prescription drugs,
4.5 medical equipment and supplies, dental care, long-term care, and home care services;

4.6 (5) is funded through premiums and other payments based on the person's ability
4.7 to pay, so as not to deny full access to all Minnesotans;

4.8 (6) focuses on preventive care and early intervention to improve the health of all
4.9 Minnesotans and reduce later costs from untreated illnesses and diseases;

4.10 (7) ensures an adequate number of qualified health care professionals and facilities
4.11 to guarantee timely access to quality care throughout the state;

4.12 (8) continues promoting Minnesota's leadership in medical education, training,
4.13 research, and technology; and

4.14 (9) provides adequate and timely payments to providers.

4.15 **Sec. 3. CONSTITUTIONAL AMENDMENT PROPOSED.**

4.16 An amendment to the Minnesota Constitution, article XIII, by adding a section, is
4.17 proposed to the people. If the amendment is adopted, the section will read as follows:

4.18 Sec. 13. Every Minnesota resident has the right to comprehensive health care. It is the
4.19 responsibility of the governor and the legislature to implement all necessary legislation
4.20 to ensure affordable health care.

4.21 **Sec. 4. SUBMISSION TO VOTERS.**

4.22 The proposed amendment must be submitted to the people at the 2008 general
4.23 election. If approved, it is effective January 1, 2010. The question submitted shall be:

4.24 "Shall the Minnesota Constitution be amended to state that, effective January 1,
4.25 2010, every resident of Minnesota has the right to comprehensive health care and that it is
4.26 the responsibility of the governor and the legislature to implement all necessary legislation
4.27 to ensure affordable, comprehensive health care?

4.28 Yes
4.29 No"

4.30 **Sec. 5. EFFECTIVE DATE.**

4.31 Section 2 is effective the day following final enactment.