

Health Care for All MN & Physicians for a National Health Program/MN



Lobby Day
March 10, 2025
Lobbyist Talking Points



Patient Centered Care – SF1059 (Marty)/HF255 (Liebling)

This legislation would replace Minnesota's delivery and payment system for a fifth of Minnesotans – those in Medical Assistance (a.k.a. Medicaid) and MinnesotaCare – with a "Patient-Centered Care" (PCC) system. Under it, the Department of Human Services (DHS) would:

- Pay providers (clinics, doctors, hospitals) directly for the care they deliver to patients, eliminating the use of health plans as a middleman. The state would not renew the contracts with HMOs or Integrated Health Partnerships (IHPs) for either MinnesotaCare or Medical Assistance.
- On top of the payments for medical care services, MN would pay primary care providers a small monthly fee for coordinating care. Patients would be encouraged to choose a primary care provider, who would help them navigate the health care system.
- Collaborate with community clinics to do outreach to people who are not receiving care.

Simplifying these programs and lowering their costs has always been desired, but with Congress intending to slash federal spending on Medicaid, this bill is more important than ever. **Will you support the Patient Centered Care bill?**

State Prescription Drug Purchasing – HF 1093 (Liebling)

The State Prescription Drug Purchasing Bill will remove drug coverage from the HMO contracts within Medical Assistance and MNCare allowing the state to be the drug purchaser, fairly reimbursing independent pharmacies with the payments they need to stay in business while providing lifesavings and life sustaining prescription medication for their patients. The bill will:

- Prescription drugs will be available at the lowest possible cost to program enrollees.
- Pharmacy claims will be fairly adjudicated, and the prices will be paid to the pharmacies which will keep them in business. Kentucky has done this and in doing so has realized significant savings within their Medicaid program.
- Health will be promoted through the purchase and provision of discounted drugs and coordination of comprehensive drug benefit services.

This bill is also supported by the MN Independent pharmacists and has bi-partisan appeal as more and more independent pharmacies, especially in rural areas, are closing making it more and more difficult for rural Minnesotans to access prescription drugs in their communities. **Will you support the State Prescription Drug Purchasing bill?**

Medical Debt Reset Act – SF1347 (Boldon)/HF1646 (Reyer)

The Medical Debt Reset Act would appropriate \$5 million for a debt-forgiveness nonprofit organization (*Undue Medical Debt) to buy and forgive an estimated \$500 million in medical debt for roughly 250,000 – 400,000 Minnesotans.

- Medical bills are the leading cause of personal bankruptcy in the U.S. at 62% (Kaiser Family Foundation) or 66.5% (Physicians for a National Health Program-PNHP) and hits the middle class the most (PNHP).
- Although over 90% of Americans have health insurance, 54% carry or have carried medical debt within the last five years (Kaiser Family Foundation).
- Fear of medical debt causes people to defer or skip medical care, which can lead to worse and more costly health outcomes (Commonwealth Fund).

Because Medical debt isn't like other types of debt because no one chooses to have an extended stay in a hospital, or plans on having their appendix burst, or having a heart attack. **Can we count on you to support the Medical Debt Reset Act.**

Minnesota Health Plan – SF929 (Marty)

Ultimately, we believe the MN Health Plan, SF929, authored by Senator Marty, is the only system that will guarantee healthcare access, affordability and quality so we will be leaving you with a handout explaining that bill. It's time to put healthcare back in the hands of providers, patients and their families. **Will you co-author the Minnesota Health Plan?**