
Get It Done: Healthy Michigan, Healthy Economy

GRETCHEN WHITMER'S PLAN TO
INCREASE ACCESS TO QUALITY,
AFFORDABLE HEALTH CARE



At the age of 29, I became what's known as a member of the "Sandwich Generation," which means I was raising my first daughter at the beginning of her life at the same time I was taking care of my mother at the end of her life. When my mom was diagnosed with glioblastoma – the worst kind of brain cancer there is – I spent hours on the phone battling the insurance company when they refused to pay for her chemotherapy. It was outrageous. That experience eliminated my patience for anyone who stands in the way of solving problems, and made me the person I am today. It's why I rolled up my sleeves and negotiated across the aisle with Governor Rick Snyder to expand Medicaid. Because of that work, 680,000 Michiganders now have coverage through Healthy Michigan, many for the first time in their lives.

I'm proud of the bipartisan work we accomplished on Medicaid expansion, but we still have so much more work ahead of us to ensure every Michigander has access to quality, affordable health care.

I believe one of the principal duties of any governor is to protect and promote the health and wellbeing of our state's residents. The health of every Michigander is affected by factors ranging from genetics, to the environment, the economy and government policies. These factors influence both personal choices and access to health-related services. Establishing and maintaining the public health must include a new way of thinking that shapes the goals and duties of every agency of state government.



Had the health and general welfare of the people of Flint been the paramount consideration in evaluating the order of the Governor's Emergency Manager to shift the community's water supply from a trusted source to a river loaded with industrial pollution – or if the Attorney General had listened to any of the 15 complaints from local residents – the Flint Water Crisis never would have happened.

Despite Michigan's history of important health care innovations, a large number of excellent health care institutions and an outstanding cadre of health professionals, our state government has a spotty record, at best, in



addressing the variety of controllable conditions underlying our dismal health statistics. This is because, as of late, the state of Michigan has invested very little in public health – just enough to meet what is needed to draw down federal funding.¹ We are behind most other states when it comes to per-capita funding for public health, and as a result we have some of the worst public health outcomes.

That's why as our next governor, I will make improving the health and quality of life for all Michiganders a top economic priority for our state.

To achieve greater health outcomes, my administration will focus our work on:

- 1.) Making Health Care More Affordable
- 2.) Expanding Access to Health Care
- 3.) Improving Quality
- 4.) Investing in Public Health

1) Making Health Care More Affordable

I'm proud of the bipartisan work on Medicaid expansion in 2014, which resulted in our uninsured rate dropping from 18 percent in 2011 to 5.2 percent in 2017.^{2,3} But many hardworking Michiganders still find themselves ineligible for Healthy Michigan, or unable to afford insurance on the private market. In 2015, 19% of Michigan adults said they had difficulty paying for care. And for those who were low income, 32% said they had difficulty affording care.⁴

In order to achieve real universal coverage here in Michigan, we need to implement real cost solutions that will help those Michiganders currently being priced out of insurance. Too many seniors and families in this state still face insurmountable debt if they get sick, or are unable to afford their daily medications because of crippling drug costs. My administration will make healthcare affordability a top priority, working to lower prescription costs and close existing affordability gaps so that everybody can obtain the care they need. This starts by protecting the progress we have already made with our Medicaid expansion.

» **Protect Healthy Michigan Gains and Guarantee Coverage for People With Pre-Existing Conditions**

- » Michigan's Medicaid expansion has brought health coverage to 680,000 Michiganders,⁵ many of whom had not been to a doctor in years, some who saw one the first time in their lives.⁶ As Senate Democratic Leader, I led negotiations for our Medicaid expansion in a bipartisan effort

through the Healthy Michigan Program.⁷ Since the law passed, it has added 30,000 jobs and \$2.3 billion each year to Michigan's economy.⁸ Nonetheless, Bill Schuette has joined nine different lawsuits to repeal the Affordable Care Act,⁹ and is actively running against Medicaid expansion in his campaign for governor.¹⁰ Schuette supported Senate Bill 897, the so-called "work engagement requirement" legislation,¹¹ which does nothing to help people find work and takes coverage away from tens of thousands of Michiganders. As governor I will defend Medicaid expansion from attacks to protect the progress we've made.

- » That also means guaranteeing coverage for people with pre-existing health conditions like cancer or asthma, which are also under attack in Washington.¹² If these protections for pre-existing conditions are repealed by Congress or overturned by a conservative majority on the U.S. Supreme Court, my administration will work to pass legislation here in Michigan that guarantees coverage for people with pre-existing health conditions.

