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## January 2025 Newsletter

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### Looking Back, Moving Forward

Dear HCA-MN Member -

Health Care for All Minnesota (HCA-MN) members, leaders, board members, advocates, and activists have been working for decades to address the failures in our current multi-payer health system and build the movement for comprehensive, affordable, high quality health care for all Minnesotans. Volunteers have worked tirelessly to educate the public about cost, quality, and access to health care under our current system, build a base of support for change with individuals and like-minded organizations, and work with legislators to pass and implement a publicly funded, publicly administered universal health system for our state. It is time to expand Medicare and Medicaid, passed in 1965 to cover seniors and low-income Americans, to a system of paying for health care that covers everyone, starting in Minnesota.

It is tragic that it takes an incident such as the violence directed at a health insurance company executive in early December 2024, to shine a light on the morally and fiscally reprehensible practices of the for-profit side of our health care system. Instead of sympathy for the victim and his family, this shooting triggered tens of thousands of comments, stories, anger, outrage, fear, despair, and loss suffered by millions of patients, their families, and their caregivers because of the heartless and inhumane way we pay for health care in this country.

As anyone in the movement to reform our health care financing system will tell you, it doesn't have to be this way, but fixing this will take enormous public support to build the political will for change.

Please join Health Care for All Minnesota in a constructive process toward reducing and then eliminating the influence of the commercial health insurance industry, and the highly profitable pharmaceutical industry, on our health care system. Implementation of a publicly funded, publicly administered system will assure that everyone is covered and will also address other drivers of cost including medical devices, diagnostics, equipment, fees, hospitalization, and

long-term care. A universal single-payer health system is the best way to reduce disparities in health care, bring down costs for individuals, families, and businesses, and improve the overall health of the people of our state.

Moving forward, HCA-MN has crafted a set of legislative priorities and a process to win the Minnesota Health Plan in the next four years. Check out the report from our legislative and policy committee in this newsletter for more information on HCA-MN's legislative priorities and the plan for advocacy for these measures. Also check under "Upcoming Events" for ways that you can participate in lobbying for change. This doesn't happen without you. Now is the time to turn a tragedy into action and put an end to a system that puts profits over people. We can do better. We will do better.

Thank you,

Anne Jones RN  
Vice-Chair, Health Care for All Minnesota

## Welcome Carolina Ortiz to the Board!

Carolina Ortiz, born in Zacatecas, Mexico, is a Minnesota organizer. Her family immigrated to Minnesota in 1994, seeking a better quality of life and improved health care. Since her early years, Carolina began taking roles of youth leadership, engaging in statewide campaigns to elevate the voices and impact of Latino youth around issues including health, racial justice, and immigrant rights. Carolina has continued to transform systems to better honor the dignity of immigrants and people of color, through both the private and nonprofit sectors. In 2017, she collaborated with community members to launch "Mírame," an arts-advocacy exhibition. The following year, in 2018, she played a pivotal role in launching COPAL Minnesota, where she now serves as Associate Executive Director. Her work includes leading local and global climate initiatives, facilitating environmental justice efforts, and representing COPAL in policy discussions, all aimed at centering community voices and immigrant experiences in environmental conversations.

Health Care For All Minnesota is happy to welcome Carolina to the Board of Directors and look forward to all the wonderful contributions she will bring to our health care equity work.



## Minnesota Health Plan Fact of the Month

This is the third in a series reviewing the ten “Principles for Health Care” outlined in *Healing Health Care: The Case for a Commonsense Universal Health System* by Sen John Marty, describing a Minnesota Health Plan (MHP). <https://mnhealthplan.org>

### **Principle Number Three**

The health system must allow patients to choose their providers. The MHP guarantees the freedom to choose which doctors, clinics, hospitals, dentists, and pharmacies a patient will use. Assigned networks, commonly required by commercial insurance companies under managed care arrangements with providers or facilities, would not exist. Specialists providing care within a health care facility are automatically included. Everyone covered by the MHP would be encouraged to select a primary care provider who would coordinate their care, assist in managing chronic health conditions, and work with patients on health improvement, and preventive services and screenings. The MHP would have a 24/7 nurse line to assist patients in determining the need for direct care as well as the appropriate level of care – clinic visit, urgent care, emergency care. These provisions will assure continuity of care and eliminate the problem of gaps in care that now occur when employers change insurance plans or patients find themselves needing to purchase a different plan on the state insurance

exchange. The MHP also eliminates the problem of different drug formularies for different commercial health plans. The Minnesota Health Plan would cover all medically necessary prescriptions. See pp. 31-33 of Sen Marty's book for more detail on this principle of the MHP.

