



Op-Ed Guidelines and Sample

Purpose

An op-ed (originally short for “opposite the editorial page”) is a piece typically published by newspapers which expresses the opinions of a named author usually not affiliated with the publication’s editorial board. Op-eds are different from editorials and letters to the editor. Editorials are submitted by editorial board members, and letters to the editor are opinion pieces submitted by readers. Letters to the editor are a great opportunity for consumers to share their positive experience about the assistance they received from your organization.

Op-eds bring local, national and world events into perspective for readers and commonly offer a recommendation or solution to a controversy or problem. Op-eds appear opposite the editorial page in most newspapers and can be serious, satirical or light-hearted.

Generally about 600-900 words, op-eds present a single, clear point of view, not objective discussion of both sides of an issue. Op-eds are written to grab the attention of various groups—such as legislators, opinion leaders, business owners, or the community-at-large—and urge them to consider or take action on an issue.

Newspaper editors select opinion pieces for publication based on interest to readers, quality of writing, originality of thought, timeliness, and freshness of viewpoint. Additionally, consideration is given to the number of articles already published on the topic, the strength of the argument and the writer's expertise on the issue.

Sample Press Release

The op-ed below was written by MNSure board chairman Peter Benner and appeared in the Star Tribune on July 17, 2015. (<http://www.startribune.com/counterpoint-why-we-still-need-to-give-mnsure-a-chance/316374881/>)

[Counterpoint: Why we still need to give MNSure a chance](#)

Abandoning what we’ve started and moving to the federal system would be bad for Minnesotans on many levels.

By PETER BENNER

For more than 20 years, Minnesota has created some of the most innovative solutions to make health insurance more affordable and accessible for people from all walks of life. The passage of the Affordable Care Act in 2010 gave Minnesota yet another opportunity to lead the way.

The state expanded the Medical Assistance program to make free health care available to thousands of people who would have otherwise gone without this important safety net. We continued to invest in the country's only basic health plan, MinnesotaCare. And we created MNsure, Minnesota's health insurance exchange. None of these decisions has been implemented without challenges.

But let's look at results: hundreds of thousands of people have insurance coverage they didn't have before, and Minnesota has the lowest rate of uninsured in state history. In MNsure's first year, the state's uninsured rate has dropped by a whopping 40 percent.

There continues to be a discussion in the halls of the State Capitol about ending early the work we've started, abandoning our \$200 million investment in MNsure and moving to healthcare.gov, the federal exchange. This is a bad idea for the people of Minnesota and here is why:

- Tens of thousands of Minnesotans on MinnesotaCare could lose their coverage. Right now, as a state-based exchange, MNsure is able to identify people at a certain income level who qualify for low-cost, high-quality insurance coverage. There is no indication that a move to healthcare.gov would allow MinnesotaCare to continue as a program in our state. In fact, it is highly unlikely. The alternative would be moving people into plans that are more expensive and whose benefits are not nearly as comprehensive. A recent analysis found that people currently on MinnesotaCare would see a sizable increase in monthly premiums and that out-of-pocket expenses would rise dramatically with a shift to the private insurance market. This would be a shift that most of these people simply can't afford.
- People of different incomes would be forced go to different places to receive health benefits. Do you know if you qualify for Medical Assistance? Or MinnesotaCare? Or a Qualified Health Plan? Probably not. A move to healthcare.gov would mean you'll need to. MNsure was created to have one front door for people of all incomes. If your income is \$10,000 a year or \$100,000 a year, you can go to one place to get coverage. The alternative would be confusing and clunky and would mean Minnesotans would spend more time and more energy finding where to go for coverage.
- Loss of local control. Recall MNsure's rollout when call wait times exceeded 60 minutes? Flexibility as a state-based exchange allowed MNsure to make quick changes to call-center staffing to help lower wait times and get Minnesotans answers to their questions. Anyone who has ever tried to reach the IRS during tax season knows that quick changes like that on the federal level are highly unlikely.

We want Minnesota solutions to Minnesota issues — not to be held hostage to federal government bureaucrats.

- Inability to take advantage of innovation waivers. It's no surprise: No piece of legislation is perfect. And authors of the Affordable Care Act knew that. That's why they offer states with their own exchanges the opportunity to apply for innovation waivers in 2017, an opportunity only for state exchanges to make major changes to our health care systems. This is the perfect opportunity for Minnesota's health care task force to evaluate our health care delivery systems and tweak them to become a better fit for Minnesotans. A move to healthcare.gov completely forfeits this option.
- Abandon our technology modernization of Minnesota's public programs. One of the lesser-known features of the MNsure IT system is that it allows Minnesota to finally modernize an antiquated system for delivering Minnesota public health care programs. This investment of several hundred million dollars that will significantly improve the way Minnesotans receive health coverage would be jettisoned with any move to healthcare.gov.
- Healthcare.gov is not the answer to MNsure's technology problems. It is a fact that insurance exchanges across the country have seen dramatic improvements in recent months. Just like MNsure, healthcare.gov is still building out important functionality for its users. For instance, many of the issues Minnesota has faced adding people to health plans still exists at the federal level as well. The fact is, MNsure is getting better and will continue to get better.
- We have a responsibility to make our programs better, not worse. There is much work to be done at the county, state and federal level to ensure that Minnesotans have the coverage they deserve. There will continue to be issues. And when it comes to both our successes and failures, we will continue to be transparent for and accountable to taxpayers. We will do better. But a move to healthcare.gov sacrifices much of what has made Minnesota's health care system the best in the nation.