» Reinsurance

- » Michigan is ranked in the 10 worst states in smoking per capita, 10 worst states in obesity and 10 worst states in hospital readmissions, making us some of the unhealthiest people in the nation.¹³ People who have extreme health needs, who lack access to primary medical care providers, who have unhealthy habits, or who suffer the symptoms of social-determinants of health (like poverty) have much higher demands of the state's healthcare system and use it more frequently - consequently driving higher healthcare costs across the board.¹⁴ Reinsurance programs are a tool that other states are successfully using to spread out the risk of insuring unhealthy individuals and super utilizers of healthcare who would otherwise pose a very large of a burden on a single coverage provider. Reinsurance is an extra layer of coverage for high-risk individuals who have very high claims that raise the cost of healthcare for everybody. States use reinsurance to protect their health systems from these drivers of rising costs, stabilize their insurance markets, and ensure coverage is more available





and affordable.¹⁵ By mitigating the risk of insuring super utilizers of healthcare, we would lower costs for all Michiganders statewide and make it possible for those currently unable to afford high-cost health insurance to purchase affordable coverage. With a reinsurance program we will help expand access to affordable health insurance to the roughly 600,000 Michiganders that still lack coverage.

- » Other states – including Alaska, Maryland, Minnesota and Oregon – have had positive results lowering health insurance costs resulting from super utilizers of healthcare and leveraged federal dollars to pay for it. Oregon brought in \$30 million in federal funding for its reinsurance program.¹⁶ Alaska drew down \$300 million in federal funding over five years to fund its reinsurance program.¹⁷ Minnesota has brought in \$271 million in federal funding per year.¹⁸ After years of double-digit increases, premiums fell by an average of 15 percent following the implementation of Minnesota’s reinsurance program.¹⁹ In Maryland, average individual market premiums for 2019 are expected to decrease by nearly 14 percent after the state received federal approval to implement a reinsurance program. Without reinsurance, 2019 premiums would have increased by 30 percent.²⁰
- » A Michigan reinsurance program would lower costs here as well by preventing insurance premiums from being driven up by over-utilization of our state healthcare system and should be examined in conjunction with a 1332 innovation waiver to pull down federal pass-through savings.

» Lowering the Cost of Prescription Drugs

- » **Transparency and Consumer Protections for Prescription Pricing:**
The prices of prescription drugs are monopolizing household budgets across the state and are continuing to rise. According to the National Council on State Governments, “Prescription drugs account for almost 10 percent of overall health spending in the United States, totaling \$263 billion annually.”²¹ Prescription spending is the fast growing cost of the health care dollar; in 2015, prescription drugs had the largest price increases in 24 years.²² It is shameful that Michiganders must grapple with the burden of expensive yet necessary prescription medications. As governor I will implement transparency standards and strong consumer protections that facilitate better price negotiations between hospitals and the pharmaceutical industry. Other states have adopted transparency laws on prescription drug costs already: California requires advance notice of price increases over 16 percent; Oregon requires a pharmaceutical company to disclose corporate profits if a drug’s price increases over 10 percent, and Nevada (a state facing a



diabetes problem) requires insulin makers to justify price increases.²³ In Vermont, the law requires the pharmaceutical industry to justify price increases on the top 15 drugs that account for the most state spending on prescription medicines.²⁴ Hospitals can negotiate better rates if they have access to pricing information, while holding manufacturing companies accountable when prices change.²⁵ It is imperative we promote transparency in our drug pricing, because every Michigander deserves access to affordable, quality prescription drugs.

- » **Repeal Bill Schuette's Drug Industry Immunity Law:** In the Michigan Senate, my opponent Bill Schuette sponsored and passed legislation that made Michigan the only state in the country that gives pharmaceutical companies complete immunity from prosecution.²⁶ As a result, Michigan citizens have virtually no legal recourse when a dangerous drug causes sickness or death. This lack of accountability is unacceptable. Every Michigander should have access to the courts to pursue justice when their medication has jeopardized their health. The state of Michigan has spent hundreds of millions of dollars fighting – and many residents have been injured and killed by – prescription drugs like Fentanyl and Vioxx.²⁷ While 22 other state Attorneys General have sued opioid makers, Bill Schuette declined to join those lawsuits because he knows the law he authored prevents Michiganders from seeking justice. As governor, I will work to repeal this law and ensure pharmaceutical companies face consequences when they put profits ahead of the health of Michiganders.
- » **Canadian Imports:** Drug prices in the United States are the highest in the world and everyday Americans are footing the bill. Many other countries offer the same exact FDA-approved drugs for a fraction of the price that Americans pay, but we should not be subsidizing the rest of the world's drugs. U.S. Senator Debbie Stabenow has introduced a bill to allow the importation of FDA-approved drugs from countries like Canada, so Americans can buy their medications for less.²⁸ Vermont has already passed legislation to make it the first state to permit drug imports for Canada.²⁹ My administration will work with Senator Stabenow and the rest of Michigan's congressional delegation to pass this important legislation and bring lower medication prices to Michiganders.

2) Expanding Access to Healthcare

According to U.S. News & World Report, Michigan ranks 19th in health care accessibility.³⁰ Ensuring every Michigander has access to the care they need – from senior citizens to those living in rural communities – is a crucial part of making Michigan a healthier state overall. We need to address the growing need for primary care practitioners, nurses and long-term care personnel,

while making sure citizens are aware of the different care options they can receive.

