A bill for an act

relating to health; requiring the Legislative Commission on Health Care Access to design a universal health care system; amending Minnesota Statutes 2006, section 62J.07, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. Minnesota Statutes 2006, section 62J.07, subdivision 2, is amended to read:

Subd. 2. **Membership.** The Legislative Commission on Health Care Access consists of ~~five~~ ten members of the senate appointed under the rules of the senate and ~~five~~ ten members of the house of representatives appointed under the rules of the house of representatives. The Legislative Commission on Health Care Access must include ~~three~~ seven members of the majority party and ~~two~~ three members of the minority party in each house.

Sec. 2. **[144.7055] UNIVERSAL HEALTH CARE SYSTEM.**

Subdivision 1. **Legislative Commission on Health Care Access.** The Legislative Commission on Health Care Access established under section 62J.07 shall design a universal health care system for Minnesota that meets the requirements specified in subdivision 2. The commission shall prepare proposed legislation for submission to the legislature by January 31, 2008, to establish a universal health care system for Minnesota to take effect in January 2010. The proposed legislation must meet all of the requirements specified in subdivision 2.

Subd. 2. **Requirements for universal health care system.** The commission's proposal to the legislature under subdivision 1 shall be designed in a manner that:

(1) ensures all Minnesotans receive high quality health care, regardless of their income;

(2) allows patients the ability to choose their own providers;

(3) does not restrict or deny care or reduce the quality of care to hold down costs, but instead reduces costs through prevention, efficiency, and elimination of bureaucracy;

(4) provides comprehensive benefits, including all coverage currently required by law, complete mental health services, chemical dependency treatment, prescription drugs, medical equipment and supplies, dental care, long-term care, and home care services;

(5) is funded through premiums and other payments based on the person's ability to pay, so as not to deny full access to all Minnesotans;

(6) focuses on preventive care and early intervention to improve the health of all Minnesotans and reduce later costs from untreated illnesses and diseases;

(7) ensures an adequate number of qualified health care professionals and facilities to guarantee timely access to quality care throughout the state;

(8) continues promoting Minnesota's leadership in medical education, training, research, and technology; and

(9) provides adequate and timely payments to providers.

Sec. 3. **EFFECTIVE DATE.**

Sections 1 and 2 are effective the day following final enactment.