

HEALTH CARE ACCESS COMMISSION

MINUTES

Senator Linda Berglin, called the Health Care Access Commission to order at 9:10 a.m. on Wednesday, December 19, 2007, in Room 15 of the State Capitol, St. Paul Minnesota.

The secretary noted the roll.

Members Present:

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

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

Members Absent:

Sen. Rosen

Other Members Present:

Sen. Lynch

Rep. Liebling
Rep. Murphy
Rep. Norton

A quorum was present.

The first item on the agenda was a discussion of Payment Reform Implementation Issues identified by the Governor's Transformation Task Force.

(See Attachment "A")

Following the discussion the following Recommendations were reviewed.

(See Attachment "B")

The Recommendations by the specific work groups were adopted and/or changed as follows:

Identifying Health Care Costs and Savings Work Group

Representative Huntley moved adoption for the following recommendation:

"We recommend that the Minnesota Department of Health explore the feasibility of the "community paramedic" concept for Minnesota, with comparative analysis of this role and the role of the Community Health Worker, and present recommendations to the legislature by January 15, 2009. This concept would use paramedics and emergency medical technicians to deliver preventive and some primary care. MDH would examine issues related to the preventive and

primary care services that could be provided, quality of care, curriculum development, and possible pilot project implementation.”

The following person testified in favor the recommendation:

Buck McAlpine, North Memorial and Minnesota Ambulance Association

The **MOTION PREVAILED** and the recommendation was adopted.

Restructuring Cost Containment Work Group

Representative Huntley moved adoption of the following recommendations:

“We recommend that MNCare eligibility be expanded to all individuals and families up to 300% FPG (\$30,330/year) for a single adult, \$61,950/year for a family of four). We define affordability at 6% of income for the exit level of 300% of poverty.

We recommend that the state provide tax subsidies to citizens up to 400% FPL to assist in purchasing affordable, quality health coverage.”

The **MOTION PREVAILED** and the recommendation was adopted.

The commission discussed the following recommendation:

“We recommend that the Employer Sponsored Insurance (ESI) coverage definition should be amended to include a percentage of income cap of 6% for the employee’s share. This measurement should include premiums, deductibles, and tax benefits associated with Section 125 plans.”

The recommendation was laid over to the next Health Care Access Commission meeting.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the department should minimize the documentation requirements during the application process for public programs. Additionally, all application forms should be made available in different languages.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the contact information for public programs be verified and updated on every contact with the enrollee.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the hospital cap on MNCare be raised or removed.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend paying health plans an enrollment “fee” for each new enrollee, but capitated payments do not begin until an enrollee has completed a health assessment, chosen a primary care doc/health care home, and showed up for a specified number of appointments.”

The recommendation was laid over to the next Health Care Access Commission meeting.

Representative Huntley moved adoption of the following recommendation:

“We recommend that a person should be eligible to apply for MNCare immediately upon losing health insurance.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the state provide direct subsidies to individuals purchasing coverage offered through an employer or on the individual market, through a connector if purchased.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Gottwalt moved adoption of the following recommendation:

“We recommend that the following financial recapturing mechanisms be adopted:

1. MA federal match on higher reimbursements to primary care providers who locate and practice in underserved, rural areas.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

- “2. Savings recapture assessment paid by insurance companies and HMOs. The assessment is determined by taking a percentage of savings realized from a combination of mechanisms (such as smoking and risk assessments) and asking insurance companies and HMOs to repay that amount to the state.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

- “3. Recognizing savings in the forecast and recapturing those savings for health care purposes.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

- “4. Creating a community benefit pool hospitals would be required to pay into to retain not-for-profit status if certain community benefit standards are not met.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

- “8. Require DHS to aggressively negotiate growth limits and cost controls during contract negotiations with health plans.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

- “5. Increasing the impact fee on tobacco products.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation with the understanding that the Health Care Access Commission look at this at a future date:

- “6. Re-examining DSH payments to hospitals.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved to **TABLE** the following recommendation:

- “7. Eliminating tax deductions for health care expenses for the top 5% of earners.”

The **MOTION PREVAILED** and the recommendation was tabled.

New Cost Containment Strategies Work Group:

Representative Abeler moved adoption of the following recommendation:

“We recommend the development of an Advanced Dental Hygiene Midlevel Practitioner working within a collaborative agreement with a dentist.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the Department of Health and the Department of Human Services shall collaborate with the Health Advisory Council, the University of Minnesota and ICSI to develop a value based benefit set that encompasses a process to evaluate services, procedures and new technologies to ensure that benefit design and coverage decisions are safe, effective and scientifically based. In developing this benefit set specific preventive care, early diagnostic tests, chronic care coordination and cost effective prescription drugs shall be identified to be covered without cost sharing requirements.”

The **MOTION PREVAILED** and the recommendation was adopted.

Insurance Market Reform Work Group:

Representative Huntley moved adoption of the following recommendation:

“We recommend establishing a set of limited statewide health improvement and health outcome measurement and reporting goals and encourage the use of them by insurers as the standardized basis of “pay for performance” models.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend the Minnesota Comprehensive Health Association (MCHA) to be maintained until other mechanisms are in place to allow persons with significant health challenges to secure affordable coverage in the marketplace. The financing mechanism for MCHA should be reviewed and, if possible, a broader and fairer funding mechanism should be implemented.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend the review of the forthcoming study of the “Health Insurance Exchange” by the Department of Health. Any proposed Exchange should have public oversight and allow individuals to purchase health insurance using pre-tax dollars.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Loeffler moved adoption of the following recommendation:

“We recommend all employers with 3 or more employees should be required to offer Section 125 Plans to allow employees to purchase coverage on a pre-tax basis. The tax benefit should be included in calculating the amount an individual is paying for purposes of the affordability standard. Persons earning \$30,000 or less per year would have to opt in after being given information about the potential negative impacts on their social security payments.”

The **MOTION PREVAILED** and the recommendation was adopted.

Representative Huntley moved adoption of the following recommendation:

“We recommend that the legislature establish incremental goals to achieve universal coverage by 2011. Failure to meet such goals would trigger a requirement that all citizens obtain and retain affordable health insurance coverage. Guidelines for the requirement would include:

1. Insurers who offer individual policies should be required to sell policies to anyone who wishes to buy one.
2. Premiums should only vary based on age, individual health behaviors, and geography.

3. A risk equalization mechanism should be adopted.
4. Affordability recommendations are implemented.”

The **MOTION PREVAILED** and the recommendation was adopted.

(See **Attachment “C”** – Legislative Commission on Health Care Access
Recommendations – December 19, 2007 – Post HCAC Meeting)

The meeting adjourned at 2:15 p.m.

Rochelle M. Polansky
Legislative Assistant