» **Protecting Women's Access to Health Care**

- » Donald Trump's Supreme Court nominee, Judge Brett Kavanaugh, poses a direct threat to Americans' health care and women's rights. If confirmed, Kavanaugh will be an extremist on the Supreme Court bench, where he will be able to carry out a far-right agenda long after Trump leaves office.
- » The stakes in this election couldn't be higher for Michigan women and families. Michigan already ranks 36th in women's health, receiving a grade of 'D+'.³¹ Attorney General Bill Schuette's campaign [has said](#) that if Roe v. Wade is overturned, "he would enforce Michigan laws including the pre-Roe abortion ban." Schuette also supported a lawsuit to ban funding for women's access to contraception through Planned Parenthood in Ohio.³² That's why I am committed as governor to passing legislation that will enshrine Roe v. Wade protections in state law and expand women's access to health care by:
 - Repealing the law that criminalizes abortions³³
 - Reinstating funding for family planning³⁴
 - Ensuring access to safe abortion and contraception
 - Fixing our burdensome and ineffective sexual education laws.
- » **More Nurses:** The MI Opportunity Scholarships - outlined in my previously released [Better Skills, Better Jobs for Michigan](#) plan - will help solve the personnel shortages of nurses and other health professionals. According to labor forecasts, Michigan will need to fill more than 3,500 registered nurse and nurse practitioner jobs each of the next five years.³⁵ That's 17,500 nursing jobs by 2024. A nursing degree can be obtained through a two year degree program at either a community college or university.³⁶ The MI Opportunity Scholarship is a two year debt-free plan that will significantly reduce the cost of obtaining nursing and other medical degrees. By





making education more affordable, this program can provide the support and incentive necessary to bring more workers into the nursing field and keep staffing levels that enable Michiganders to access quality healthcare services.

» **In-Home Care & Telemedicine:** My Rebuild Michigan infrastructure plan calls for increasing broadband access across our state. I believe it is the foundation for a thriving economy, but it also provides Michiganders access to telemedicine and virtual care technologies. Telemedicine is the remote diagnosis and treatment of patients by doctors via telecommunications technology, such as computers, tablets and mobile phones. It helps bring primary medical care to areas of the state that are currently underserved because they either lack access to a doctor's office or hospital, or because a person for any reason (i.e. lack of transportation options) cannot travel to a doctor's office or hospital. In 2016, legislation was enacted to expressly allow the use of telemedicine in Michigan.³⁷ I believe it is a means to increase access to health care, provide added convenience for patients and help eliminate costly emergency visits. Expanding telemedicine will increase access to primary care physicians to urban and rural areas of Michigan. This type of innovative service is beneficial for the state and patients, and as governor I will work to encourage its advancement by working with the legislature to provide continued investment in broadband capacity across the state.

» **Paid Family Sick Leave:** My administration will work to enact strong paid family leave policies so everyone who works for a living can care for themselves and their loved ones when they get sick. This promotes workplace health and safety, and improves productivity by boosting workforce morale. Allowing workers to take time to seek care prevents the spread of infectious diseases and encourages people to be proactive about their health, rather than waiting for health problems to worsen and become more expensive to treat.³⁸ Paid family leave offers crucial support for working Michiganders and their families and reduces taxpayer health care subsidies while minimizing costs for employers.

» **Senior Services and Long-Term Services and Supports**

» Michiganders over the age of 60 now make up nearly a quarter of our population,³⁹ yet we continue to fail our seniors by providing inadequate access to quality long-term care that helps seniors stay at home and in their communities. As the Baby Boomers age, Michigan will be facing greater needs for services with a system that is not prepared to provide it.^{40, 41}

» My administration will work to implement innovative programs that

build on our current system and provide more tools for seniors and their families to easily navigate the system so they know what options are available. My administration will establish a Long-Term Care Option Center as a place patients can go to easily learn, understand and navigate their own care needs and provider options. The state should take action to expand options and improve the quality of care to help seniors get supportive services that enable them to stay active and engaged with friends and in the community. We will maintain a user-friendly state regulatory system and licensing process to eliminate any unnecessary burdens to enable innovation. As governor, I will work with the legislature and long-term service and support providers to guarantee safer work environments and increase caretaker compensation to help keep high-quality providers in the field.



- » A crucial component of our long-term care network is and will continue to be caretakers of Michiganders suffering with Alzheimer's and dementia. Alzheimer's disease is the sixth leading cause of death in Michigan. It is the only cause of death in the top 10 that we cannot prevent, cure or even delay. Today, 180,000 Michiganders are living with Alzheimer's disease and that number is expected to grow to 220,000 by 2025. In 2017, 514,000 caregivers provided 586,000,000 hours of unpaid care here in Michigan. In my administration the MDHHS will update Michigan's Alzheimer's and dementia plan and will partner with state leaders to fully implement the recommendations included in the plan. This comprehensive plan will identify critical issues, recommend solutions and create a roadmap to guide the state's development into the best place for person-centered care planning with a dementia-capable workforce.

