



Submitted Written Testimony for H.F. 1030 (Eliminate Cost-Sharing)

House Health Finance and Policy Committee
By Twila Brase, RN, PHN, President and Co-founder
February 21, 2023

Dear Madam Chair and Members of the Committee,

Citizens' Council for Health Freedom supports the legislature changing policies and requirements to give people access to affordable care and coverage, however we do not support HF 1030.

Retaining cost-sharing requirements for care and coverage is not only important for taxpayers, it is also important for the recipients of health care services. It is important for the patients, the parents of patients, and for the families of patients to recognize the monetary value the services they are receiving. Removing the patient's "skin in the game," their personal responsibility to contribute to the cost of their own care, leads to several problems, with the ultimate problem being rationing of health care:

- **Moral Hazard** – people tend to overuse/over-access services for what they do not pay.
- **Entitlement** – people may wrongly conclude that doctors and hospitals owe them care.
- **Lack of Gratitude** – unlike charity, entitlement thinking leads to a lack of gratitude by the patient toward those who receive little or next to no reimbursement for the care they provide.
- **Influx?** – given there are cost-sharing requirements in ND, SD, IA, and WI, will Medicaid recipients cross the border into Minnesota to get care that's totally free to them?
- **Stagnation** - some individuals forgo jobs or raises that would threaten their access to Medical Assistance, creating job stagnation and barriers to upward mobility.
- **Less care** –As state funding resources shrink and Medicaid recipients pay nothing for care and coverage, we expect access to drugs, treatments and equipment will decrease.

As many Medicaid patients already know, having **coverage is no guarantee of access to care** or timely care. Given that Medical Assistance is known to one of the worst payers of medical care, anything that makes that care more expensive to taxpayers will mean less of it now and in the future. This bill proposes to eliminate copayments of \$3 to \$5. That's the cost of a bag of chips. These co-payments should be retained.

CCHF asks you to consider the impact of eliminating cost-sharing on physicians. There are fewer and fewer reasons to be a doctor. Poor payments from Medical Assistance and mind-numbing bureaucracy, including reporting requirements, as noted in a recent *MedPage* commentary called "**Death by 10,000 Clicks.**" Physicians will see a 2% cut in Medicare payments this year, with at least a 1.25% cut in 2024. Why would the Minnesota state legislature not give Medical Assistance and MinnesotaCare patient the most minimal reasons to think twice about going to the doctors, to evaluate, like the rest of us do, whether it's time to go to the ER or the clinic or whether they should wait one more day?

Eliminating cost-sharing is like chopping down the branch one is standing on. Eventually, the branch of care and coverage will fall. Eventually, if those who receive the medical services do not participate in payment for the services, those who do pay for those services will decrease access to those services. **He who holds the gold makes the rules.** Then what kind of care will be available for these patients? Again, coverage does not equal care. Thank you for your kind attention to these concerns.