



LAND
STEWARDSHIP
PROJECT

Put People First: Steps toward better health care for all Minnesotans

For years the cost of basic health care has been rising as the result of health care policies put in place by health insurance corporations for their own benefit. Higher costs for less care are making it more difficult for people to get access to the care they need.

Access to affordable care for everyone—farmers, small businesspeople and workers, rural and urban—is critical to stewardship of the land and thriving rural communities. That's why LSP members are committed to organizing to win health care reform that puts people in the driver's seat.

This is a key moment: As the federal Affordable Care Act (ObamaCare) is implemented, Minnesota has the opportunity to limit the control of the insurance companies and take steps toward a health care system that covers all Minnesotans, no exceptions.

2013 Health Care Priorities at the Legislature

A Health Insurance Exchange Governed by the People

Under the Affordable Care Act, each state is required to have an "insurance exchange," which can be used to help people and small businesses access the private insurance market in a way that's less complicated and offers more affordable options. But the devil's in the details, and this kind of exchange is only going to work if it reins in the power of insurance corporations.

Land Stewardship Project members and allies have been organizing to win a strong exchange that puts people first. We need to make sure the Minnesota insurance exchange is run by people, not corporations, and that it has the ability to negotiate with insurance corporations for better deals for people.

SF1/HF5 is the bill to create a Minnesota Health Insurance Exchange, authored by Senator Tony Lourey (Kerrick) and Rep. Joe Atkins (Inver Grove Heights). Land Stewardship Project supports a strong exchange bill with:

1) NO conflict of interest on the governing board.

Insurance companies stand make a lot of money selling their products on the new health exchange; they have a clear conflict of interest when it comes to making decisions for the exchange. A strong conflict of interest policy that bars representatives of insurance companies from serving on the exchange board is essential to a health exchange that is centered on making affordable insurance more accessible to people.

2) Active purchaser: an exchange that can negotiate for people

Unlike big corporate employers, small businesses, families and individual people can't negotiate with insurance companies for better, more affordable coverage. The exchange needs to be an "active purchaser" which can negotiate with insurance companies for better deals for people,

and require companies to provide clear options that are better, more affordable and easier to compare.

3) Navigators people can trust

While many people will get on to the exchange simply by logging onto the website, others will need help “navigating” the exchange. The exchange needs to include community-based navigators people can trust—not just insurance brokers & agents who are paid by insurance companies and have a conflict of interest.

Preserve & Improve MinnesotaCare as a Basic Health Plan

For 20 years Minnesota has been a national leader in health care policy through the legacy of our MinnesotaCare program. MinnesotaCare provides access to affordable health insurance for lower-income people in Minnesota, including beginning farmers.

For people currently in MinnesotaCare, losing this effective program and going into the exchange would be a giant step backward, but that is what will happen unless the Legislature and the Governor pass legislation to make needed improvements to MinnesotaCare.

HF214/SF184 is the bill to keep and strengthen MinnesotaCare, authored by Rep. Erin Murphy (Saint Paul) and Senator Tony Lourey (Kerrick).

- **Bipartisan Legacy:** Minnesota has a history of sensible, bipartisan leadership in health care. MinnesotaCare, enacted with bipartisan support in 1992, is a big part of that legacy of leadership. This year, Governor Dayton, state legislative leaders from both parties and the majority of Minnesota’s Congressional Delegation advocated successfully to the Obama Administration for federal approval to preserve and improve MinnesotaCare under the Affordable Care Act.
- **Thousands more Minnesotans can get access to affordable coverage:** Between the Medicaid expansion passed by the Legislature and signed by Governor Dayton already this session and making MinnesotaCare more accessible through the exchange, tens of thousands more lower-income Minnesotans will get affordable health insurance coverage. It’s good for the state financially, making for fewer unpaid emergency room and hospital bills. And it is needed by working Minnesota families and individuals who don’t make enough money to afford insurance on the private market.

Under the recently passed law to expand access to Medicaid, individuals who make less than \$15,850/year and families of four who make less than \$32,525/year qualify for Medicaid (138% of the federal poverty line). But people just above that line need a strong MinnesotaCare program. We need to fight to make sure MinnesotaCare is available to individuals and families whose income is less than 275% of the federal poverty line, which equals out to individuals making less than \$22,980/year and families of four making less than \$47,100/year.

- **Improve and strengthen MinnesotaCare:** Moving MinnesotaCare forward under the Affordable Care Act requires that we make a couple of important improvements: 1) Remove the “hospital cap” which severely limits coverage for in-patient hospital care; and 2) End the waiting period, which requires people who apply to be covered under MinnesotaCare to be uninsured for four months before enrolling in the program.