» **Mental Health Funding**

- » Cuts to mental health services have had a detrimental effect on those services' quality and availability to Michiganders. In 2014, CMH funding



for crisis and prevention services, on which all Michiganders rely, and for the services upon which the uninsured depend on for recovery was cut drastically by 60 percent and consequently we lost mental health services to 10,000 Michiganders.⁴² Some counties have been forced to resort to raising local property taxes in an attempt to make up the difference.⁴³ My administration will work to increase funding for Michigan's mental health safety net, ensuring access to quality behavioral health services.

- » Michigan has major unmet needs for behavioral health providers, like social workers and psychiatrists.⁴⁴ To address the rampant issues caused from having too few mental health professionals – such as Michigan's growing problem with adverse childhood experiences and opioid addiction – my administration will pursue federal funding for training mental health professionals that is available to states via Substance Abuse and Mental Health Services Administration (SAMHSA).⁴⁵ Additionally, a new cabinet-level position within the administration with a focus on mental health will be established to oversee improvements in Michigan's mental health outcomes.
- » **Health Access for People with Disabilities:** Michiganders with disabilities deserve the access to quality healthcare in order to live full lives, with equal rights and opportunities, in the communities they call home. To ensure this access, our Medicaid expansion must continue to protect people with pre-existing conditions, and our exchange marketplace must be staffed with a sufficient number of navigators to help Michiganders shop and purchase healthcare. My administration will also work to raise reimbursements for in-home caretakers, restore the MI Disability Commission of Concerns,⁴⁶ develop more ADA approved and affordable housing and increase access to education services for Michiganders with disabilities.

3) Improving Quality

Michigan ranks 32nd out of the 50 states in overall healthcare.⁴⁷ In spite of having some of the best hospitals in the country,⁴⁸ our low healthcare ranking is related to the high rate of hospital readmissions.⁴⁹ Hundreds of Michigan nursing homes inspected in 2017 were cited for serious health and safety violations.⁵⁰ In 2016, a report on the state's veterans' home in Grand Rapids showed those who served our country were being neglected and abused.⁵¹ The current administration's efforts to improve quality by saving money and outsourcing services has proven to be a failed policy.

» Improving Health Outcomes

- » Ending Racial – and Social – Disparities in Health Outcomes
 - Where and how we live can have a huge impact on our health. A



Michigander living in an underserved urban community can have a life expectancy of 20 years less than someone living just five miles down the road.⁵² Many of our urban centers experience higher rates of heart disease, asthma, obesity, diabetes and other chronic diseases. Michigan spends \$3 billion⁵³ on obesity-related medical costs every year, and most of our urban neighborhoods don't even have access to healthy foods at a grocery store. We can – and must – do better.

- By restoring prevention funding in the state budget, we can reduce chronic diseases and our state's healthcare costs at the same time.⁵⁴ We should be combining and aligning resources to combat issues of infant mortality.⁵⁵ We should be helping the nearly 1.8 million residents – 300,000 of whom are children – who live in communities with limited or no access to fresh fruits or vegetables get those foods they need to develop better eating habits. As governor, I will expand the Office of Minority Health to spearhead task forces, partner with community leaders and collaborate with our research universities to develop research on health disparities and how best to combat them.

» Addressing Childhood Lead Poisoning

- Dozens of water systems in Michigan have higher lead levels than Flint.⁵⁸ My [infrastructure plan](#) details how we will ensure another man-made disaster like Flint never happens again by speeding up the replacement of lead service lines, but in the meantime, we must implement policies to mitigate the effects of lead poisoning for those who have already been exposed. We must help the Flint community, we must continue to test water for lead in our schools and child care settings, and my administration will insist that all children are tested for lead during their annual check-ups. Any child found to have suffered from lead exposure, from either water and paint-based sources, should have the appropriate educational resources and dietary foods that mitigate the effects of lead poisoning.^{59, 60} Addressing lead poisoning for every Michigander – but especially in children – will be of the highest priority for my administration.

» High-Deductible Medicaid (AKA Medicaid Spend-Down).

- Too often Michiganders with disabilities or seniors who require long-term care and their families are forced to spend-down exorbitant amounts of their income to remain eligible for Medicaid assistance. With the income limits in certain parts of the state being as low as \$341 per week, this spend-down requirement leaves vulnerable residents without sufficient household resources to afford necessities like monthly rent, food, utilities, transportation and education costs.⁶¹
- Forcing families to spend-down what limited savings they can build up

only makes it more difficult for them to recover when times get tough. With most other states having eliminated their asset tests for eligibility, our laws currently put Michigan at a competitive disadvantage when it comes to growing our population.⁶² High-deductible Medicaid spend-down requirements run counter to the goal of helping families work to get off government assistance.

- As governor, I will work with the legislature to repeal the state's spend-down requirement but if legislators fail to repeal this overburdensome law, state agencies in my administration will be empowered to apply an asset test that encourages Michiganders to grow their assets, seek higher wages and save for their futures.

