Overview of the Minnesota Health Plan
SF 18/HF 76

The Minnesota Health Plan (MHP) would be a single, statewide plan that covers all Minnesotans for all their medical needs.

Equally important, it would reduce the need for costly medical care through public health, education, prevention and early intervention. Even after the Affordable Care Act is fully implemented, there will still be over 200,000 Minnesotans without any health insurance, and at least 1 million more who have insurance, but still cannot afford to pay their medical bills due to copayments, deductibles, and care not covered by their insurance. The Minnesota Health Plan is the only plan that would eliminate the problem of un-insurance and under-insurance.

Under the plan, patients would be able to see the medical providers of their choice when they need care, and their coverage by the health plan would not end when they lose their job or switch to a new employer. Dental care, prescription drugs, optometry, mental health services, chemical dependency treatment, medical equipment and supplies would all be covered, as well as home care services, and nursing home care.

Consumers would use the same doctors and medical professionals, the same hospitals and clinics, but all the payments, covering all of the costs, would be made by the MHP, and everyone would be covered. There would be no filing out of complex application forms, no worrying about whether the treatment was covered or how you are going to pay for the drugs.

The Minnesota Health Plan would be prohibited from restricting, delaying, or denying care, or reducing the quality of care to save money, but would lower health care spending through improved public health, efficiency, and the elimination of bureaucratic paperwork.

The MHP would provide retraining for workers displaced in the transition to the new health plan.

MHP would restore medical decision-making to the doctor and patient, removing insurance companies from making treatment decisions. The plan would end not only access problems caused by cost, but also access problems caused by an inadequate number of health professionals and facilities around the state.

The plan would be funded by all Minnesotans, based on the ability to pay, and would cover all health care costs, replacing all premiums currently paid, as well as all co-payments, deductibles, all payments for care by the uninsured or under-insured, and all costs of government health care programs.

Although the Minnesota Health Plan is not cheap, it is significantly less expensive than our current system, and it would provide a full range of health care services to everyone, greatly improving the health of the population.