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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 1918

01/24/2012 Authored by Dean

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/15/2012 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Finance

03/29/2012 Adoption of Report: Pass as Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act
1.2 relating to human services; requiring the commissioner of human services
1.3 to submit to the legislature a plan to restructure and reform state health care
1.4 programs in the event of federal changes to the Medicaid program.

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

1.6 Section 1. **DELIVERING HEALTH CARE THROUGH STATE PROGRAMS.**

1.7 Subdivision 1. **Plan submittal.** The commissioner of human services, in
1.8 consultation with the commissioners of health and commerce, shall develop and submit to
1.9 the legislature, by December 15, 2012, a plan to restructure and reform medical assistance,
1.10 MinnesotaCare, and other state health care programs. The plan must be designed to
1.11 maintain and improve health care access, quality, cost-effectiveness, and affordability,
1.12 in the event that the federal government makes significant changes in Medicaid service
1.13 delivery, eligibility, and financing.

1.14 Subd. 2. **Plan criteria.** The plan submitted by the commissioner must:

1.15 (1) provide for continuity of care and minimize any loss of health care access or
1.16 coverage;

1.17 (2) emphasize personal responsibility and involvement in making choices about
1.18 health care;

1.19 (3) provide patients and health care providers with financial incentives to use and
1.20 deliver health care services efficiently and achieve better health outcomes;

1.21 (4) incorporate innovative and effective health care delivery approaches, including
1.22 but not limited to approaches based on defined contributions to enrollees and a system
1.23 of coordinated care delivery models; and

- 2.1 (5) build upon, and be consistent with, recent state health care reform initiatives
- 2.2 related to improving health care quality and increasing transparency in health care.