EMAIL SENT:

September 20, 2012

Dear Commissioners Rothman and Schowalter,

You have asked for public comments on the draft of the proposed Guiding Principles for the Minnesota Health Insurance Exchange --- the Dayton Administration's continued attempt to install Obamacare in Minnesota without authority from the state legislature.

**The principles you propose violate the principles of the U.S. Constitution, which limits the size of government. As our comments below explain, these draft Exchange principles support an expanded scope of government in people's lives --- and make various false claims.**

Specifically on the six proposed principles of the non-authorized Health Insurance Exchange, the Citizens' Council for Health Freedom provides these comments:

**Universal Coverage - The Task Force will foster an Exchange that supports universal access to health care for all Minnesotans.**

**CCHF COMMENT:** Universal Coverage means national health care, and in this case, a national health care system through a federally-controlled, state-run government health insurance exchange which must follow the federal law and the federal rules and annually report to the U.S. Department of Health and Human Services (HHS). Our organization does not support a government-run health care system, where people's choices of care or coverage are limited by government. We do not support a government-run system where private information is used to limit personal choices. Nor do we support sending a vast array of personal data on individuals through the "Federal Data Services Hub" to the IRS and other federal agencies for enforcement of the Obamacare mandate to purchase health insurance.
High-Quality, Affordable Health Care - The Task Force will design an Exchange that promotes the delivery of high quality health care at an affordable cost, encouraging innovative payment and delivery mechanisms that increase value.

CCHF COMMENT: There are no definitions in these draft principles. For example, how is "high quality" defined and who determines the definition? Who decides and defines "value"? The public has been led to believe that the Exchange is solely about buying health insurance. This principle makes it clear that the Exchange will delve into the medical records of patients and the medical decisions of doctors to determine physician compliance with the government's definition of "quality" and "value" -- and through payment mechanisms financially penalize any physician, hospital or other practitioner that opts to individualize and customize care outside government definitions.

Consumer-Friendly - The Task Force supports creating an Exchange that provides a simple, user-friendly experience for consumers to find, choose and purchase coverage and to enroll in public programs or obtain financial assistance.

CCHF COMMENT: There are at least six ways the Exchange is not "consumer-friendly." First, the purpose of the Exchange is universal health care, which is not "consumer-friendly." Second, those who are Medicaid-eligible will be automatically enrolled in Medicaid, even if they don't want to be. There will be no shopping in the "marketplace." Third, the only available health plans on the Exchange will be those approved by the State and by law that list could be further limited by the federal government. That's not a market for consumers. Fourth, putting employers in jeopardy of significant fines if even one employee receives a premium subsidy on the Exchange is not "consumer-friendly." Fifth, a 12-member research group on exchanges recently revealed that the Exchanges are actually very "complicated," and at least one member suggested providing "defaults for people that are simple and good enough." Defaults are choices determined by government, not individual consumers. And sixth, it is not "consumer-friendly" to gain access to private medical
records without patient consent as Exhibit D of the Maximus contract with the State makes clear.

Eliminate Health Disparities - In designing the Exchange, the Task Force will actively seek out and pursue opportunities to eliminate health disparities.

CCHF COMMENT: The goal of "eliminating health disparities" has been recognized as the advance of universal health care. The term "health disparities" has been broadly defined to mean health care based on race, ethnicity, sex, age, disability, sexual identity, geography, and socioeconomic status, to name a few. Eliminating so-called "health disparities" will mean intrusive data collection and analysis of individuals and their doctors. It could potentially lead to mandated treatments and mandated availability of certain types of practitioners regardless of the consumer's wishes.

Accountable - The Task Force believes the Minnesota Exchange exists for the benefit of the public, and should be transparent and accountable to the people of Minnesota.

CCHF COMMENT: If the Exchange were such a clear benefit to the public, it would not be controversial and opposed by the legislature and the public. Instead, the Exchange is clearly a government bureaucracy built for the benefit of government, and for the purpose of implementing national health care. In addition, as various news articles have underscored, the Dayton administration is currently failing in transparency, and shows no intent of becoming accountable to the public regarding the details of the Exchange. The time for transparency and accountability is now, but Governor Dayton and his administration, including the Exchange division in the Department of Commerce (now transferred to MN Management and Budget) have chosen otherwise.

Competition - The Task Force will develop the Exchange in a way that fosters vigorous and fair competition in the health care system among both providers and payers.
CCHF COMMENT: Competition happens in a free market, not a government-imposed bureaucracy claiming to be a market. The State will decide winners and losers. Those who refuse to play by government rules, those who refuse to cooperate or are not big enough to comply with all the government's regulations will lose. They won't even be allowed to compete. Competition happens naturally every day without, and often in spite of government interference. The Exchange, under the authority of the federal government and run by either the state or federal government, will both make and impose the rules. This is not competition— and the Exchange is not a marketplace.

Please confirm that you have received these comments.

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