Hello. I'm responding to your request for comments on guiding principles for a proposed health insurance exchange:

Setting up this exchange isn't authorized by any legislation, but rather Governor Dayton's executive order. This is a brazen and extremely stupid waste of tax dollars, and I resent your stealing money from us to fund it, as if it's yours to do with whatever you see fit. It's not.

Setting up an "exchange" is just one more tactic nanny-state liberals use to jam socialized medicine down the throats of citizens who aren't paying attention. Socialized medicine NEVER works well, just like communism never works well. You need free markets to correctly allocate resources. All your feel-good intentions won't work, and health care will be of lower quality, it'll be rationed, and people will die earlier and suffer much more. Inserting more idiot bureaucrats into the doctor-patient relationship will also waste countless dollars in administrative burdens, promote costly fraud, and generally ruin the whole healthcare marketplace.

This exchange is a foolish idea and should be scrapped immediately before you waste one more dollar thinking about it.

Respectfully,

Alan Zenk
Commissioner Mike Rothman:

I find it offensive that we have elected representatives that take an oath to defend and support the Constitution of the greatest nation in human history and they have NO idea what is in that Constitution or choose to ignore it.

For your information, please refer to http://www.usconstitution.net/xconst_A1Sec8.html Here is listed the enumerated powers granted to the Federal Government by our Constitution. Healthcare is NOT one of those enumerated powers. Does that mean anything to you?

--

In God We Trust

Leon Moe
Life Member
Disabled American Veterans

"It is the nature and intention of a constitution to prevent governing by party, by establishing a common principle that shall limit and control the power and impulse of party, and that says to all parties, thus far shalt thou go and no further. But in the absence of a constitution, men look entirely to party; and instead of principle governing party, party governs principle." ~ Thomas Paine

Natural Remedies Ever wonder why The Three Wise men included Frankincense and Myrrh with the Gold.
I am opposed to any investment in an Insurance Exchange in MN. The cost is too great and this has not been approved by the legislature.

Cathy Johnson
Manager, Technology & Operations
Gallagher Benefit Services, Inc. | Thinking Ahead
3600 American Blvd. W, Suite 500 | Bloomington, MN 55431
Phone: 952.356.0726 | Fax: 866.743.6238 | www.gallagherbenefits.com/minneapolis
cathy_johnson@ajg.com

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I am totally opposed to the MN Health Care Exchange and all of the implications that go with it. Stop before it goes any further!

Janet Koop
Rochester, MN
"The exchange is considered the "heart" of federal health care reform, according to a Star Tribune interview with an HMO executive in October. Republicans should absolutely say no to Obama's takeover of health care.

The so-called "exchange" is a federally controlled bureaucracy under federal law and federal rules. The first set of proposed federal rules included the word "require" 811 times. The exchange will empower health plans.

Employers will use it to drop their employees from coverage. The exchange will collect and share private medical and financial data. It will expand taxpayer-funded subsidies and dependency. It will limit insurance choices and increase premiums.

A government exchange is not a "marketplace." It's not a simple "online tool." It's a government command-and-control center meant to implement the federal takeover of health care in Minnesota." - Twila Brase, [http://www.startribune.com/opinion/letters/138005533.html](http://www.startribune.com/opinion/letters/138005533.html)

I whole-heartedly agree that this "exchange" will not be what its being called and that it will cost the taxpayers and the economy millions if not billions of dollars more than its projected to cost.

We do not have a free-market health-care system in this country. To call this current system a free market is not being truthful with Minnesotans.

--
Lorri Barnett
Commissioner Rothman,

This letter is in response to your request for public comments regarding the exchange. I am very much against the exchange as it is now being discussed. I believe it will waste huge amounts of money to administer, will limit consumer choice, will end up reducing the number of doctors and especially limit what and how they can perform their job. I am especially concerned about the amount of money that has already been spent, what is being proposed to spend and the total lack of transparency in this process. I am also concerned about the proposed lack of a marketplace outside the exchange and the limitations of being able to use my current agent. Thank you.

John Kessler, RHU, REBC - Sent from my iPhone.
It has come to my attention that Governor Dayton has approved by executive order a Health Insurance Exchange for Minnesota

This Exchange will not help citizens of the state of Minnesota in obtaining affordable health care under the Obamacare act.

This plan for universal health care is an attempt to copy socialized medicine that other governments have used the push the price of health care the equivalent of 40% of their incomes in countries in Europe and as close as Canada.

This exchange will interfere with the patient-doctor delivery of medical care. It will also allow government to enforce payments to doctors based on government-defined "value".

As a Minnesotan all of my life I have had health insurance provided by my employer which has gone through joint negotiations by my employee Union and the management and given me the choice of two or three plans to decide which will be of benefit to my needs. As a retiree I am insured partially by Medicare and also by a Medicare Supplement Insurance which is offered to me by my retirement association.

Medicare is a plan to offer minimal health care to people ages 65 and older and disabled residents of the US who were on Social Security. This plan must approve every medical procedure I receive from my doctor, and the unpaid balance is paid through my supplemental insurance. The same is true of any medications I am given, the allowed medications are sent out yearly through my supplemental insurance and any medication that is not on this list is not available to me. Any procedures not listed on the Medicare listings are not available through my supplemental insurance.

I do believe that the Health Insurance Exchange will further enforce "delivery mechanisms" that lead to government rationed care. This would be a disaster for retired senior citizens, unemployed individuals and people living on substandard wages.

This Health Insurance Exchange will also promote public enrollment in food stamps and give the access to more people through "financial assistance" (taxpayer-subsidized programs).

I am aware that this program will gather data or race, ethnicity, language, sexual orientation and gender and analyze medical records to eliminate disparities in treatment.

All of these reasons or principles of this program will lead to unaffordable health insurance because many more government employees will be needed to perform these unnecessary actions and label them as health care.
To have real health care, we the taxpayers of Minnesota need to be able to choose their own doctors and health insurers based on their listings of services available without government interference. The government is already interfering in my health care by limiting services given because of my age and having part of my benefits come through Medicare. The government should not analyze my medical recorders. These are private information and I DO NOT want them available to anyone except me and my doctor - not on some data base that is on the internet. This is violating my rights as a citizen of the USA.

It is my hope that I will never have to buy a publicly offered health insurance or be taxed and have to buy public insurance that would force me to obtain public financial assistance. This would mean I am divesting all of my assets making me dependent on a government that no longer gives me the freedoms given to me by the Constitution of the United States.

Mrs. Carol Kroger
New Hope, Minnesota
I am against the enactment of MN HIX for the following reasons:

- HIX will support universal health care - socialized medicine.
- HIX will interfere in the patient-doctor relationship (delivery of medical care).
- HIX will enforce compliance-based payments on doctors based on government-defined “value.” (replacing market forces).
- HIX will enforce “delivery mechanisms” that lead to government rationed care.
- HIX is not just for insurance, it’s also for public program enrollment in food stamps.
- HIX lets more people access “financial assistance” (taxpayer-subsidized programs).
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to “eliminate health disparities” in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).
- HIX will be as “transparent” as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency].
- HIX promises to “manage” the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

This State is tending more and more to socialistic policies which are proven to bring down economies, efficiency and progress.
I am an American citizen and veteran of the Armed Services.
Mr. Don Rada
3043 Highpointe Curve
Roseville, MN 55113
Please note I am opposed to the Minnesota Health Insurance Exchange. We want less governmental control of this area, no more.

Sincerely,

Craig Larson

Craig Larson, President
Larson Financial Advisors
7900 Xerxes Ave. S. Suite 920
Bloomington, MN 55431
Ph: 952-345-8005
Fax: 877-903-9576
craig@larsonadvisors.com
www.larsonadvisors.com

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I am vehemently opposed to the “MN Health Insurance Exchange” under Governor Dayton's executive order, which at a taxpayer cost of $40 million - $80 million per year to operate it. In addition as follows…

- HIX will support universal health care - socialized medicine.
- HIX will interfere in the patient-doctor relationship (delivery of medical care).
- HIX will enforce compliance-based payments on doctors based on government-defined "value."
- HIX will enforce "delivery mechanisms" that lead to government rationed care.
- HIX is not just for insurance, it’s also for public program enrollment in food stamps.
- HIX lets more people access "financial assistance" (taxpayer-subsidized programs).
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).
- HIX will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency].
- HIX promises to "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

Murray Herstein
To: Mike Rothman
From: Sharon Rasmussen, dashrasmussen@gmail.com
Date: Sept. 17, 2011

I oppose the MN Health Insurance Exchange (HIX) principles in regards to:

- HIX support of universal health care/socialized medicine
- HIX interference in the patient-doctor relationship/delivery of medical care
- HIX enforcement of compliance-based payments on doctors based on government-defined value
- HIX enforcement of delivery mechanisms that lead to government rationed care
- HIX is not just for insurance, it is also public program enrollment in food stamps
- HIX lets more people access financial assistance (taxpayer-subsidized programs)
- HIX gathers data on race, ethnicity, language, sexual orientation and gender and analyzes medical records to eliminate health disparities in treatment (standardized care and insert the potential of civil rights into exam rooms).
- HIX will be transparent as it is today
- HIX promises to manage the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

Finally, this will cost the taxpayer $40 million with $80 million a year to operate it.

We cannot continue to spend money we do not have. We simply do not have the public jobs to support these costs. If we continue this way, we are running the risk of defaulting and NO ONE will have any benefits or protection. Also, we will be losing more jobs in the insurance industry. We have seen how the concept of universal health care plays out in Canada and elsewhere. If we do this, there will be no choices for people who will not be able to get doctor appointments in a timely manner like we have now. Obamacare threatens our entire way of life when we are willing to pay for killing babies in the womb and encourage elders to die through end of life "counseling". This insanity has to stop before we lose everything we hold sacred. I pray that there are still people in this country that have not completely bought into this culture of death and be willing to choose life.
Sent from my iPad

To the State Department of Commerce,

The Governor executed an Executive Order to receive Money for a study to establish a State Health Insurance Exchange. The State had a waiver to study this. Supreme Court Judge Roberts ruling, however, calls funding related to the "Affordable Health Care Act" a tax. This limits The Commerce Clause of the Constitution for the first time in History. The fact that the Supreme Court struck down the portion of the Law that requires Mandatory purchase of the Insurance reinforces this fact. Being a Tax now requires the legislature to approve any tax levied on tax-payers and further implementation toward establishment of an actual Exchange requires a Law, passes by the Legislature and signed by the Governor.

Michael W. Stenwick
Commissioner Rothman,

I am writing in opposition to the establishment of the Minnesota Health Insurance Exchange which ignores the free market principles of this great country. It is a large step towards government mandated socialized medicine that has lead to rationed care wherever it has been introduced. I am a Canadian expatriate familiar with the socialized medicine plan of Manitoba (and other provinces). Such single payer systems ultimately lead to rationing and inferior care.

Put me down as being strongly opposed to the MN Exchange. The Exchange proposed will only lead to a bureaucratic, low quality, impersonal, unaccountable, rationed care system devoid of any competition. The results will be totally opposite to the principles proposed in the original draft.

The introduction of such an Exchange will be a giant step toward destroying the finest health care system the world has known. I am in agreement that reform to our system is needed. A government run, single payer system is not the answer.

Put me down as a big "NO"!

Respectfully,

John Rendall

Please remember, we cannot bind coverage via voicemail, email, or fax.
The State of Minnesota should stop interfering with the right to privacy that is supposed to exist between doctors & patients. Imposing a health insurance exchange on the citizens of Minnesota will violate this basic right, ration health care to all citizens, cause the quality of health care in MN to drop due to imposed health care guidelines (such things negatively impact every patient because no two patients respond to the same treatment the same way as the majority of studies prove), & will cause the costs of health care to rise significantly in this state (again, as studies have proven).

Let's stop trying to fix something that's not broken. Let doctors treat patients--that's what they are trained to do! Keep insurance companies & government out of health care. We'll all be much better off!
To Whom It May Concern:

I appreciate the opportunity to comment on the guiding principles of the Exchange. I first of all am greatly appalled at the way the Exchange has been developed without legislative approval of our elected officials, under the guise of "executive order", at an overwhelming cost to taxpayers of $40 - $80 million per year and without a law requiring it to be established in the first place. I oppose universal coverage as it is only a means of socialized medicine. With government in charge of developing and running the Exchange, the high quality, affordable health care it aspires is a "mirage". Government has NEVER proven to be more economical or efficient as the private sector. It will interfere in the patient-doctor relationship in the delivery of medical care.. with doctors being deluged with guidelines of how, when, who and where to treat patients--a sure formula for "rationed care". I also oppose the gathering of private health information into a central data bank - that is information I wish to share only with my doctor. The "transparency" of being held accountable to the people of Minnesota is something I am very doubtful will happen. The track record the Exchange has already developed as mentioned above with all of it's "behind the scenes" scheming and political maneuvering tells me transparency will certainly not be achievable. Most important of all, if the Exchange is really interested in competition, then there must be an independent private insurance market outside of the Exchange allowing consumers the right to deal with licensed health insurance agents both inside and outside of the Exchange. In a state that rightly requires licensing and continual ongoing education for those who market insurance products for the protection of it's residents, it doesn't make much sense to have non-licensed, non-educated individuals assist others in navigating the very complexities associated with a health insurance purchase.

Thank you for your time and consideration.

Thomas St. Aubin
Fringe Benefit Services, Inc.
6914 Elliot Ave S.
Richfield, MN 55423
Phone: 612.861.1478
Fax: 612.861.1498

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TO WHOM IT MAY CONCERN:

BELOW PLEASE FIND ART. 1, SEC. 8----POWERS OF CONGRESS
COULD YOU PLEASE SHOW ME WHERE IT SAYS ANYTHING ABOUT
HEALTHCARE OR EXCHANGES. THIS IS NOT CONSTITUTIONAL. I
THINK IT'S TIME OUR CONGRESS AND THE PRESIDENT LEARN TO READ
THE CONSTITUTION. I HAVE. No law allows the Exchange, but the
Governor doesn't care. He's happy to install the "centerpiece" of Obamacare
in Minnesota at a taxpayer cost of $40 million - $80 million per year to
operate it.

Article 1 - The Legislative Branch
Section 8 - Powers of Congress

The Congress shall have Power To lay and collect Taxes, Duties, Imposts and
Excises, to pay the Debts and provide for the common Defence and general
Welfare of the United States; but all Duties, Imposts and Excises shall be
uniform throughout the United States;
To borrow money on the credit of the United States;
To regulate Commerce with foreign Nations, and among the several States,
and with the Indian Tribes;
To establish an uniform Rule of Naturalization, and uniform Laws on the
subject of Bankruptcies throughout the United States;
To coin Money, regulate the Value thereof, and of foreign Coin, and fix the
Standard of Weights and Measures;
To provide for the Punishment of counterfeiting the Securities and current
Coin of the United States;
To establish Post Offices and Post Roads;
To promote the Progress of Science and useful Arts, by securing for limited
Times to Authors and Inventors the exclusive Right to their respective
Writings and Discoveries;
To constitute Tribunals inferior to the supreme Court;
To define and punish Piracies and Felonies committed on the high Seas, and
Offenses against the Law of Nations;
To declare War, grant Letters of Marque and Reprisal, and make Rules
concerning Captures on Land and Water;
To raise and support Armies, but no Appropriation of Money to that Use shall
be for a longer Term than two Years;
To provide and maintain a Navy;
To make Rules for the Government and Regulation of the land and naval
Forces;
To provide for calling forth the Militia to execute the Laws of the Union, suppress Insurrections and repel Invasions;
To provide for organizing, arming, and disciplining, the Militia, and for governing such Part of them as may be employed in the Service of the United States, reserving to the States respectively, the Appointment of the Officers, and the Authority of training the Militia according to the discipline prescribed by Congress;
To exercise exclusive Legislation in all Cases whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of particular States, and the acceptance of Congress, become the Seat of the Government of the United States, and to exercise like Authority over all Places purchased by the Consent of the Legislature of the State in which the Same shall be, for the Erection of Forts, Magazines, Arsenals, dock-Yards, and other needful Buildings; And
To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

THANK YOU,
BEVERLY MORELAND
COTTAGE GROVE, MN
Mike Rothman:
I urge you to stop building the guiding principles of the Exchange. Governor Dayton is overstepping his bounds and there is no law that allows the Exchange. This is for his benefit, not the benefit of the people of Minnesota. The cost to the taxpayers will be $40-80 million PER YEAR to operate and we do not have the money to spend on this.

Further, the HI principles propose:
support socialized medicine, interfere with patient/doctor relationships, enforce compliance-based payment on doctors based on government defined "value", enforce "delivery mechanisms" that lead to government rationed care. HIX is not just for insurance, it's also for public program enrollment in food stamps. HIX lets more people access "financial assistance" [taxpayer subsidized programs]. These are only some of the ramifications. How long before this whole system collapses because there is NO MONEY to support them and then what are the people going to do?

This whole thing is a very bad idea and governor Dayton needs to stop this. He's suppose to listen to the people of Minnesota nd not whoever is telling him what to do. You need to put an end to this now.

Thank you,
Mary Hamilton
As I see it, the proposed guidelines are very problematic. In effect:

- HI/X will support universal health care - socialized medicine.
- HI/X will interfere in the patient-doctor relationship (delivery of medical care).
- HI/X will enforce compliance-based payments on doctors based on government-defined "value."
- HI/X will enforce "delivery mechanisms" that lead to government rationed care.
- HI/X is not just for insurance, it's also for public program enrollment in food stamps.
- HI/X lets more people access "financial assistance" (taxpayer-subsidized programs).
- HI/X will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).
- HI/X will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency].
- HI/X promises to "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

That's not the kind of health care reform we need!!!

We need a real free market in health care; the ability to purchase reasonably priced, individually tailored catastrophic health insurance plans across state lines; and tort reform. We don't need government bureaucrats involved in private health care decisions. And we don't need to rob Medicare and deny coverage to citizens who fought for this country in order to pay for health care for non-citizens who are here illegally! Give me a break.

Mary Clifford, RN
I don't support socialized medicine....your HIX will support universal health care or socialized medicine!!! Please stop the smoke and mirrors!!!!!!!

James R. Quiring
Chaska, Mn.
Please do not use our tax dollars to implement the health care exchanges. They are so expensive. In addition, it makes so many decisions for us that we have to pay for without the chance to give any input.

Sincerely,

Lisa Kempston
There is no law that allows an Exchange in Minnesota. That aside, an Exchange will eliminate choices and free markets. It does not belong in America nor Minnesota!

Crystal Quiring
3110 N. Chestnut St.
#316
Chaska MN  55318
952-221-2787
Abby Goodnough of The New York Times is reporting as the California state government is setting up its ObamaCare exchange, the exchange has hired a PR firm...

“Realizing that much of the battle will be in the public relations realm, the exchange has poured significant resources into a detailed marketing plan — developed not by state health bureaucrats but by the global marketing powerhouse Ogilvy Public Relations Worldwide, which has an initial $900,000 contract with the exchange,” she wrote. Ogilvy’s plan is to tap major network TV shows like “Grey’s Anatomy” and “Modern Family” to sell Americans on the health care law.
Dear Commissioner Rothman,

I am against the Health Insurance Exchange that is proposed by Gov. Dayton. I think it would be a waste of money until we see who will be elected in November - the Affordable Health Care Act may no longer exist after January, 2013.

I think this will interfere in the patient-doctor relationship, with the government too involved with the health care process.

Sincerely, Therese Bower

--
Therese Bower
218-720-5003 home
218-491-4119 cell
www.artofhaironlondon.com/therese.html
therese.bower@gmail.com
www.oil-testimonials.com/903023
What is Governor Dayton thinking?? There is no way to insure all MN Citizens with better benefits for
less money on a long-term basis. Yes, in the short term(til 2015), it may look good, but what happens
when the Federal Government stops/reduces its payments to MN?? Increased taxes?!?!?!! The only
way to keep premiums down is to subsidize from somewhere(INCREASED TAXES!!).

Also, better benefits doesn't include the U.S. or the State of MN telling its citizens when, where, and
how they can see a Doctor-- if at all. The last thing we need, is more government regulation from the
State or Federal Level telling us what we can do or not do.

See the list below--There is nothing reflecting better benefits included in it!! When did the State ever
get trained or understand the value of a human life?? Who will be making the determinations of
"VALUE" to receive the care that is needed and that may not be given??

- HIX will support universal health care - socialized medicine.
- HIX will interfere in the patient-doctor relationship (delivery of medical care).
- HIX will enforce compliance-based payments on doctors based on government-defined "value."
- HIX will enforce "delivery mechanisms" that lead to government rationed care.
- HIX is not just for insurance, it's also for public program enrollment in food stamps.
- HIX lets more people access "financial assistance" (taxpayer-subsidized programs).
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze
  medical records to "eliminate health disparities" in treatment (standardize care and insert the
  potential of civil rights litigation into exam rooms).
- HIX will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30)
  chastise the department for NON-transparency].
- HIX promises to "manage" the competition of doctors/clinics/hospitals (providers) and health
  plans (payers), thereby eliminating market forces and real market choices.