## Upcoming Events

- **Saturday, Jan 18, 2025**, The People's March. Rally, 11:30 am, St. Paul College. March to the state capitol with a program at the Capitol, 1:00 – 2:30 pm. See The People's March Minnesota Facebook page for more details, including how to register, donate to the event, other.
- **Wednesday, Jan 29, 2025**, 3-5pm, State Capitol Rotunda, St. Paul, MN. We Make Minnesota Fund Our Future Rally, sponsored by Isaiah.
- **Tuesday, Feb 4, 2025**, 6-8pm, "Fixing How We Pay for Health Care, Now That We've Tried Everything Else". Speaker, Anne Jones RN, Vice-Chair, Health Care for All Minnesota. Location: Chisago Lakes Area Library, 11754 302nd Street, Chisago City, MN. Sponsored by Chisago Lakes Indivisible. Open to the public. See also: HCA-MN website [hca-mn.org](http://hca-mn.org) > Get Involved > Show Up > Calendar
- **Save the Date – Monday, Mar 10, 2025**, Lobby Day at the State Capitol, Health Care for All Minnesota and Physicians for a National Health Program-Minnesota. Further details, including how to volunteer for legislator visits, coming in January/February 2025.

***Watch for email notices and newsletter information on how to volunteer for constituent visits on lobby day and volunteer training sessions.***

## What We Are Reading Now

### What We're Reading

#### **Medicare Prescription Insurance: Decoding the Complexity**

Check out our latest column in *The Land*, where we discuss the challenges of navigating Medicare prescription insurance. As the old saying goes, "It's hard to buy a pig in a poke," and this rings true when it comes to finding the right coverage.

Read the article [here](#)

#### **Wendell Potter's Experience as Health Insurance Executive**

Wendell Potter is a former vice president for corporate communications at Cigna health insurance. He wrote a guest essay dated December 18, 2024, for the *New York Times* following the tragic shooting of United Healthcare chief executive Brian Thompson. In the essay, Mr. Potter describes the crisis of conscience he experienced during his time as a health insurance executive and why he quit his job. His essay tells of the introduction of consumerism in the health insurance industry and the unrelenting pressure from shareholders to pay less in insurance claims. Potter concludes by revealing "an uncomfortable truth about our health insurance system: that shareholders, not patient outcomes, tend to drive decisions at for-profit health insurance companies." Read the article [here](#)

#### **Mirror, Mirror**

The Commonwealth Fund was established in 1918. It has the mission to promote a high-performing, equitable health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including people of color, people with low income, and those who are uninsured. The Fund supports independent research on health care issues and makes grants to improve health care practice and policy. Since 2004

the Fund has produced eight “Mirror, Mirror” reports, with the goal of comparing health system performance in several developed countries, including the United States, to glean insights for U.S. improvement. The 2024 “Mirror, Mirror” report is excellent, with several enlightening graphs (exhibits) particularly Exhibits 4 and 9. Most of the Fund’s recommendations for improvement would be accomplished by enactment of the Minnesota Health Plan, though our major societal issues that affect health outcomes (poverty, homelessness, hunger, and deaths from gun violence and substance use) would require additional interventions. The 2024 “Mirror, Mirror” report can be found [here](#)

### **What We're Watching**

#### **Dr. Glaucomflecken: Humor and Insight on U.S. Healthcare**

Dr. Glaucomflecken, the pseudonym for a real ophthalmologist, blends humor with sharp commentary on the U.S. healthcare system. Contrary to a misquote in last month’s newsletter, Dr. G is a proponent of single-payer healthcare.

One of his recent videos addresses the social media reaction to the tragic murder of UnitedHealthcare’s CEO, Brian Thompson, offering a thoughtful perspective: Watch the commentary [here](#)

For a mix of laughs and insights into healthcare, we recommend exploring Dr. G’s other videos:

Check out his channel [here](#)

## Letters to the Editor

Check out the letters to the editor selections below from fellow members!

