



## Legislation Text

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**File #:** RES 20-1077, **Version:** 2

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Supporting the Minnesota Health Plan and Medicare for All Act.

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

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

Whereas, the uninsured rates 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 [MDH]: people of color and American Indians (13.9 percent); people with a high school education or less (11.9); persons with incomes below 200 percent of the federal poverty guidelines (11.3 percent); and young adults ages 18 to 34 (10.9 percent);

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

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];

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];

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 Health Group];

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

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

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;

Whereas, both the Minnesota 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.