Furthermore, how many Navigators(Non-experienced Government Employees) will be taking the place
of the thousands of Experienced & Licensed Agents in MN?? Will people be able to schedule
appointments beyond 4:00 or 4:30?? I doubt it!! Also, how many offices will be located throughout
the State --or will people just have to call an 800# or go to a website??

Insurance can be confusing and that is why more people purchase insurance through Agents instead
of online or on a 800#. In conclusion, where does it stop?? If the U.S and the State of MN forces its
citizens to purchase Health Insurance through the exchange with no competition, how long will it be
before they also force you to purchase your Auto & Homeowners insurance through an Exchange.
The writing(or lack or "Righting") is on the wall.

We do need Healthcare Reform, however OBAMA CARE and the MN Healthcare Exchange are NOT
the answers. We need Educated & Experienced Insurance Companies, Doctors, Clinics/Hospitals,
Pharmaceutical Companies, and Insureds/Patients being represented at "Round Table Discussions" to
lower health care costs for Americans and Minnesotans.

Don't Keep Me a Secret! If you know of someone who would benefit from the important
services/resources we offer, please reply or call.

Todd J. Henderson
Henderson Financial & Insurance Services, Inc.
For the record, I do not support National Health Care legislation to any degree; and am offended as a citizen of the United States and Minnesota, that it is being implemented. It is not Constitutional (not a legitimate function of government) and thereby against the law.

I vehemently oppose the expenditures of tax dollars in any way to support this debacle on a State or National level!

Sincerely ... John Larkin   3413 Highlander Drive   Eagan, MN 55122
I STRONGLY object to the proposed "Minnesota Health Care Exchange" AKA HIX, proposed by Governor Dayton on multiple grounds as listed below

Despite what the Supreme "court" said, it is Unconstitutional on several Constitutional grounds. If it is so great, why have the people pushing it exempted themselves from it!!

If you insist on putting this on us, then make it apply to EVERYBODY EQUALLY, including Governor Dayton and his family and ALL "state" and public employees, legislators, judges ect!!

1. It NOT available in printed form to be read by any CON-gress person as required by the Constitution. It is a FELONY to vote on legislation that they have not read!!

2. The "people" who passed it exempted themselves from it. Conflict of interest # 1!!

3. The ""president"" who signed it is not a citizen, he is an illegal Alien!!

4. The Supreme "court" judges who ruled on it are exempt from it!! Conflict of interest # 2!!

5. Governor Dayton who is trying to FORCE it upon us is also exempt from it!! Conflict of interest # 3!!

6. ALL the state legislators who are pushing it are also EXEMPT from it!! Conflict of interest # 4!!

7. It is FREE to ALL ILLEGAL ALIENS!! That to is UNConstitutional!!

Sincerely,

Ervin Earl Swartwoudt & Family
12100 Baseline Rd.
Dundas, Minn 55019     507-645-8712
We are not in favor of the government taking our health care. It will take away our freedom, our Dr., our money, and we will have rationed care that would place all seniors, especially, at risk.
And unwanted. I oppose Gov. Dayton's "Exchange" plan.

Mary Mackey,
Health and Resource Management
612-321-5953
I would like to submit comments regarding the
"MINNESOTA HEALTH INSURANCE EXCHANGE ADVISORY TASK FORCE
GUIDING PRINCIPLES"

Regarding “Universal Coverage”: All Minnesotans currently have access to health coverage through Minnesota Care if they can’t afford it on their own. Therefore this is not a reason which supports a health care exchange.

Regarding “High Quality Affordable Health Care” - an exchange will support a socialized form of medicine delivery which will reduce quality and increase rationing – which has been demonstrated in many countries where it has been tried – e.g. – Canada, Great Britain.

“Accountable”: How transparent is the HIX to date? The vast majority of Minnesotans are currently unaware of this implementation by order of the Governor’s office. How “transparent” is this?!

“Competition” : the HIX will reduce the accountability of the health service provider and insurance company to the end user – the patient. This accountability is a market force currently in place that will be eliminated by the HIX. This is one of several unintended consequences which the HIX will experience, making life more miserable for all Minnesotans with respect to health care.

Sincerely,
Mark Ziemer
Circle Pines, MN
Universal Coverage
The Task Force will foster an Exchange that supports universal access to health care for all Minnesotans. So all the sick people will end in the exchange?

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. The quality will have to go down, especially since Minnesotans now enjoy probably the best health care in the country....Cost? You may need to factor in all the subsidized care that taxpayers will pay for ...to cover all the new people who will get insured ..see next item...

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.

Eliminate Health Disparities
In designing the Exchange, the Task Force will actively seek out and pursue opportunities to eliminate health disparities. What does this nebulous statement mean?

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. If you think people get run-over by insurance companies now, what chance will they have against the government? They only get to vote once every 4-years

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. Wrong. It will foster a limited number of options which will provide lower quality care. Regulated carriers and plans make a system that is ripe for pay-offs, bribes, and incestuous relationships between players in the insurance industry and government.
In regard to the health care exchange. My opinion is that the project should be cancelled, since most Minnesotans do not want it and the governor is wrong in having it worked on.

Sincerely,
Dan van Bogart
Maple Grove, MN
I object as a Citizen and as Licensed Insurance Agent to the Exchange.

This appears as a matter of encroachment on a system that works very well without 40-80 million to be spent.
You can go to my web site www.nfammn.com and Quote all the Health Insurance carriers.
I make my living is this field with employees and 70 agents in my Blue Cross General Agency.
I read that MN Insurance agents derive 50 million of income, yet it was going to cost the Gov. 50 million to run the Exchange. Why do that? A system that works is already in place.

I paid my own tuition to attend the University of MN 1972-1976. I am a graduate of the College of Liberal Arts with concentrations in Business and Social Sciences, having been in the Insurance Industry for 38 yrs.
Tell me what you are going to do with me once you take me out of the picture.

I sent a message to the Governor and Lieutenant Gov. 2 weeks ago. No response.
Let me know if this system works by responding to me.

Thank you, Be Happy

Paul Nyquist
Owner of NFA
1325 American Blvd East, Suite 5A
Bloomington, MN 55425
PH: 952-854-4596
FX: 952-854-0209
www.nfammn.com
To ALL Minnesota Legislators and our Governor,

    We do not want to spend $40 million to set up and $80 million to operate the Minnesota Health Insurance Exchange. Governor Dayton is doing this through executive order, not our elected representatives. It is to be paid by our money. Government only has money it TAKES from us. Please stop the implementation of this program NOW! You must understand the federal government has no way to "punish" our state for not complying. We do not want obamacare and our state can not afford it. Please research this carefully before you commit Minnesota to Taxmagedon.

Watching and waiting,
Barb Norine
I am very much opposed to putting into place the guiding principles for Obamacare. I am very much opposed to Obamacare and socialized medicine and I've studied it and know what's in it.

I am a retired person and don't want rationing of care and many other things it proposes. I like my medicare advantage plan the way it is and don't want my premiums to go up. Doctors will be told what to do. Also the exchange will cost the taxpayers lots of money.

Denice Juneski
Eagan, MN
I’m against any kind of exchange that is run by the state. It is unnecessary when there are plenty of private sector agents who have given the public the type of coverage they wish with choices on maximum annual cost. All of the data that will be gathered under the disguise “Building a Better Mousetrap” is nothing more than govt. snooping into our lives and building a bigger govt. work force. $40M to start and $80M a year after that—A waste of money we can’t afford.
I’m totally opposed to the setting up of an Insurance exchange for the State of MN without legislative approval. This is commitment of State funds of excess of $80,000,000. To operate. The Governor has over stepped his bounds. According to polling the people of MN don’t support!
It's a shame to waste peoples time and money on this socialist plan when we are within 2 months of an election where it will be overturned. And it's even more of a shame that we've let this go this far. This is AMERICA, and we need to quickly put an END to the leftist agenda seeking to take over our nation and our people.

NObama 2012
NObamacare 2012
No mention has been made regarding what the impacts will be on retired and disabled military Tri Care and Tri Care For Life health care if or when Obamacare is fully implemented. Will the Veterans Administration patients be folded into Obamacare Health Insurance Exchange program?

Dick Hagen
Bourn and raised in Minnesota now living in Arizona but still a Minnesotan at heart. I am sending this as a comment only and not trying to get in your business.
Dick Hagen
Governor Dayton is out of line. The public should be and deserve to know how many millions of dollars Dayton is spending to set this exchange up and also ongoing annual expense. This will not bring better and cheaper health care to MN. citizens. And how can he avoid the state legislature and still be legal. We need health care reform but not the way Dayton and Obama are going about it. Wake up MN. before it is too late!!

James R. Henderson  
Financial Representative  
1154 Oxford St. PO Box 457  
Worthington, MN 56187  
Phone 507-372-5595  
Fax 507-376-9115

James R. Henderson is a registered representative who offers securities through AXA Advisors, LLC (NY, NY 212-314-4600), member FINRA/SIPC, and is an agent who offers annuity and insurance products through AXA Network, LLC and/or its insurance agency subsidiaries. AXA Network, LLC does business in California as AXA Network Insurance Agency of California, LLC and, in Utah, as AXA Network Insurance Agency of Utah, LLC. AXA Advisors and AXA Network are affiliated companies and do not provide tax or legal advice. Representatives may transact business, which includes offering products and services and/or responding to inquiries, only in state(s) in which they are properly registered and/or licensed. Your receipt of this e-mail does not necessarily indicate that the sender is able to transact business in your state. Henderson Financial & Insurance Services, Inc. is not a registered investment advisor and is not owned or operated by AXA Advisors or AXA Network.

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*******************************************************************************
Minnesota cannot afford the $40 to $80 million per year to operate this Exchange. Haven't the politicians learned anything – that the majority of the Citizens do not want or did not want government involved in their Health Care. It has already raised premiums and yet the government keeps saying how much money they are saving for the people. Not true!

The more the Health Care kicks in – the more it will cost the citizens. As a politician, The Governor, Mark Dayton should know this. Why does he want to control the citizens? We are capable of taking care of ourselves quite well. We don't need the government telling us how to live, what kind of health care we need or what kind of health care we will be allowed to have!!

The citizens are not as ignorant as the government likes to believe we are.

Thanks.

Ruby Schwanke   rschwank@mediacombb.net
Comments on proposed Guiding Principles for the Minnesota Health Insurance Exchange

The proposed Exchange is an unconstitutional illegal power grab by Gov. Dayton that undermines the lawmaking process in Minnesota and blows off the civil rights of Minnesota Citizens.

We do not need top down government run Soviet style socialist health care system in Minnesota.

Your exchange "principles" are pure advertising slogans on the level of political campaign ads.

Specifically, your pursuit of an exchange will:

• support universal health care - socialized medicine.

• interfere in the patient-doctor relationship (delivery of medical care).

• enforce compliance-based payments on doctors based on government-defined "value."

• enforce "delivery mechanisms" that lead to government rationed care.

• foster outrageous mission creep, since it's also for public program enrollment in food stamps.

• lets more people access "financial assistance" (taxpayer-subsidized programs).

• gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).

• be as "transparent" as it is today which is to say NOT at all transparent.

• "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), by eliminating market forces and real market choices.

Thanks you for your consideration of these comments.

Val Baertlein
I am opposed to the establishment of this exchange based on the governor's executive order. I am opposed to socialized medicine. I am opposed to bureaucracies interfering with my doctor-patient relationship.

I am opposed to the government bureaucrats telling doctors what they can do to treat patients and what they will pay for.

I am opposed to government control over health care providers--this does not foster competition, it stifles it. The only way to encourage open and fair competition is a free market system.

--

Jan Antinozzi, Ham Lake
Get rid of Dayton and the rest of the liberal gang...and gang they are. I'll work to rid this nation of the trap of Obamacare in Minnesota and the nation.
From: Donna Daquila
To: *COMM_Public Comments HIX
Cc: sheri@cchfreedom.org
Subject: Opposing your Exchange
Date: Wednesday, September 19, 2012 7:50:16 AM

I am vehemently opposing your guidelines for Obamatx/care Health Insurance exchange at a cost of millions and millions of Minnesota tax payers. When is enough...enough with you Dayton.

Minnesota does NOT want socialization in ANY form.

Donna D'Aquila
I vehemently oppose the Guiding Principles for the Minnesota Health Insurance Exchange. This is an example of government overstepping its bounds (actually, leaping over its bounds) and shoving its agenda down the throat of free Americans. The government has no constitutional right to interfere in the health care of its citizenry. Not only that, the government has no constitutional or moral right to violate the checks and balances of our governmental system by forcing an agenda through without giving the people voice in the matter via their representatives.

Melody Dornink
24-year-old Hayfield resident
I am absolutely against the program you are suggesting.

I have friends and relatives in other countries who have adopted a similar system and the results have been disastrous.

Our health care system may not be perfect, but it is much better than the vast majority.
I suggest "tweaking" the current system is a much better and safer approach.

Bonnie O'Neil
MORE burden on taxpayers. If you feel this way, why don't you just move to Europe?

This country is SINKING, and instead of you trying to PLUG THE HOLE, you are throwing MORE chain overboard. So much that you will never be able to retrieve the chain later.

The taxpayers PAY for this program and the tax USERS benefit from it- NOT A GOOD IDEA- one of the worst things O'Bummer has done to destroy America.

Dan DeBusschere
Sept. 19, 2012

Dear Sirs:

In response to Gov. Dayton’s executive order to impose Obamacare on the people of Minnesota. It is truly a sad day when we see a governor of our state take into his own hands the wills and ways of Hitler! One can only guess what he has in store for our state after forcing the guiding principles of Obamacare on the people of this state. He will undoubtedly turn to the people of this state at TAX time and say WE the STATE need MORE money to pay for this horrendous program. We the people of this state would like to tell him to CUT the CHECK out of HIS OWN POCKET. One thing we the people are truly sick of is being forced again and again to pay higher and higher taxes to pay for FOOD STAMPS and health care for people who don’t need them and illegal aliens in our state who have been using them for years !!! And we always get the same line.....but this will be better!!! It is NEVER better when the GOVERNMENT takes over ANY area of our lives. We are so waiting for election to come so WE THE PEOPLE can stand up and put Gov. Dayton and his cronies where they belong...OUT THE DOOR. Submitted respectfully for people who can not understand the English language and need a simple explanation.

Sincerely,

Dawn C- Neuschwander
HIX WILL INTERFERE IN THE PATIENT-DOCTOR RELATIONSHIP
......I WANT YOU TO STAY OUT OF MY HEALTH CARE!!!!!!

JAMES R. QUIRING
CHASKA, MN
Accountability

The task force needs to recommend a neutral/un-biased group that will unequivocally report to the MN taxpayers, residents and general public the funding sources to implement and manage a universal health care system. We have a right to know and understand if this system is self-funding because that is ultimately what needs to happen. If not, this program will become a double fee no win program for those outside the exchange. What I mean is simply this, those outside the exchange will be FORCED to buy health care for themselves and additionally support the deficit of the exchange through additional taxes being paid to support yet another government program. The notion that the federal government picks up a major portion of the cost and not MN residents is misleading. Don’t MN taxpayers pay federal taxes.

The task force also needs to recommend a reward system for healthy living lifestyles. This includes rewards (lower premiums) for bio-metric results which is a fair gauge of one’s personal health related choices. Generally speaking, exercise and proper eating habits lead to healthier Americans. Obesity is in the news everywhere but no one can blame anyone else but themselves for their personal eating habits - period! It’s not fair to those trying hard to achieve healthy results and have to help pay for someone else’s unhealthy choices. When it comes to health care, accountability will only be driven by a reward/penalty system. People have to have “skin in the game” to make good choices. The notion that food manufacturers are to blame for obesity is ridiculous, the government needs to start putting the blame where it belongs, that is personal choices. This will only come through rewards/penalties.

The task force needs to be transparent about how the reserves to start a universal health care system will be created. I propose public bond offering and not taxing business as laid out in the Obama Care literature. Businesses are already paying for employee healthcare, don’t ask them to support yet another government wasteful program. These kinds of programs are why business doesn’t add more jobs because of the uncertainty of all the future costs related to government running 1/6 of the GDP.

PublicComments.HIX@state.mn.us
sheri@cchfreedom.org
----- Forwarded Message -----  
From: Jim Quiring <jimquiring@yahoo.com>
To: "PublicComments.HIX@state.mn.us" <PublicComments.HIX@state.mn.us>
Sent: Wednesday, September 19, 2012 6:34 PM
Subject: HEALTH CARE EXCHANGE

HIX WILL INTERFERE IN THE PATIENT-DOCTOR RELATIONSHIP
.....I WANT YOU TO STAY OUT OF MY HEALTH CARE!!!!!!

JAMES R. QUIRING
CHASKA, MN
THE EXCHANGE WILL ENFORCE COMPLIANCE -BASED PAYMENTS ON DOCTORS BASED ON GOVT.-DEFINED VALUE. STAY OUT OF MY HEALTH CARE!!!!

JAMES R. QUIRING
Dear Dept. of Health.

As you develop the Exchange, I appreciate that one of your guiding principles is ‟to foster vigorous and fair competition in the health care systems”’. This is essential to a well-functioning system. Remove competition and we are left with inefficiency.

The only way to accomplish this is to operate the Exchange alongside the private marketplace. Only then will the Exchange operate in a competitive environment.

I look forward to seeing a vigorous, and competitive Exchange that competes successfully with the private marketplace. Anything else will be a financial disaster for MN.... IE...MA now spends 50% of State revenue on healthcare, and are forced to rewrite the entire way they fund their system.

There is no reason to think that if MN follows the MA model that our experience will be any different. There must be vigorous competition between the private marketplace and the Exchange, or your names will be on a failure in a proportion we have never seen. You must get this right!

We now have arguably the best system in the US, and therefore the world for people that are sick. The system is generally working for upwards of 90% of the population. About ½ of the uninsured are eligible for a State program, but just don’t enroll. (MDH news release 3/6/2012) If the system were tweaked to create more competition, I think it would be better. Incumbent on that is a private marketplace.

Thank you for listening and I look forward to “a vigorous marketplace” that includes the private marketplace.

John E Cleveland
6666 Smithtown Rd
Victora MN 55331
612.791.8538 cell.
We do not want odoma health ins exchange in mn please do what the people do not want this change.
I oppose any Health Insurance Exchange in Minnesota. This is not the responsibility of our State Government, and should not be implemented by Minnesota. No law allows for this Exchange, but the Governor doesn't care. He's happy to install the "centerpiece" of Obamacare in Minnesota at a taxpayer cost of $40 million - $80 million per year to operate it. This is an outrageous infringement on our rights and our lives.
In general I am against the Exchange, but I do understand that it is better to have our own as opposed to one imposed by the Federal government.

I strongly believe it will work best if there continues to be a health insurance market in the private sector outside of the Exchange. I think that the Exchange and the private sector must have a level playing field. The costs of coverage through the Exchange should include all of the costs of the exchange. Reserve requirements should be similar.

There needs to be assurance that Navigators will have the same training and liability that agents in the private sector do. There should be a plan to protect the public from incompetence, fraud, and misrepresentation.

Thanks you.

Regards,

Buster West

Warren “Buster” West, CLU, ChFC
Agent (MN license #74117)
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.

Twila Brase RN, PHN
President
Citizens' Council for Health Freedom
161 St. Anthony Ave, Ste. 923
Saint Paul, MN 55103
www.cchfreedom.org
651-646-8935
Department of Commerce and Commissioner Mike Rothman, et al.

I disagree with Dayton's executive order. NO law allows for the exchange and I DO NOT appreciate him insisting on the "centerpiece" of Obamacare in Minnesota at a taxpayer cost of $40 million - $80 million per year to operate it. What a gross misuse of funds. This is a huge burden on MN taxpayers to deliver something highly undesirable. THIS IS OUTRAGEOUS!

I strongly oppose the Guiding Principles for the Minnesota Health Insurance Exchange.

They promise several things but actually deliver many undesirable things.

I believe what the principle actually propose are the following undesirable things:

- HIX will support universal health care - socialized medicine.
- HIX will interfere in the patient-doctor relationship (delivery of medical care).
- HIX will enforce compliance-based payments on doctors based on government-defined "value."
- HIX will enforce "delivery mechanisms" that lead to government rationed care.
- HIX is not just for insurance, it's also for public program enrollment in food stamps.
- HIX lets more people access "financial assistance" (taxpayer-subsidized programs).
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).
- HIX will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency].
- HIX promises to "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

I strongly oppose the guiding principles of Minnesota Health Insurance Exchange.

Sincerely,

Richard Colombini
7330 West 14th St.
St. Louis Park, MN 55426
We do NOT want this government takeover of healthcare in any way, shape or form. Please stop with the health insurance exchange!

Sincerely,

Jeff & Jackie Daas

MN
Dear Commissioner Rothman,

I wanted to comment on the draft of the proposed guiding principles for the Minnesota Health Insurance Exchange. I adamantly oppose implementing a health insurance exchange in MN. Implementing this exchange would raise the cost of health care and increase taxes, decrease the quality of health care and give the government far too much control over peoples health care as well as their personal information. The people of Minnesota are opposed to universal health care and will not allow Governor Dayton to force this on us through executive order.

Sincerely,

Jill Thompson
Attached is our letter with comments.

