

1.1 ..... moves to amend H.F. No. 3, the first engrossment, as follows:

1.2 Page 20, after line 5, insert:

1.3 "Sec. 18. **BENEFIT AND COST ANALYSIS OF A UNIFIED LONG-TERM CARE**  
1.4 **FINANCING SYSTEM.**

1.5 Subdivision 1. **Contract for analysis of proposal.** The commissioner of health shall  
1.6 contract with the University of Minnesota School of Public Health to conduct an analysis  
1.7 of the benefits and costs of a unified long-term care financing system and a similar analysis  
1.8 of the current long-term care financing environment to assist the state in evaluating whether  
1.9 a unified long-term care financing system would provide better access to care, reduce or  
1.10 slow the rate of increase in total long-term care spending, and provide other benefits to  
1.11 individuals, businesses, and the state economy, relative to the current long-term care financing  
1.12 environment.

1.13 Subd. 2. **Proposal.** The commissioner of health, with input from the commissioners of  
1.14 human services and commerce, shall submit to the University of Minnesota School of Public  
1.15 Health for analysis a framework for a unified long-term care financing system designed to  
1.16 meet the following principles:

1.17 (1) ensure all Minnesotans are covered;

1.18 (2) cover all necessary long-term care services, including those services listed in  
1.19 Minnesota Statutes, section 256B.038, paragraph (b);

1.20 (3) allow patients to choose their long-term care providers;

1.21 (4) encourage person centered-supports; and

1.22 (5) enhance each person's personal authority over the person's service choice.

2.1 Subd. 3. Proposal analysis. (a) The analysis must measure the performance of both a  
2.2 unified long-term care financing system and the current long-term care financing  
2.3 environment, as forecast over a ten-year or longer period determined to be sufficient to  
2.4 capture all benefits and costs of the unified long-term care financing system. The analysis  
2.5 must compare and contrast the impact of the unified long-term care financing system and  
2.6 the current long-term care financing environment on:

2.7 (1) the number of people covered versus the number of people who continue to lack  
2.8 access to long-term care because of financial or other barriers, including a lack of available  
2.9 providers;

2.10 (2) the availability of an appropriate continuum of long-term care services and the ability  
2.11 of persons to exercise autonomy choosing the type of services they are to receive;

2.12 (3) the timeliness and appropriateness of the care received, and the extent to which  
2.13 persons are able to appropriately self-direct their care; and

2.14 (4) total public and private long-term care spending in Minnesota under the current  
2.15 long-term care financing environment versus under the unified long-term care financing  
2.16 system, including all spending by individuals, businesses, and government. "Total public  
2.17 and private long-term care spending" means spending on all long-term care services, whether  
2.18 paid through premiums, co-pays and deductibles, other out-of-pocket payments, or other  
2.19 funding from government, employers, or other sources. Total public and private long-term  
2.20 care spending also includes the costs associated with administering, delivering, and paying  
2.21 for the care. The costs of administering, delivering, and paying for the care includes all  
2.22 expenses by insurers, providers, employers, individuals, and government to select, negotiate,  
2.23 purchase, and administer insurance and care including but not limited to medical expense  
2.24 portions of workers compensation and automobile insurance, and the cost of administering  
2.25 and paying for all long-term care products and services that are not covered by insurance.  
2.26 The analysis of total long-term care spending shall examine, to the extent possible given  
2.27 available data and resources, whether there are savings or additional costs under the unified  
2.28 long-term care financing system compared to the existing long-term care financing  
2.29 environment due to:

2.30 (i) reduced insurance, billing, underwriting, marketing, evaluation, and other  
2.31 administrative functions;

2.32 (ii) reduced prices on long-term care services due to price negotiations, if applicable  
2.33 under the proposal;

2.34 (iii) shortages or excess capacity of long-term care facilities and long-term care providers;

3.1 (iv) changes in utilization and better long-term outcomes due to prevention and early  
3.2 intervention;

3.3 (v) the impact on state, local, and federal government non-long-term-care expenditures;  
3.4 and

3.5 (vi) employment income voluntarily forgone by family caregivers.

3.6 (b) To the extent possible given available data and resources, the analysis must also  
3.7 estimate for the framework job losses or gains in long-term care delivery, long-term billing  
3.8 and insurance administration, and elsewhere in the economy due to implementation of the  
3.9 reforms and the resulting reduction of insurance and administrative burdens on businesses.

3.10 (c) The analysis shall assume that operation of the unified long-term care financing  
3.11 system is not preempted by federal law or that the federal government has approved the  
3.12 necessary waivers. The analysis shall also assume that federal law, policies, and waivers  
3.13 currently in place to support the current long-term care financing environment remain the  
3.14 same for the duration of the forecast period.

3.15 (d) The commissioner shall issue a final report by January 15, 2021, and may provide  
3.16 interim reports and status updates, to the governor and the chairs and ranking minority  
3.17 members of the legislative committees with jurisdiction over health and human services  
3.18 policy and finance and health insurance.

3.19 Sec. 19. **APPROPRIATION.**

3.20 \$500,000 in fiscal year 2020 is appropriated from the general fund to the commissioner  
3.21 of health to contract with the University of Minnesota to conduct an economic analysis of  
3.22 benefits and costs of a unified long-term care financing system under section 18."

3.23 Renumber the sections in sequence and correct the internal references

3.24 Amend the title accordingly