



Monday, April 26, 2021

Key Vote Alert: Vote “No” on HF2128 – Health Omnibus Bill

Dear Members of the Minnesota House of Representatives,

On behalf of Americans for Prosperity activists across Minnesota, I am writing today to draw your attention to two items within HF2128, the Health Omnibus Bill. While there are portions of this bill worthy of support, the bill would take additional steps toward creating a “public option” which will reduce access to care and add unsustainable and unaffordable tax increases in the near future. For that reason, we respectfully ask for a “No” vote on the bill.

As a “Key Vote”, Americans for Prosperity – Minnesota may include this vote in our end-of-session Legislative Scorecard that will be shared with your constituents.

Public Option

We oppose language in Article 1, Section 67, which would require the state to work with relevant federal agencies in creating an unworkable “public option” on top of existing Minnesota public health programs. We believe that everyone should have access to the high-quality health care they need, when they need it, at a price they can afford. But this so-called “moderate” approach of a public option is a false hope.

Centralized approaches to health reform, like Medicaid expansion, “Medicare for all,” or a “public option,” cannot give Americans what they need and deserve: affordability, consumer choice, and peace of mind. Instead, policymakers should advance a “personal option” that expands choice, reduces costs, and guarantees universal access.

Under the kind of public option described in the bill, instead of immediately abolishing private insurance companies, the government “competes” with private insurers while also taxing and regulating them. You can guess what will happen. It ends in a government monopoly and thus in widespread disruption, cost hikes for patients, additional burdens on state taxpayers, and reduced access to care.

We have real challenges in our health care system. Despite its strengths, it can be complex, bureaucratic, and unaffordable for many. Too many families struggle to afford needed care and coverage, and tragically, many – even some seniors on Medicare – go bankrupt from high medical bills.

In spite of these challenges, Minnesotans aren’t calling for a government takeover or elimination of private insurance options. Instead, they support targeted changes to fix what’s broken, preserve what works, and ensure a strong safety net for those who need it the most. The Legislature should work to expand access to treatment and care that people can afford by increasing the supply of health care, promoting technology, giving people more control over how they use their health care dollars, and by removing barriers to robust market competition.

Through broad-based grassroots outreach, *Americans for Prosperity (AFP)* is driving long-term solutions to the country’s biggest problems. AFP activists engage friends and neighbors on key issues and encourage them to take an active role in building a culture of mutual benefit, where people succeed by helping one another. AFP recruits and unites activists in 35 states behind a common goal of advancing policies that will help people improve their lives.

Telehealth

Throughout the legislative session, we have supported the language in Article 7, the “Minnesota Telehealth Act”, originally introduced as HF1412.

COVID-19 exposed a tragic reality: Our health care system is undermined by too much bureaucracy and red tape that prevents doctors, nurses, and medical researchers from helping people. Even as access to quality health care has become more important than ever, many Americans have been limited in their ability to get the care they need and have been understandably hesitant to visit providers in person because of the risk of contracting the coronavirus.

Telehealth has allowed providers to diagnose and prescribe treatment to more patients with COVID-19, helping them recover at home and avoiding unnecessary exposure. It has allowed Minnesotans to continue to see their doctor, even as they kept themselves and their families safe at home. It has ensured that health care providers maintain a greater capacity to treat critically ill patients in person, with a reduced risk of overwhelming delivery systems.

At the same time, telehealth has reduced costs for both patients and providers. An Anthem HealthCore study of claims for acute, non-urgent care found that telemedicine saved 6 percent in care costs by providing more targeted care to those who would have otherwise gone to the emergency room. That’s a substantial savings for what turned out to be better, more appropriate care. Almost half of Americans have used telemedicine since the pandemic began, and nearly two out of three have found it more convenient than in-person care and appreciate both the time savings and the ability to limit exposure to other sick patients.

Some of the covid-19-related regulatory changes were viewed by some as merely temporary, necessary only within the parameters of the massive health care response to the pandemic. But if temporarily removing these regulatory barriers to care helped improve the health of patients, helped deal with hospital capacity issues, and lowered costs, then why wouldn’t we want those barriers to stay down permanently?

We also support ongoing conversations about addressing the issues around payment parity. This is a bigger issue not limited only to telehealth. Any time that the state interferes with flexibility in business practices or mandates certain pricing structures or picks predetermined winners and losers, it is going to distort the market, and neither patients nor providers will see the full extent of the potential benefits in terms of quality of care or in cost savings.

Thank you for your time and attention to these important issues. Please don’t hesitate to reach out if you have questions, need more information, or if you would like to discuss this issue further.

Sincerely,



Jason Flohrs
State Director
Americans for Prosperity - Minnesota