Running the Gauntlet: Accessing Health Care in Minnesota

There are many benefits to the Minnesota Health Plan: a more streamlined health care system, increased efficiency, cost savings and more. Most importantly, the Plan will eliminate the barriers that keep people from accessing the health care they need. Rich, poor, old, young, insured and uninsured, Minnesotans will no longer have to navigate a complex maze of coverage rules, payment procedures, and other systems whenever they need medical attention. Here are a few of their stories.

"I may not die of cancer, but I could die of a heart attack getting bills like this."
Al lives in a small town in southern Minnesota. Every four months he makes a lengthy drive to Mankato to get a shot of a prostate cancer drug at a cost of $1,200 per shot. When his local doctor told him it was time for his next shot, he said he'd make an appointment at the clinic in Mankato, but the doctor told him that he could get the same shot locally, so he did. "I just about fell out of my chair," he says, when he received the bill for his hometown treatment. He was charged $9,535 for one shot—$8,300 more than he was charged by his original health care provider. When he challenged the bill, he was assured by the hometown doctor that he would talk with the clinic and the next shot would cost the same as the treatment in Mankato, so he went there again, only to find that it was just as expensive as the first one. Because his insurance plan paid all but a small co-payment, the cost differential didn't affect his pocketbook. Still, he knew that the costs were ultimately being paid by Medicare, so he now goes back the Mankato clinic, where he is charged only 1/8th as much. (From Mankato MHP hearing 6/12/2007.)

Al's story illustrates the large variability and confusion surrounding health care provider rates. This issue would not exist under the Minnesota Health Plan because there would be uniformity in the payment structure for health care providers.

"With 9 pages of dentists in the phone book you'd think we could find a dentist for our clients."
Nick is a 22 year old man with spastic quadriplegia, a form of cerebral palsy, and uses a wheelchair. Although Nick has full time-job, his disability prevents him from getting health insurance at work, so he is on medical assistance. Recently, his county caseworker tried to find a dentist to treat him. He lives four blocks from one dentist and about a mile from another. However, neither of these dentists would treat him because they do not accept medical assistance as payment. In fact, they could not find any dentists in the area who would accept him. Even though he lives in a community of over 85,000 people, the only dentist that would see him was 63 miles away. Because of his disability, Nick qualifies for special transportation services which would cost the taxpayers for each 120 mile round trip he takes to the dentist. Lynn, a public health care professional who is familiar with Nick's case, says she frequently sends clients 20, 40, or even 60 miles away to get medical treatment. (From Mankato MHP hearing 6/12/2007.)

Under our current "system" and most health care reform proposals, health care provider choice (as well as treatment) is limited due to insurance plan networks, inadequate Medical Assistance reimbursement, and a shortage of primary-care health care providers, particularly in Greater Minnesota. The Minnesota Health Plan would give patients a choice in providers by removing these barriers and creating incentives for doctors to practice in areas of need.

Must Quit Her Job to Get Health Care
Angela, a Duluth resident, works full time at a nursery school and has epilepsy. Her epilepsy requires medication to prevent seizures but she has been unable to get health insurance through her job, because of preexisting conditions, or through public assistance because she makes too much to qualify ($19,500/yr). Because she can't afford her medications, and because she's having more seizures as a result, those seizures are likely to put her out of work, at which time she will qualify for public assistance to get the medication she needs. (From Duluth MHP hearing 2/7/2008.)

Tying health care to employment is bad for employers as well as workers—or potential workers. Angela's story demonstrates some of the pitfalls of an employer-sponsored "system," as well as the Hobson's choice for those who have to choose between a job and health care. Under the Minnesota Health Plan, people like Angela would not have to spend down their assets to poverty levels to receive affordable medical care.

"My life is the perfect example of how you can do everything right and still lose everything due to inadequate insurance coverage."
Susan has worked incredibly hard to keep her family out of poverty. Her husband has congenital heart failure and she has a child with a seizure disorder. Despite these challenges, Susan was able to get her family off of welfare, find a job with health insurance, and purchase a modest home. However, her insurance costs rose much faster than her income, and she found herself working two, sometimes three jobs to make ends meet. Susan is not sure how she is going find the time to care for her husband, who recently suffered a stroke and requires extra attention. Bills are piling up now and Susan is afraid her home and the family car may be taken away. In the end, she concludes that her "children would be forced to live in poverty in order to get health care." (From MHP hearing 2/18/08.)

Susan's story reminds us that health insurance is not health care, nor does it make care affordable; the least explored but most important part of the health care debate. The Minnesota Health Plan would cover everyone, be less expensive than our current system, and provide coverage for all medical needs.

Lack of Health Care Literally Kills
Like many, Nora struggled to find affordable insurance after she graduated from college. Even though she had a basic insurance plan, she refrained from going to the doctor because she couldn't afford the $500 deductible. When Nora started a new job that didn't offer health insurance, she lost her coverage. After being uninsured for the mandatory waiting period, Nora applied for MinnesotaCare, a state health plan, but the state lost her application. She was denied coverage when she reapplied. During this time, Nora decided she could not wait any longer to see a doctor for some medical problems she was having, so she went to a free clinic, where she learned she has a rare form of cancer. In the end, because Nora was unable to work and had no income, she was able to access to care through other government programs. Nora lived only about 3 1/2 years after her diagnosis. "Had she been seen a year earlier it would have been much more treatable," her mother told the Minnesota Women's Press. "You have a better chance of surviving. There are people who have survived 20 years [with early treatment]." (From Minnesota Women's Press, 6/28/2009.)

Nora's story illustrates the ultimate price that many pay because of delayed treatment due to cost and bureaucracy in health care. Complicated health insurance application processes, underwriting, or deductibles would not exist under the Minnesota Health Plan.