LAND STEWARDSHIP PROJECT

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Dear fellow rural Minnesotan,

We are writing to you because we're concerned about a serious problem — in fact, a crisis — that is hurting people in rural communities all over our state. **This crisis is a healthcare system that is failing rural people and rural communities.** Too many of us are not able to afford or get the care we need because of our income, what kind of work we do, or where we live. We believe this is wrong, and it's harming not only people directly facing these situations, but everyone in our communities, because we all depend on and need each other.

We are Leslea Hodgson, Al Kruse, and Paula Williams. We're from rural communities in different corners of the state and represent different walks of life, but we've all faced the healthcare crisis in some way, and **we share a belief that ordinary people, working together, hold the key to solving this crisis.** We are members of the Land Stewardship Project, a grassroots membership organization here in Minnesota that works for strong, healthy rural communities, including more family farmers and stewardship of the land.

We are asking you *today* to return the enclosed postcard to let us know you will join us to fight for a solution to the rural healthcare crisis.

We know strong rural communities aren't possible when we can't get quality healthcare where we live. We know change is needed and that we cannot rely on the healthcare industry "experts" to bring forward a solution that will work for rural people. We're working together towards a healthcare system that will work for everybody, throughout our lives. That isn't the way things are now. At best, we've found that only some pieces of the current system work for some people, some of the time. We know it could and should be so much better.

Many people's jobs provide no health insurance benefits, or inadequate ones. People with employer-provided insurance often still face unaffordable premiums, deductibles, and co-pays, and complicated requirements like "in-network" rules that make it hard to access care. Even people who may, for the moment, be happy with insurance they get through work know they risk losing it if they ever need or want to change jobs. And most family farmers, other small business owners, and self-employed people are left to try and find coverage on the private insurance market. On top of that, we see too many rural hospitals and clinics closing or reducing services.

The fact is, quality, affordable, accessible healthcare is too hard to come by in rural Minnesota. And because healthcare is a matter of life and death, this is a crisis.

Like countless other Minnesotans, the three of us have each struggled to find affordable, quality healthcare coverage. **Please read on for our stories.**

Leslea's story: Farming and running our own business left my husband and me without healthcare until we found MinnesotaCare

"My husband and I graze cattle, sell beef, and run a cabinet-making shop on our farm in Fillmore County, in southeastern Minnesota. Before we began farming and working independently, we had "jobs", not careers, that provided only partial cost-share on a group insurance policy. We made the decision to work for ourselves from home, raising livestock and building cabinets in the woodworking shop we had built. But working for ourselves meant dealing with health insurance on our own on the individual market.

For a while, I went back to an off-farm job where I worked enough hours to qualify for 50 percent cost-share on a policy just for myself. But as the cattle herd grew, we realized that it takes both us to be available on the farm to properly care for our livestock and to fill orders at the shop. Next, we bought an individual insurance policy, but it had both high premiums and such a big deductible that we couldn't actually afford to go to the doctor after paying for insurance. **It felt like we were getting no value for our money, and were just getting ripped off by the insurance company. We ended up discontinuing insurance altogether.**

A farm accident or serious health problem would have ruined us during this time. Finally, in 2014, we found out about MinnesotaCare, and qualified for good, comprehensive insurance with <u>no</u> deductible, at a low premium cost. We couldn't find that from insurance companies on the open market. The policies they called "affordable" had deductibles and out-of-pocket charges so high, they weren't healthcare at all, just catastrophic care. That kind of policy would have left us open to huge medical debt, bankruptcy, and losing what we have worked hard to build. The only policy that provides value for what we pay ended up being a public plan offered by our state. MinnesotaCare has been the perfect answer to our healthcare problems. I think a program like this is what all people who want to run their own business, or farm, or work independently, need. Our independent veterinarian shouldn't have to pay $1,850 a month for health insurance because he chose to be independent."

Al's story: Most of my working life, I had to go without healthcare

"I live in Marshall in the southwestern part of the state. I worked for almost 20 years as an independent territory manager, marketing farm machinery to dealers in a three-state area. Health insurance was an expense I could not afford. I was so lucky to have survived those years without a major illness or injury that I couldn't tough through.

My situation changed when I got married in 2002. I was eligible for coverage through my wife's employer. Deductibles and co-pays were low and affordable. But at one point, Blue Cross and Blue Shield designated Sanford Canby, thirty miles away from us, as the "preferred provider," not my local hospital two miles from my home. **I don't think health insurance companies should be able to come between rural people and our doctors and hospitals in our communities like this.**

Now I am old enough to qualify for Medicare, along with a supplemental plan, for a cost of about $400 a month, with no deductible or co-pays. This is affordable for me and is better coverage than I had before, and my wife and I can budget for our premiums and don't have to worry about surprise bills. Compared to what I know so many people in their 50's and early 60's have to pay for healthcare — like $20,000 a year or more between premiums and deductibles — being on Medicare is a huge improvement. It doesn't make any sense to me that people should only be able to have this good coverage, like I have now, once they turn 65. We all could have better health at a reduced cost as a society if something like Medicare was available to everyone."

