

## ***Eight Reasons Why Governor Pawlenty Should Veto the “Health Care Reform” Bill - SF 3780***

---

Senate File 3780 is chock full of government-imposed initiatives that will empower government control over medical decisions. While the controversial Minnesota Health Insurance Exchange is no longer in the bill, and a small health insurance premium tax credit got inserted into the bill last minute, these changes do not mitigate the disaster that awaits the Minnesota health care system if this bill is signed into law.

*Governor Pawlenty should veto this health care reform bill—and keep medical decisions in the hands of patients and doctors.*

### **Health Care Deform**

The health care reform bill, S.F. 3780, puts government in control of medical decisions by leaving too much discretion in the hands of government bureaucrats, limiting public input, imposing a new managed care system, expanding government surveillance, rationing care through payment “incentives,” handing out “fat scores,” expanding welfare healthcare, and laying a foundation for universal health care.

### Outside the Rule of Law

SF 3780 leaves too much discretion to government agencies. For instance, many terms like “quality,” “evidence-based,” and “health care homes” are not defined. Furthermore, agencies are allowed to write standards that have the full force and effect of law with little public input.

### The Public is Not Welcome

The legislation calls for “expedited rulemaking” in two sections. This means 100 people have to request a public hearing on the department’s proposed rule or no hearing will be held and the rule will become law. The usual rulemaking process requires only 25 people to request a hearing. Since there’s no emergency here, it appears the government does not want the public to get in its way.

### Imposes a New Managed Care System

SF3780 establishes “health care homes” with definitions and standards to be defined by government agencies. Specifically, health care homes are to limit access to specialists, conduct intrusive health assessments on patients, identify *at risk* patients, “incorporate measures of quality, *resource use*, cost of care,” use electronic data collection and surveillance systems.

### Expands Government Surveillance on Patients and Doctors

Almost every physician, practitioner, clinic, and hospital will be required to establish data collection and surveillance systems that allow the government and health plans to readily tap into their medical records electronically. They must establish electronic prescription programs that permit easy tracking of patient medications—and patient choice of pharmacy. All health plans must send detailed patient data and contract pricing data to

the government. All physician clinics and hospitals must report patient outcomes and treatment data to the government. **No patient consent for data transfers is required.**

#### Rationing Care through Financial Penalties

Government will establish several “incentive payments,” which will penalize any doctor who does not comply with the government standards of “quality” even if that standard is no care, less care, or inferior care. The commissioner of health will develop a payment system that “rewards high-quality, low-cost providers” and “creates enrollee incentives to receive care from high-quality, low-cost providers.” Doctors who do not have the inclination, time or money to file government reports will be penalized.

#### Intrusive Government Monitoring of Body Fat

Health officials asked for a Body Mass Index surveillance system. While this bill does not include that language, health officials are not prohibited from collecting height and weight of children and giving them ‘fat scores’ through BMI measurements.

#### Intrusive Expansion of Welfare Healthcare

Eligibility for taxpayer-funded programs was expanded into higher income levels. Without the consent of parents, the Department of Education will be authorized *to share income data on school children and their parents* with the Department of Human Services so the government can identify and contact eligible people who aren’t signing up for Medicaid. Parents are only allowed to opt-out.

#### Laying a Foundation for Universal Health Care

SF 3780 sets up a standard for how much state government thinks individuals can be required to pay for health insurance. It creates a workgroup to design a universal, one-size-fits-all state “health benefit set” and it establishes a new long-term health care bureaucracy made up of the special interest advocates of this legislation, **the Health Care Reform Review Council**. As the bill says, “[T]he council does not expire.” This council can be expected to push Big Government “solutions” far into the future.

### **Conclusion**

SF 3780 most certainly imposes and expands government-run health care on the people of Minnesota. Governor Pawlenty should veto this bill.

---

*Citizens' Council on Health Care supports freedom for patients and doctors, medical innovation, and the right to a confidential patient-doctor relationship.*

#### **Citizens' Council on Health Care**

1954 University Ave. W., Ste. 8

St. Paul, MN 55104

651-646-8935 phone

651-646-0100 fax

<http://www.cchconline.org>

[info@cchconline.org](mailto:info@cchconline.org)