Resolution for the Minnesota Health Plan and Medicare for All Act

1. Whereas, the City of St. Paul is challenged to meet the rising costs of its employee health coverage [General Fund-2019 Adopted Budget];

2. Whereas, the City of St. Paul employee and retiree health care costs are rising which may require a rise in property taxes [Adam Langley, associate director of tax policy Lincoln Institute; John Adams, University of Minnesota professor retired, Star Tribune 8/25/19];

3. Whereas, 9.1% of St. Paul residents under age 65 lack health insurance [U.S. Census Bureau], and 6% of total residents lack coverage [Minnesota Department of Health];

4. Whereas, insurance companies aren’t helping local small businesses maintain their employees’ health coverage during the COVID-19 pandemic [CITYPAGES, 3/19/20];

5. Whereas, unemployment is approaching that of the Great Depression, with 40 million of our fellow Americans, including 400,000 to 600,000 Minnesotans, losing their jobs, and millions losing their health insurance with lost jobs due to the COVID-19 pandemic [U of M School of Public Health, Urban Institute, Forbes, Wall Street Journal, U.S. Rep. Jayapal, Sen. Sanders];

6. Whereas, 72.1% of Minnesotans without health insurance are employed [MDH];

7. Whereas, the uninsured rate of all Minnesotans rose from 4.3% in 2015 to 6.5% in 2017, leaving approximately 349,000 without coverage despite the state’s economic recovery [Minnesota Department of Health (MDH)];

8. Whereas, the following Minnesotans had the highest rates of un-insurance in 2017 [MDH]: • people of color and American Indians (13.9 percent); • people with a high school education or less (11.9 percent); • persons with incomes below 200 percent of the federal poverty guidelines (11.3 percent); and • young adults, ages 18 to 34 (10.9 percent);

9. Whereas, Minnesota employers’ health insurance costs increased at a faster rate of 5.7% than the 4.3% national average [Minnesota Health Action Group of businesses];

10. Whereas, Minnesota’s total health care spending will double from $47.1 billion to $94 billion in 10 years to be 19% of our state economy, more than housing and transportation [MDH];

11. Whereas, the Minnesota Health Plan [SF 1125, HF 1200] for a unified health care financing system will contain costs and save money to provide high quality, comprehensive health care for every Minnesotan [Lewin Group, a subsidiary of United HealthGroup];

12. Whereas, the Minnesota Health Plan will save local and state government spending on employee health care [Lewin Group];

13. Whereas, U.S. residents and businesses beyond Minnesota would spend less under a Federal Medicare for All Act [HR 1384];

14. Whereas, both conservative and progressive studies estimate a national savings of $2 trillion to $5 trillion over 10 years under the Medicare for All Act;

15. Whereas, both the MN Health Plan and Medicare for All Act are based on the same principles of a unified health care financing system;
Therefore, be it resolved, the City of St. Paul affirms that health care is a basic human need, which must be guaranteed to all Minnesota and U.S. residents and, therefore, endorses the Minnesota Health Plan [SF 1125 and HF 1200] and the Medicare for All Act [HR 1384] and the Health Care Emergency Guarantee Act which provides universal, comprehensive health coverage with zero cost-sharing for patients during this pandemic crisis.

Be it further resolved, the City of St. Paul will notify Minnesota’s State Legislators and Congressional Delegation of its endorsement; and Council Members and other City officials will encourage them to sign on to the Minnesota Health Plan and Medicare for All Act as co-sponsors and work to pass the Health Care Emergency Guarantee Act.