Gordy Anderson - THHACC Pres.
September 21, 2012

Commissioner Mike Rothman
Department of Commerce
85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198

Dear Commissioner Rothman,

The Two Harbors Area Chamber of Commerce requests your support in creating a Minnesota health insurance exchange that reflects a strong state commitment to the role of free markets and consumer choice in offering high quality, cost-effective health care to all Minnesotans.

The Chamber supports an exchange that: provides consumers with meaningful information regarding care quality and coverage; is governed by a private nonprofit organization; has well-defined functions and costs; sustains itself financially via a mix of revenue streams that hold the exchange accountable to users; retains and maximizes existing distribution channels of health insurance; ensures that small businesses retain access to their insurance agents and brokers to weigh coverage options; permits a competitive health insurance market outside the exchange; takes full advantage of the risk-mitigation tools available through the ACA; and facilitates, not dominates, the individual and small group health insurance markets.

The Chamber appreciates that the Task Force and its 10 related work groups have invited participation and solicited information from Minnesota businesses. But as the November 16, 2012, deadline for the state to submit its exchange plan for federal approval fast approaches, the time has come to move from discussions to decisions. The Chamber hopes that decisions to establish a Minnesota exchange promote a competitive health insurance market driven by consumers, not regulators.

The Chamber understands that the Task Force adopted recommendations on which 2011 legislation was based. But the recommendations and proposed bill do not have the force of law, and administration officials have not stated that the legislation reflects the exchange they intend to establish. Minnesotans have not been told who will run the exchange, the scope of what the exchange will regulate, what functions the exchange will perform, how much the exchange will cost, how the state will pay for the exchange, or even what the state legally needs to do to establish the exchange. Without this basic
information, businesses cannot plan for effective exchange participation, and Minnesota consumers cannot determine whether the intended exchange will meet their needs.

The Chamber appreciates the complexity of these issues and the substantial work that has been put into developing a state health insurance exchange. Moreover, the Chamber remains committed to working towards a Minnesota exchange to preserve the state’s power over its own health care system. But to achieve that goal, the state must present its plan in time for Minnesotans to discuss and decide together what their exchange should look like.

Accordingly, the Chamber asks that the state publish a specific, comprehensive plan detailing the exchange it intends to establish, including but not limited to its governance, scope of functions to be provided, estimated cost and finance, regulatory authority and public accountability, and ground rules regarding who can use it and how (e.g. the role of brokers and agents). The Chamber further asks that the state only establish an exchange that preserves a competitive insurance market and protects consumers’ ability to purchase insurance through a variety of sources according to their needs and resources.

Thank you for you consideration.

Sincerely,

Gordy Anderson
Two Harbors Area Chamber of Commerce
President
I am opposed to this type of arrangement. Why would we pay millions of dollars for an exchange to build and operate for a product that is going to be more expensive and less choice than the private market for the public and employers?? Tom
I am opposed to this health exchange, it will cost us, the tax payer millions, reduce our choices, and cost us more for less coverage and again with choice or options!

Stephen G Kelly CIC
Common Sense Insurance
O 763-557-6726 ext 12
F 763-557-6757
sgkelly@commonsenseins.com
Your exchange will lead to government rationed care!!! Keep out of my care.

Jim Quiring
Chaska, mn
Your exchange isn't just for insurance, but also for a public program for enrollment in food stamps!!!
Keep out of health care!!!

Jim Quiring
Chaska, mn
We oppose implementing Obamacare in the state of Minnesota, it has little to do with actual health care, but instead more to do with government and insurance companies dictating medical issues. Where is our freedom?

Ross and Carol Hilgendorf
I am totally opposed to anything to do with Obamacare such as it now exists. It is corrupt to the core, and another means to grow the government. It will no doubt cost most of us more money, with the exclusion being all the Obama cronies. If this plan is so great, why not make it a plan for all, including all the politicians. To my way of thinking, this will be nothing short of another tax. Minnesota does not need this.
I have been following the push for Universal Health Care since it was first proposed. Should the following “edicts” come to pass, my personal choices will be a thing of the past. There is nothing in the program that allows my Constitutional Liberty to make health decisions to my preferences. My values will be corrupted by the government program features listed below.

I personally experienced the loss of a daughter to cancer – The U.S. government’s FDA interfered at that time and continues to interfere with treatments that do not meet “protocols” of the moneyed Pharma community.

- HIX will support universal health care - socialized medicine. ? Global?
- HIX will interfere in the patient-doctor relationship (delivery of medical care). That is a very private concern to me – no gov’t medling.
- HIX will enforce compliance-based payments on doctors based on government-defined "value." For treatments that do not work!
- HIX will enforce "delivery mechanisms" that lead to government rationed care. I lived with rationing during WWII
- HIX is not just for insurance, it's also for public program enrollment in food stamps. I have well off neighbors that nurse off public programs.
- HIX lets more people access "financial assistance" (taxpayer-subsidized programs). So they can live high on the hog while I scrimp and am denied care that actually works.
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms). Hog Wash – disparities COME from the gov’t and will only be increased!
- HIX will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency]. “Transparency” be gone. When has the GOVERNMENT ever been so?
- HIX promises to "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices. Give an example of ethical management of anything the government gets its hands on.

• I VOTE NO TO IT ALL!
• “Accountability”?
• No such thing in government programs.

Shirley M. Klenk
408 3rd St. N., Stillwater, 55082
OFFICIAL PROPOSED MN OBAMACARE EXCHANGE PRINCIPLES - DRAFT:

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

* Government intervention is not the way to go. We need to cut government spending & control.*

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.

"innovative payment and delivery mechanisms" (just what does this Orwellian phrase mean? Guidelines MD’s must follow for both treatments and charges?)

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.

*Because we consumers are too limited in our ability to choose what is in our own best interests!*  

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

*So everyone can get the same headache over government intervention in their private health care concerns!*  

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.

*This should make the government intervention pill a little easier to swallow!*  

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.

*Bottom line: A free market system with the consumers making their own choices in their own best interests without road blocks from a nannie government is still the best way to "foster vigorous and fair competition,*
in my opinion.

Glenda Bergeson, Fertile, MN
I'm against government intervention in personal health care decisions and this will substantially increase government involvement along with added expense to taxpayers ...as our country's deficit is not getting any smaller. Having worked as a registered nurse in nursing home, hospital, & home care settings, I've already noted the massive amount of paperwork and red tape associated with government programs. I'm also concerned about the patient's right to privacy once government takes over our healthcare. No tinkering by a "Task Force" or assurances from the president can make this universal healthcare pill easier to swallow!

Cindy Engelstad
Fertile, MN
Commissioner Mike Rothman, MN Department of Commerce:

Please take action to cancel any and all participation by the State of Minnesota in the Obama Health Insurance Exchange. ObamaCare must be repealed, and the State of Minnesota should take action in this matter by declaring that ObamaCare in Minnesota is null and void because ObamaCare violates the Ninth and Tenth Amendments to the U.S. Constitution. This usurpation of authority by the Federal Government must be exposed and defeated.

Rolland Neve
Chanhassen, MN 55317
Mike,

Do put a stop to Gov. Dayton’s executive order to usher in universal health care. Let it be done through the legislative channels of the state, not by an executive decree.

Your efforts to halt and stop this are critical and duly appreciated.

Roger Meier
Attached is our comment letter on the proposed principles for the Exchange. Please let me know if you have any problems opening this document. Thank you.

Kathryn Kmit
Director, Policy and Government Affairs
Minnesota Council of Health Plans
651-645-0099 ext. 13
651-645-0098 fax

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If you have received this e-mail in error, please immediately notify the sender or contact the Minnesota Council of Health Plans at (651) 645-0099, x10.
DATE:    September 24, 2012
TO:     Members of the Minnesota Health Insurance Exchange Advisory Task Force
FROM:  Minnesota Council of Health Plans
RE:  DRAFT Guiding Principles developed by the Minnesota Health Insurance Exchange Advisory Task Force

Dear Members of the Task Force:

On behalf of the Minnesota Council of Health Plans (Council), thank you for the opportunity to provide comment on these guiding principles. The Council’s membership includes Minnesota’s seven licensed nonprofit health plans: Blue Cross Blue Shield/Blue Plus of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne, Sanford Health Plan and UCare.

Minnesota has a unique marketplace that affirms the value of nonprofit health plans and health care, and has benefited from a long history of providing access to coverage that includes high quality health care at a lower cost. Our state is well-positioned to be a leader in health reform by leveraging existing state infrastructure and nation-leading community-based solutions, including both MN Community Measurement (MNCM) and the Institute for Clinical Systems Improvement (ICSI). Effective execution of health care reform will require all stakeholders to work together in close collaboration.

The Council believes it is critical that in designing a Minnesota-based Health Insurance Exchange (Exchange) we focus on what is minimally required to have an Exchange operational by October 2013. In doing so, Minnesota must leverage existing community-based solutions to avoid duplication and unnecessarily restrictive regulation, and maintain affordable coverage options for all purchasers in the private market.

Below are the Council’s more specific comments on the Exchange Guiding Principles draft:

**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.

We believe the design is the most important piece of work for the Exchange. It must be intuitive and as easy as possible for users. One way to do that is to keep the design simple and straightforward. The more that is added beyond what is required for the Exchange, the more complex and confusing the experience will be for users.
Without an easy-to-use, consumer-friendly design the Exchange will fail at its most basic responsibility — to increase access to health care coverage.

**Universal Coverage**

_The Task Force will foster an Exchange that supports universal access to health care coverage for all Minnesotans._

The Minnesota Council of Health Plans strongly supports universal coverage. This has long been one of the Council’s four guiding principles. We recommend inserting the word “coverage” after health care in the wording of this principle to be clear and consistent.

Research shows the more people who have health insurance, the better the overall health of the population. Access to quality, affordable health care is accomplished through a public/private partnership. Minnesota’s health plans have a long tradition of providing quality insurance coverage and working with government to meet its obligations to ensure access. In addition to supporting access, the Exchange can also ensure robust choice of carriers, products, and delivery methods to meet consumers’ needs. It is important consumers continue to have choices when selecting health insurance coverage.

The Exchange should help those currently uninsured to access coverage; however, it is equally important that the Exchange recognize cost challenges across the broader Minnesota health insurance marketplace. The state’s actuarial and economic modeling estimates premiums in the individual market will increase by 26 – 42 percent. For those who are not eligible for subsidies, or who are at the higher end of the income-based sliding scale and will be eligible for significantly smaller subsidy amounts, it is vital to ensure the decisions made in the design of an Exchange do not price these individuals out of the market.

**Eliminate Health Disparities**

_In designing the Exchange, the Task Force will actively seek out and pursue opportunities to eliminate health disparities._

Health plans, health care providers, the community and government must continue to work together to improve our communities’ health status and reduce disparities. The Exchange will play a role by ensuring access to health care coverage. Using the “no wrong door” concept for the Exchange, an individual will be able to access coverage either through a private commercial plan or be directed to the Medicaid program depending on the individual’s income level.

Certainly, by giving more Minnesotans access to coverage, the Exchange can facilitate one key piece in the puzzle of health disparities, as we know that coverage is a key contributor to seeking appropriate care. However, the ongoing work to eliminate health disparities is bigger than the Exchange and requires a more comprehensive collaborative solution. A continued public/private partnership will be most successful in improving public
health measures and reducing disparities in care and health status. This partnership should set priorities and implement proven interventions. The Exchange should not be held accountable to reduce disparities—the Exchange does not deliver care.

**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._

Minnesota’s nonprofit health plans are dedicated to increasing the value of health care coverage. We continue, along with our community partners, to work toward high standards of quality care, broad access to health care coverage and services, and affordable health care. In the past few years health plans and provider partners have created innovative, long-term contracts designed to improve quality outcomes and at the same time reduce the total cost of care. These contracts are producing better value for all Minnesotans.

It is important to distinguish between the delivery of care and the access to health care coverage. The Exchange has the opportunity to increase access to affordable coverage options that meet the individual needs of consumers; however, the Exchange does not deliver that care. As Minnesotans access health insurance coverage through the Exchange, we need to ensure consumers will enter a health care market where quality, evidenced-based medicine is the standard for health care. Providers, health plans, the state and community partners continue to advance quality and transparency to improve outcomes, eliminate errors, reduce costs and help consumers make informed health care choices.

The Exchange has the opportunity to become an important partner with multiple stakeholders in supporting community-based efforts already underway that assist consumers in understanding their role in improving health outcomes and slowing the rising cost of care. Any effort by the Exchange to duplicate work underway in public-private partnerships across the state would increase costs to the system without adding value.

**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._

A fair, level playing field for all participants in the marketplace is the cornerstone for competition. Another cornerstone is choice. Consumers and purchasers must continue to be offered an array of low-cost health plan products that are flexible and meet their needs. The Exchange should support the work of community-based organizations that seek to optimize the success of public/private partnerships to improve quality, access and affordability.

This recommendation also appears to call for enhancing the market availability of health insurance products that foster consumer accountability for health behaviors and create incentives for consumers to use high value
providers. This important work has been underway in the private market for several years and is often included in the networks and pricing of products developed by the health plans. It is important to be clear this recommendation does not require specific insurance products be offered, but that it focuses on ensuring that existing and new products developed by insurers are widely available to consumers.

**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._

We applaud the recommendation to be transparent and accountable. This effort will help the Exchange focus on providing information that is useful to all stakeholders across the state. As you think about accountability within the Exchange, it must be within the context of actual accountability measures already within the state’s regulatory and contractual structures and work underway in public-private partnerships in the community.

In addition, if the Exchange is considering data reporting as a piece of its accountability plans, that work, too, must be done within the context of the current marketplace. For example, different health plans and hospital/clinic systems are currently working together to improve care, reduce disparities, and improve value. These efforts require a customized approach that allows a clinic system and health plan to focus on mutual goals to improve the care delivered to, health of, and consumer experience of the people they serve without the burden, cost and complexity of unnecessary or inadequate data reporting. It is important to recognize that any top-down standardization from the state may limit opportunities for plans and providers to share information quickly and collaboratively. This customized model of sharing data to improve health care outcomes and lower the total cost of care is generating results. The Exchange requirements should not limit the ability of payers and providers to effectively partner in improving outcomes, reducing health disparities, and driving value for consumers.

**Market Stability**

The Council believes there is a critical element missing within these draft principles – market stability. Market stability mitigates adverse selection, provides continuity, supports affordability, and enables a positive consumer experience. To achieve this principle, the following should be considered.

First, market stability is supported by encouraging as many Qualified Health Plan (QHP) issuers as possible to participate inside the Exchange. Rather than limiting the number of issuers who can participate in the Exchange, Minnesota should build an Exchange that encourages issuers to offer QHPs inside the Exchange and, if they choose, offer QHPs or non-QHPs outside the Exchange. This can be best achieved by focusing certification requirements only on those mandated under the ACA and limiting their scope to that of current state law. Because of the way that risk adjustment and risk corridors are structured across QHPs in and out of the
Exchange, adverse selection is minimized by encouraging issuers to offer products inside as well as outside of the Exchange.

Second, market stability is achieved by ensuring that the health plans that have provided coverage to Minnesotans for decades remain viable options into the future. The Exchange should be built to safeguard against financial instability of health plans. Health plans provide policyholders protection from catastrophic health care costs, but this protection can be put at serious risk if there isn’t a consideration of the financial solvency of plans. By ensuring health plans remain financially solvent, the state would promote increased competition that drives choice and value for consumers.

A consideration of any decisions in the development of a Minnesota-based Exchange must include the stability of the marketplace, and the Council suggests the following be added as a guiding principle:

**Market Stability**

_The Task Force believes it is critical the Exchange be designed in a manner that promotes choice of carriers and products for individuals and small businesses, while ensuring market stability, access, and affordability for all consumers._

The Council is committed to working closely with the state as it continues to implement health care reform. Please do not hesitate to contact me directly if you have any questions.

Sincerely,

Julie Brunner

Julie Brunner
Executive Director
Please find the Minnesota Hospital Association’s comment letter regarding the Health Insurance Exchange Advisory Task Force’s Draft Guiding Principles attached.

Matte *h Anderson, J.D.
Vice President, Regulatory and Strategic Affairs | Minnesota Hospital Association
2550 University Ave. W., Ste. 350-S | St. Paul, MN 55114
651-659-1421
www.mnhospitals.org | on Twitter @mnhospitals
Facebook.com/MinnesotaHospitalAssociation
September 24, 2012

TO: Members of the Health Insurance Exchange Advisory Task Force

RE: Task Force’s Draft Guiding Principles

Submitted via email to PublicComments.HIX@state.mn.us

On behalf of our members, which include 145 hospitals and 17 health systems throughout Minnesota, the Minnesota Hospital Association (MHA) appreciates the opportunity to provide the following comments regarding the Minnesota Health Insurance Exchange Advisory Task Force's draft guiding principles.

MHA supports the creation of a Health Insurance Exchange (Exchange) in Minnesota. We prefer that Minnesota's Exchange be created by, governed by and operated by Minnesotans rather than the federal government. Also, MHA believes that the Exchange should be insulated from partisanship and, therefore, we prefer that Minnesota's Exchange be operated as a nonprofit organization or a public-private partnership instead of existing within a state agency.

With respect to the Task Force's draft principles, MHA supports the general direction and aspiration statements. However, we have concerns that the draft principles overemphasize the Exchange's role in reforming the health care delivery system and underemphasize its role in reforming the health insurance market for individuals and small businesses. Consequently, the draft principles create a scope that is too broad for the Exchange.

Instead, MHA respectfully suggests that the Task Force reexamine the draft and take the hard step of focusing the principles on the functions and roles that the Exchange can and should play in Minnesota. Specifically, MHA encourages the Task Force to revise the draft to explicitly and clearly address the Exchange's role in facilitating the transaction between Qualified Health Plan offerors and purchasers.

Also, MHA is confused about the role and authority of the Task Force. In presentations and discussions, state employees in leadership positions with the Exchange emphasize that the Task Force is an advisory body. Yet, in the draft principles, the language used gives the impression that the Task Force has a role with much more authority. The draft states that the Task Force will "design an Exchange" and "develop the Exchange." MHA urges the Task Force and/or the Administration to be very clear about the role of the Task Force; its decision-making authority, if any; and the lines of accountability for Exchange policy, design and development.
MHA offers the following concrete suggestions for re-wording some of the provisions in the draft:

**Universal Coverage:** add "coverage" after "health care" and before "all Minnesotans."

**High Quality, Affordable Health Care:** revise the sentence to read as follows: "The Task Force’s recommendations will support designing an Exchange that promotes the availability of high quality health care coverage at an affordable cost, encouraging innovative Qualified Health Plans that increase value.

**Competition:** revise the statement to read as follows: "The Task Force's advice will support developing the Exchange in a way that fosters vigorous and fair competition among Qualified Health Plans to increase value for Exchange users.

If Task Force members or others have questions or concerns about any of these comments, feel free to contact me anytime. Again, thank you for providing the opportunity for public comment.

Sincerely,

Matthew L. Anderson, J.D.
Vice President, Regulatory and Strategic Affairs
From: Janet Murphy
To: *COMM_Public Comments HIX
Cc: sher@ccfriedom.org
Subject: MN Healthcare Exchange
Date: Monday, September 24, 2012 9:01:51 AM

Governor Dayton,

I strongly oppose the establishment of any healthcare exchange in Minnesota, including, if not especially, HIX.

HIX will lead to government rationing of healthcare, as all such plans must--the arithmetic makes rationing inevitable. Moreover, the quality of healthcare will be inferior to the healthcare Minnesotans have had access to for decades. In a free society, healthcare providers cannot be forced to provide top-quality services at diminished fees. The best doctors will either refuse to accept patients with inferior insurance, or the doctors will go elsewhere or quit practicing medicine altogether. There is no free lunch. And let's be honest, the wealthy and the politically connected will likely not use the rationed, lesser-quality healthcare HIX will foist upon the average Minnesotan. Obama granted Obamacare waivers to favored constituencies (unions and campaign contributors). Minnesota's wealthy and politically connected will obtain quality care for themselves and their families from sources other than HIX, as would anyone trying to save themselves or their loved ones.

The US healthcare delivery system needs reform--free-market reform, not the centralized, government-mandated "reform" that puts our healthcare under the boot of government control. Free-market reform puts healthcare consumers in charge of their own health care. HIX makes healthcare consumers dependent upon government largess and politicizes all healthcare decisions consumers make. This is a nation of free men and women. Minnesotans neither need nor want the government to centralize our healthcare under the guise of increasing access to health insurance for the many. Gov. Dayton's health insurance exchange will create a two-tier system: a top tier for the wealthy and politically connected, and a second, lower-quality tier, for the rest of us. That's the ugly truth that lies behind the carefully constructed rhetoric of "equality"

So please, carefully reconsider any healthcare exchange, especially HIX.

Sincerely,
Janet Murphy
Thank you for the opportunity to comment on this important matter.