**Shooting of UnitedHealthcare CEO** The tragic assassination of UnitedHealthcare CEO Brian Thompson has sparked a necessary conversation about the shortcomings of the American healthcare insurance system. Advocates argue that a universal single-payer system could reduce costs through stronger negotiation, lower administrative expenses, and the elimination of insurance industry profits, without compromising provider choice or care quality. This discussion emphasizes the need to modernize health care access in the United States. To read Greg Laden's LTE, click [here](#)

#### **Concerns on Medicare Overpayments and Government Efficiency**

In a recent letter to the Star Tribune, Kip Sullivan critiques the Medicare Payment Advisory Commission's (MedPAC) estimate that Medicare Advantage insurers are overpaid by 22%, suggesting the actual overpayment may be closer to 40%, equating to approximately \$150 billion in excess payments in 2024. Sullivan argues that these funds could be better utilized, noting that the Congressional Budget Office estimates adding dental, hearing, and vision coverage to traditional Medicare would cost about \$80 billion annually. He shares a personal experience highlighting inefficiencies in government services, recounting a prolonged passport renewal process that took over 10 weeks, raising concerns about the effectiveness of government operations. To read Kip Sullivan's LTE, click [here](#)

#### **Cutting Medicare Advantage Waste**

Diane Peterson enthusiastically supports any plans the incoming administration has for cutting government waste from greedy profiteering in the Medicare Advantage program. Her article can be found [here](#)

## Legislative Corner

## Legislative work to de-privatize healthcare delivery activated in 2024 to continue in 2025-27

For 50 years, managed care (through HMOs) has failed to contain Minnesota's rising healthcare spending, which was compounded by the wasteful outsourcing of the state's Medical Assistance and MNCare programs to HMO contractors in the 1990s.

Finally, in 2023, the state legislature passed a healthcare law that orders the Minnesota Departments of Health (MDH) and Human Services (DHS) to develop recommendations for strategies to reduce the spending and that MDH report their recommendations to the legislature's health committees by March 31, 2025. (However, that deadline may be extended to mid-year, according to a recent meeting with MDH staff.)

Because data shows that managed care's continued failure to contain costs was due to past legislative policies based on the wrong analysis of healthcare spending, it's crucial that the strategies to reduce spending are based on correct analysis this time. This depends on our work to influence MDH and DHS staff and legislators to assure accurate studies to counter the fallacies promoted by HMOs.

The evidence-based analysis of healthcare spending corrects what legislators got wrong for decades. It's not excessive quantities of medical care (i.e. "patient overuse") that cause the high spending; instead, it's excessive price of administration, HMO premiums, drugs, profit, and other costs that drive high spending. Price X quantity = spending.

Therefore, HCAMN's Legislative-Policy Committee in 2024, with Kip Sullivan's analytical expertise, organized a letter-sending project to provide the documented data on spending to legislators on the health committees, to all legislators, and to MDH and DHS staff overseeing the studies for reducing healthcare spending.

Two subcommittees of volunteers were organized to help Kip draft letters for sending- one subcommittee for letters to legislators and the other for letters to MDH and DHS staff. Although they varied in approach and aspects of data, the letters focus is on the known facts of Minnesota's high health care spending under managed care, which won't be contained until HMO-run MNCare and Medical Assistance, at 15% and 17% administrative costs, are de-privatized.

Removal of HMO contractors will make Medical Assistance truly public, with a return to the lower administrative cost of about 5%, as it was before privatization.

Deprivitization will be a step to the MHP and will be the basic message at the HCA-MN and PNHP-MN lobby day March 10, 2025. By then there may be a bill that has the state, not commercial HMOs, administering medical and dental insurance for enrollees in Medical Assistance and negotiating lower drug prices with manufacturers. This will show that our government can provide more inclusive, high quality, cost-efficient healthcare than for-profit insurers.

## Help Us Continue Our Work

### **Thank You for Your Support in 2024!**

We are incredibly grateful to everyone who provided financial support in 2024. Your generosity has been instrumental in advancing healthcare reform here in Minnesota.

As we look ahead to 2025, your continued support will be crucial in sustaining our leadership and advocacy efforts. Here's how you can help:

**Recurring Monthly Donations:** Setting up a monthly contribution ensures we have steady resources to drive our initiatives year-round.

**Early-Year Contributions:** Making your donation early in the year helps us plan and execute our efforts more effectively.

Every contribution, no matter the size, brings us closer to achieving a healthier future for all Minnesotans.

## DONATE HERE

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If you have any topics of interest or other suggestions for future newsletters, please contact us at [info@hca-mn.org](mailto:info@hca-mn.org). We want to hear from you!

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The Strommen Building, 2469 University Ave W, St Paul, MN 55114

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