

1.1 moves to amend H.F. No. 5, the third engrossment, 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 Task Force on Health
1.5 Care Financing to advise the governor and legislature regarding options for sustainable
1.6 health care financing, coverage, purchasing, and delivery for all insurance affordability
1.7 programs, including MNsure, medical assistance, MinnesotaCare, and individuals eligible
1.8 to purchase coverage with federal advanced premium tax credits and cost-sharing subsidies.

1.9 (b) The task force shall consist of:

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

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

1.17 (3) 11 members appointed by the governor, including public and private health
1.18 care experts and consumer representatives.

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

1.20 Subd. 2. **Duties.** (a) The task force shall consider alternatives to MNsure, options
1.21 under section 1332 of the Patient Protection and Affordable Care Act, and options under a
1.22 section 1115 waiver of the Social Security Act, including:

1.23 (1) options for providing and financing seamless coverage for persons otherwise
1.24 eligible for insurance affordability programs including medical assistance, MinnesotaCare,
1.25 and advanced premium tax credits used to purchase commercial insurance. This includes
1.26 but is not limited to alignment of eligibility and enrollment requirements; smoothing

2.1 consumer cost sharing across programs; alignment of and alternatives to benefit sets; and
2.2 alternatives to the individual mandate, the employer mandate and penalties, advanced
2.3 premium tax credits, and qualified health plans;

2.4 (2) options for transforming health care purchasing and delivery, including but not
2.5 limited to expansion of value-based direct contracting with providers and other entities
2.6 to reward improved health outcomes and reduced costs including selective contracting;
2.7 contracting to provide services to public programs and commercial products; and payment
2.8 models that support and reward coordination of care across the continuum of services
2.9 and programs; and

2.10 (3) options for alignment, consolidation, and governance of certain operational
2.11 components, including but not limited to MNsure, program eligibility, enrollment, call
2.12 centers, contracting, and the shared eligibility IT platform.

2.13 (b) In development of the options in paragraph (a), the task force options and
2.14 recommendations shall include the following goals:

2.15 (1) seamless consumer experience across all programs;

2.16 (2) reducing barriers to accessibility and affordability of coverage;

2.17 (3) improving sustainable financing of health programs, including impact on the
2.18 state budget;

2.19 (4) assessing the impact of options for innovation on their potential to reduce
2.20 health disparities;

2.21 (5) expanding innovative health care purchasing and delivery systems strategies that
2.22 reduce cost and improve health;

2.23 (6) promoting effective and efficient alignment of program resources and operations;
2.24 and

2.25 (7) increasing transparency and accountability of program operations.

2.26 Subd. 3. **Staff.** (a) The commissioner of human services shall provide staff and
2.27 administrative services for the task force. The commissioner may accept outside resources
2.28 to help support its efforts and shall leverage its existing vendor contracts to provide
2.29 technical expertise to develop options under subdivision 2. The commissioner shall
2.30 receive expedited review and publication of competitive procurements for additional
2.31 vendor support needed to support the task force.

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

2.34 Subd. 4. **Report.** The commissioner of human services shall submit
2.35 recommendations by January 15, 2016, to the governor and the chairs and ranking

3.1 minority members of the legislative committees with jurisdiction over health, human
3.2 services, and commerce policy and finance.

3.3 Subd. 5. **Expiration.** The task force expires the day after submitting the report
3.4 required under subdivision 4."

3.5 Amend the title accordingly