Debra Hurston, MBA CAE
Executive Director/CEO
952.698.2350

PLEASE TAKE NOTICE: The information transmitted herein is confidential and privileged. Any use of this information by any person or entity, other than the intended recipient is prohibited. If you received this transmission in error please contact the sender and delete the material from any device upon which it has been retained.
September, 19 2012

Commissioner Mike Rothman, Minnesota Department of Commerce
Commissioner Ed Ehlinger, Minnesota Department of Health
Commissioner Cindy Jesson, Minnesota Department of Human Services

Submitted to PublicComments.HIX@state.mn.us

Re: Response to the Request for Comment on Guiding Principles for the Minnesota Health Insurance Exchange

Dear Commissioners,

The Minnesota Chiropractic Association (MCA) welcomes this opportunity to comment on the proposed set of Guiding Principles for Minnesota’s Health Insurance Exchange. The MCA is a professional association that represents chiropractic doctors who provide quality and affordable primary spine care to patients across the State of Minnesota. We support the development of a state designed and managed insurance exchange and offer the following observations and recommendations regarding the Guiding Principles the Task Force has drafted.

Universal Coverage

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

The MCA agrees that the Health Insurance Exchange should contribute to the aspiration of universal access to health care for all Minnesotans. With this in mind, it is our recommendation that this principle embrace the notion that patient choice of provider is essential and that insurance plan rates and deductibles must be affordable. Provider choice is important since this principle is responsive to the needs and preferences of patients as they navigate through the health care system seeking the provider they feel best meets their needs. For example, there is a growing body of literature suggesting that care delivered by chiropractic doctors is effective for patients suffering from acute and chronic musculoskeletal problems, particularly back pain. Health plans that place restrictions on access to chiropractic care – either through network inadequacy, annual visit limitations, or both – are not responsive to the needs of thousands of chiropractic patients. Moreover, the wide-spread distribution of the chiropractic work-force throughout the State of Minnesota – especially in small rural communities – supports the contention that broader access to chiropractic care would play an important role in increasing access to health care.

High annual deductibles have also become an impediment for patients who need timely access to primary and specialty care, especially those who have difficulty paying monthly insurance plan premiums. An insurance plan that may look attractive to a low income individual at the time of enrollment may, in the end, provide little or no actual benefit if the patient eventually has a serious and
costly health crisis. We encourage you and the other members of the Insurance Exchange Advisory Task Force to be mindful that simply having insurance coverage does not equate to universal access to health care.

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.*

As we have previously recommended, in certifying health insurance plans, the Exchange should be cognizant of including providers who deliver services responsive to the needs of patients, which are evidence-based, and for which there is the potential for savings throughout the system. To this end, we encourage the Task Force to ensure that therapies such as spinal manipulation and acupuncture are included as covered benefits because of the demonstrated effectiveness of these procedures in the treatment of musculoskeletal and other conditions and the positive impact on total healthcare expenditures that will likely accrue when patients receive these modes of care.

We also believe that the principle of “innovative payment and delivery mechanisms” should include thoughtful consideration of new payment structures that are based on performance, using standardized, patient-oriented outcome measures along with incentives and structures for facilitating care collaboration among different health care providers.

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.*

Adherence to this principle will require the Exchange to ensure that consumers have easy access to health benefit information that is clear and unambiguous with regard to choice of providers and coverage limitations for chiropractic care.

Eliminate Health Disparities

*In designing the Exchange, the Task Force will actively seek out and pursue opportunities to eliminate health disparities.*

In addition to health disparities which are common among populations defined by racial, ethnic or socio-economic status, patients in rural communities are often challenged with regard to their access to health care. A significant percentage of chiropractic doctors practice in small communities across the State of Minnesota providing primary chiropractic care to patients with musculoskeletal disorders and other problems. In many small towns, entire families who lack convenient access to medical services rely on their chiropractors for much of their care and also depend on them to provide advice about and referrals to medical specialists. For these reasons, the MCA cautions against certifying insurance plans that create access barriers to chiropractic doctors who often serve an important primary care role in small communities. Their ability to examine patients and differentially diagnose common health problems – while also providing effective and affordable care to patients with back pain, neck pain and other frequently occurring musculoskeletal problems – contributes to the reduction in health disparities based on geography.

Although health information technology is not explicitly mentioned as a Guiding Principle, the MCA also believes that it is critical that all providers and community health members, especially small and
independent practitioners, are electronically linked in order to facilitate the efficient exchange of health information, optimize patient care and minimize expense.

**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.*

While the MCA applauds Commissioner Mike Rothman for his leadership and the expertise of the Commerce Department in developing the foundation for Minnesota’s Insurance Exchange, the association also agrees with Governor Mark Dayton’s recent decision to transfer responsibility going forward to Management and Budget. In order to be fully transparent and accountable, the Exchange must be able to operate in ways that avoid the potential for conflict of interest.

**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.*

We believe that in order to achieve true competition it is critical that insurance plans offered through the exchange should not discriminate against provider types with regard to both the benefits included in the product and provider reimbursement. In other words, any provider of a given service, regardless of licensure, should be eligible for participation if that service is within their scope-of-practice.

The MCA also recommends that a public insurance option be included in order to stimulate the competition that is desired from establishing the Exchange.

We appreciate the this opportunity to comment on the proposed Guiding Principles and encourage you to contact the Minnesota Chiropractic Association at for more information and assistance as you move forward with establishing Minnesota’s Insurance Exchange.

Sincerely,

Debra Hurston, MBA CAE  
Executive Director/CEO  
952.882.9411  
dhurston@mnchiro.com
The Minnesota state legislature has NOT authorized you to build the Obamacare Exchange. The Federal law does not require it and no state law exists to allow it. If we are truly adhering to our state constitution, then this matter should be brought before the people of Minnesota for a vote. No ONE PERSON or GOVERNOR has the power to implement such a plan and it is truly an injustice to think that he/she does.

DeAnn Fiore

10211 Hage Drive

Corcoran, MN 55374
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and **no state law exists to allow it**. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

This is not a monarchy. We elect representatives to enact such governance. This is clearly outside of the law, but I suspect that you do not care, that you know better than us peons.

Stop the exchange!!!

Allan Sorenson
74375 200th Street
Dassel, MN 55325
I have been following what Minnesota is doing with ObamaCare.

I believe the steps being taken to set up the Exchanges are not valid. Please stop this unlawful action. Doesn’t the legislature need to legislate what is being done?

Please point me to information that shows these steps being taken are lawful.

Rich Kuhlman
170 Bryant Lane
Wyoming, MN 55092
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void

Michael Dougherty ChFC, CLU

10346 Concord Dr.
Eden Prairie, Mn 55347

952-201-9977 Cell
Dear Commissioners Rothman and Schowalter and Governor Dayton,
You DO NOT HAVE LEGISLATIVE AUTHORITY to build the Obama Care exchange as commissioners orgovernor nor has the MN State Legislature given you that authority. Currently there is NO LAW in THIS state that permits its existence.
This is NOT authorized by law which makes it illegal. If it is so valuable, right and good for the people of MN why do you have to use deceptive methods to bring it into existence?
Where is your moral compass for the right and wrong of governing?

Sincerely,
Alice M. Olson
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank You

Jeff Nelson
President

Isanti Storage LLC  3794 299th Avenue NW, Isanti, MN  55040  tel. 763.331.4267  fax. 763.444.5056
www.isantistoragellc.com   Info@isantistoragellc.com
From: Barbara Parker
To: *COMM_Public Comments HIX
Cc: Sheri@cchfreedom.org
Subject: Obamacare Exchange
Date: Monday, September 24, 2012 11:29:30 AM

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Everyone is normal until you get to know them.
From: Pat Hess
To: *COMM_Public Comments HIX
Subject: Comments
Date: Monday, September 24, 2012 11:30:29 AM

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Commissioners:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Please, for the good of the State and Nation, just refuse to have anything to do with Obamacare. Thank you.

Sincerely,

John B. Jones

6334 25TH ST. N.
Oakdale, MN. 55128

jone1joh@gmail.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
I am writing to express my displeasure and opposition to the creation of the exchange. It is being created unlawfully without authorization by the State legislature and without state law to allow it. I feel it is a gross example of governmental overreach and sets an unconstitutional precedent.

Jeffrey A. Wock
There are no good reasons for the exchange-no cost savings, waste of taxpayers money, less choice than is available through agents right now, creation of another layer of government at a huge expense. This is nothing more than another way for us to get closer to a single payer system-make us more dependent on the government-make it easier to tax the higher income people more . The reasons shown for having an exchange are not valid. Redistribution of the wealth is all that is really going on!!  Don Schreifels
Hello Sir/Madam,

Regarding submission of comments .....in opposition to the MN Exchange Principles,....

The Minnesota state legislature has not authorized you to build the Obamacare Exchange.

The federal law does not require it

and no state law exists to allow it.

Like the unauthorized Exchange, all principles for the creation of

the Exchange are not authorized by law and null and void.

Respectfully submitted,

Thomas A. Roman, P.E.
2700 30th Ave., NE
St. Anthony, MN 55418
612-781-2723
engineer@iwe.us.com

=== === ===
The Minnesota state legislature has not authorized the building of a Health Care Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Based on the state of the federal health care law and its eventual demise it would seem unwise to allocate any funding towards an exchange at this time.

Thanks,
Ric Peterson
I FIRMLY oppose this MN Exchange!

We (in MN) are insured at 92% of the population.

The remaining people are either self-insuring themselves or do not wish to PAY for their coverage.

They would rather buy beer or other consumer goods.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Lori Lance

281 Sherrie Lane

Woodbury, MN 55125

651-276-7906
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Joy C. Truax Counseling Services  Cell: 612-801-5761 joytcounsel@msn.com

Working Toward A Lower Divorce Rate
Stop the insanity!!

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Obamacare needs to be repealed, all of it!!!!
Dear Commissioners Rothman and Schowalter,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Clare Williams
Please do not support the development of Healthcare Exchange in Minnesota. It is imperative to reduce government involvement in the healthcare system, not to create more and more bureaucratic departments to create more rules to be enforced by even more governmental departments. The government needs to get OUT of the healthcare system.

Thank you.

Sue

Sue Holman-Sutich, Buyer/Logistics Coordinator
Feed My Starving Children | fmsc.org | Donate | Facebook | Twitter | Blog

Feeding God’s Starving Children Hungry in Body and Spirit

“For nothing is impossible with God.” Luke 1:37

Please consider God’s creation before printing this email.
Dear Committee,
I am wholeheartedly against establishing any kind of exchange for Obamacare.
Our MN legislature has not authorized you to build an exchange. Our state has
no laws that allow the exchange to be built nor does federal law require we build it.
It is time for you to follow state laws like everyone else has to. You must cease and
desist from your plans that have no legal status or support.

Sincerely, Nancy Smith
2825 Ocarina DR
Sauk Rapids, MN 56379
To Whom It May Concern:

I strongly oppose a government run health insurance entity, and specifically a MN Health Insurance Exchange (HIX).

First, I believe that a MN Obamacare Exchange has NOT been given a green light by the MN state legislature. And that it is NOT required by Obamacare.

The HIX, if implemented, will be a huge infringement on fundamental human rights of life, liberty and the pursuit of happiness (property rights) endowed by our creator.

The freedom to choose care of our person is an individual liberty that goes to the very core of our creator endowed right to life. And the extorting of our property to pay for health services for others or for ourselves which we may not choose violates a basic right also. It is not acceptable to have these fundamental inalienable rights coerced or extorted by any individual. It is no less acceptable to have these fundamental rights extorted by government. It is morally repugnant and it is the role of government to protect these basic rights not to violate them.

The examples of Medicare and Medicaid demonstrate the diminished liberty to control one’s own healthcare that is likely in the HIX. They also demonstrate the many other negative effects of government control of health services, also likely in the HIX.

There will be no new net benefit of this entity. This is shown in our current government health care financing schemes, Medicare and Medicaid.

Using essentially the same Medicare, Medicaid government model for the HIX is expected to have the same result.

The MN Health Insurance Exchange (HIX) guiding principles may be laudable. They are not attainable with a government model as has been demonstrated by Medicare and Medicaid.

Universal coverage:

Universal coverage has not been achieved with Medicaid and it is not expected to be achieved with the Affordable Care Act (ACA – Obamacare). Universal coverage also creates a one-size-fits-all approach. The expectation must be that universal coverage also will not be achieved with the HIX using a similar approach.

High quality, affordable health care:

High quality, affordable health care comes at the expense of rationing care or care denied. The care denied is often not by the choice of the patient by rather by someone else, often times not a person even identified to be appealed to.

Consumer-friendly:

“Consumer-friendly” is severely limited by a monopolistic system with little or no viable
alternative. A system developed and designed by entities not directly responsive to the consumer will not address consumer preferences.

Eliminate health disparities:

The elimination of health disparities distorts many of the other principles. As a consumer my interests are at risk when they are subjugated to someone’s elimination of a perceived health disparity.

Accountable:

Accountable entities must provide quick and sure recourse. The alternatives with the HIX are few, if any, and the recourse may require the “act of congress” or the MN legislature.

Competition:

Competition is meaningless when all entities must conform to the same set of federal guidelines and procedures. Competition can be enhanced by opening the health insurance market to companies not now doing business in MN. And by the increase in the type of coverage options not now available. For example, provide the same tax treatment for individually purchased insurance as is provided with employer purchased insurance, eliminate mandated coverages and allow for various types of catastrophic coverage.

Respectfully,

Paul Hyland
3097 Copper Oaks Trail
Woodbury, MN 55125
plhylnl@aol.com
651 578-1417
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank You,

Don Waxberg
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law.

Wayne Kallestad
Vadnais Heights, MN
Dear Commissioners Rothman and Schowalter,

You have requested public comment on Governor Dayton's continued attempt to install ObamaCare in Minnesota.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Steve Fogelson
13878 Damon Dr SE
Bemidji, MN 56601
The Minnesota state Legislature has not authorized you to build the Obamacare exchange. The federal law does not require it and no state law exists to allow it.
Sent via BlackBerry by AT&T
I believe these exchanges will actually diminish health care by setting limits on which insurance you can purchase and will lead to rationing. Also, doesn’t the state legislature need to authorize you to create these exchanges? I know that they haven’t done that.

There are much better ways to address health insurance. A federal takeover of health care is **not** the answer.

*Katherine Sparks*
I strongly oppose your continuing to build an Obamacare exchange. You haven't been authorized by the State Legislature to do it, federal laws don't require it, and no MN State law exists to allow it.

So, your effort here amounts to stealing taxpayer money to fund a pet project. STOP IT. IT'S NOT YOUR MONEY.

Alan Zenk
Plymouth, MN
The Minnesota state legislature has not authorized the Governor to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Cease and desist now!

Stop!

Had C.W. Solberg, CLU, ChFC, CFBS
Solberg Benefits, LLC
2129 - 2nd Street, Suite 2B
White Bear Lake, MN  55110
Office:  651-653-9983
Fax:    651-653-9984
Cell:    651-271-9023
Do not create a healthcare exchange. It is not required by law.

Ken Anderson
Stillwater, MN
Another government bureaucracy will not fix the problems in healthcare. We need a return to the medical ethic where doctors and patients make the decisions regarding the best course of action for the patient’s health, not a government bureaucracy imposing those choices on its citizens. Governor Dayton has not received authorization from the Minnesota State legislature to develop this exchange and should not be going around the legislature to impose his will on the people of Minnesota.

Dale Hommes
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Christopher L. Most, CFP®
Vice President - Investments
Wells Fargo Advisors
80 South 8th Street
3400 IDS Center
Minneapolis, MN 55402
612-342-0545
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Another example of the Governor's abuse of power.

Peter A. Sherrard
Email: peter.sherrard@seagate.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank you,
Kelly Flynn
To Whom It Should Concern,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Please stop the destruction of Healthcare and the Nation!!!!!

Jodi Wolf
Governor Dayton,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

As a Registered Nurse in the state of Minnesota, with over 30 years of working experience, I know that Obamacare will NOT improve our health care systems!

Rose Umland, R.N.
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.

**ObamaCare violates the principles of the U.S. Constitution, which limits the size of government.**

I DO NOT support a government-run system where private information is used to limit personal choices. Nor do I support sending a vast array of my personal data through the "Federal Data Services Hub" to the IRS and other federal agencies for enforcement of the Obamacare mandate to purchase health insurance.

I used to live in a Free Country. Please try to return it by stopping this Exchange.

Rick Howard  
VP of Operations  
Stealth Mark  
3756 Dunlap St. N  
Arden Hills, MN 55112  
651-789-0367
The Minnesota state legislature has yet to authorize any funding for an exchange. Thus, until the legislature does so, the state of Minnesota should cease its initiative to create an exchange..

I find it interesting that the State and Federal governments feel compelled to create yet another distribution channel rather than enlist the 20,000+ licensed agents throughout the State of Minnesota. Literally an agent in every region of the state. We are professionals concerned with the well-being of all Minnesotans. Given the proper authorization to get people enrolled in both private and public solutions, you cannot find more dedicated people to do such a task. A Navigator will not fulfill this role. If you don’t believe me, call a “Customer Service and/or Navigator” at the Social Security Administration, ask a Medicare question and tell me about your experience. They care, but not that much. Why would this be any different?

Your distribution system is in place. They are called Professional Agents. We are required to continue our education in our craft. We are required to carry Errors & Omissions insurance in the event someone feels there has been a mistake or harmed. **Question: If a Navigator makes a mistake, who will take responsibility for this bad advice?**

Empower the professional to get the job done, compensate them for their efforts rather than throwing more money at another bureaucracy and watch the uninsured population in Minnesota decrease.

**Correct me if I wrong, but isn’t that the goal?**

**Peter A. Knoll, CLU | Managing Partner, Employee Benefits | The KNW Group**

4350 Baker Road, Suite 250 | Minnetonka, MN 55343 | 952.646.1648 (O) | 612.865.9974 (C)

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I am opposed to the Minnesota Exchange. It broadens the scope of government in our lives. It is a step to nationalized healthcare. This entire health care takeover has been done in spite of most of the electorate opposing such legislation. I am a practicing nurse and have been for many decades. This takeover of the health care system will have negative effects on all of us. This is my public comment.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Marcia Anderson, RN, PHN
4818 Caribou Drive
Minnetonka, MN 55345
952-935-0000
I understand that you are working on creating an ObamaCare exchange even though you have no state legislative authority to do so. Please desist immediately and quit wasting state funds.

Dan Danford  
V.P. Institutional Sales  
Dougherty & Co.  
612-376-4164  
ddanford@doughertymarkets.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank you for your time and concern.
Mary M Wacker
“The job of government is to do the things that government is supposed to do, and we’ll figure out how to pay for it later”. Barack Obama.

Perhaps another job of government is not to spend us into oblivion.

Actuaries exist to show what must be budgeted, and opening up Universal Care to the government simply provides government a license to print more money. States currently examine whether the licensed Insurance Carriers are solvent. Who will oversee Big Brother?

If the benefits provided exceed the revenue collected, due to “affordability issues”, something must eventually give. What will give is the value of the dollar as the government simply prints more money to pay our IOU’s. Runaway inflation will make Jimmy Carter’s administration look like fiscal conservatism.

Passing more government giveaways will bankrupt our state and this country.

This doesn’t even begin to touch Privacy issues. Do you want a government computer housing all your private health data?

We passed Anti-Trust laws to break up monopolies for the good of the consumer. How much more preposterous is it to eliminate all competition from 1/6th of our economy. Incidentally, the last time Hillary Clinton looked at this, Health Care was only 1/7th of the economy.

Please cease and desist!

Jim Sakara
Corporate Four Insurance Agency, Inc
7220 Metro Blvd
Edina, MN 55439

Dir:(952)896-9547
Fax:(952)893-9402
jsakara@corporatefour.com

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Governor Dayton,

Stop building the Obamacare Exchange. The state legislature has not given you authority to build it and no state laws exist that allow you to do it. You are breaking the law. Do what is right by the law, not your own desire.

Sincerely, Wayne and Cheryl King
9919 36th Place No.
Plymouth, Mn 55441
From: Joan Nerz
To: *COMM_Public Comments HIX
Cc: Sheri@cchfreedom.org
Subject: I oppose the proposed draft Guiding Principles of the MN Health Insurance Exchange
Date: Monday, September 24, 2012 12:04:21 PM
Attachments: image003.jpg
Importance: High

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Joan M. Nerz, R.N. , B.S. Health, PHC, MNS, CNE
CEO/President

Phoenix Medical Services, Inc.
1901 Oakcrest Avenue West, #9
Roseville, MN  55113-2617  USA
651-636-0848 Main Office
651-636-5746 Main Fax
1-800-676-9399 Out of Twin Cities Metro Toll Free

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www.PhoenixMedical.org
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Please consider the environment before printing this email.
Dear Commissioners Rothman and Schowalter,

There are a number of reasons this insurance exchange is unnecessary but the biggest in my mind is that Minnesota has a very effective insurance broker network already in place that can assist in getting the uninsured coverage which is the biggest goal of the exchange, correct? If we take a close look at the uninsured in Minnesota we would find the largest % of individuals are people who are already eligible for a State or Federal health programs. The reason they stay uninsured is they either are unaware they are eligible for such a program or are turned off by the paperwork and the process the Government has set up to enroll and keep them enrolled in a health plan, this is clearly a failure of the Government! Why not save tax payers millions of dollars and set up a system that utilize the wonderful Minnesota insurance agent network to enroll individuals that qualify for State and Federal programs? The proposed exchange will most likely be ineffective at reducing the uninsured rate in MN and will put good health insurance brokers out of work.