» Colocation Credits

- » The healthcare industry is predicted to account for 20 percent of all new jobs added to the US economy through 2026.⁶³ That's 4 million new healthcare jobs nationwide. Michigan must compete and attract our share. At least 44 other states offer incentives or opportunities for research and development. Michigan does not.^{64, 65} Fixing big picture medical problems – like lowering prescription drug costs or discovering a cure for cancer – requires coordinating resources at a state level. Michigan has ingenious medical minds we should leverage into leadership. We can win the race to life science breakthroughs, but not if we sit on the sidelines.
- » My administration will put an aggressive economic development toolbox to work and spark innovative medical research and development. Colocation credits are incentives in the life sciences industry that are only earned if the research and development branch of a company is co-located in the same state as the manufacturing branch. They are better than pursuing just one part of the industry alone and are more fiscally responsible than traditional R&D tax credits. My administration will pursue colocation credits that attract not only major R&D investments to Michigan, but bring related manufacturing jobs as well, and which have the added benefit of both sides of the industry more productive than they otherwise would be alone.
- » **Precision Medicine:** Michigan universities are pioneering a new approach to community health called precision medicine. This emerging field uses advanced technology to look at how one's genetics, environment and life choices go on to influence health outcomes. This field has great potential to solve some of our greatest health crises, as well as helping predict and lower the cost of healthcare across the state. Encouraging the growth of this approach will help map the social determinants of our health,

and improve our own strategies to achieving a healthier communities. As governor, I will advocate for the expansion of these university programs and seek to better implement them into health initiatives across the state budget.

- » **A New Approach to Mental Health:** When it comes to new approaches to behavioral health, nothing draws more attention than the idea that we should be treating the whole person, and addressing the social determinants of health (such as housing, employment, and poverty). Michigan can chart a path to integrating behavioral and physical health services in a common sense way that will increase the quality of care and save taxpayers money. I believe that if we're going to strengthen our health care system we must be innovative in our thinking and improve how we provide services. My administration will work with the healthcare community to induce integration of services and reduce costs in the most patient-focused ways possible.
- » **Improved Veteran Care:** A 2016 audit of the veterans home in Grand Rapids found "widespread staffing shortages, incidents of abuse and neglect, unanswered calls for help from patients and problems dispensing prescription drugs."⁶⁶ The extremely poor quality of care at this facility was the direct result of the state allowing the privatization of services and the lack of accountability and supervision. This lack of standards is unacceptable and would never be tolerated in my administration. As governor, I will improve the quality of care for our veterans to the level they have earned by ensuring sufficient staffing levels at veterans homes, increasing funding to combat veteran homelessness and for access to mental health services, and identifying and providing the necessary intervention and ancillary services to vets dealing with post-traumatic stress and thoughts of suicide. These servicewomen and men have made great sacrifices and to not take care of them upon returning to civilian life is shameful.

4) Investing in Public Health

The health of every Michigander is affected by factors ranging from genetics, to environmental exposure and economics, to governmental action or inaction. These factors influence both personal choices and access to health-related services. Establishing and maintaining the public health includes helping Michiganders make healthier decisions. We as a state must adjust to a new way of thinking about the impact that everyday life choices have on our health, which means we must adopt a new culture of healthy living.

» Fighting the Opioid Epidemic

- » The opioid epidemic has hit too close to home for too many Michiganders for too long. Addiction is a disease that has ravaged communities and families across Michigan. Overdose deaths in Michigan from opioid abuse jumped 54 percent between 2015 and 2016.⁶⁷ In 2015, more

Michiganders died from opiate-related deaths than died from gun violence or automobile fatalities.⁶⁸ In 2016, Michigan had more annual opioid prescriptions than we had people – enough that every citizen of the state could have been given 84 opioid pills.⁶⁹

» It is past time for studying the problem and mulling over solutions. The opioid epidemic has become a \$78.5 billion cost on the U.S. economy.⁷⁰ If something is not done soon, the resources needed to control this problem may not be available. For the health and wellbeing of Michiganders, our state needs a governor who will lead the fight against this emergency and help addicted Michiganders get back on their feet and back to work, and if elected I will wage war against opioids and we will win.



» Following are five proposals I will spearhead to take on the opioid crisis:

- Declare a State of Emergency.
- Create the best treatment system in the country.
- Establish a more effective prescription drug monitoring system.
- Provide adequate funding for mental health.
- Educate residents about the problem.

» **Outdoor Recreation**

» Global business leaders know that the key to prosperity is employees who live happy, healthy lifestyles filled with outdoor recreational opportunities. My proposed [Department of Great Lakes and Freshwater](#) will be responsible for designing a strategic water-focused placemaking plan that we will use to: acquire more land for public use; restore beaches and trails for walking, snowshoeing, cross-country skiing and snowmobiling; protecting and rehabilitating wetlands for hunting; and build more public access points to waterways for boating, swimming and ice fishing. As governor, I will remain committed to leveraging the beautiful natural areas we share to get people outside and active.

