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Interview: Schweitzer's plan to bring Canadian health care to Montana

By **Sarah Kliff**, Published: October 3

Sean Sperry AP Montana Gov. Brian Schweitzer is no stranger to aggressive, and controversial, attempts at health reform. In 1999, he began chartering much-publicized buses to Canada, where seniors could fill prescriptions at lower costs. He's asked for permission to create a Medicaid drug prescription program for all his citizens (Health and Human Services said no.) and to import medications from Canada.

In advance of health reform, Schweitzer has a new idea: build a statewide, universal health-care system, modeled after that of Saskatchewan, the Canadian province just north of Montana.

We spoke this morning about his new plan to build a public option out of Montana's Medicaid program, what federal waivers he would need to do so and why, like many of his Republican counterparts, he's looking for something like block grant funding. What follows is a transcript, lightly edited for content and length.

Sarah Kliff: Give me a bit of a history of what you're trying to do here – what have you been working on?

Gov. Brian Schweitzer: I've spent a great deal of time studying a lot of different countries' health-care systems. This time around, I'm looking at a system straight north of us. In Saskatchewan, they have had universal health care since 1946, 20 years before the rest of Canada. We're pretty similar: Montana has 990,000 residents and Saskatchewan has just over 1 million. They're 10 percent Indian, we're 7 percent. Their average age is just two months different than ours. But they have a health-care system where they have two years longer and have lower infant mortality rates.

I called up Brad Wall, the conservative premier of Saskatchewan and asked him, "Would you help me work through all your numbers, so I can compare that with our system?" I looked at what they spent and what we do. They have a slightly larger population and for every man, child and woman in their health-care system, the cost is about \$4 billion. Remember, they live two years longer and have a lower infant mortality rate. In Montana, it's about \$8 billion.

Imagine if you went to a gas station, and you looked over at a car with a Canadian license plate. They were paying \$1 a gallon for gas, and you're paying \$2. Wouldn't that make you mad? That's exactly what's happening. I'm mad for all the people in the country.

SK: How'd that influence what you want to do in Montana?

BS: We know that, because of the Affordable Care Act, Montana's Medicaid population will double. So we're saying, let us set up clinics across Montana like they have in Saskatchewan, for Medicaid, where we will have family practitioners, nurse practitioners, taking care of patients. That will have about 20 percent of the state's population in the pool. We'll also add in all state employees, that's another 60,000. Then, we'll turn to private citizens and ask, do you want to buy into this? We'll turn to small businesses and large ones, and ask them, too.

SK: What you're describing sounds like a public option for Montana, which builds off of your Medicaid program.

BS: This would be a hybrid of systems we have right now, serving Medicaid patients, state employees, university employees, the people who are currently Montana employees, we'll start with that. If somebody else wants to get in, to deliver health care, too, we'll be accommodating. Every patient would come in and pay a co-pay and the clinics would be staffed primarily by people who worked for the Montana Medicaid program.

SK: What kind of waivers do you need from the federal government to do this?

BS: The waiver we'd need is Medicaid-related. It would allow us to deliver health care through community health-care clinics as opposed to contracting for specific services, with all kinds of clinics large and small across the state. We're simply saying that we here in Montana are adults, we have a budget surplus, weren't good at negotiating and not buying things we don't need.

SK: Have you looked at other states in pursuing this kind of health reform? I know Vermont is working on a single-payer system that could be somewhat similar to what you're doing.

BS: Yes, I definitely looked at Vermont, other states. Most of the Republican governors have either asked or plan to ask for a block grant, which is kind of what I'm talking about here. Send me the money and I'll take responsibility for my Medicaid population. Don't be my partner anymore.

SK: What about the health reform law? Will you need any waivers from that?

BS: We'll see what Health and Human Services says about that. They're the judge and the jury. What I'm trying to do is claim jump it, not going to wait and see it drive our state into bankruptcy. The thing they say in Washington — other than it's too hot, or I'm working too hard — is that they believe the states are the laboratories of democracy. We're giving them an opportunity to do what they say, and let us be that laboratory.

SK: What kind of reception are you expecting from Health and Human Services? I know they've turned down some of your previous waiver requests.

BS: Since we're proposing to save citizens money, you'd expect some kind of chorus and music, maybe a presentation with some plaques and flowers. That's what you'd expect. But in my experience, that's not what you get.

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