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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 3823

03/15/2018 Authored by Schomacker
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

A bill for an act

relating to health; establishing the Minnesota Health Policy Commission; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 15.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[15.0146] MINNESOTA HEALTH POLICY COMMISSION.**

Subdivision 1. **Establishment; purpose.** The Minnesota Health Policy Commission is created to provide recommendations on improving health care and health outcomes at lower costs through commercial and public programs. For purposes of this section, "commission" means the Minnesota Health Policy Commission.

Subd. 2. **Commission membership.** (a) The commission shall consist of 11 voting members, appointed as follows:

(1) one member with demonstrated expertise in health care finance;

(2) one member with demonstrated expertise in health economics;

(3) one member with demonstrated expertise in actuarial science;

(4) one member with demonstrated expertise in health plan management and finance;

(5) one member with demonstrated expertise in health care system management;

(6) one member with demonstrated expertise as a purchaser, or a representative of a purchaser, of employer-sponsored health care services or employer-sponsored health insurance;

(7) one member with demonstrated expertise in the development and utilization of innovative medical technologies;

(8) one member with demonstrated expertise as a health care consumer advocate;

(9) one member who is a primary care physician;

(10) one member who provides long-term care services through medical assistance; and

(11) one member with direct experience as an enrollee, or parent or caregiver of an enrollee, in MinnesotaCare or medical assistance.

(b) The commission shall have four nonvoting ex-officio legislative liaison members as follows:

(1) two members of the senate, including one member appointed by the majority leader and one member from the minority party appointed by the minority leader; and

(2) two members of the house of representatives, including one member appointed by the majority leader and one member from the minority party appointed by the minority leader.

Subd. 3. **Duties.** The commission shall:

(1) compare Minnesota's commercial health care costs and public health care program spending to that of the other states;

(2) compare Minnesota's commercial health care costs and public health care program spending in any given year to its costs and spending in previous years;

(3) identify factors that influence and contribute to Minnesota's ranking for commercial health care costs and public health care program spending, including the year over year and trend line change in total costs and spending in the state;

(4) continually monitor efforts to reform the health care delivery and payment system in Minnesota to understand emerging trends in the commercial health insurance market, including large self-insured employers, and the state's public health care programs in order to identify opportunities for state action to achieve:

(i) improved patient experience of care, including quality and satisfaction;

(ii) improved health of all populations; and

(iii) reduced per capita cost of health care; and

(5) make recommendations for legislative policy, market, or any other reforms to:

(i) lower the rate of growth in commercial health care costs and public health care program spending in the state;

(ii) positively impact the state's ranking in the areas listed in this subdivision;

(iii) improve the quality and value of care for all Minnesotans; and

(iv) conduct any additional reviews requested by the legislature.

Subd. 4. **Report.** The commission shall submit an annual report listing recommendations for changes in health care policy and financing by June 15 each year to the chairs and ranking minority members of the legislative committees with primary jurisdiction over health care. In making recommendations to the legislative committees, the commission shall consider how the recommendations might positively impact the cost-shifting interplay between public payer reimbursement rates and health insurance premiums. The commission shall also consider how public health care programs, where appropriate, may be utilized as a means to help prepare enrollees for an eventual transition to private sector coverage.

Subd. 5. **Staff.** The commission shall hire a director who may employ or contract for professional and technical assistance as the commission determines necessary to perform its duties. The commission may also contract with private entities with expertise in health economics, health finance, and actuarial science to secure additional information, data, research, or modeling that may be necessary for the commission to carry out its duties.

Subd. 6. **Access to information.** The commission may secure directly from a state department or agency information and data that is necessary for the commission to carry out its duties. All private data on individuals, health insurance companies, and employer-sponsored health insurance plans collected by the commission may not be disclosed to any person or agency unless it is de-identified. For purposes of this section, "de-identified" means the process used to prevent the identity of a person or business from being connected with information and ensuring all identifiable information has been removed.

Subd. 7. **Selection of members; advisory council.** The Legislative Coordinating Commission shall take applications from members of the public who are qualified and interested to serve in one of the listed positions. The applications must be reviewed by the health policy commission advisory council which shall be constituted with the state economist, legislative auditor, state demographer, and the president of the Federal Reserve Bank of Minneapolis. The advisory council shall recommend two applicants for each of the specified positions. The Legislative Coordinating Commission shall choose one of the two recommended applicants.

Subd. 8. **Terms and compensation.** (a) Public members of the commission shall serve four-year terms. The public members may not serve for more than two consecutive terms.

(b) The legislative liaison members shall serve on the commission as long as the member or the appointing authority holds office.

(c) The removal of members and filling of vacancies on the commission are as provided in section 15.059. Public members may receive compensation and expenses as provided in section 15.059, subdivision 3.

Subd. 9. **First appointments.** The Legislative Coordinating Commission shall make the first appointment of all public members by January 15, 2019.

Subd. 10. **First meeting.** The director of the Legislative Coordinating Commission shall convene the first meeting of the commission by June 15, 2019, and shall act as the chair until the commission elects a chair. The commission shall elect a chair at its first meeting and annually thereafter. The commission may elect other officers necessary for the performance of its duties.

Subd. 11. **Meetings.** The commission shall meet at least four times each year. Commission meetings are subject to chapter 13D except when the meetings pertain to matters relating to data that must be de-identified.

Subd. 12. **Conflict of interest.** A member of the commission may not participate in or vote on a decision of the commission relating to an organization in which the member has either a direct or indirect financial interest.

Subd. 13. **Expiration.** The commission shall expire on June 15, 2034.

Sec. 2. **APPROPRIATION.**

$..... in fiscal year 2019 is appropriated from the general fund to the Minnesota Health Policy Commission for the purposes of section 1.