



March 22, 2023

Committee on Health and Human Services  
Minnesota Senate

Chair Wiklund and Members of the Committee:

Thank you for this opportunity to submit a letter commenting on health reform and on Senate File 1771 (Marty), which would authorize a study of the costs and benefits of replacing private health care with a monopoly government-run health care system in Minnesota.

We are grateful to have this opportunity to share our views, and we applaud the committee for drawing attention to the vital issue of health care costs.

In Minnesota and across the country, Americans for Prosperity members, supporters, and activists engage friends and neighbors on key issues and encourage them to take an active role in building a culture of mutual benefit, where people succeed by helping one another. Health care reform is a top priority for us because it is deeply personal and because no individual or community can thrive and flourish without good health care.

On behalf of our thousands of activists, members, and supporters across this state, we must respectfully oppose S.F. 1771, because a government-monopoly health care system is not the right approach for Minnesota and because there is a better way.

Today, health care is too expensive, complex, and frustrating. But it does not have to be. AFP is committed to making health care truly affordable, transparent, and less of a hassle for everyone. But we do not believe a government takeover of health care – whether it takes the form of single-payer, Medicare for All, or a public option – is the right approach for Minnesota or America.

Instead what we need – and what Americans tell us they prefer – is a personal option: a set of sensible, incremental, and essentially nonpartisan reforms that reduce costs and improve

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*Through broad-based grassroots outreach, Americans for Prosperity (AFP) is driving long-term solutions to the country's biggest problems. AFP activists engage friends and neighbors on key issues and encourage them to take an active role in building a culture of mutual benefit, where people succeed by helping one another. AFP recruits and unites activists in 35 states behind a common goal of advancing policies that will help people improve their lives.*



quality and access by removing barriers between patients and the medical professionals they trust, and that empower patients to shop for value as true consumers of care.

In February, AFP commissioned a national online survey of 1,000 Americans conducted by Public Opinion Strategies. The poll results are eye-opening and very relevant to today's conversation.

First, voters told us that the excessive cost of health care is their number one health care concern and their number three concern overall, after inflation and jobs. They also overwhelmingly said the best way to cut health care costs is more personal choice and control, not more government. And they confirmed something we have consistently seen over the past few years: namely, that about 70 percent of Americans are satisfied with their current health coverage and not looking for more government involvement. The simple fact is that Americans are not looking for a revolution in health care. They just want to fix what is broken and keep what works.

And despite its very real challenges, American health care is overall quite good. Americans enjoy superior quality and access and shorter wait-times, compared to citizens of other nations. We have the best cancer screening and survival rates in the world. We should build on those strengths, not throw them out.

While S.F. 1771 would only commission a study of the costs and benefits of a single-payer system in Minnesota, it is clearly intended by its proponents to help build a favorable case for a government takeover. Supporters have already introduced a bill to establish single-payer in Minnesota (S.F. 2798) without waiting for a study.

We do not need another study to know the negatives associated with a single-payer system. Real-world experience tells us all we need to know. In the United Kingdom, Canada, and other countries across the globe, single-payer is associated with shortages, rationing, reduced access and quality care for patients, and deep payment cuts and frustrating bureaucracy for doctors, nurses, and hospitals. Nations that have moved to single-payer systems experience critical shortages of providers, facilities, and machines; and their citizens endure lengthy wait times for routine services that Americans would never tolerate.

For example, in Canada, people wait for an average five months just to get in to see a specialist. And while Americans have access to about 90 percent of new drugs, Canadians have access to just 44 percent of new drugs.

And we have an even better example closer to home: today's Medicaid program. If we want to imagine what single payer would look like in Minnesota, we need only look at Medicaid, which



suffers from inferior access and quality and exceedingly low provider reimbursement rates. Surely, it would be far better for us to reform and improve Medicaid than to, in effect, expand it to cover all Minnesotans.

Why does single-payer always seem to fail to deliver on its supporters' rosy promises? Because mandates and bureaucracy can never produce the kind of high-quality, affordable care that only markets can produce. Only by empowering patients can we give Minnesotans the health care system they truly deserve.

Now, admittedly, private-sector health care can sometimes resemble single payer and suffers from some of the problems that plague single-payer systems. In local markets where insurance companies and hospital corporations have been able to establish monopolies or duopolies, health care prices do tend to be high, and quality and access do tend to be inferior. This is a real problem. But the proper remedy is not to replace private monopolies with a public monopoly. The proper remedy is to remove barriers to healthy competition, so empowered consumers can drive progress through market forces.

In our February poll, we asked voters to choose between Medicare for All and a Personal Option. We described both options neutrally. Medicare for All, we explained, is “a plan that would end private health insurance coverage and move everyone into a government-run health care plan.” And we described a Personal Option as “a plan in which the government allows for more choices, like tax-free health savings accounts and gives people direct access to the primary care doctors that are right for them, without adding new taxes.” Voters overwhelmingly told us they prefer a Personal Option over Medicare for All, 66 percent to 34 percent – almost two-to-one. Importantly, this overwhelming majority included 75 percent of independents, 67 percent of women, 66 percent of Hispanics, and 49 percent of Democrats.

We would like to work with you to give Minnesota families and small businesses the better health care system they deserve – not with more government, but with more freedom, transparency, and more personal choice and personal control.

What would a personal option approach in Minnesota entail, exactly? For starters, a personal option would enact a safe harbor bill to ensure universal access to direct patient care arrangements. Direct patient care (DPC) is a popular new way of delivering health care that offers unparalleled access, quality, affordability, and convenience. A DPC membership brings virtually unlimited access to trusted doctors, referrals to discounted lab tests and imaging services, and often deep discounts on generic drugs – all for one low monthly fee, with no additional fees or hidden charges. DPC subscriptions are typically very affordable, and doctors make themselves available to patients at all hours, spending ample time with them.



A personal option would also entail reducing restrictions on such affordable coverage options as Farm Bureau health plans and similar plans offered by non-profit membership organizations. These plans, which are personally owned and portable, can be significantly more affordable than traditional group health plans because they are mutual aid rather than insurance, and thus can be exempted from costly federal mandates by the state legislature. Similarly, association health plans can help small businesses band together to purchase more affordable benefits for their members' employees.

A personal option would remove barriers so more physicians and nurses, including foreign-trained ones, can practice in our state. It would entail lowering barriers to out-of-state doctors and nurses delivering care to Minnesota residents, including by way of telehealth.

Incidentally, we realize that federal reforms are also needed. And that is why we are working with Minnesota's congressional delegation to promote reforms to reduce the cost of coverage while maintaining protections for patients with preexisting conditions.

If you would like to learn more about the personal option, please visit our website:  
[www.personaloption.com](http://www.personaloption.com).

In sum, Chair Wiklund and members of the Committee, while we applaud you for focusing on health care costs and quality, we must respectfully oppose Senate File 1771 because Minnesotans do not need a study to know that a government-monopoly health care system would be harmful for patients and taxpayers and because we know that voters do not want such a revolutionary change.

Minnesotans and Americans want to fix what is broken and keep what works. We stand ready to work with you to do both.

Thank you for this opportunity to share our views.

Sincerely,

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