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January 26, 2021

## HF11 - Transition To MinnesotaCare Public Option

Dear Chair Liebling:

The Minnesota Association of County Health Plans (MACHP), representing Minnesota's three County-Based Purchasing (CBP) plans, is **deeply concerned about HF11 and its planned termination of CBP plans from delivering MinnesotaCare.**

For more than 40 years, and particularly since they were authorized by the Minnesota Legislature in 1997, Minnesota's CBP plans have played an important role in delivering outstanding health care to hundreds of thousands of Minnesota MHCP enrollees. There are currently 22 counties that are part of a CBP plan, and another 11 have joined PrimeWest Health to begin delivering care in 2023. CBP plans have grown because of their proven record of providing dependable access to health care, enhancing health care quality, supporting health care innovation in underserved areas, improving health care equity, and coordinating with other county services for more cost-effective and positive outcomes.

There are key differences between CBP plans and Minnesota's other health plans. CBP plans are publicly owned and operated by the counties they serve through joint-powers agreements. They are based in the counties they serve, governed by locally elected county commissioners, accountable to local residents. As public entities, they are transparent in their operations, meetings and finances. They closely partner with and strengthen the providers in rural communities.

We are deeply concerned about the provision in H.F. 11 directing the Commissioner to develop recommendations to **terminate CBP MinnesotaCare contracts effective January 1, 2024 (Line 7.28)**. H.F. 11 would eliminate CBP plans from delivering MinnesotaCare to local residents.

We understand the frustrations many policymakers have with other health plans and their viewing public programs, including MinnesotaCare, as just another line of business. **Those frustrations do not apply to Minnesota's counties and their local CBP plans.** CBP plans have one line of business and one focus: Assuring public program enrollees get the best health care and other services they need to flourish. The county commissioners who oversee CBP plans are passionate about serving their communities and do not want this approach terminated.

CPB plans are often lumped together with HMOs in bill drafts, and that may be the case here. **We respectfully ask that you exempt CBP from the bill** in order to continue the great good this Minnesota model delivers for MHCP enrollees. Without such an exemption, Minnesota's CBP plans must respectfully oppose H.F. 11.

We welcome questions and would appreciate an opportunity to discuss this bill with you at your earliest convenience so we can learn more about the rationale for eliminating CBP plans from MinnesotaCare. Thank you for your continued commitment to improving care access for all Minnesotans, and for your continued support of County-Based Purchasing.

Sincerely yours,

Steve Gottwalt  
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Cc: House Health Finance & Policy Committee Members