» We need to make it easier for people to lead healthy lifestyles, and investing in spaces that facilitate active living is an important part of

reaching this goal. Communities that are walkable and have spaces for recreation have better property values, environmental health and quality of life.⁷¹ The more opportunities people have to get outside and move, the better off our state's healthcare system and citizens will be. States like Colorado have taken initiatives to make their sidewalks, bike paths and other spaces for active living safer and more accessible. The state's health department partnered with local governments to create a plan for investing in spaces that are supportive of active lifestyles. When people are in closer proximity to parks, hiking trails and other outdoor spaces, they are more likely to use them.⁷² Michigan has an abundance of natural areas that lend themselves to physical activity, so increasing accessibility and proper maintenance of these spaces is key to promoting active living.

» Actively Living Healthy

» Michigan ranks 35th among states in overall public health.⁷³ Our low health ranking is due in part to our poor rankings in obesity, a bottom 10 state in smoking and having one of the highest mortality rates in the country.⁷⁴ Second only to tobacco, obesity is the greatest cause of death for adults under the age of 70.⁷⁵ Michigan's obesity rate has been rising rapidly, increasing by 47 percent over the past 18 years and by 146 percent since 1990.⁷⁶ Given the impact obesity has on subsequent health issues, there is a major variance between what a person of healthy weight in Michigan pays in annual healthcare costs (\$3,700) and what a person categorized as severely obese pays (\$7,000).⁷⁷ As of 2011, the state of Michigan was spending \$3 billion annually on obesity related medical costs.⁷⁸ Michigan's 4x4 Plan – the state's collaborative obesity prevention program – has supposedly leveled off the obesity rate increases, but we need to start reversing this unhealthy trend immediately.⁷⁹ There are many policies a state can and should pursue to combat obesity, but every solution involves three common sense denominators: eating healthier, being more active and believing in yourself. As governor, I intend to start a new culture of healthy living in Michigan; one that empowers people to make healthy choices, instills a positive attitude about good-for-you foods, and encourages a robust passion for exercise and active living.



» I will be at the forefront of this new Michigan attitude towards healthy



living. As governor, I will personally lead a new “Get Fit Michigan” campaign. Under the Get Fit campaign you will see me living actively and encouraging all Michiganders to do the same. The state’s Department of Health and Human Services will be tasked with providing health tips and recreation opportunities through social media. I will also implement policies for state employees that induces healthier lifestyles in hopes that private employers around the state see the benefit of supporting employees to live more actively and exercise more regularly.

- » In order to encourage communities to find their own healthy living solutions, I will partner with private organizations to offer Healthy Zone Prizes. We will develop a coalition of private organizations that will reward local governments or other community partnerships that are pursuing initiatives with a proven positive health impact. This will help spur active healthy living changes across the state and lower the cost of healthcare for all of us.
- » Expanding and investing in programs like 10 Cents a Meal is a great way to ensure our kids are eating healthy in school. The 10 Cent program is a state match funding initiative, encouraging schools to buy and serve lunches with more produce that is fresh and Michigan-grown. Schools typically have between \$1.00 and \$1.20 per meal to spend on food, so matching 10 cents for every meal purchased means kids can eat healthier and local farms get more business. Students have been able to try 30 new kinds of Michigan-grown produce as a result of this program. Since 2017, 10 Cents has served 95,000 students in 32 districts, up from 48,000 students in 16 districts in 2016. It’s no wonder the 10 Cent program has expanded to include more grant recipients since 2016: a study published in the Journal of Nutrition Education and Behavior showed that students consume more fruits and vegetables a year after implementing a farm to school program. Studies also show students eat more fruits and vegetables when their schools serve local food. Investing in programs like 10 Cents can help us teach our children to lead healthy lifestyles, while bolstering our state’s economy in the process. In 2016-2017, the program incentive granted \$210,000 to 16 districts, pumping \$420,000 into Michigan’s economy. Our state can use these programs to make a direct, positive impact on the health of our students and the strength of our economy.
- » **Raising the Tobacco Purchase Age to 21:** Five other states and over 300 local governments in 21 states (two in Michigan) have already raised the tobacco purchase age to 21.⁸⁰ Ninety-five percent of adult smokers started smoking before they turned 21.⁸¹ To combat Michigan’s high tobacco usage rate I will fight for raising the tobacco purchase age to 21.

