

1.1 ..... moves to amend H.F. No. 1664 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **TASK FORCE ON HEALTH CARE FINANCING.**

1.4 Subdivision 1. **Task force.** (a) The governor shall convene a Health Care Access  
1.5 Reform Task Force to advise the governor and legislature regarding options for sustainable  
1.6 health care, including MNsure, reforms to MNsure, and alternatives to MNsure.

1.7 (b) The task force shall consist of:

1.8 (1) seven members appointed by the senate: four members appointed by the majority  
1.9 leader of the senate and three members appointed by the minority leader of the senate. At  
1.10 least one member appointed by each caucus shall be a legislator;

1.11 (2) seven members appointed by the house of representatives: four members  
1.12 appointed by the speaker of the house and three members appointed by the minority  
1.13 leader of the house of representatives. At least one member appointed by each caucus  
1.14 shall be a legislator; and

1.15 (3) 11 members appointed by the governor, including public and private health  
1.16 care experts and consumer representatives.

1.17 (c) The commissioner of human services shall serve as chair of the task force.

1.18 Subd. 2. **Duties.** (a) The task force shall consider alternative to MNsure, including  
1.19 joining the federal exchange or other new models of delivery, with the goal of streamlining  
1.20 the selection and enrollment in public and private health insurance in Minnesota.

1.21 (b) In development of the options in paragraph (a), the task force options and  
1.22 recommendations shall consider models of delivery that are evaluated by their ability to:

1.23 (1) promote a competitive and accountable marketplace so health coverage is  
1.24 affordable;

1.25 (2) provide consumer choice and assistance in making the best choice given the  
1.26 consumer's health concerns, household budget, and preferred providers;

- 2.1 (3) provide ongoing stability and continuity in the marketplace so continuity of  
2.2 care is maximized as much as possible;
- 2.3 (4) ability to build on existing investments and minimize development and transition  
2.4 costs;
- 2.5 (5) contribute to streamlined eligibility determinations for tax credits and public  
2.6 assistance;
- 2.7 (6) relate to other public program eligibility systems maintained by the state; and
- 2.8 (7) ability to smoothly transition public health care program enrollees to and from  
2.9 private health coverage.

2.10 Subd. 3. **Staff.** (a) The commissioner of human services and the commissioner  
2.11 of commerce shall provide staff and administrative services for the task force. The  
2.12 commissioner may accept outside resources to help support its efforts and shall leverage  
2.13 its existing vendor contracts to provide technical expertise to develop options under  
2.14 subdivision 2. The commissioners shall receive expedited review and publication of  
2.15 competitive procurements for additional vendor support needed to support the task force.

2.16 (b) Technical assistance shall be provided by the Departments of Health, Commerce,  
2.17 Human Services, and Management and Budget.

2.18 Subd. 4. **Report.** The commissioner of human services shall submit a preliminary  
2.19 report to the governor and chairs and ranking minority members of the legislative  
2.20 committees with jurisdiction over health and human services and commerce by January  
2.21 15, 2016.

2.22 Subd. 5. **Expiration.** The task force does not expire.

2.23 Sec. 2. **APPROPRIATION.**

2.24 \$..... is appropriated in fiscal year 2016 and 2017 from the general fund to the  
2.25 commissioner of human services for duties required of the commissioner for the Health  
2.26 Care Access Reform Task Force."

2.27 Amend the title accordingly