Sincerely,

Dave Briggs
Benefit Strategies Group, Inc.
701 4th Avenue South, Suite 1500
Minneapolis, MN 55415
ph 612-347-7804
fx 612-313-7521
The exchange has no limit on how much it will spend to create or spend to maintain. If the cost is more than what is paid by Federal funds than the State of MN will have to make up the shortage in future years.

Stephen C. Warner
Affiliated Benefit Group
Ph: (952) 544-6027
Fax: (952) 544-7932
16180 Highway 7
Minnetonka, MN 55345
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law are null and void.

In plain terms, you people have NO RIGHT to jam this Obamacare exchange down our throats!!!!!!!!!!!!!!!

Bob Beulke
bbeulke@millerhartwig.com
952-469-0404 Office
952-469-1881 Fax

My assistant is Linn Ferris.
lferris@millerhartwig.com
952-469-0403 Office
952-469-1881 FAX

A referral from a satisfied customer is one of the greatest rewards of my business! Feel free to mention my name to others regarding their insurance needs.

No coverage can be changed or bound via email, voice mail or fax. Please contact us directly via phone or in person to make policy changes or initiate new coverage.
The Governor is building this Exchange without authority. The Minnesota legislature has not authorized him to build this Exchange.

The primary purpose of this Exchange is to get individuals covered. However, in my position as an insurance broker we assist individuals in obtaining health insurance every day. Many of them are eligible for subsidies and still don’t sign up. Others think they will self-insure themselves. As a State, our uninsured population has risen over the past two years, not decreased. A mandate with a minimal fine will bankrupt all of us. The Exchange will not provide more coverage to more individuals at a lower cost. If employers drop their sponsored plans, individuals will really learn the true cost of health insurance. This will be a rude awakening for many currently covered employees!

Again, the MN State Legislature has not authorized Governor Dayton to build the Exchange.

Lisa Scamehorn, CEBS®
Employee Benefit Specialist
Strategic Employee Benefit Services of The Bohannon Group
651.905.6464 | 651.905.6466 fax | 800.775.3047 toll free | 1191 Northland Drive Suite 150 Mendota Heights, MN 55120

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Northwestern Mutual
720 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-4797.
90% of the people in Minnesota are insured. Work with the current system to improve access to Health Care. Let's work within the MN constitution, which requires the legislature to make laws, not executive orders. Federal law does not require the exchange. The people of this state have not given the authority to establish this insurance exchange.
Dear Commissioner Schowalter & Rothman:

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.

Furthermore and most importantly, the Minnesota state legislature has not authorized anyone to build this Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and therefore should be considered null and void.

Sincerely,

John & Tracy Jordi
8 Ridge Rd.
Circle Pines, MN 55014
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Cecilia Purdy
Concerned Mn. voter
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Tim Marks  
Employee Benefits Consultant  
North Star Consultants, Inc.  
2701 University Ave. S.E.  
Minneapolis, MN 55414  
612-617-6102  
612-617-6014 (fax)  
1-888-257-9843
I oppose the proposed exchange because it has not been authorized by the legislature. It violates the principles of our US constitution, which places limits on government. Healthcare products, services, and insurance should be purchased within the free market system just like every other thing we buy. Government should have no place in providing or attempting to manipulate or control healthcare and healthcare markets.

Sincerely,
Anita Cracauer
1184 60th St. W.
Inver Grove Heights, MN 55077
The Governor is building this without legislative authority. Please-We don’t want more Government control. Such principals are not authorized by law, and are hurtful-not helpful to the people of Minnesota.

Sincerely,
Roger Tollefson
41193 280th Ave SW
Crookston, MN56716
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank you

Mary Ann Griffin
3800 Vincent Ave. S
Minneapolis, MN 55410
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,
Debra Jurek
6810 Oakley St NE
Fridley MN 55432
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Dan Rueb
The Minnesota state legislature has not authorized the Obamacare Exchange. The federal law does not require it and no state law exists to allow it.

For the executive branch to fund even research for an Exchange is unauthorized and not legal. All departments participating in this unauthorized endeavor are apparently over funded, and should have their next budget cut.

Gary Hoff.
Please do not build an Obamacare Exchange. It has not been authorized by the Minnesota legislature.

The exchange ultimately results in a serious loss of personal privacy.

Obamacare is a disaster for individual patients especially seniors, will destroy healthcare in America, will devastate physicians, and will add national debt to the breaking point (or result in intolerable rationing).

And should be abolished with health insurance competitive reforms as well as tort reform in its place, i.e.

With market reforms.

The exchange is a very dangerous first step and must be rejected.

Sincerely,

Bernard C. Baier.

----

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Dear Commissioners Rothman and Schowalter,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Regards,
Kevin Keil
East Bethel MN
I am against the creation of a Minnesota health insurance exchange. The exchange will reduce the number of choices for health insurance for the citizens of MN. The exchange is not authorized by the state legislature. The expenditure to create an insurance delivery system that already exists is unwarranted and needs public debate before it is created and pushed onto the citizens of this state at the cost of millions of dollars.

Thank you.

Paul Coglitore
B&C Consulting, LLC
8646 Eagle Creek Circle
Suite 106
Savage, MN 55378

Direct: 952-224-0802
FAX: 952-224-0801
Cell #: 612-819-2843

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To Whom it may concern,

My husband and I (and surrounding families) strongly oppose the Obamacare Exchange. The Minnesota state legislature hasn't authorized you to build the Obamacare Exchange; The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Chris and Jessica
To who it may concern, The Minnesota state legislature has not authorized you to build the Obamacare Exchange. Federal law does not require it and no state law exists to allow it. Please stop.

Sincerely;

Scott E. Douglas
Dear Governor Dayton,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,
Keith & Jennifer Twombly
Attn: The Dayton Administration

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Respectfully submitted,

Mrs. Sharon Condon
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank You,
Hilda Tompkins
As a resident of Minnesota, I want to voice my opposition to the MN Health Exchange. This has not been authorized by the Legislature. I believe in limited government and personal privacy.

Natalie Gehrke
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Karalee Brunjes - Plymouth, MN
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thanks Suzette Oltmanns
The Minnesota state legislature has not authorized the state of MN to build the Obamacare Exchange. Federal law does not require it and no state law exists to allow it. I oppose the Exchange, and no law supports it.

Thank you,
Lynn McLaughlin
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Douglas Homan
Agent
Farm Bureau Financial Services
2538 E Hwy 7
PO Box 86
Montevideo MN 56265-0086
(320) 269-2131
(320) 269-2132 fax
(320) 226-1509 cell
douglas.homan@fbfs.com
douglashoman.fbfs.com

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West Des Moines, IA 50266
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Please do not circumvent the voice of the people by moving forward with the Obamacare Exchange. This proposed Exchange is not a free market, but rather another way for government to impose controls over my choices in health care. This was not authorized by the legislature and it violates the principles of the U.S. Constitution, limiting the size and power of the government.

Thank you,
Karen Markowitz
Stillwater, MN
651-245-3488
I oppose the establishment of a Minnesota exchange. The Minnesota state legislature has not authorized establishment of an Exchange for Obamacare. Since the federal law does not require it and no state law exists to allow it, establishing it is illegal and any provisions will be null and void. Kenneth Schelper
Stop legislation to set up exchange. I oppose Obama care in any form. Protect my freedom of choice.
Sent from my iPhone
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Regards,
Kim and Kris Skaro
Please stop this insane government takeover. We don't need to be more controlled. What we need is morals and values, more self control. NOT more government interference. Not more government spending. More control just says that you think you're smarter than we are, so smart in fact that you can run our lives from afar better than we can run them from up close. That's not wise governing.

Besides, if social security, medicare, and others have proved less than successful, what wisdom is there is starting over on a larger scale and thinking this will work? If the same model is followed (reducing capitalism, increasing government management) for the new bigger project as was used for the smaller projects, the financial fall will just be proportionally bigger.

_The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void._

_Thank you for your time and consideration. We know your burdens are many and heavy. We are praying for you._

_Blessings,_
_Roxi Lavelle_
_14143 Germaine Ave_
_Apple Valley, MN  55124_
Please be sure to take note of the following, and represent the American people accordingly. Thank you:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Debbie Johnson
Senior Mortgage Consultant
NMLS #342423
Mortgage Capital of MN, Inc
http://www.mortgagecapitalmn.com
djohnson@mortgagecapitalmn.com
763-639-1045 Cell Office 763-420-0282 Fax 763-420-0283
It is looking like there will be no private option for individuals and possibly small groups in the structure that I have been able to discern. To not have a private market option is wrong for Minnesotans. For the limited options you have proposed (gold, silver . . . ) the taxpayer/consumer will be greatly curtailed. Purchasing over the internet is still beyond the comfort zone for many purchasers. PLEASE leave an option for the current insurance agent delivery system.

Steve Dabelow
This obama care your shoving down our throats needs to stop! Leave us alone, and stop the MN Health Insurance Exchange project. It's not your responsibility to do this stuff. Get out of our lives!
The Minnesota state legislature has not authorized you to build the Obamacare exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.
From: Nelson, Blake
To: *COMM_Public Comments HIX
Subject: MN Health Insurance Exchange
Date: Monday, September 24, 2012 12:57:02 PM

MN Department of Commerce:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Regards,

Blake Nelson
Roseville, MN
Governor Dayton:

Minnesota's state legislature has not authorized you to create and/or put into place the Obamacare Exchange.

Also, Federal law does not require The Exchange, nor does Minnesota state law.

Like the unauthorized, yet promoted, Exchange concept, no principles for its creation and implementation are authorized by law.

Please allow the People of Minnesota to formally weigh in on this topic, by way of a vote before you or your agents move forward.

Sincerely,

J. Taber
To Whom It May Concern:

I am writing to give my comments on the guiding principles of the proposed Minnesota Health Insurance Exchange. I am strongly opposed to any government sponsored/controlled health insurance exchange. Regardless of the guiding principles, it will be a disaster...just like every other endeavor into socialized medicine. It is as predictable as the day is long. By its very nature, there will be waste, fraud, and abuse. Care will eventually need to be rationed by unelected bureaucrats and people will die as a result. Beyond this, you have no authority to set-up an exchange...this falls within the responsibilities of the Minnesota Legislature.

Sincerely,

Todd Britz
Dear Commissioners Rothman and Schowalter,

Gentlemen;

The below is a cut and paste from other emails that I am sure you have received. However, I want to put into writing some points of view that need to be stated. The “cut and paste” sentences in bold below state the first objection to the government being involved in private enterprise. Secondly, to remove the broker from the equation is not going to solve the problem. Thirdly, you cannot honestly believe that replacing private enterprise people with career bureaucrats is going to reduce the expense of health insurance or health care.

Did you know that in Texas they took a stand on the issue of tort reform as it pertains to health care and the cost of their health care and their insurance is down by double digit percentages? Yet no one wants to talk about that. Have you ever looked into the amount of money that is generated by doctors to doctors as a result of the referral system? Did you know that in 2004 and 2005 that the going rate for an MRI referral was $200? Think about the impact on cost of that program. If a doctor sees 30 patients a day and can refer 20 of those folks to his colleague (who happens to own an MRI machine) and collect $200 per head – who would not do that? That is a good business decision – on the surface! Don’t blame the doctors – look at the issue.

Did you realize that the true cost of an x-ray is .03 cents? Now of course that does not include the cost of the machine – but after it is paid for that is the true cost! Yes, that doctor spent his money on that capital and is entitled to make a return on that investment – but at our expense and for how long?

Brokers get paid a flat rate for health insurance and that rate has not gone up in the last 8 years. Brokers buy their own benefits, keep longer hours and are available to their clients pretty much 24/7. If you replace them in the system with 8 – 5 SEIU employees how are they going to help that “client”? They aren’t! Not to mention what you will have to pay them, their benefit packages and then their retirement – there is no way this works out economically on any business model that any high school graduate has EVER seen.

I could go on and on, but I think you get the point. We simply cannot afford the direction that you seek to take us in. People will get less in coverage than they get now, you will create an entire tool that will further burden our already over exposed tax system and you will put thousands of people out of work.

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.

Visit us on the web at www.WallaceWallace.com
Clay Wallace
Wallace Insurance Services, Inc.
3830 Valley View Dr. NW
Andover, MN 55304
763-208-8989
866-848-8977 (fax)
763-439-7617 (cell)

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The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Katie Carlson
Employee Benefits Account Manager | Associated Financial Group, LLC
Certified WELCOA Well Workplace Practitioner Level I, II
Office: 952-945-0200 | Fax: 952-945-9477
12600 Whitewater Dr, Suite 100 | Minnetonka, MN 55343
katie.carlson@associatedfinancialgroup.com
Employee Benefits, Insurance & HR Solutions


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The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Michael O'Neill
From: Rona Krenik
To: *COMM Public Comments HIX
Subject: Opposed to the Exchange!
Date: Monday, September 24, 2012 1:05:44 PM
Attachments: RJ-Ahmann-Company.qif

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Best Regards,
Rona Krenik

RJ Ahmann Company
7555 Market Place Dr.
Eden Prairie, MN  55344
(952) 947-9751

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The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

This is wrong!!

Linda Tutko  
Benefits Dept Service Manager  
952-947-9745  
952-947-9793 (fax)  
lutko@rja.com
Governor...Please remember the phrase “by the people for the people” the voting public is NOT a bunch of morons that need “intelligent” leaders to make decisions for us...we trust you to Represent us and our views.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Chris Thompson
Lead Administrative Assistant | Associated Financial Group
952-945-0200 | 952-912-5211 Direct
MS #9135
chris.thompson@associatedfinancialgroup.com
Employee Benefits. Insurance. HR Solutions

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The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

*Carter Glendenning*

"Socialism - a disease that destroys society & then pretends to be the cure for what it's done."
Dear Minnesota Department of Commerce Employees,

Please read this message and pass it on to Governor Dayton. The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Stop wasting my tax dollars on this exchange that is illegal.

Regards, Rod Borden
8990 Country Lane SW
Farwell, MN 56327
NO STATE LAW EXISTS TO ALLOW IT. LIKE THE UNAUTHORIZED EXCHANGE ALL PRINCIPLES FOR THE CREATION ARE NOT AUTHORIZED BY LAW AND NULL AND VOID.
OBAMA AND HIS SCUM LAP DOGS TRYING TO FORCE SOCIALISM ON THE USA SOON WILL BE THROWN OUT OF OFFICE AND INTO THE GUTTER WHERE FILTH LIKE THEM BELONG!!!!
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.

I would like to “second” the points made by Twila Brase, President of CCHF, in her email earlier today, copied below, as I wholeheartedly agree with each and every point made.

“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
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.”
Jennifer M. Sardo, HIA
Employee Benefits Senior Account Manager  |  Associated Financial Group, LLC
Office: 952.945.0200/800.258.3190  |  Fax: 952.945.9477
12600 Whitewater Dr, Ste 100  |  Minnetonka MN 55343
Jennifer.Sardo@associatedfinancialgroup.com

Employee Benefits, Insurance & HR Solutions

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To Whom it may concern;

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely;

George Spratt
Business owner
The Minnesota state legislature has not authorized you to build an Exchange. Federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

John Bedor

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To Whom This May Concern:

I have been informed of my ability to provide a public feedback on the establishment of health care exchanges in the State of Minnesota. I am totally against ObamaCare Law and the establishment of exchanges or for the most part, spending money that may not be required. I write this for I am looking forward to the repeal of the total law, of which the spending of Minnesota Taxpayers money for nothing would not be the wisest move on the part of our state government. This law remains a highly debated poorly written law. I feel that there are the number required and the political stance to remove this law.

I also against this law, for I feel that I do not desire to have a politician be responsible for my health. This person could create a policy one year, and the very next, wipe it out with no concern whatsoever. If I have a written contract with my insurance carrier, I know what will be covered and what will not thru the term of a contract.

I look forward that our State will reserve time and see what happens after the election.

Thank you for allowing me the opportunity to express my view. Glenn Nelson 111 4th Ave Sw Pipestone, MN 56164
Attention Pubic Comment Staff:

I do not support Governor Dayton in his effort to create an Obamacare insurance exchange. I do not support socialized medicine or Obamacare. It is my hope that Obamacare will be repealed soon.

Sincerely,
Kristen Goenner
Becker, MN 55308
9-24-2012
To Commissioners Rothman and Schowalter,

I am writing this email as a concerned citizen regarding the formation of the State Exchange. 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.

Sincerely,

Wade Johnson

Senior Vice President
Employee Benefits

Wells Fargo Insurance Services USA, Inc. | 4300 MarketPointe Drive Suite 600 | Bloomington, MN 55435
MAC N9381-060
Tel 952-830-3000 | Dir 952-563-0562 | Fax 952-563-9562

Wade.Johnson@wellsfargo.com

California Individual License #0B81962
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.

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.
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Greetings,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,

Jim Sarych

Description: New FCI Logo Green2

Jim Sarych  |  Principal
Financial Concepts, Inc.  |  9655 Schmidt Lake Road  |  Plymouth, MN 55442
Direct 763.450.1842  |  Fax 763.450.1942
jsarych@fci-benefits.com  |  www.fci-benefits.com

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The MN state legislature has not authorized you to build the Obamacare exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law. I am vehemently opposed to this unlawful action.

Dan Wermus
1449 Ponderosa Circle
Eagan MN 55122
The Obama care exchange is not authorized by law and should be null and void. The majority of Minnesotans are against this exchange, do a poll to be fair and you will find out!!
NBernard
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Kevin Urlaub
Health & Life Financial Services
2191 Northdale Blvd
Coon Rapids, MN 55433
763-287-0055
fax 763-287-0057
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. This type of action seems to be common place for our Governor like in Washington. We cannot afford an exchange in MN nor do the majority of us want one. The exchange is another step in the complete takeover of our health care services and choices.

Mark Kinney
Kinney Financial Services, Inc.
2003 Northdale Blvd. NW
Coon Rapids, MN 55433
toll free 800-454-5498
phone 763-427-5498
fax 763-427-0735
www.kinneyfinancial.com
Dear Commissioners Rothman & Schowalter,

I am writing in opposition of creation of these principles, mainly because you are acting outside of having any federally or state-mandated laws to direct you to do this. In my role as an oncology nurse, I do not want a government-directed healthcare system for my patients or myself.
Please acknowledge receipt of my comments.
Thank you.
Sincerely,
Kay Nickelson, RN, MA, OCN
481 Linden Lane
Lino Lakes, MN 55014
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Rick Jensen
651-452-4401
To All Government employees of the people, Federal or State, you have no business, cause or right to implement a mandate in regards to a citizen’s right to privacy in the most intimate and basic time of need of any human being. The arrogance and pretension of any person to think that any government or group of individuals outside of the physician involved, has the right to determine what someone else’s treatment or healthcare should be is beyond ANY semblance of reason in any dignified human being.

The very fact that we are even having this discussion in the United States of America should be the biggest wake up call to our simple core beliefs on why this country was founded in the first place. Sadly mankind continues to abuse the authority and power that is relinquished to him and cannot separate his need of imposition on others without the use of force- via government. There is “free” healthcare in this country. How else do vagrants, gangbangers and illegal immigrants not to mention reputable Americans who find themselves unemployed get treated for cuts, bruises, and broken bones even delivering of a child? Health insurance however is an insurance product just like any other insurance product- life, auto, home, warranties and the like. So without getting into further arguments on mandating certain coverage’s when it comes to these other products,

unless you are a complete idiot and advocate free everything, why is my health care your concern?

Mr. Scott Gordon
secret and other applicable law. If you are not the intended recipient, notify the sender immediately, permanently delete all copies of this Message, and be aware that examination, use, dissemination, duplication or disclosure of this Message is strictly prohibited.
I am opposed to initiating health care exchanges in Minnesota. The state of Minnesota should be defending the liberty of its citizens, not allying itself with the federal government’s design of taking control of people’s medical care and options, whether or not they want it. This country was founded on liberty and the idea that its citizens should be free of government autocracy. Please defend that liberty and say no to the government exchanges.

Further, Governor Dayton has decided to impose his own will on the people of Minnesota by implementing the exchanges without legislative authority. He should not be allowed to do so.

Kay Brown
St. Paul
September 23, 2012
Dear Commissioners Rothman and Schowalter,
Obamacare is coercion. It intends to "reduce healthcare costs" by forcing reduced payments to healthcare providers, doctors, hospitals, and the creators of medical supplies, devices, and drugs. And it forces Minnesotans to accept the resulting loss of quality and loss of medical jobs.

Obamacare disconnects patients from having a serious say in how their own money is used for their own healthcare.

Coercion is not a solution.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it.
-- Walter ReMine
Saint Paul, MN
To Whom it May Concern,

*The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Please follow the rule of law and the MN Constitution. Thank you.*

Sincerely,

Tina Diedrick
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. These draft Exchange principles support an expanded scope of government in people's lives --- and make various false claims.

Kris Landis
phone | 651.486.2189
fax | 651.484.1602
toll-free | 1.800.497.3424 ext. 189
206 E. Little Canada Rd | St. Paul, MN | 55117-1332
klandis@johnsonmccann.com
To Whom It May Concern,

I opposes the creation of healthcare exchanges. Creation of the exchanges will put the government in control of my healthcare dictating the medical care I can or cannot obtain.