- » **Prohibit Smoking at Public Parks and Beaches:** Our beaches should be a family-friendly, healthy getaway for all who want to enjoy them. It's time that we enact a statewide smoking ban at public parks and beaches. These are places where nobody should have to worry about the unquestionable dangers of secondhand smoke. This will immediately make Michigan safer, cleaner and more inviting for outdoor recreation.
- » **Effective, Safe Vaccinations:** Only 56 percent of Michigan toddlers are up to date on their vaccinations.⁸² According to the CDC, vaccinations can prevent hundreds of millions of illnesses, tens of millions of hospitalizations and hundreds of thousands of deaths.⁸³ When 90 to 95 percent of a population is vaccinated it makes it near-impossible for vaccine preventable diseases to spread.⁸⁴ While we should continue to respect the rights of parents and current medical and religious exemptions, the state can do more to help inform parents about vaccines and the public protection that is achieved through community immunity.
- » **Food Security & Access to Fresh Groceries**
 - » Solving food insecurity has a positive ripple effect on many societal challenges, such as: improved workforce retention ⁸⁵; students who miss fewer classes and have better academic outcomes ⁸⁶; lower total statewide healthcare costs⁸⁷; lower crime rates⁸⁸; and healthier communities, cleaner environments and better economies.⁸⁹ It is time for Michigan to take progressive actions that target getting families on their feet and fix food insecurity at its core, like raising or eliminating the Supplemental Nutrition Assistance Program (SNAP) asset test and coordinating with the food-service industry so nothing goes to waste.
 - » As governor, I will initiate a new position for food policy coordination, a Director of Food Security, who will convene a food security commission that enlists legislators, small business, corporate officers, university researchers and key stakeholders of nonprofits in Michigan to develop a cohesive, collaborative, actionable, and measurably impactful plan to achieve food security for all Michigan residents.





1. <https://crcmich.org/an-ounce-of-prevention-what-public-health-means-for-michigan/>
2. <https://www.gvsu.edu/gvnow/2018/researchers-find-rate-of-michigan-uninsured-drops-below-10-percent-10307.htm>
3. <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>
4. <https://www.chrt.org/publication/changes-health-care-cost-barriers-affordable-care-act-michigan/>
5. <https://www.freep.com/story/news/local/michigan/2018/06/08/medicaid-expansion-michigan/684429002/>
6. https://www.mlive.com/news/index.ssf/2018/06/healthy_michigan_coverage_help.html
7. <http://www.craigslistdetroit.com/article/20180812/blog026/668241/whitmer-takes-on-medicare-fight>
8. <http://ihpi.umich.edu/news/medicaid-expansion-boosts-michigan's-economy-will-more-pay-itself-ihpi-study-finds>
9. <https://blogs.lib.msu.edu/red-tape/2014/feb/michigan-attorney-general-schuetz-totals-9-lawsuits-obamacare-duty/>
10. <https://twitter.com/singhsam94/status/1034094896041340929>
11. <http://www.michiganradio.org/post/where-gubernatorial-candidates-stand-medicare-work-requirements-and-healthy-michigan>
12. <https://www.texasobserver.org/trump-sides-with-ken-paxton-to-argue-pre-existing-conditions-protections-are-unconstitutional/>
13. <https://www.usnews.com/news/best-states/michigan>
14. <https://www.usnews.com/news/best-states/michigan>
15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5316444/>
16. <https://www.healthcare.gov/glossary/reinsurance/>
17. <https://dfr.oregon.gov/news/Pages/20171020-state-innovation.aspx>
18. http://www.governing.com/topics/health-human-services/tns-alaska-waiver-trump-health.html?wpisrc=nl_health202&wpmm=1
19. <https://mn.gov/commerce/industries/insurance/reinsurance/>
20. https://www.huffingtonpost.com/entry/to-curb-rising-health-insurance-costs-some-states_us_5acb73e8e4b0150d9bfe7809
21. <https://www.healthinsurance.org/maryland-state-health-insurance-exchange/>
22. <http://www.ncsl.org/research/health/pharmaceuticals/costs-and-pricing.aspx>
23. <https://www.americanprogress.org/issues/healthcare/reports/2018/05/31/451170/state-policies-address-prescription-drug-prices/>
24. <http://www.csrpx.org/crisis/>
25. <https://www.americanprogress.org/issues/healthcare/reports/2018/05/31/451170/state-policies-address-prescription-drug-prices/>
26. <https://nashp.org/update-whats-new-in-state-drug-pricing-legislation/>
27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5345916/>
28. [http://www.legislature.mi.gov/\(S\(154bz5nnmswdr2ogtozipvbt\)\)/documents/1995-1996/billenrolled/Senate/pdf/1996-SNB-1102.pdf](http://www.legislature.mi.gov/(S(154bz5nnmswdr2ogtozipvbt))/documents/1995-1996/billenrolled/Senate/pdf/1996-SNB-1102.pdf)
29. <https://www.detroitnews.com/story/news/local/michigan/2018/06/15/michigan-law-shields-opioid-lawsuits/649577002/>
30. <https://www.stabenow.senate.gov/news/senator-stabenow-introduces-affordable-and-safe-prescription-drug-importation-act-to-help-lower-cost-of-medicine>
31. <https://www.politico.com/story/2018/05/16/vermont-drug-imports-canada-546107>
32. <https://www.usnews.com/news/best-states/michigan>
33. <https://statusofwomendata.org/explore-the-data/state-data/michigan/>
34. <https://www.detroitnews.com/story/news/local/michigan/2018/08/21/schuetz-opposes-ohio-planned-parenthood-funding/1050912002/>
35. <http://legislature.mi.gov/doc.aspx?mcl-750-14>
36. https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4853-146295--,00.html
37. http://milmi.org/Portals/137/publications/Hot_50_Brochure_2024.pdf
38. <https://www.gapmedics.com/blog/2016/08/04/how-long-does-it-take-to-register-a-nurse/>
39. [http://www.legislature.mi.gov/\(S\(m3mxsf50f2igvnyza2zck2fh\)\)/mileg.aspx?page=getObject&objectName=mcl-333-16285](http://www.legislature.mi.gov/(S(m3mxsf50f2igvnyza2zck2fh))/mileg.aspx?page=getObject&objectName=mcl-333-16285)
40. <https://www.ama-assn.org/ama-recognizes-public-health-benefits-paid-sick-leave>
41. <http://bit.ly/2lgG7QV>
42. https://www.michigan.gov/documents/ltr/SPT_Final_Report_7-01-09_300163_7.pdf
43. <https://phinational.org/wp-content/uploads/legacy/mi-briefing-paper.pdf>
44. <https://macmh.org/sites/default/files/attachments/files/Impact%20of%202014%20GF%20budget%20cut.pdf>



