



Lobby Day  
March 10, 2026  
Talking Points



### **Minnesota Health Plan bill - SF 929 (Marty)/HF 1812 (Reyer)**

This bill would replace the current fragmented insurance system with a single, streamlined public plan that would cover all Minnesotans. Minnesota would significantly reduce administrative waste and redirect resources toward patient care. Coverage would include all medically necessary services such as: mental health care, prescription drugs, dental, vision, and long-term care - funded through premiums based on ability to pay, with no deductibles or co-pays.

**We need this because**, despite spending more than any other country on health care, we have people with no health insurance, increasingly expensive out-of-pocket costs that deter those with insurance from seeking care, and worse health outcomes than other developed countries

**How will it help Minnesota?** When the Minnesota Health plan goes into effect, every Minnesotan would have health insurance. Costs would fall because administrative spending, which is enormous, would decrease more than a modest increase in services would cost. Out-of-pocket costs for getting health care would all but disappear. Health care outcomes would improve, because people could get health care when they need it. Burnout among health care workers would plummet in a system with far lower administrative burden. Rural hospitals would have financial stability. Residents would never be at risk of losing their coverage.

**How will the state run this program?** Hospitals negotiate an annual budget with the state and clinicians would be paid fee-for-service on a negotiated schedule. It would be funded primarily by premiums based on income. Claims for services would be paid by the state.

Most other developed countries have universal coverage for their residents and this plan, like the one used in Canada, would be cheaper and easier to administer than most other universal coverage plans. ***Will you support the Minnesota Health Plan?***

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