Paula's story: Diabetes means healthcare is a matter of life and death

"I am self-employed and live on a small farm near Barnum with my son and spouse. **I am a Type I Diabetic which means that quality healthcare is a matter of life and death for me.** Like anyone with Diabetes, being able to take good care of my condition on a day-to-day basis is critical, and each year the necessary doctor visits, blood work, medications, and supplies to stay healthy cost thousands of dollars.

When my spouse retired in 2016, we had to go on the individual market to find health insurance coverage. I am grateful that the Affordable Care Act (ACA) does not allow insurance companies to deny me coverage because of my diabetes. I am also grateful that through the ACA we receive a subsidy of over $1,300 a month to help cover the cost of our premium. **That said, our policy requires that I pay a deductible of $6,500 before the insurance company pays for any of my needed diabetes care. I am baffled by the fact that over $15,000 a year in subsidies goes directly from the federal government to the insurance company when we receive such a poor product in return.** Ultimately, this leaves us feeling like we don't have any health insurance at all."

It isn't easy to share these stories. But we think it is important, because we know many others have faced similar and worse. You probably have your own story of how the current healthcare system is failing rural people, causing anxiety and uncertainty. When so many people in our midst are struggling to meet such a basic need, it holds us all back from being able to have the kind of thriving, prosperous communities we deserve to live in.

> **We would like to hear your story. Share it with us when you send back the enclosed postcard letting us know you are with us to work for a healthcare system that values rural Minnesota.**

Closings and cuts at rural hospitals and clinics are also part of this crisis, as you've likely experienced. The complicated insurance system puts a big strain on small, independent healthcare providers. When local hospitals get taken over by huge, corporate entities, rural people's care often is no longer a priority.

A recent example is the Mayo Clinic Health System hospital in Albert Lea. Mayo claims it needs to eliminate essential inpatient services there, like childbirth, intensive care, and major surgeries, supposedly for economic reasons. We think such decisions should be based on what medical services the people in a community need, not on what makes the most money for large, corporate institutions.

Who does our current healthcare system work for? From the perspective of rural people trying to get quality, affordable healthcare for ourselves and our families, our current system is broken. But from a different perspective, this system is actually working as it's designed. From the perspective of an insurance company or major, corporate medical institution, you see what this is all about: centralizing profits in the hands of fewer and fewer large corporations and wealthy individuals.

All the fees and hassles — deductibles, co-pays, rules about what is and isn't covered, "out-of-network" charges — make sense if the goals are to make as much money as possible while making the system so complicated, it discourages people from asking questions or trying to change it.

The truth is that this system is broken for regular people like us, but working just fine for the major corporations and their executives that created it. The healthcare system we have now is funneling unbelievable amounts of money from people to corporations without meeting our needs.

Here are a few numbers that illustrate who the system is working for:

- Minnesota "non-profit" insurance companies have hundreds of millions of dollars in "reserves." One of them, Medica, transferred $120 million last year from its "non-profit" HMO to its for-profit business out of state.
- Mayo Clinic, also a "non-profit," recently reported that it had $2.69 billion in international investments in 2016.
- In 2017, the Associated Press reported that Stephen Helmsley, the CEO of UnitedHealth Group, was the highest-paid executive in Minnesota at $15.7 million.

But our healthcare system doesn't have to be based on corporate greed. **We can build a better system where the goal is to make sure everyone in Minnesota gets the care they need, when and where they need it.** No one would be left out to fend for themselves. We could remove the huge worry of finding healthcare coverage from people's lives, freeing people to do the work they want to do and live the lives they want to live. That would mean stronger, healthier, more vibrant rural communities for us all.

Healthcare is a basic need, and rural people need it in our own communities. It's too fundamental to our lives to leave in the control of large corporations like insurance companies that have shown that in order to increase profits, they will sacrifice the quality of our rural healthcare. Public policy and our public institutions are how, together, we take care of things that everyone needs and that no one can handle on their own.

In our democracy, it's up to us — everyday people — to work together and use our power to change systems that aren't working for us and build better ones instead. It's our right and responsibility to speak up, take action, and work through our government to enact policies that are in the best interests of the people. We can create a simple, publicly-accountable healthcare system that would take insurance companies out of the driver's seat, no longer putting profits before people, so it would be affordable regardless of a person's income.

Return the enclosed postcard if you're in. We need you to join us to make this change. Insurance companies and other corporations won't give up control without a fight. Only the power of organized people can beat their money power. We'll update you on how to take action in the months and years to come. Thanks in advance for getting involved!

Sincerely,

LSP Healthcare Organizing Committee members:

Leslea Hodgson   Al Kruse   Paula Williams
Fountain (Fillmore County)   Marshall (Lyon County)   Barnum (Carlton County)