43. https://www.mlive.com/news/ann-arbor/index.ssf/2017/05/lawmakers_say_mental_health_cu.html
44. <https://data.hrsa.gov/hdw/tools/MapTool.aspx>
45. <https://www.samhsa.gov/grants/grant-announcements-2018>
46. https://www.michigan.gov/snyder/0,4668,7-277-57738_57679_57726-250061--,00.html
47. <https://www.usnews.com/news/best-states/rankings>
48. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>
49. <https://www.usnews.com/news/best-states/rankings>
50. <https://www.freep.com/story/news/2017/09/29/michigan-nursing-homes-cited-hundreds-serious-health-and-safety-violations-data-shows/716146001/>
51. https://audgen.michigan.gov/finalpdfs/15_16/r511017015.pdf
52. http://www.heart.org/idc/groups/heart-public/@wcm/@cmc/documents/downloadable/ucm_490855.pdf
53. <http://www.graahi.org/LinkClick.aspx?fileticket=GrFJ3FatOGU%3D&portalid=0>
54. <https://www.kff.org/medicaid/issue-brief/data-note-medicaids-role-in-providing-access-to-preventive-care-for-adults/>
55. <https://michronicleonline.com/2017/08/17/city-of-detroit-and-wayne-state-university-work-to-reduce-premature-births-and-infant-mortality/>
56. <http://healthyfoodmi.heart.org/>
57. http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985_81085---,00.html
58. http://www.mlive.com/news/flint/index.ssf/2017/10/71_michigan_water_systems_had.html
59. <https://flintcares.com/childrensresources-2/>
60. <https://www.nytimes.com/2016/01/30/us/lead-poisoning.html>
61. http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-396223--,00.html
62. <http://www.mlpp.org/wp-content/uploads/2016/07/MI-Should-Eliminate-SNAP-Asset-Test.pdf>
63. <https://www.bls.gov/news.release/pdf/ecopro.pdf>
64. <https://www.bizjournals.com/seattle/print-edition/2014/12/12/restore-the-r-d-tax-break.html>
65. <https://www2.deloitte.com/content/dam/Deloitte/nl/Documents/tax/deloitte-nl-tax-global-survey-r-and-d-incentives-2015.pdf>
66. https://www.mlive.com/news/grand-rapids/index.ssf/2017/08/daily_understaffing_persists_a.html
67. http://www.mlive.com/news/index.ssf/2017/07/michigan_opioid_od_deaths_jump.html
68. http://www.mlive.com/news/index.ssf/2017/06/michigan_opioid_heroin.html
69. http://www.mlive.com/news/index.ssf/2017/06/michigan_opioid_heroin.html
70. <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>
71. <https://michiganfitness.org/active-communities-facts>
72. <https://www.cdc.gov/healthyplaces/healthtopics/parks.htm>
73. <https://www.usnews.com/news/best-states/michigan>
74. <https://www.usnews.com/news/best-states/michigan>
75. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/>
76. <https://stateofobesity.org/states/mi>
77. <https://www.michigancenterfornursing.org/news/reports-and-data/obesity-breaking-down-costs>
78. https://crcmich.org/PUBLICAT/2010s/2014/addressing_michigans_obesity_problem-2014.pdf
79. <http://www.michigan.gov/healthymichigan>
80. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf
81. <https://www.tobaccofreekids.org/what-we-do/us/sale-age-21>
82. <https://ivaccinate.org>
83. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>
84. <https://ivaccinate.org/about-vaccines/vaccines-protect-everyone/>
85. http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/MI2017_SSS.pdf
86. <http://www.wholechildeducation.org/assets/content/mx-resources/WholeChild-MakingTheCase.pdf>
87. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592315/>
88. <http://www.mdpi.com/1660-4601/13/4/389/htm>
89. <https://www.epa.gov/sustainable-management-food/reduce-wasted-food-feeding-hungry-people>