

Editorials

Editorials represent the institutional voice of the Star Tribune. They are researched and written by the Editorial Department, which is independent of the newsroom.

StarTribune

CHRISTOPHER M. HARTE, Publisher
SCOTT GILLESPIE, Editor, Editorial Pages

Working on how to serve the uninsured

- Three programs get federal help to test the possibilities.

As Congress wrestles with how best to extend the benefits of health insurance to more Americans, three innovative Minnesota efforts are demonstrating some of the possibilities — and getting an infusion of federal money to do more.

The three — Portico Healthnet in the Twin Cities, HealthShare in Duluth and PrimeWest Health in 13 rural counties — were recipients last month of a federal grant totaling up to \$35 million in cash and \$30 million in in-kind services over five years.

While the three programs vary in approaches and funding sources, they all represent an attempt to bring basic health insurance to uninsured working people who earn too much to qualify for existing government programs but too little to afford health insurance on the private market. They're small programs, serving limited populations. The new grant, too, is small. It is projected to allow the three together to insure 10,000 more of the 374,000 Minnesotans who were identified as uninsured in the latest count, from 2007.

But the value of these programs as pilot projects that might inspire and inform bigger efforts ought not be minimized. Federal and state lawmakers should take note of these features:

- **Portico** is a partnership of hospitals in four metro counties that diverts money they otherwise might have spent on uncompensated care in emergency rooms, and uses it to subsidize insurance coverage that eligible people purchase with income-adjusted premiums. While only able to serve 1,400 people in

2008, it documented among them a 35 percent reduction in costly emergency room use. That shows how insuring more people saves money for hospitals, and keeps excessive costs from being passed along to other people with insurance.

- **HealthShare** in Duluth involves employers and foundations as well as employees and care providers in financing coverage. Targeted at low-wage employees of small businesses, HealthShare is showing that many employers remain willing to help finance health care for their employees, provided the costs are reasonable and predictable.

- Of the three, **PrimeWest Health** comes closest to providing a model for publicly owned and managed insurance — a so-called “public option.” It is operated by 13 counties, and purchases the care provided by Medicaid, MinnesotaCare and several smaller government-financed programs so efficiently that it regularly turns back savings to the communities they serve — sharing them with providers who otherwise might not remain in those sparsely populated counties, or be willing to treat patients in government programs. The new grant will allow PrimeWest to enroll low-income people who don't qualify for public programs.

PrimeWest's cost-effectiveness has even won it friends among Republican state legislators who are philosophically disinclined toward government-funded health insurance. That achievement alone is good reason for Washington to notice PrimeWest and its fellow Minnesota grant recipients in the weeks ahead.