

SECOND MEETING

HEALTH CARE ACCESS COMMISSION

MINUTES

Representative Tom Huntley, called the second meeting of the Health Care Access Commission to order at 9:10 a.m. on Wednesday, July 11, 2007, in Room 10 of the State Office Building, St. Paul Minnesota.

The secretary noted the roll.

Members Present:

Rep. Huntley, Co-Chair
Rep. Abeler
Rep. Gottwalt
Rep. Loeffler
Rep. Thissen

Sen. Berglin, Co-Chair
Sen. Koering
Sen. Lourey
Sen. Marty
Sen. Rosen

Other Members Present:

Sen. Lynch
Sen. Prettner Solon

Rep. B. Anderson
Rep. Brod
Rep. Bunn
Rep. Erickson
Rep. Liebling
Rep. Murphy
Rep. Norton
Rep. S. Peterson

A quorum was present.

The first item on the agenda was a presentation from the director of the University of Minnesota' State Health Access Data Assistance Center about efforts in other states to expand health care coverage. The following person presented:

Dr. Lynn Blewett, Associate Professor and Director of SHADAC,
University of Minnesota School of Public Health, 2221 University Avenue,
Suite 345, Minneapolis, MN 55414.

Following the presentation was a panel of local representatives who responded to the commission regarding Minnesota's needs in health care:

1. Patricia Coldwell, Association of Minnesota Counties.
2. Jan Malcolm, CEO, Courage Center.
3. Julie Brunner, Executive Director, Minnesota Council of Health Plans.
4. Scott Leitz, Assistant Commissioner, Minnesota Department of Health.
5. Tom Forsythe, Vice President Corporate Communications, General Mills, Inc.
6. Dr. Don Jacobs, Chair and CEO, Hennepin Faculty Associates.
7. Brian Osberg, Assistant Commissioner, Department of Human Services.
8. David Page, President, Fairview Health Systems.
9. Brad Lehto, Chief of Staff, AFL/CIO.

The final item on the agenda was a formation of the Working Groups. Representative Huntley explained that at the next meeting everyone will be informed as to the time line for the working groups to report back to the full commission so that recommendations would be ready to submit to the legislature by January 15, 2008 as follows:

GOAL

"The Legislative Commission on Health Care Access shall make recommendations to the legislature on how to achieve the goal of universal health coverage as described in section 62Q.165. The recommendations shall include a timetable in which measurable progress must be achieved toward this goal. The commission shall submit to the legislature by January 15, 2008, the recommendations and corresponding timetable."

SUBCOMMITTEE WORKING GROUPS

1. Subcommittees will each submit recommendations related to their respective issues for consideration by the full Commission.
2. The co-chairs of the Health Care Access Commission will appoint subcommittee co- chairs.
3. Each subcommittee working group will include a combination of legislators and private sector advocates with expertise or interest in that area.
4. The Commission Co-Chairs will outline the scope for each subcommittee.

5. Initial subcommittee working groups include:
 - a. **Cost Containment: Identify health care costs/savings**
 - Incentive payments, regulatory changes, and licensing law changes that will result in better health
 - Correct flaws in the marketplace that lead to inefficient use of resources by creating a reimbursement system structure that is less expensive by rewarding quality rather than volume of procedures
 - Development of a medical home model
 - Allow wider variety of providers (nurses or others) to operate in rural geographic areas and treat underserved populations
 - b. **Cost Containment: Restructure the health care system through the identified savings**
 - Translate all identified savings in the health care system into lower premiums and lower public program costs
 - Create a methodology for defining minimally medically necessary benefits and maximum benefits
 - Define "affordable;"
 - Explore distinctions between the underinsured and uninsured populations and determine numbers in each group
 - c. **Development of new cost containment strategies**
 - Discuss new strategies to achieve cost containment within the health care system that would go beyond those in group "a"
 - d. **Public Health**
 - Evaluate other states and organizations proposals to address childhood obesity
 - Promote early detection and prevention of chronic conditions
 - Assure access to and improve the quality of health services, in the area of prevention
 - e. **Insurance market reform**
 - Evaluate reforms that allow the insurance market to be more competitive
 - Ensure that products offer real coverage and are obtained in a cost efficient manner
 - Evaluate the issue of guarantee issue
 - Address the inequality of employers as the basis of coverage
 - Look at changes to ERISA
 - Look at what we would need to change if we mandated coverage

f. Single payer health care

- Create a methodology for defining minimally medically necessary benefits and maximum benefits
- Develop a plan of transition for current public and private programs
- Identify the cost to implement a single payer system
- Explore financing opportunities

g. Long Term Care Employee Insurance

- Focused on finding strategies to better insure long term care employees
- Special focus on leveraging federal funds to help in this area

The meeting adjourned at Noon.

Rochelle M. Polansky
Legislative Assistant