SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1275

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DATE	D-PG	OFFICIAL STATUS
03/02/2015	501	Introduction and first reading Referred to Health, Human Services and Housing
03/12/2015	770	Comm report: To pass and re-referred to State and Local Government
03/18/2015	934	Comm report: To pass and re-referred to Finance
	973	Withdrawn and re-referred to Rules and Administration
04/16/2015	1732	Comm report: To pass and re-referred to Finance See SF1275

A bill for an act

relating to health care; establishing a Health Care Innovation Task Force; appropriating money.

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

Section 1. **HEALTH CARE INNOVATION TASK FORCE.**

Subdivision 1. **Establishment.** The Health Care Innovation Task Force is established to advise the governor and the legislature on innovative strategies to increase access to and improve quality of health coverage for Minnesotans.

Subd. 2. **Members.** (a) The Health Care Innovation Task Force shall consist of 26 members who are appointed as follows:

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

(2) three members of the house of representatives, two members appointed by the speaker of the house, and one member appointed by the minority leader of the house of representatives;

(3) one member appointed by the Minnesota Medical Association;

(4) one member appointed by the Minnesota Nurses Association;

(5) one member appointed by the Minnesota Hospital Association;

(6) one member appointed by the Association of Minnesota Counties;

(7) one member representing navigators appointed by the governor;

(8) one member representing small businesses appointed by the governor;

(9) one member representing unions appointed by the governor;

(10) one member representing insurance brokers appointed by the governor;

(11) one member appointed by the Minnesota Council of Health Plans;

(12) one member appointed by the Minnesota Association of County Health Plans;

(13) one member appointed by the Minnesota Safety Net Coalition;

(14) four members representing consumers appointed by the governor, at least one of whom must be from a nonprofit organization with legal expertise representing low-income consumers, at least one of whom must be from a broad-based nonprofit consumer advocacy organization, and at least one of whom must be from an organization representing individuals who are enrolled in state public health care programs; and

(15) the commissioners of health, human services, commerce, management and budget, and the executive director of MNsure.

(b) If a member is no longer able or eligible to participate, a new member shall be appointed by the entity that appointed the outgoing member.

Subd. 3. **Operations.** (a) The commissioner of human services shall convene the first meeting of the task force on or before September 1, 2015, following the initial appointment of the members and shall meet at least quarterly thereafter. Members of the task force shall elect a chair at the first meeting.

(b) The task force is governed by Minnesota Statutes, section 15.059, except that the members shall not receive compensation, except for expenses.

Subd. 4. **Duties.** The task force shall:

(1) assess the current status of health coverage for all Minnesotans;

(2) explore options for a state innovation waiver under section 1332 of the Patient Protection and Affordable Care Act by examining the feasibility of alternative approaches to the requirements described in section 1332(a)(2) of the Affordable Care Act, including, but not limited to, new payment and delivery models and waiving, modifying, or exploring alternatives to the individual mandate, the employer mandate, benefit and subsidy provisions, and qualified health plan provisions;

(3) examine options for streamlining public health care programs through a section 1115 waiver under the Social Security Act to provide seamless coverage for individuals and families eligible for public health care programs;

(4) assess the impact of potential options for innovation to the health care workforce and delivery system, including, but not limited to, rural and safety net providers, clinics, and hospitals; and

(5) assess the impact of options for innovation on their potential to reduce health disparities.

Subd. 5. **Staff.** (a) The commissioner of human services shall provide staff and administrative services for the task force. Technical assistance shall be provided by the Departments of Health, Commerce, Human Services, and Management and Budget.

(b) The commissioner of human services shall enter into a contract with a nonprofit organization to assess the current status of health coverage and to identify where challenges exist.

Subd. 6. **Report.** The commissioner of human services shall submit to the governor and to the chairs and ranking minority members of the legislative committees with jurisdiction over health, human services, and commerce policy and finance any recommendations for health care innovation, including models for reforming delivery and payment systems and any available state waivers necessary to achieve these goals by February 15, 2016.

Subd. 7. **Expiration.** The task force expires the day after submitting the report required under subdivision 6.

Sec. 2. **APPROPRIATION.**

$..... is appropriated for fiscal year 2016 from the general fund to the commissioner of human services for administrative services to the Health Care Innovation Task Force, and for a contract with an organization as required under section 1, subdivision 5, paragraph (b).