My medical information is my private personal information for which the government should not have access, unless I choose to provide the information. I want to make my own healthcare decisions with my doctor.

Sincerely,

Joyce M. Thompson
4746 Victoria St N
Shoreview, MN 55126
Phone: 651-483-5456
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
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.

I personally believe that such an exchange would be detrimental to the rendering of a valuable service provided by the healthcare insurance brokerage community within Minnesota. This will have severe negative economic consequences on our state! This is a valuable industry, and it would be an incredible disservice to the people of Minnesota to damage it in this way! The creation of a do-it-yourself type of exchange will lead to un-informed decision-making on the part of participants, and this will have many unintended consequences.

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.

Nate Elliott, CFA  |  Chief Investment Analyst
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Mr. Governor,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Best,

Aaron Tretter

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I am writing to express my opposition to the MN Exchange principles. The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thanks,
Alan Bearder
The Exchange will delve into the medical records of patients and the medical decisions and I feel this should remain private.

The free market is where the health coverage and choice of health coverage should remain. It is not the place of the government to make such private decisions for people nor should an individual be taxed, or penalized for making choice of their coverage.

Free market will bear the competition and pricing of health care plans.
Gwen Olson
Glenwood, MN
From: Tanner Decker
To: *COMM_Public Comments HIX
Subject: concerned citizen
Date: Monday, September 24, 2012 1:49:47 PM

TO:
whom has the wisdom to listen to the people,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void. Please stop wasting our hard earned tax dollars and leave our freedoms in place.

Concerned citizen,
Tanner Decker
Why are we building guidelines when no legislative authority has been given?

_The federal law does not require us to build the Obama Exchange. We current have no state law to allow it! All the principles for the creation of the Exchange are not authorized and should be considered null and void. Until all the i's are dotted and t's crossed, we need to play a wait and see game. With all the impending election outcomes, it would not be fair to burden a new legislature with guidelines they had no say in._

Thank you for backing off on implementing a plan that is incomplete and illegal at this point. We don't want to shoot from the cuff and make mistakes that can be avoided with more sensitive and thoughtfull imput.

Kathleen Stephan
6918 37th Ave SW
Pequot Lakes, MN 56472
218-568-4773
I am against the Obamacare Exchange. Furthermore, the governor has no authority to push forward on establishing this exchange in this dictator-style manner and all efforts should be abandoned.

Denise Surkamp
Minnesota taxpayer standing in agreement with Citizens’ Council For Health Freedom
I am writing this in opposition of the “Guiding Principles of the MN Health Insurance Exchange”. The governor has no Constitutional right to begin the implementation of a state exchange without approval of the MN Legislature. In addition, it’s clear he’s moving forward with this due to strictly political reasons, which clearly violate one of his guiding principles (Being “Accountable” to the people). How can it be justified that the exchange is “Accountable” to the people when the representatives elected by the people have been shut out of the process.

Please halt this process and start over with support and input from the people of the state of MN (via the legislature).

Thanks for requesting the public's input on this matter.

Ryan LeBeau
Please stop working on an exchange now as it is not authorized and is not needed. The underlying premise is sadly misguided anyway and that is that everyone would buy health insurance if it were only available at a reasonable cost. That is simply false. I have been an insurance agent in Lake City, MN for 32 years. There are numerous people who simply make a decision not to buy health insurance hoping they don't get seriously ill, or, if they do, they know the government will take care of them. These people have been trained in the ways of the all knowing Nanny State/Federal Government. Other people simply don't buy health insurance as they can not afford it. It will still be too expensive for them thru an exchange. The insurance is too expensive and it is too expensive because health care costs are too high. Health care costs are too high for numerous reasons. 1-Providers can basically charge whatever they want as insurance pays for it so people don't care what it costs and many people don't even pay for any or much of their premiums as they are employer paid. Everyone needs to share in the cost somehow so they know how expensive health care really is. 2-Govt already has made too many mandates for ins companies to cover 3-Tort costs-have something go wrong and you hire a lawyer and you turn a mistake into a multi-million dollar payday, and whatever is given to a plaintiff must be taken from someones malpractice ins and guess how they pay for that--by raising healthcare costs even further. 4-People are living longer and getting fatter and unhealthier, thus increasing costs. None of these things will be helped by an exchange. Government is IN THE WAY. Governorment is the problem, not the solution. Get the heack out of the way and let the market take care of the situation and it will. PERSONAL RESPONSIBILITY is the answer, not Barack Obama or Mark Dayton.

David W Hammer
Lake City, MN
Gov. Dayton has no authority from our State Legislature to proceed with the creation of such exchanges and should be required to immediately cease efforts to set them up.

As a taxpayer and a citizen of Minnesota, I am opposed to any further efforts to establish such exchanges in Minnesota. The people of Minnesota should not be forced to accept Obamacare and the accompanying budget-busting costs associated with its implementation in Minnesota.

It is amazing to me that the Governor’s party which claims to be about “Freedom of Choice” wishes to take “choice” away from the citizens of Minnesota and our country under the guise of “Healthcare”. We all know that this is just a step in the Democrats’ plan for a single-payer health plan.

The United States in general, and Minnesota, in particular, is known for its high quality of healthcare. Individuals from all over the world come here because good healthcare is not available in a timely manner, or sometimes not available at all, in their own country’s socialized medical system.

Gov. Dayton is trying to make sure that all Minnesotans have the same type of “miserable” healthcare system that other countries currently suffer under. He and his party believe in “sharing the misery” and not in keeping our high quality healthcare.

Paula M. Sweigert
The Governor’s actions are premature on the exchange and not legal without the legislature. I’m not sure his actions are legal with the legislature. I am tired of these pretended supporters of the federal and state constitutions trying to enact illegal legislation by fiat without going through the proper channels. Dayton is not dictator or a Mob boss so let him take his chances with the legislature like every other honorable Governor before him. As a citizen I am tired of this tread on the citizens attitude of Government.

Brad Curtis
952-472-2342
Hello,

I would like to express my strong opposition towards the MN health exchange program. Minnesota employers appreciate the value that the private health exchange market provides and value what the group health plan offers to their employees.

Thank you,

Sarah Hartneck
Plymouth, Minnesota

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I am opposed to the Governor moving ahead with a Health Insurance Exchange when he does not have the authorization from the Minnesota Legislature and citizens. An exchange would be detrimental to the very vulnerable population it purports to help. Let us be honest with ourselves. A government ran health care system will lead to less investment and hence innovation and higher costs. As more planners, referees, managers, bureaucrats, etc. become involved the higher the cost leading to either a cut in quality or access, no matter how many times we label the exchange “universal”. The worst part of an exchange as it will not allow for an alternative so that if for whatever reason an individual or business does not want to participate there will be no choice, the very essence of quality care and competition. Allowing suppliers to collude with the government in setting prices “exchange” will inevitably lead to high prices and less access to health care, even if it is done in the name of “universal” health care.

If the Governor wants to “eliminate health disparities”, be “transparent” and lower costs and access, the task force appointed to plan for the health exchange could better use its time to better our existing health care systems and not be creating a “new” government ran one. Competition cannot be fair when heavily regulated by a bureaucracy.

Bryan W. Swartz, CPA
Harrington Langer & Associates
Senior Manager
563 Phalen Blvd
St. Paul, MN 55130
Direct Phone: 651-251-4378
bryans@hlaccountants.com
Fax: 651-481-0982

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There is no authorization from the legislature to set up the exchange. There is no federal requirement or state law authorizing the exchange. State government continues to expand with the creation of another department. When the federal dollars stop coming, how and where are the dollars coming from to operate the exchange? The exchange has to be stopped.

Jim Kugler
Dear Madam or Sir,

You have not included homeopathy which has been clearly proven to be the most effective and inexpensive health care solution.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Stephen Park
Health Insurance Agent
218-331-0210
Gentlemen,

The Healthcare Exchange is a bad idea. The technology will expose private citizen's data to many entities, rife with possibility of fraud and abuse. The Exchange is **not** a marketplace and should not be referred to as one... it is deceptive. The growth of government limits my choices, therefore my freedom.

The Minnesota state legislature has not authorized the Dayton Administration's to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. We cannot afford the implementation (writing) of the Exchange nor the ongoing costs to maintain the Exchange.

This is a BAD idea for free people.

Carol Heitzman
St. Paul, MN
I am totally opposed to the health care exchange being implemented in Minn. Gov. Dayton is moving forward on this without consent of the legislature nor the support of most Minnesotans. This exchange is a wormhole which is designed to allow for universal healthcare (Obamacare) in the near future.

Lori Marek
My name is Gayle McCann, a taxpaying resident of Dellwood, Minnesota and I have the following opinion of the proposed state exchanges:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Please see that my opinion is heard.

Gayle McCann
I, as a citizen of the United States, OPPOSE what the governor of the state of Minnesota has done with the Obamacare Exchange. The Minnesota state legislature has not authorized our governor to build the Obamacare Exchange. All principles for the creation of the Exchange are not authorized by law and are null and void.
I, Steven A. Ehlen, as a citizen of the Great State of Minnesota, oppose the creation and implementation of a government-formed health insurance exchange. This is not required nor mandated.

If you would like to see how easy the "Free Market" makes it for citizens to enroll for health insurance coverage and have full access to a specialist, click on my link below! Better results, superior service, doesn't cost tax payers Tens of MILLIONS to build!

The MN legislature has not authorized you to build the exchange, therefore WE THE PEOPLE have not authorized.

Respectfully,

Steven A. Ehlen
Holland & Frank
320-252-2799
Steve@steveehlen.com

www.myhealthinsuranceoptions.com

Sent from my iPad
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

--

Steven V Skillen
Skillen Financial Strategies, Inc.
2895 Lindgren Ln
Independence MN 55359
763-479-3775 (direct)
888-479-3775 (toll free)
612-202-4144 (cell)
866-202-6227 (fax)
svs@skillfin.com
www.skillfin.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Bill Longaecker
334 Lily Pond Lane
Vadnais Heights, MN  55127
Gentlemen,
Nothing done by government is as flexible or cost-effective as the free market. The Exchange is **not** a marketplace and should not be referred to as one... it is deceptive. The Minnesota state legislature has not authorized the Dayton Administration's to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. The Healthcare Exchange is a bad idea. The technology would expose private citizen's data to many entities, rife with possibility of fraud and abuse. We cannot afford the Exchange nor government run healthcare.

Margaret Reck
St. Paul, MN
I do not support a government-run health care system, where people's choices of care or coverage are limited by government, nor do I support a government-run system where private information is used to limit personal choices. The Minnesota State Legislature has not authorized you to build the Obamacare Exchange. The Federal Law does not require it and no State Law exists to allow it.

Sincerely,

Nikki Cunningham
Senior HR/Benefits Administrator
Array Services Group
200 14th Avenue East
Sartell, MN 56377
Direct: 320-534-3638
Fax: 320-253-4580
I do not support a government-run health care system, where people's choices of care or coverage are limited by government, nor do I support a government-run system where private information is used to limit personal choices. The Minnesota State Legislature has not authorized you to build the Obamacare Exchange. The Federal Law does not require it and no State Law exists to allow it.

Sincerely,

Nikki Cunningham
Senior HR/Benefits Administrator
Array Services Group
200 14th Avenue East
Sartell, MN 56377
Direct: 320-534-3638
Fax: 320-253-4580
Why is Minnesota wasting money on the Health Care Exchange that is not authorized by law ???

Surely we have better things to waste our money on than more Obamalony...

If indigent individuals need health care, use the public medical facilities that exist (there are many) and bill the taxpayers.

**We don't need another outlandish corrupt government program to waste our tax dollars.**

Allen Bode
16090 Alpine Way
Eden Prairie, MN 55346
(952) 937-1968
(952) 484-0763
You have no authority to build the Obamacare Exchange. The Minnesota Legislature has not authorized you to do so. There is no requirement by the federal law and there is no existing state law that allows it. This Exchange is unauthorized by law - therefore it is null and void. We do not need your involvement in our health care system.
Dear Commissioners Rothman and Schowalter,

Please put a stop to the intrusion of more government into health care. I believe this should be a legislative issue at minimum. I do not feel my views are adequately represented at this point and there are a lot of fine points to be worked out through grass roots efforts with our legislators. I am basically opposed to further government intrusion into my life and telling me what I can and can't do. I am a healthy 55 year old doctor who finds his premiums rising dramatically since the passage of the federal legislation. There are some good points and bad points about this legislation but we can not just appoint a small group of people to decide this issue. I do not believe a bit that this legislation is making anything more affordable. I am watching good doctor after good doctor leave the profession in frustration. I consult in my office at a loss with patients who have been to doctors that due to the economic pressures placed on them they quickly dismiss the patient without adequate diagnosing. When forced to figure something out it just is frustrating and the result is a bunch of tests which only add to the cost. This needs massive well thought out input. I think each legislator should get out in his district and have a town meeting with the health professionals. Right now, the only health professionals on board with this are ones who have figured out how to take advantage of the new system. This will not solve anything. The new exchanges will not solve cost or revenue issues and instead just spread more money around and trust me when I say the people who need the money will not get it. This state fell hook line and sinker for the HMO concept in the early 90's. What do you see of that now. The insurance companies took great advantage of that and costs have risen dramatically since. Tread carefully my friends or the worst is yet to come.

Dr. Mark Brewer
Mound, MN
To Whom It May Concern:

I oppose Governor Dayton building the MN Health Insurance Exchange without legislative authority. I furthermore do not support a government run health system.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Jayn Fritsche
1512 California Ave W
St Paul, MN 55108
651-647-1653

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.

Twila Brase RN, PHN
President
Citizens' Council for Health Freedom
161 St. Anthony Ave, Ste. 923
Saint Paul, MN 55103
www.cchfreedom.org
651-646-8935
Governor:
The Legislature has not voted to allow you to go forward with Health Exchanges under Obamacare. There is no state nor federal precedent under law which allows you to do so. I strenuously object to any attempt to move forward with this abomination disguised as “affordable health care” It is both illegal and immoral.
Sincerely,
Leisa Luis-Grill, R.N.
I would like to express my opposition of the MN health exchange program. Minnesota employers appreciate the value that the private health exchange market provides and value in what the group health plan offers to their employees.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it.

Rick Anderson
Buffalo, MN
C: 612-308-3058
Dear Governor Dayton,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law; and are, therefore, null and void. Stop using my taxpayer money for this illegal activity.

Mary

Mary Ervasti
Chanhassen, MN
The State of Minnesota has not been directed by the MN legislature to build the Obama Exchange, neither by federal law nor state law. Therefore, designing principles for this Exchange is moot and the principles thus derived are null and void.

Significant claims in these principles are false and misleading, as well as lacking in definition. For example, who decides on the definition of "high quality health care" and "affordable cost" as well as "simple, user friendly experience", and what are "health disparities"?

The legislature and the general public oppose this Exchange, mainly because it is controversial and controlled by government bureaucrats.

Don't waste any more time or tax dollars on this.

Tony Lancette
1720 Crestridge Ln
Eagan, MN 55122
651-452-2678
Legislation did not pass a law to have an Exchange set up. It is wrong. Government should stay out of Health care and leave it to the doctors and patients!
I understand that you are accepting comments from the public on the draft Guiding Principles. Since the entire premise of the Principles is that of government run health care, my comment is to shelve the entire project until the legislature convenes again. Running in a partisan fashion as has been done to date, and hiding the work from the public until after the election, flies in the face of “…transparent and accountable…” as professed in this draft document.

Please stop.

Thanks,
Mike Burress

Michael J. Burress, CLU, CBC
Benefit Strategies Group
701 Fourth Avenue South
Suite 1500
Minneapolis, MN 55415
Ph: 612-347-8602
Fx: 612-313-7521
Em: Mike@BenefitStrategies.Pro
To Whom It Concerns:

The Minnesota state legislature has not authorized you nor Governor Dayton to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. We the people are going to continue to standup against the overreaching of government that continues on and, the continued spending of moneys not within the states operating financial budget.

Mr. Gerry O'Shea  
Saint Paul, MN  55119  
US Army Veteran
MINNESOTA STATE LEGISLATURE HAS NOT AUTHORIZED YOU TO BUILD AN OBAMACARE EXCHANGE. FEDERAL LAW DOES NOT REQUIRE IT AND NO STATE LAW EXISTS TO ALLOW IT...leegh@eot.com ..
I am writing to express my opposition to the implementation of a state or federally run insurance exchange. I am writing as an insurance agent who has been in the business for over 20 years and part of a family that started in the insurance industry in 1939. It has been my experience that people applying for health insurance are in need of the knowledge and dedication that agents provide. I have heard countless times how agents have helped people research their options, understand the plans they are considering and make the process of applying for coverage easier. Agents are also in a good position to advocate for the clients if questions or problems arise with their coverage. An insurance exchange will not provide this experience.

I am concerned that a state exchange will limit competition among insurance carriers, eliminate thousands of jobs in Minnesota related to health insurance and its distribution and will not help increase the number of insured people in the state. A competitive market place with the professional help that licensed agents provide is the best solution to providing affordable health insurance in Minnesota. Thank you.

Richard J. Falck

RJF, Inc.
P.O. Box 533
509 Professional Drive
Northfield, MN 55057
(507) 645-6636
I am a concerned citizen regarding the MN Health Exchange. I, like so many others do not support National Health Care run by the government. My understanding is that Governor Dayton does not have the authority do this & the Minnesota state legislature has not authorized this to take place. Therefore this is unlawful & all plans to implement this program should be terminated.
To MN Dept of Commerce,
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Robyn Bjella
Dear Madam or Sir:

A government-run health care system that limits citizens’ choices of care or coverage by government interventions is NOT supported by the Minnesota Constitution, NOT supported by Minnesota law passed by the state legislature and NOT supported by the principles of LIBERTY or COMMON SENSE. Furthermore, federal law does NOT require Minnesota to create such a system through an exchange.

I will deem any attempt by the executive branch in the State of Minnesota to bypass the will of the people as expressed through the State’s legislature to be an act of tyranny against the people of Minnesota and null and void under Minnesota’s constitutional principles.

Thomas Jefferson said that it was “tyrannical and sinful” to compel a man supply money for that which he considers to be abhorrent and this taking of the people’s liberty to choose health care according to their own desire and need is, indeed, abhorrent.

Please stop this folly.

Richard D. Cushing
Thinking / Writing / Consulting
c 612.805.6029
To: MN Department of Commerce  
Re: Proposed draft Guiding Principles of the MN Health Insurance Exchange  
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 Minnesota state legislature has not authorized any governing entity in Minnesota to build a Federal Healthcare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Thank you!

Paul Esser  
Mendota Heights, MN 55120  
651-368-0732
Don't take my freedom away!
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Dear Commissioners Rothman and Schowalter,

MN Department of Commerce

Do not establish a Exchange in MN to implement the federal medical plan known as “Obamacare”. I understand that the legislature has not authorized the authority to allow such an Exchange.
public comment,
The State legislature hasn't any legislation authorizing you to build an Obama Exchange not for health care exchange.
Thanks you
Tim
Don't do it. You will be flushing money down the toilet.  
We have no money for this. The Federal government is broke!  
You have no authority to do it.  
The Federal law does not require it.  
There is no state legislation authorizing it.  
If you go ahead and do it, everything you do will be null and void.  
These Obamacare exchanges are nothing more than a federal system for doling out 
insurance subsidies,  
in an attempt to further entrench citizens into more government dependence.  
Don't be fooled into thinking anything else.  
And don't waste our tax money.  
These are already thousands of insurance exchanges in MN. They are called insurance 
agents.  
Thank you,  
GA Woessner\  
4200 cottonwood ln n  
minneapolis mn 55441
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.

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.

Thank you,

Paul Lentsch
I am opposed to the MN Health Insurance Exchange. The federal health care law does not require it. No state law exists that allows it. This a blatant over-reach of big government and as such is forbidden by the Constitution of the United States.

Government should focus on 'reforming' the many bureaucratic boondoggles that have outgrown their britches (like our convoluted income tax codes) and keep out of my medical records and health care choices.

Thank you for your time, Judi Micoley, Wayzata, MN
I am horrified at any step to insert more government control or influence regarding my healthcare. It's my body, my responsibility and my choices.

Sincerely,
Steve Beddor
Chanhassen, MN 55317
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Good Afternoon:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

I vote no for an Obamacare Exchange in our state of Minnesota!

Thank you.

Margaret Minegar
13125 Heritage Way
Apple Valley, MN 55124
Dear Sirs:

As far as I can tell, YOU (legislators) have NO authorization to build any sort of OBAMACARE EXCHANGE. The Feds do not require that you build it and no law in this state allows it.

Since nothing (not federal law and not state law) requires an exchange and no Minnesota law allows an exchange it seems to me that YOU (legislators) have no ground to stand on in taking any action toward the creation of such an unwanted monster.

You guys are treading on thin ice.

There is no group of bureaucrats with the wisdom to provide advice about my health. Those choices and decisions will remain mine (with or without consul with actual medical professionals).

