

January 31, 2008

The Citizens' Report of Dissent – A Summary

A Critical Evaluation of the Principles and Recommendations of the Minnesota Health Care Transformation Task Force

The 2007 legislature required Governor Tim Pawlenty to “convene a Health Care Transformation Task Force to advise and assist the governor regarding activities to transform the health care system, and to develop a statewide action plan... for transforming the health care system to improve affordability, quality, access, and the health status of Minnesotans”¹ The overarching goal of the plan was to reduce health care spending by 20 percent by January 2011—three years from now.

All members of the committee, except four legislators, were appointed by the Governor. The report of the Minnesota Health Care Transformation Task Force recommendations is due on February 1, 2007.

On behalf of all the citizens of Minnesota who care about access to individualized patient care, Citizens' Council on Health Care is providing dissenting comments on the Task Force's recommendations. *The full Citizens' Report is online at <http://www.cchconline.org>.* The following is a summary list of the six dissenting comments and CCHC's conclusion.

CCHC COMMENTS:

Task Force Recommendations Jeopardize Individual Privacy and Self-

Determination: Implementing intrusive health assessment and weight monitoring systems, and placing the responsibility for improving the health of individuals into the hands of state legislators, government agencies, corporate health plans, employers, non-profit organizations and others assures that the individual's rights to privacy and self-determination will be jeopardized.

Task Force Recommendations Impose Privacy Intrusions & Limits on Care:

Principle II is focused on building expensive, time-consuming, bureaucratic patient and doctor tracking systems, essentially putting outsiders in charge of medical decision-making and violating the patient-doctor relationship. Of particular concern is the focus on using electronic data systems and outside determinations of “necessity” and “quality” to determine whether doctors and hospitals will receive payment for the care they provide.

Task Force Recommendations Impose Conflicts of Interest: By requiring that doctors and hospitals assume responsibility for the “total cost of care to a population” of patients, and requiring doctors and hospitals to set a single price for a bundle (“basket”) of services (i.e. one prepaid price for all costs associated with triple bypass surgery regardless of the true cost

associated with the care of a particular patient), the transformed payment system envisioned by the Task Force Principle III would encourage doctors and hospitals to ration care.

Task Force Recommendations Support Health Care Rationing: The main purpose of Principle IV appears to be reducing access to medical care. Point after point discusses placing explicit limits on the availability of treatment, medication, new technologies, and other patient care services.

Task Force Recommendations Mandate Universal Health Care and Bureaucratic Health Insurance Exchange: Principle V would establish universal health care in the State of Minnesota. Everyone would be required to purchase health insurance, violating their right to choose not to be insured. And despite the assertion that individuals will be able to purchase health insurance outside the controversial Minnesota Health Insurance Exchange proposed by Governor Pawlenty, most people will be forced to purchase health insurance through the Exchange.

Task Force Recommendations Create Unelected Super Agency; Increase Provider Tax: A new government-established bureaucracy is needed, according to Task Force Principle VI. The proposed Health Care Transformation Organization would start up where the Task Force leaves off. To capture the savings the Task Force claims will accrue from transformation, the Task Force suggests increasing the MinnesotaCare provider tax as one possible option. This controversial the tax on all health care services is directly or indirectly paid by patients, in higher costs and diminished access to care.

CONCLUSION

In conclusion, the Minnesota Health Care Transformation Task Force recommends a top-down approach that expands the size and power of government in the lives of citizens, infringes on the professional practice of medicine, and violates the individual rights of patients and citizens.

Disappointingly, the Task Force completely misses the following time-tested, fail-safe reality when it comes to reducing the cost of health care:

Patients care most about cost when the dollar is coming out of their own pocket.

The Task Force recommendations leave out health savings accounts, higher deductibles, non-prepaid health care policies, cash payments, reducing the role of health insurance in medical care, opening Minnesota's borders to less expensive out-of-state insurance options, and other inexpensive strategies that would naturally produce transparency of pricing and cost sensitivity behaviors in patients and consumers without the force of law or the expense of new government bureaucracies.

If implemented, the Minnesota Health Care Transformation Task Force recommendations would impose intrusive monitoring on citizens and patients, improperly provide doctors, clinicians, clinics, and hospitals with a multitude of financial incentives to ration medical care, and leave patients with little reason to personally reduce their utilization of health care services.

ⁱ Chapter 147, Article 15, Section 21. [Minnesota Session Law 2007](#).