

File Number: H.F. 3823
Version: As introduced

Date: March 25, 2018

Authors: Schomacker

Subject: Minnesota Health Policy Commission

Analyst: Elisabeth Klarqvist

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

Overview

This bill establishes a Minnesota Health Policy Commission to develop recommendations for steps to take to improve health care and health outcomes at lower cost.

Section

1 Minnesota Health Policy Commission. Adds § 15.0146. Establishes a Minnesota Health Policy Commission, specifies membership, lists duties, and provides for terms, compensation, staffing, access to information, governance, selection of members, meetings, conflicts of interest, and expiration.

Subd. 1. Establishment; purpose. Establishes a Minnesota Health Policy Commission to provide recommendations on steps to take to improve health care and health outcomes at lower cost.

Subd. 2. Commission membership. Specifies membership of commission, including 11 voting members and 4 nonvoting legislative liaison members.

Subd. 3. Duties. Lists duties for the commission:

- comparing health care costs and public health care program spending to that of other states, and to costs and spending in previous years;
- identifying factors that contribute to Minnesota's health care costs and public health care program spending;
- monitoring efforts to reform the health care delivery and payment system; and

Section

- recommending reforms to the health care system.

Subd. 4. Report. By June 15 of each year, requires the commission to submit a report listing recommended changes to the health care delivery system to the chairs and ranking minority members of the legislative committees with jurisdiction over health care.

Subd. 5. Staff. Allows the commission to hire a director and other staff, and to contract with private entities for services to allow the commission to carry out its duties.

Subd. 6. Access to information. Allows the commission to obtain any data or information from a state department or agency, as necessary for the commission to carry out its duties. Prohibits private data on individuals, health insurance companies, and employer-sponsored health plans from being disclosed unless the data is de-identified.

Subd. 7. Selection of members; advisory council. Establishes an application and selection process for qualified members of the public to serve on the commission.

Subd. 8. Terms and compensation. Allows public members to serve four-year terms and not more than two consecutive terms, and allows legislative liaison members to serve as long as the member or appointing authority holds office. Provides that removal of members, filling of vacancies, and public member compensation and expenses are governed by section 15.059.

Subd. 9. First appointments. Requires the Legislative Coordinating Commission to make the first appointments of public members to the commission by January 15, 2019.

Subd. 10. First meeting. Requires the director of the Legislative Coordinating Commission to convene the first meeting of the commission by June 15, 2019 and act as a chair until the commission elects a chair. Directs the commission to elect a chair at its first meeting and annually thereafter, and to elect other officers as needed.

Subd. 11. Meetings. Requires the commission to meet at least four times a year, and provides that commission meetings are subject to the Open Meeting Law in chapter 13D.

Subd. 12. Conflict of interest. Prohibits a commission member from participating in or voting on a commission decision relating to an organization in which the member has a direct or indirect financial interest.

Subd. 13. Expiration. Makes the commission expire June 15, 2034.

2 Appropriation. Makes a blank appropriation from the general fund to the Minnesota Health Policy Commission to fund its operations.