You guys are way out of your league on this issue.
You couldn't tell a wart from a pimple.
You can do nothing but bumble around and do harm in this area. Everyone knows the first rule of medicine is to "Do no harm".

Dan Johnson
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

In other words, I do not want to be subject to a state run medical exchange, and I oppose Obamacare at every level. Get it?

Respectfully,

Robert Staricka,
Big Lake, MN
As a practicing physician in the State of Minnesota for the past 39 years, I encouraged you not to allow the Minnesota Health Care Exchange. This exchange is simply a prelude to adopting Obamacare and it’s many flawed rules/regulations.

IF a person with many risk factors for coronary artery disease presents to the Emergency Room with chest pain, do we automatically schedule him for open heart surgery or do we first identify what the problem is and the determine the proper course of action. Do we need health reform but clearly as the former Speaker of the House, Nancy Pelosi, states, "we have to pass this so we can see what is in the legislation."

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it.

Sincerely,

Daniel M. Janiga, MD, MPH, FACHOEM, FAAFP
CEO Occupational Health Consultants of MN, Inc
763-427-2510
janig002@gmail.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Regarding the Obamacare Exchange: Governor Dayton is overreaching his executive authority - he does not have legislative authority to do any of this. There is no federal law requiring it and there is no State law allowing creation of an exchange.

Do not be a part of a run-away and unlawful government.

Mary Amlaw
East Bethel, MN
Dear Commissioners Rothman, Schowalter and Gov. Dayton,

Our state legislature has not authorized you to create an Obamacare/Minnesota Health Insurance Exchange. There is no federal law that requires it nor an existing state law that allows it.

Please discontinue your efforts in this matter.

Sincerely,

Mike Wilson

---

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(218) 847-9537 Fax
rschram@fbfs.com

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Attached are the Minnesota Chamber of Commerce’s comments regarding Proposed Guiding Principles to the Advisory Task Force.

Thank you,

Kate Johansen
Manager, Health and Transportation Policy
Minnesota Chamber of Commerce
400 North Robert Street, Suite 1500
St. Paul, MN 55101
Work: (651) 292-4682
Cell: (651) 900-3482
Follow me on Twitter @MCC_KJohansen

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September 24, 2012

Health Insurance Exchange Advisory Task Force
Department of Commerce
85 Seventh Place East
Saint Paul, Minnesota 55101

Dear Health Insurance Exchange Advisory Task Force:

The Minnesota Chamber of Commerce appreciates the opportunity to provide the following comments in response to the Task Force's Proposed Guiding Principles. The Chamber represents 2200 businesses throughout the state, 80 percent of which are small businesses eligible for exchange participation.

The Chamber appreciates a number of the principles articulated in the draft of the Proposed Guiding Principles document. First, the Chamber agrees that an exchange should promote high quality, affordable care—an area in which Minnesota already excels compared to other states. Second, the Chamber agrees with the goal of making the exchange consumer friendly. But the Chamber notes strongly that a consumer friendly exchange is not the same as an exchange that limits consumer choice in the name of simplicity. An exchange achieves its purpose and usefulness for consumers through its website and call center design, not by limiting the number of products offered to consumers. Third, the Chamber strongly agrees that the exchange should be accountable and transparent to the people of Minnesota. Preferably, the exchange would be fiscally accountable to its users, and the public would be able to track exchange operations, governance, and costs to users and the state. Finally, the Chamber agrees that the Task Force should develop an exchange that fosters vigorous competition. This principle encourages the state to build an exchange that facilitates, but does not drive, marketplace behavior, and to preserve a robust market outside the exchange.

The Proposed Guiding Principles raise concerns with respect to scope and substance. The first principle listed, for example, is that the Task Force will foster an exchange that supports universal access to health care for all Minnesotans. This principle is outside the mission of the Task Force. The Task Force's own website defines its mission as advising the state on how to establish an exchange. The state further defines the exchange as "a new online marketplace
where individuals, families, and small businesses will be able to quality, affordable health coverage that fits their budget.” It further states that an exchange will serve one in five Minnesotans; empower consumers; provide consumer choices, and help small businesses provide insurance to employees. In short, the principle of universal coverage is at odd’s with the Task Force’s mission, given the state’s own definition of the exchange’s anticipated enrollment population. Moreover, the principle may lead to ideological controversy that will undermine and distract from discussions more important to establishing a functioning state exchange. If the Task Force adopts a principles document, this principle should be removed.

The same sentiments apply to the principle stating that an exchange should “seek out and pursue opportunities to eliminate health disparities.” Though well intentioned, this principle is incongruous to the Task Force’s mission and is better suited to other venues. The Task Force should focus on key issues to establishing a functional exchange—concrete decisions regarding governance, finance, adverse selection, the role of brokers and agents, and the ability to generate interest in participation among populations not required to purchase through an exchange. Again, if the Task Force adopts a principles document, this principle should be removed.

The description of the “accountability” principle raises another concern. The principle states that the Task Force “believes the Minnesota Exchange exists for the benefit of the public.” Exchanges exist for the benefit of marketplace participants. While some members of the public may benefit from a state exchange, it is not correct to say the exchange exists for their benefit. Its purpose is marketplace facilitation. If the Task Force adopts a principles document, this phrase should be removed.

Regarding process, the Chamber notes the unusual timing of the Proposed Guiding Principles. The principles were created by an eleventh work group, suggested and assembled in July 2012. Yet the Task Force adopted recommendations in January 2012. The principles are far broader than the recommendations, and the recommendations themselves were already broad. Moreover, the state must submit its blueprint to DHHS on November 16, 2012. To begin discussing “guiding principles” a month or two before that deadline is incongruous to the Task Force’s proper work schedule. The Task Force should be moving towards specific recommendations, not regressing to a discussion of broad principles. Thus, perhaps the best suggestion would be for the Task Force to redirect its attention to drafting a suggested state blueprint for the November 16th federal deadline that focuses on coming policy decisions.

If the Task Force decides to adopt guiding principles, the Chamber respectfully suggests the following principles to guide the Task Force’s work more effectively:

- Create a Minnesota-based exchange through meaningful stakeholder participation;
- Prioritize the state’s need to implement and operate minimum ACA requirements before addressing other policy issues;
- Limit the role of the exchange to a marketplace facilitator;
- Preserve a robust insurance market outside the exchange;
- Support a private, nonprofit governance model;
- Ensure the exchange is financially self-sustaining;
- Protect consumers’ rights to use brokers and agents as they currently do;
- Maximize consumer choice in products and purchasing options; and
- Provide meaningful quality and cost information to empower consumers.

Respectfully, these principles relate more directly to the Task Force, exchange developments, and the legal requirements the state faces in ACA compliance with respect to building a state exchange.

Thank you for your consideration of these comments.

Sincerely,

Kate Johansen
Manager, Health and Transportation Policy

Cc: Congressman Keith Ellison
    Commissioner Lucinda Jesson
    Commissioner Mike Rothman
    Commissioner Jim Schowalter
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Betty Quiring
Dear Commissioners Rothman and Schowalter,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,

Matt

Matthew Miron
Employee Benefits Consultant
Associated Financial Group
12600 Whitewater Drive Suite 100
Minnetonka, MN 55343
Phone: 952-945-0200
Fax: 952-945-9477

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Are we now subjects of the Minnesota monarchy? The Minnesota state legislature has not authorized you to build the Obamacare Exchange. Federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Phil Homer
Litchfield, MN
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. This Exchange is bad for Minnesota, bad for Business and bad for America.

Mark Rodwell
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

H. R. Hunt
6780 Green Valley Rd.
Ramsey MN 55303
hrhunt@aol.com
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,

Phyllis Fritz
From: Jock/Jody Glendenning
To: *COMM_Public Comments HIX
Cc: Sheri@cchfreedom.org
Subject: Obamacare Exchange or Healthcareless Law
Date: Monday, September 24, 2012 4:04:15 PM

The MN state legislature has not authorized you to build the Obamacare Exchange...AND FEDERAL LAW DOES NOT REQUIRE IT...and no STATE law exists to allow it.  So Don't do it!!!  Maybe Gov. Dayton wants to govern by fiat.  Yes fiat.

J. M. Glendenning, Jr.
Governor Dayton

_The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Stop wasting taxpayer resources and focus on more important issues like reducing MN taxes._

Henry G Eyrich
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Sincerely,
Mark Fotsch
Sent from my Verizon Wireless BlackBerry
Dear Commissioners Rothman, Schowalter, and Governor Dayton.

I understand that the State of Minnesota is moving forward with an National Affordable Heath Care Act and the Minnesota Insurance Exchange programs. My concern and questions are as follows; Is there a legal precedent or what authority give the Minnesota Executive Branch the legal right to proceed without legal involvement or approval of the Minnesota Legislative bodies?

I understand the reason for moving ahead with this program and maybe even might agree that something like this might have some benefits. But as in any case all changes need to move through the correct legal process.

Avoiding the legal involvement of the Minnesota Legislative bodies might make things go faster but our Federal and State governments were founded on a three branch system that is required to protect rights of all groups.

Superseding the Legislative authority has a strong potential for abuse on all sides and tends to create more problems in the long run.

I ask that your departments respond to these questions and concerns. With answers listing the laws of how we are moving ahead without all parties being involved.

Respectfully Yours

Bart Schultz DDS, FAGD, FICOI
St Paul Minnesota resident
Savage Minnesota business owner

952 894 2545 office
612 481 6551 home
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Abe Quiring
St. Louis Park, MN
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Carolyn Krinkie
From: Jeff Rankin
To: *COMM_Public Comments HX
Date: Monday, September 24, 2012 4:26:03 PM

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
To the MN Department of Commerce,

I’m a tax paying citizen of the USA and a resident of MN voicing my opinion. Please don’t waste time and the tax payers money trying to build the unauthorized Obama care exchange!

I’ve yet to find someone in favor of Obama care and feel this is an example of government gone wild without the support of the people. If you’ve made any attempt to poll the residents here you already know this is very unpopular.

Has the Minnesota state legislature authorized you to build the Obamacare Exchange? Is there a State law to allow its existence? Does federal law require it?

If the answer is no to any of these questions then please respect the wishes of the majority of residents here in Minnesota and stop the madness now.

Thank you for listening.

Sincerely,

Wayne Floe

48473 HWY 65 N.
McGregor MN
55760
To All It Concerns:

I oppose the implementation of a Minnesota Health Care Exchange. The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and is null and void.

David A. Jones
4750 Marie Lane East
Golden Valley, MN  55422
Your health care exchange lets more people access financial assistance (taxpayer-subsidized programs).
Get out and stay out of my health care!!!
The exchange will gather data on race, ethnicity, language, sexual orientation and gender. I don't want big government in my face and telling me what to do and when.

James Quiring
Chaska, Mn
Competition happens in a free market, not a government-imposed bureaucracy claiming to be a market. The principles you propose violate the principles of the U.S. Constitution, which limits the size of government. 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.

Sincerely,

Nancy R.
The exchange promises to "manage" the competition of doctors, clinics, and hospitals and health plans, thereby, eliminating market forces and real market choices. STOP THE EXCHANGE!!!!! Private enterprise is the system I want and it will work if you get out.

Jim Quiring
Chaska, Mn
Dear Gov. Dayton et al,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Please don't impose any more government control on the people. We way too much already.

Government and "do-gooders" are the problem. Things really would get better if politicians and government would just stop doing harm and help create a stable and predictable world where people can advance their lives.

Sincerely,

Charles Test
2710 2nd AVE South
Minneapolis, MN 55408
Greetings Honorable Governor;

The legislature has not given you a directive nor has it provide any public funds for you to create an “State Insurance Exchange” via the Federal Blueprint. Yes you can plead and beg but your funding source is still the Minnesota Legislature. You would serve the people of Minnesota best by leaving Obamacare as simply dreamy written material and place your energy in stopping and minimizing the federal power grab.

Thank You

Dean Budde
11108 Northridge Lane
Avon, MN  56310

320 363-8671
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Gary Zittlow
320-230-0761

If you do not wish to receive email communications from New York Life, please reply to this email using the words “Opt out” in the subject line. Please copy email_optout@newyorklife.com

New York Life Insurance Co, 51 Madison Ave, New York, NY 10010
HEY!!!! JUST SAY NO TO EXCHANGE!!! We want NOTHING to do with government controlled healthcare.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Not all MN voters are as dumb as you think.

Cindy Lou Sinn
Dear Sirs,

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New York Life Insurance Co, 51 Madison Ave, New York, NY 10010
September 24, 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 the federal Affordable Care Act (“ACA”) in Minnesota without authority from the state legislature.

The “guiding principles” you propose violate the principles embodied in the U.S. and State Constitutions, namely individual liberty, privacy and freedom from unwanted and unneeded government intrusion into private matters. As our comments below explain, the draft Exchange principles represent an unprecedented, unwarranted and, if implemented without Minnesota legislative action, illegal expansion of government in people’s lives.

Our specific responses to your specific comments are below:

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

**BUTLER LIBERTY LAW COMMENT**: We do not support a government-run health care system where people's choices of care or coverage are limited or dictated by government. We do not support a government-run system where individuals’ private information is used without their consent and ultimately limits or coercively alters their personal choices. We do not support sending a vast array of personal data on Minnesota citizens through the "Federal Data Services Hub" to a private, Virginia corporation, the IRS and other federal agencies for enforcement of the ACA mandate and/or to “tax” those who choose not to purchase health insurance through the Exchange. Only a truly free market can provide “universal access” to health care.

As we see it, the Exchange as proposed is a private health and financial data lobster trap in the guise of “free” or “universal” health care services. Trusting Minnesotans will enter the system based on State promises of better access, higher quality and lower cost. They will provide the State and unknown private corporations with their most personal health and financial data. When these people discover that the State cannot deliver on its promises, they will try to get out of the Exchange and obtain unregulated care in which prices and services are not controlled by the State. This is when they will haplessly discover that “universal,” to the State, means there is no way out.

**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.

**BUTLER LIBERTY LAW COMMENT**: This claim is absurd. The Exchange by design is intended to control and limit health care choices to those approved by the federal government. We believe that only the free market can provide high quality health care and that the ACA and the Exchange are abominations. Government involvement in health care will necessarily increase cost and decrease quality. It will also promote fraud. The facts support these claims.

The federal government currently has exclusive control over a major health care market—the Veterans Administration health system. That the VA provides the lowest quality care in the health care market is not debatable. Its facilities woefully trail those in the private sector. Its hospitals, including Walter Read, are far below private par and it is legendary for the poor quality of care that it provides to its important constituency. The federal government is also deeply involved in Medicare and Medicaid. These programs are financial boondoggles and are rife with fraud.

Indeed, the State is well aware of this through its own experience with UCare and MNCare. UCare, an entity begat by a politically connected group of University of Minnesota practitioners, was organized to be a preferred service provider for Minnesota’s diluted version of ACA. The result, as you are no doubt aware, was $30 million in Medicare overcharges that UCare quietly “gifted” back to the State. Iowa Senator Charles Grassley alleges that Commissioner Jesson recommended that the reimbursement be characterized as a gift to allow the State to deny the federal government any claim to the overcharges. The lofty claims in this “principle” conceal the true nature of the Exchange—it is an attack on the free market and is designed to place some preferred political constituencies first in line at the federal funds trough.

**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.

**BUTLER LIBERTY LAW COMMENT**: This is a lie. I direct your attention to Exhibit D of the Exchange Contract. Exhibit D provides that the State will provide massive amounts of personal, private data regarding Minnesota citizens to a private, Virginia corporation with the ominous name “Maximus.” The Exchange Contract was executed by the State without legislative approval and therefore without appropriation of funds. Not one duly elected public official voted to establish the Exchange. Yet the Exchange Contract provides that the State will pay Maximus over $41 million in funds from the State treasury to implement the Exchange. In the illegal Exchange Contract, the State further agrees to provide to Maximus voluminous personal, private, health and financial data on its citizens. The State intends to do all of this without first obtaining any one person’s consent. This is user-friendly? We believe that it borders on the criminal (see Minn. Const. art. XIII, § 6) for the State to enter into a private contract and agree to provide private health and financial data on its citizens to an unknown Virginia corporation.

**Eliminate Health Disparities** - In designing the Exchange, the Task Force will actively seek out and pursue opportunities to eliminate health disparities.
The Task Force is incapable of doing this. The facts show that disparities in the health care market are caused by government involvement. See the VA, Medicare and Medicaid system above. More government involvement will necessarily make existing disparities worse. The very wealthy will be able to avoid ACA. The poor will be last in line for what will necessarily be rationed care. Care will necessarily be rationed because the government will control provider and payer access and will therefore control prices. Government forcibly controlling prices will drive providers and innovators from the market. Demand within the Exchange will remain the same or increase. Exchange providers will try to increase their prices. The State will respond by controlling Exchange provider prices or by allowing Exchange providers to limit services. This will lead to shortages and rationing. This is basic economics.

We also want the Task Force to understand that healthcare not directly provided by or subsidized by the government is still affected by government policy. Health care prices over the last 20 years have been “high” because health care is purchased with above-the-line (pre-tax) dollars. That is, dollars spent on health care insurance, like dollars spent on home mortgage interest, reduce taxable income. It is no coincidence that the US economy has experienced “bubbles” in both health care prices and home prices. The federal tax code promotes these purchases by allowing money spent on them to reduce taxable income. Remove the deduction and prices will come down. There is no need for an Exchange.

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.

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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.

Vigorous and fair competition occurs only in a free market where supply and demand of services, and therefore prices, are determined by the free will choices of individuals. The Exchange is government-controlled oligopoly. The State will decide who is an authorized provider and who is not. In the Exchange, the State will decide if an authorized provider is charging State-authorized providers “fair” prices for Exchange-provided services.

The Exchange illustrates what is worst about modern government. Politicians with no respect for the rule of law, no understanding of Constitutional limitations, no respect for subsidiarity
and no understanding of basic economics impose their will on others without having any authority in fact or in law. Their hubris knows no bounds. The ultimate result of the Exchange will be the wealthy and independent thinkers will avoid it and seek market-based health care outside of the Exchange system, and the poor souls caught inside the Exchange will receive only the health care that aligns with government and participating corporate interests.

Yours truly,

*William B. Butler*

Butler Liberty Law
September 24, 2012

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Yours truly,

William B. Butler
Butler Liberty Law
You were not authorized by the Minnesota state legislature to build the Obamacare Exchange.

The Health Care Exchange will intrude upon the private patient-provider relationship. It will not allow each consumer to make decisions regarding the insurance and care that would be best for his or her family.

Thank you.

Byron Crews
2021 Mathias Road
Shakopee, MN 55379
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2021 Mathias Road
Shakopee, MN 55379
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To the MN Department of Commerce,
I am concerned that that you are operating outside the laws of our state. The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Louis Durenberger
952-432-2468
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Michael Croy MSRD

Healthcare provider

This e-mail message is confidential. Information contained in this e-mail message belongs to the Sending Organization and is legally privileged. The information accompanying this e-mail message is intended only for the use of the individual (or facility) identified as recipient. The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this e-mail message in error, please notify the sender immediately and delete the e-mail message.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Bill Robinson
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Governor Dayton,

I, as a healthcare worker, mother and lifelong Minnesotan am extremely discouraged by what appears, unfortunately, to be a whole lot like a lack of integrity and usurping of power by the officials we voters have trusted to represent us.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

It is not too late for you be a part of history as one who is courageous and stands for what is right. The fate of so many lovely people, young and old, is in your hands. Please and,...thank you?

Sincerely,
Sarah
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Honorable Governor,
Legislative authority to build the Healthcare Exchange has not been given. Federal law does not require it and state law does not currently allow it. Standing on these principles we should not build the exchange.
Debra Musgrove
Sent from my Verizon Wireless 4GLTE smartphone
You have not been authorized to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Let’s obey the law.

Dianne Haag
To Whom It May Concern:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

I fully oppose Obamacare. It is blatantly unconstitutional. The lawless process by which it became law is another reason to knock it down. The dissenting Supreme Court Judges got it right. They did not make it a political football when they rendered their decision, unlike the Supreme Court Judges holding the majority opinion who rendered their decision solely on politics and not based on constitutional law in any way, shape, or form.

Daniel Passer
518 368 2855
Hi PublicComments,

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Not only that, we as citizens of this state don't want it and never did. The unwanted Obmacare was forced upon us and shoved down our throat.

--
Best regards, William mailto:weolson@wiktel.com

"The trouble with quotes over the Internet is that you never know if they are genuine." ... Abraham Lincoln
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
From: Toni
To: *COMM Public Comments HIX
Date: Monday, September 24, 2012 7:34:24 PM

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

I strongly oppose this exchange and urge you NOT to consider it.

Sincerely,
Kathryn Engebrit
To Whom it May Concern:

The MN state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Please take a moment to STRONGLY reconsider these facts before making a final decision.

Thank you!

Jeffrey Donatelle DPT, ATC, CSCS  
Doctor of Physical Therapy  
Certified Athletic Trainer  
Certified Sports and Conditioning Specialist

"You must make your choice. Either Jesus was and is, the Son of God; or else a madman or something worse. You can shut Him up for a fool, you can spit at Him and kill Him as a demon; or you can fall at His feet and call Him Lord and God. But let us not come with any patronizing nonsense about His being a great human teacher. He has not left that open to us. He did not intend to."

