I, the undersigned citizen, **oppose** legislation establishing the Minnesota Health Insurance Exchange (MHIE) Bureaucracy [HHS Omnibus SF 2171, HF1729 (Huntley-D), SF1567 (Rosen-R), HF842 (Huntley-D), and SF888 (Fischbach-R)] because the legislation:

- **Violates Citizen Right to Purchase Health Insurance Privately:** “No health plans in the individual market may be issued or renewed outside of the exchange...Individuals are eligible to purchase health plans directly through the exchange or through an employer...” Insurance must be bought using the MHIE Bureaucracy. Individuals must pay their premiums to the Bureaucracy, which will be required to transmit the payment to the individual’s chosen health insurance plan.

- **Creates a Costly Fourth-Party Payer:** The MHIE Bureaucracy becomes a required 4th party in premium payment. Money must be transferred from patient to Bureaucracy to health plan to doctor, hospital or other provider. The Bureaucracy will “establish and assess fees on health plan premiums of health plans purchased through the exchange to fund the cost of administering the exchange.”

- **Establishes a Big Government Bureaucracy:** Bureaucrats (3) and political appointees (8) will govern the MHIE Bureaucracy. The MHIE will “serve as the sole entity for enrollment and collection and transfer of premium payments for health plans offered...” In the future, the MHIE may be empowered to to define health insurance benefit sets, limit choice of insurers, set prices, and monitor and control all aspects of the health insurance industry, including access to medical care.

- **Tracks Purchase of Insurance:** The centralized MHIE Bureaucracy will create a database of insured persons, including name, choice of insurance and price paid.

- **Establishes Employer Mandate:** Employers with at least 11 employees must establish Section 125 cafeteria or Premium Only Payment accounts for employees to use for premium payments to the MHIE. The MHIE will track employer compliance.

Please deliver this signed CITIZEN petition to Governor Pawlenty and the legislative leadership.

Signature__________________________Date____________________
Name (PLEASE PRINT) __________________________
Address____________________________City___________State____Zip____________
Phone___________________________Email ______________________________