

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 1085

01/30/2023 Authored by Schomacker The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing the Minnesota Health Policy Commission; proposing
1.3 coding for new law in Minnesota Statutes, chapter 62J.

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

1.5 Section 1. 62J.90 MINNESOTA HEALTH POLICY COMMISSION.

1.6 Subdivision 1. Definition. For purposes of this section, "commission" means the
1.7 Minnesota Health Policy Commission.

1.8 Subd. 2. Commission membership. (a) The commission shall consist of 11 voting
1.9 members appointed by the Legislative Coordinating Commission as provided in subdivision
1.10 9 and four nonvoting, ex-officio members as follows:

- 1.11 (1) one member with demonstrated expertise in health care finance;
1.12 (2) one member with demonstrated expertise in health economics;
1.13 (3) one member with demonstrated expertise in actuarial science;
1.14 (4) one member with demonstrated expertise in health plan management and finance;
1.15 (5) one member with demonstrated expertise in health care system management;
1.16 (6) one member with demonstrated expertise as a purchaser, or a representative of a
1.17 purchaser, of employer-sponsored health care services or employer-sponsored health
1.18 insurance;
1.19 (7) one member with demonstrated expertise in developing and utilizing innovative
1.20 medical technologies;

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

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

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

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

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

2.8 and

2.9 (13) two nonvoting members of the house of representatives, including one member  
2.10 appointed by the speaker of the house and one member from the minority party appointed  
2.11 by the minority leader.

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

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

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

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

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

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

2.25 (ii) improved health of all populations; and

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

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

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

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

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

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

3.3 Subd. 4. **Report.** The commission shall submit a report listing recommendations for  
3.4 changes in health care policy and finance by June 15 each year to the chairs and ranking  
3.5 minority members of the legislative committees with primary jurisdiction over health care.  
3.6 In making recommendations to the legislative committees, the commission shall consider  
3.7 how the recommendations might positively impact the cost-shifting interplay between public  
3.8 payer reimbursement rates and health insurance premiums. The commission shall also  
3.9 consider how public health care programs, where appropriate, may be utilized as a means  
3.10 to help prepare enrollees for an eventual transition to private sector coverage. The report  
3.11 shall include any draft legislation to implement the commission's recommendations.

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

3.18 Subd. 6. **Access to information.** (a) The commission may request that a state department  
3.19 or agency provide the commission with any publicly available information in a usable format  
3.20 as requested by the commission, at no cost to the commission.

3.21 (b) The commission may request from a state department or agency unique or custom  
3.22 data sets, and the department or agency may charge the commission for providing the data  
3.23 at the same rate the department or agency would charge any other public or private entity.

3.24 (c) Any information provided to the commission by a state department or agency must  
3.25 be de-identified. For purposes of this subdivision, "de-identified" means the process used  
3.26 to prevent the identity of a person or business from being connected with information and  
3.27 ensuring all identifiable information has been removed.

3.28 Subd. 7. **Terms; vacancies; compensation.** (a) Public members of the commission shall  
3.29 serve four-year terms. Public members may not serve for more than two consecutive terms.

3.30 (b) Legislative members shall serve on the commission as long as the member or the  
3.31 appointing authority holds office.

3.32 (c) The removal of members and filling of vacancies on the commission are as provided  
3.33 in section 15.059.

4.1 (d) Public members may receive compensation and expenses as provided in section  
 4.2 15.059, subdivision 3.

4.3 Subd. 8. **Chairs; officers.** The commission shall elect a chair annually. The commission  
 4.4 may elect other officers necessary for the performance of the commission's duties.

4.5 Subd. 9. **Selection of members; advisory council.** The Legislative Coordinating  
 4.6 Commission shall take applications from members of the public who are qualified and  
 4.7 interested to serve in one of the listed positions. The applications must be reviewed by a  
 4.8 health policy commission advisory council comprised of four members as follows: the state  
 4.9 economist, legislative auditor, state demographer, and president of the Federal Reserve  
 4.10 Bank of Minneapolis or a designee of the president. The advisory council shall recommend  
 4.11 two applicants for each of the specified positions by September 30 in the calendar year  
 4.12 preceding the end of the members' terms. The Legislative Coordinating Commission shall  
 4.13 appoint one of the two recommended applicants to the commission.

4.14 Subd. 10. **Meetings.** The commission shall meet at least four times each year.  
 4.15 Commission meetings are subject to chapter 13D.

4.16 Subd. 11. **Conflict of interest.** A member of the commission may not participate in or  
 4.17 vote on a decision of the commission relating to an organization in which the member has  
 4.18 either a direct or indirect financial interest.

4.19 Subd. 12. **Expiration.** The commission expires June 15, 2039.

4.20 Sec. 2. **FIRST APPOINTMENTS; FIRST MEETING.**

4.21 The Health Policy Commission Advisory Council shall make recommendations under  
 4.22 Minnesota Statutes, section 62J.90, subdivision 9, for candidates to serve on the Minnesota  
 4.23 Health Policy Commission to the Legislative Coordinating Commission by September 30,  
 4.24 2023. The Legislative Coordinating Commission shall make the first appointments of public  
 4.25 members to the Minnesota Health Policy Commission under Minnesota Statutes, section  
 4.26 62J.90, by January 15, 2024. The Legislative Coordinating Commission shall designate five  
 4.27 members to serve terms that are coterminous with the governor and six members to serve  
 4.28 terms that end on the first Monday in January one year after the terms of the other members  
 4.29 conclude. The director of the Legislative Coordinating Commission shall convene the first  
 4.30 meeting of the Minnesota Health Policy Commission by June 15, 2024, and shall act as the  
 4.31 chair until the commission elects a chair at its first meeting.

5.1 Sec. 3. APPROPRIATION.

5.2 \$..... in fiscal year 2024 and \$..... in fiscal year 2025 are appropriated from the general  
5.3 fund to the Minnesota Health Policy Commission for the purposes of Minnesota Statutes,  
5.4 section 62J.90.