--C.S. Lewis  
Mere Christianity
To Whom it May Concern:

The MN state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void. Please take a moment to STRONGLY reconsider these facts before making a final decision.

Thank you!

Sarah Donatelle
WE ARE HISTORICALLY A NATION RULED BY LAW. THIS 'EXCHANGE' IS NEITHER ALLOWED OR AUTHORIZED BY STATE OR FEDERAL LAW. I DO NOT SUPPORT THE GOVERNMENT CONTROLLED INSURANCE TAKE OVER, IT IS INTRUSIVE AND DICTATORIAL!
Dear public officials: Governor Dayton, and others,

Who are you supposed to represent? We the people - or - some governing principles from another nation. Who?

We, it's been said live in a constitutional republic, not another form of government. Can you explain how under our form of government with its enumerated powers it seems the governing documents for our state are being ignored, and it seems our representatives are being ignoring. This is not a choice, according to our constitution, but one it seems unconstitutional in nature, and negates the founding principles upon which this state is governed, thereby invalidating any justification for this 'health exchange' idea which has no proven track record, as far as many people, versed in the fields of economics and health care note.

Please govern according to the laws so you set a good example for we the people to follow, so our founding principles are neither violated or corrupted.

Misguided efforts waste tax payer money of people whatever their field of work. The people's money needs to be spent wisely, not ideologically.

Thank you for considering these thoughts.

Terry Kopren

Lifelong Minnesota Resident
The Governor has not been authorized by the legislature to set up the health exchange rules. Furthermore, there is no law requiring that the states establish an exchange.

Judy Enfield
Shoreview, Minnesota
Sent from my iPad
This is a waste of tax dollars as it is not needed and no state law allows it. As this country sinks further and further in debt our state is right on track to follow suit.
To the Minnesota Department of Commerce,

The Minnesota State Legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

Diane Schreder
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. No state law exists to allow it.

Concerned Citizen
Pat Schreifels
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The Federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank you
Sandy Kral
Obamacare Exchange?
Oh please don’t go there.
Minnesota state legislature has not authorized you to build the Obamacare Exchange.
The federal law does not require it and no state law exists to allow it.
Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
Like government ever was more efficient and responsive than the personal choice in the private sector?
Privacy violations will be rampant. People needing mental health care will not seek it in this environment.
Not to mention plain old errors that will be difficult to correct and potentially life threatening.
In my last hospitalization, the nurse practitioner forgot why he gave me Valium so he wrote in my chart that I was afraid of needles.
I am a very experienced phlebotomist!

This is an exchange of freedom for slavery.
Don’t sugar coat it.
From: Gena Hackney
To: *COMM_Public Comments HIX
Subject: Obamacare Exchange
Date: Monday, September 24, 2012 9:48:06 PM

I am very opposed to any Exchange set up that the Minnesota State legislature has not authorized.

Sent from my iPhone
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Carol Wegner
Medina, MN
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Jeannine Kellogg
Minneapolis, MN
If you proceed with this HIX, just make sure all of you and your families, all legislator's, their families and Dayton and his family are subject to it and all of it's provisions !!

See how the OBAMACARE will be taking care of the American People who have worked all of their life for.

Good OLD Nancy P. has taken care of a lot of things. Looks as though the MIDDLE CLASS will be footing the bill to support the Federal Government

I do hope that Obama gets his butt kicked out of office on November 6, 2013.

DB

----- Original Message ----- 
From: <2duffers@cox.net>  
Sent: Monday, September 24, 2012 2:10 PM  
Subject: Obamacare MUST be Repealed -

PLEASE TAKE TIME TO READ and then pass on to your neighbors. Regardless of whether you are a Republican, Democrat or Ind, Obamacare is not the answer
to our healthcare - we have to do better than this.

Because of Obamacare, here are some of the tax changes that automatically begin on Jan. 1, 2013, unless Congress acts.
* Social Security rate goes up from 4.2% to 6.2%
* The 10% tax bracket expires and becomes 15%
* The 25% rate rises to 28%
* The 28% rate goes to 31%
* The 33% rate goes to 36%
* The 35% rate goes to 39.6%
* The Earned Income Credit is eliminated
* The child tax credit falls from $1,000 to $500
* The Alternative Minimum Tax reverts to 2001 levels
* The long-term capital gains on middle and upper-income taxpayers go from 15% to 20%

If you read all 2700 pages of Obamacare, I guess you may be aware of the following conditions:

Page 29: Admission: your health care will be rationed!
Page 30: A government committee will decide what treatments and benefits you get (and, unlike an insurer, there will be no appeals process)
Page 42: The "Health Choices Commissioner" will decide health benefits for you. You will have no choice. None
Page 50: All non-US citizens, illegal or not, will be provided with free healthcare services.
Page 58: Every person will be issued a National ID Health card.
Page 59: The federal government will have direct, real-time access to all individual bank accounts for electronic funds transfer.
Page 65: Taxpayers will subsidize all union retiree and community organizer health plans (example: SEIU, UAW and ACORN)
Page 84: All private healthcare plans must participate in the Healthcare Exchange (i.e., total government control of private plans)
Page 91: Government mandates linguistic infrastructure for services; translation: illegal aliens
Page 95: The Government will pay ACORN and Americorps to sign up individuals for Government-run Health Care plan.
Page 102: Those eligible for Medicaid will be automatically enrolled: you have no choice in the matter.
Page 124: No company can sue the government for price-fixing. No "judicial review" is permitted against the government monopoly. Put simply, private insurers will be crushed.
• Page 127: The AMA sold doctors out: the government will set wages.
• Page 126: Employers MUST pay healthcare bills for part-time employees AND their families.
• Page 149: Any employer with a payroll of $400K or more, who does not offer the public option, pays an 8% tax on payroll
• Page 150: Any employer with a payroll of $250K-400K or more, who does not offer the public option, pays a 2 to 6% tax on payroll
• Page 167: Any individual who doesn't have acceptable healthcare (according to the government) will be taxed 2.5% of income.
• Page 170: Any NON-RESIDENT alien is exempt from individual taxes (Americans will pay for them).
• Page 195: Officers and employees of Government Healthcare Bureaucracy will have access to ALL American financial and personal records.
• Page 203: "The tax imposed under this section shall not be treated as
tax." Yes, it really says that.

- Page 239: Bill will reduce physician services for Medicaid. Seniors and the poor most affected.

PLUS: OBAMA'S MARK OF THE BEAST

There's a pretty startling thing in the Obamacare Bill that 95% of Americans won't like.

The Obama Health care bill under Class II (Paragraph 1, Section B) specifically includes "(ii) a class II device that is implantable." Then on page 1004 it describes what the term "data" means in paragraph 1, section B:

14 "(B) In this paragraph, the term 'data' refers to in formation respecting a device described in paragraph (1), including claims data, patient survey data, standardized analytic files that allow for the pooling and analysis of data from disparate data environments, electronic health records, and any other data deemed appropriate by the Secretary"

What exactly is a class II device that is implantable?

Lets see...
Approved by the FDA, a class II implantable device is a "implantable radiofrequency transponder system for patient identification and health information." The purpose of a class II device is to collect data in medical patients such as "claims data, patient survey data, standardized analytic files that allow for the pooling and analysis of data from"
disparate data environments, electronic health records, and any other data deemed appropriate by the Secretary."This sort of device would be implanted in the majority of people who opt to become covered by the public health care option. With the reform of the private insurance companies, who charge outrageous rates, many people will switch their coverage to a more affordable insurance plan. This means the number of people who choose the public option will increase. This also means the number of people chipped will be plentiful as well. The adults who choose to have a chip implanted are the lucky (yes, lucky) ones in this case.

CHILDREN'S HEALTH INSURANCE PROGRAM = CHIP

Children who are "born in the United States who at the time of birth are not otherwise covered under acceptable coverage" will be qualified and placed into the CHIP or Children's Health Insurance Program (what a convenient name). Children conceived by parents who are already covered under the public option will more than likely be implanted with a chip by the consent of the parent. Eventually everyone will be implanted with a chip. And with the price and coverage of the public option being so competitive with the private companies, the private company may not survive.

This doesn't include the Liberty you have lost.

Stop talking about repealing this bill and DO IT NOW!

Read the bill:
For those of you commenting on the "healthcare" bill, it would be helpful to know what is included therein.

"British Socialized Medicine Director Dies Waiting for Operation"

Or you can decide to remain blindly ignorant and become a slave to the federal government.

--
Joe & Beccy Barker
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.
I am appalled elected officials who swear to follow the laws are attempting to do things without proper procedure. The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Thank you,

TLPerkins
The Minnesota State Legislature has not authorized you to build the Obama Care Exchange. What do you think you're doing? Lynda Plunkett-Wright, Minnesota tax payer and small business owner

Sent from my Verizon Wireless 4G LTE smartphone
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Respectfully,

Linnae A. Anderson
As a concerned citizen I am very upset about this big government power grab. In my experience government has not done anything well or efficiently.

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

This is not what American government should be mandating and forcing on "We the people". This is a sham and a hoax.
Denise M. Ryan-McKee
9/25/12

Dear Commissioners,

I oppose a Health Insurance Exchange in Minnesota as, per no legislative action on the matter, there is no authorization for it. Wasting time, energy, and subsequently taxpayer money, on a Health insurance Exchange - even simply principles for the creation of an Exchange - is a tyrannical endeavor. Not only should this not happen, your agency should be fully reviewed for competency, compliance with state law, and taxpayer return on investment.

Please confirm that you have received these comments.

Cedric Busch
9294 Xenium Ln N
Maple Grove, MN 55369
You are not authorized by the legislature to build an Obamacare Exchange. You have no authority to do what you are doing! Stop!

Lauralee Peterson
Brooklyn Park MN

--

Remembering Rowan <3
Minnesota's state legislature has not authorized you to create and/or put into place the Obamacare Exchange.

Also, Federal law does not require The Exchange, and state law does not exist to allow its creation and/or implementation.

Like the unauthorized, yet promoted, Exchange, no principles for its creation are authorized by law.

Please allow the People of Minnesota to formally weigh in on this topic.
Dear commissioners.

In Minnesota, we have ways of doing such things legally. It is my understanding that as of this date, there is no legislative authority given by statute for such an exchange. I would suggest that we have the cart before the horse here and would urge you to decline to support such an effort until legislative authority is given and requires such an exchange. Please remember that you work to serve the taxpayers of MN and as such should not spend taxpayer funds until directed by our legislature.

Richard P Timm, DDS
6476 11th Street N
Oakdale, MN 55128
Obama Exchange has no authorization from the state of MN, thus it is not legal and it is NOT required. STOP.

E. Loewenberg
The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and null and void.

Mike Rohloff
Group Benefit Specialist
mrohloff@leefmurphy.com
Lee F Murphy Insurance Group
2361 Highway 36 West
St Paul MN 55113

651-294-0713 direct
651-644-7200 main
651-644-9137 fax

I can also be found on LinkedIn!
i say nix the hix it is bad for minnesotans and any humans alive get rid of it this is an infringement of our freedoms stop this insane and expensive garbage now!!!!
To Whom:

The Minnesota state legislature has not authorized you to build the Obamacare Exchange. The federal law does not require it and no state law exists to allow it. Like the unauthorized exchange, all principles for the creation of the Exchange are not authorized by law and are null and void.

The authors of the Obamacare Exchange are not above the law.

Their success in such a project would serve to undermine the value of fair play and honesty, further the current atmosphere of class warfare in America, and add to the burden of government bureaucracy on our people.

Rethink the Obamacare Exchange plan.
The Minnesota state legislature HAS NOT authorized you to build the Obamacare Exchange. The federal law DOES NOT require it and NO state law exists to allow it. Like the unauthorized Exchange, all principles for the creation of the Exchange are not authorized by law and therefore, are null and void.

Sincerely,
Barbara J. Roushar
Eden Prairie, MN
Good morning,

Please accept the attached comments on essential health benefits for the Minnesota Health Insurance Exchange from the Minnesota Society of Clinical Oncology (MSCO). MSCO appreciates the opportunity to comment on this important issue. If MSCO can answer any questions or be of any assistance, please contact me at sabbott@accc-cancer.org or 301-984-9496.

Thank you,
Sydney Abbott

Sydney Abbott, JD
Policy Coordinator
Association of Community Cancer Centers
11600 Nebel Road, Suite 201
Rockville, MD 20852
301.984.9496 ext. 223 (phone)
301.770.1949 (fax)
sabbott@accc-cancer.org
www.accc-cancer.org

ACCC is the premier education and advocacy organization for the oncology team.

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Commissioner Edward Ehlinger, MD, MSPH
Commissioner of Health
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Dear Commissioner Ehlinger:

Thank you for the work of the Minnesota Health Care Reform Task Force and for undertaking the important task of evaluating options in the establishment of Minnesota’s health insurance exchange. The Minnesota Society of Clinical Oncology (MSCO) would like to take this opportunity to submit comments on defining the essential health benefits package for the state of Minnesota. The health care needs of cancer patients are the needs of those both with serious, life-threatening illnesses and chronic health care issues. Treating cancer involves accessing a complex and extensive set of health care services including chemotherapy and prescription drugs, among others. These long-term treatment services can place great financial burden upon patients due to the cost sharing burdens associated with care, even if they are insured.

Both insured and uninsured Minnesota cancer patients and survivors are among those who will benefit greatly from the implementation of an Affordable Health Benefit Exchange, as part of implementation of the federal Affordable Care Act (ACA). After much anticipation, the U.S. Department of Health and Human Services (HHS) released a bulletin, on December 16, 2011, to provide guidance to states when determining the essential health benefits (EHB) for state health exchanges, the individual and small group market inside and outside the exchange, and benchmarks for Medicaid and Basic Health Programs. HHS will soon also release federal rules regarding establishment of state EHBs, but they are not expected to be overly prescriptive, leaving most of the details in the hands of state decision makers.

Unless policymakers in Minnesota provide affordable access to comprehensive care, the promise of the ACA will not become reality for cancer patients or survivors. If the state’s essential health benefit (EHB) package leans too heavily toward maximizing flexibility at the expense of ensuring access to comprehensive and quality cancer care, cancer patients may find themselves having insurance that is inadequate to meet their health care needs, while being saddled with crippling financial responsibility for their care. Minnesota demonstrated its commitment to cancer patients by enacting oral chemotherapy access legislation to ensure insurance coverage parity between oral and other oncolytics. Please continue these efforts and likewise ensure that the benchmark plan covers the needs of cancer patients.
MSCO represents 140 practicing hematology and oncology professionals who provide care to the majority of patients battling cancer across Minnesota. We include the entire cancer care team in our membership – from physicians, to nurses, social workers, pharmacists and hospital administrators. MSCO works to ensure that cancer patients have appropriate access to a broad range of approved and medically-accepted anticancer regimens including, but not limited to oral and intravenous drugs, injections, surgery, radiation, transfusions, transplantation, and palliative care. MSCO believes that every cancer patient should have access to the anticancer regimens recommended by their physician and should not suffer from cost discrimination based on the type of therapy provided or the mechanism of delivery.

MSCO offers the following road map to policymakers when setting the standards for the state’s Health Exchange and EHB package. If you have any questions, please contact Sydney Abbott at 301-984-9496 or sabbott@accc-cancer.org.

Sincerely,

Joseph W. Leach, MD
President
A Road Map to Comprehensive Cancer Care for Minnesota

TREATMENT

• All elements of multi-disciplinary treatment, as recommended by the patient’s care team and supported by available evidence, including:
  
  o Drugs and biologics, whether physician-administered or self-administered.
  
  o Drugs and biologics for off-label uses, according to the evidence-based standards utilized in the Medicare program.

• Pharmacy Benefit that includes:
  
  o Prescription drug coverage with full coverage of the six protected classes, offering more than one drug per class and as defined in the Medicare Part D program.
  
  o Patient appeals process and care coordination and transition planning for patients taking a specific drug if it is not on their new plan’s formulary.
  
  o Formulary standards that require inclusion of multiple drugs in a range of therapeutic categories and comprehensive coverage for therapies needed by the most vulnerable patients.
  
  o Independent Pharmacy and Therapeutic (P&T) Committees that review the drugs included on those formularies, as well as the utilization management requirements for such drugs, and consider newly approved treatments and indications for inclusion in formularies within certain timeframes such as those required under Part D.
  
  o A mechanism for incorporating new therapeutic categories or classes in order to protect patients’ access to innovative therapies as they become available.

• Equal treatment of out-of-pocket expense to patients receiving intravenous, injectable, and/or orally-administered oncolytic treatments. Compliance cannot be achieved by imposing an increase in patient cost sharing, including any copayment, deductible or coinsurance, for oncolytic treatments whether intravenously administered or injected or orally administered.

• Prohibit the use of excessive cost-sharing required by prescription drug benefit designs that utilize specialty tiers; out-of-pocket costs for prescription drug coverage should be transparent and included in the out-of-pocket limits pursuant to the ACA requirements.

• Monitor the use of tiered networks that may discriminate against patients with specialty drug needs.

• Use Exchange information technology requirements and operating authorities to assure rapid access to appropriate drugs by all plans offered under the Exchange.
Dear Commissioners Rothman and Schowalter:

I urge you to discontinue efforts to install the Obamacare health insurance exchange in Minnesota. The promise is that we citizens will have wonderful choices of health care insurance plans, to be provided to all of us and at lower cost, and there will be no negative results from the installation of an Obamacare exchange.

All of the above is simply false! All of the insurance plans offered by the Exchange will be controlled by the federal government, i.e., what they provide will be mandated. Therefore, there is no real choice of plans. Only a free health care market would provide genuine choices for people to make based on their own priorities and, yes, moral values. I am sure every plan Obamacare provides will require coverage for abortifacient contraception and abortion. My husband and I are vehemently opposed to both.

There were good reasons why our Minnesota legislature refused to establish the Obamacare Exchange in Minnesota. We will lose control of our choice of doctors, as well as policy choice. Registering on the Exchange will allow our medical records to be shared by numerous entities, without our permission. Given the plan of Obamacare to assess a patient's need for care, and to deny it if certain bureaucrats see fit, this can only be put to sinister uses. Lastly, it is estimated that state operating costs for this pernicious system will be between $10 to $100 million dollars annually.

There is no benefit to the public by inaugurating the Obamacare Exchange, but many, many reasons to deny this truly wicked, hurtful system.

Sincerely yours,

Rita M. Moosbrugger

e-mail address: gcmoosbrugger@usfamily.net
I am strongly opposed to all the below mentioned guiding principles of the exchange!!

ACTION ALERT: Obamacare Health Insurance Exchange - Minnesota

We have a great opportunity to resist Obama's exchange!

PUBLIC COMMENTS REQUESTED: The Minnesota Department of Commerce has issued a call for public comments on "a draft of proposed Guiding Principles for the Minnesota Health Insurance Exchange" (HIX). (see official draft below)

DEADLINE: Monday, September 24, 2012 - a week from today

Let's deluge the Department of Commerce and Commissioner Mike Rothman with comments opposing the guiding principles of the Exchange --- which is being built under Governor Dayton's executive order. No law allows the Exchange, but the Governor doesn't care. He's happy to install the "centerpiece" of Obamacare in Minnesota at a taxpayer cost of $40 million - $80 million per year to operate it.

EMAIL COMMENTS TO: PublicComments.HIX@state.mn.us

Please send copy (cc) or (bcc) to sher@chfreedom.org -- She'll keep count. We would like to report the number of responses.

Here is what the MN Health Insurance Exchange (HIX) principles actually propose (see official principles at end of email). In short:

- HIX will support universal health care - socialized medicine.
- HIX will interfere in the patient-doctor relationship (delivery of medical care).
- HIX will enforce compliance-based payments on doctors based on government-defined "value."
HIX will enforce "delivery mechanisms" that lead to government rationed care.
- HIX is not just for insurance, it's also for public program enrollment in food stamps.
- HIX lets more people access "financial assistance" (taxpayer-subsidized programs).
- HIX will gather data on race, ethnicity, language, sexual orientation and gender and analyze medical records to "eliminate health disparities" in treatment (standardize care and insert the potential of civil rights litigation into exam rooms).
- HIX will be as "transparent" as it is today [The Star Tribune (Aug 2), St. Cloud Times (Aug 30) chastise the department for NON-transparency].
- HIX promises to "manage" the competition of doctors/clinics/hospitals (providers) and health plans (payers), thereby eliminating market forces and real market choices.

The deadline for your comments is Monday, September 24.

Please act now!

Twila Brase
President
Citizens' Council for Health Freedom
651-646-8935

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OFFICIAL PROPOSED MN OBAMA CARE EXCHANGE PRINCIPLES - DRAFT:

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

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.

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.

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

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.
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.

Twila Brase RN, PHN
President
Citizens' Council for Health Freedom
161 St. Anthony Ave, Ste. 923
Saint Paul, MN 55103
http://www.cchfreedom.org/
651-646-8935

To unsubscribe, reply with "unsubscribe" in the Subject line.
How about adding another Guiding Principle:

**Improve the experience of patients**

The Task Force will design an Exchange that promotes the improvement of the patient’s experience by encouraging and requiring shared decision making at all levels of care.

Greg Coon