

TASK FORCE ON UNIVERSAL HEALTH CARE

Attendees	Sen. Manning, Rep. Wilde, Director P. Allen, Chad Chadwick, Glendora Claybrooks, Michael Collins, Dwight Dill, Bruce Goldberg, Claire Hall, Zeenie Junkeer, Ed Junkins, Sam Metz, Cherryl Ramirez, Deborah Riddick, Les Rogers, John Santa, TK Keen, Chuck Sheketoff
Absent	Rep. Hayden, Sharon Stanphill
Date/Time	November 18, 2020; 1-4pm (recording)

Acknowledge public testimony received for the September and October Task Force meetings Gather feedback from members on a set of foundation questions and a set of options. Explore cross-cutting themes emerging from three of the technical advisory groups (TAGS). Receive information from each TAG and finalize project charters for three TAGs: Eligibility, Benefits, and Affordability; Provider Reimbursement; and Finance and Revenue. Clarify roles among staff, TAG leads, and TAG members. Whether to focus on reform proposals feasible through state action without pursuing one or more federal waivers. Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. werefity and increase. Health equity mus		(<u>1886) ania</u>)
set of options. Explore cross-cutting themes emerging from three of the technical advisory groups (TAGs). Receive information from each TAG and finalize project charters for three TAGs: Eligibility, Benefits, and Affordability; Provider Reimbursement; and Finance and Revenue. Clarify roles among staff, TAG leads, and TAG members. Uncertainty with incoming presidential administration around potential federal waivers. Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Rele of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibil		October Task Force meetings
Purpose/Desired Outcome advisory groups (TAGs). Receive information from each TAG and finalize project charters for three TAGs: Eligibility, Benefits, and Affordability; Provider Reimbursement; and Finance and Revenue. Clarify roles among staff, TAG leads, and TAG members. Whether to focus on reform proposals feasible through state action without pursuing one or more federal waivers. Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations.		set of options.
Outcome • Receive information from each TAG and infalize project charters for three TAGs: Eligibility, Benefits, and Affordability; Provider Reimbursement; and Finance and Revenue. • Clarify roles among staff, TAG leads, and TAG members. • Whether to focus on reform proposals feasible through state action without pursuing one or more federal waivers. • Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. • Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. • Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. • At a minimum, maintain the social determinants of health offered by coordinated care organizations. • Prioritize and align health equity in designing the health plan. • Consideration around reimbursement for non-licensed or non-certified health care professionals. • Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. • Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. • Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. • Members approved project charters for three of the TAGs. • Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. • Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. • Health equity must be addressed by		advisory groups (TAGs).
 Clarify roles among staff, TAG leads, and TAG members. Whether to focus on reform proposals feasible through state action without pursuing one or more federal waivers. Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. <!--</th--><th></th><th>· ·</th>		· ·
Whether to focus on reform proposals feasible through state action without pursuing one or more federal waivers. Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG.		· · · · · · · · · · · · · · · · · · ·
 Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only feasible through state action. Types of services to include in designing the health care plan, including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		Whether to focus on reform proposals feasible through state action
including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of covered services will increase overall costs. Whether expanding the list of covered services should wait until the plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG.		Uncertainty with incoming presidential administration around potential federal waivers. Members agreed to wait and assess which concepts require federal approval and not limit the focus on proposals only
plan outlined in Senate Bill 770 is implemented. At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Actions Items (e.g., data requests, next meeting agendas). Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG.		including what aspects of social determinants of health the task force is interested in considering. A recognition that expanding the scope of
 At a minimum, maintain the social determinants of health offered by coordinated care organizations. Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		, •
 Prioritize and align health equity in designing the health plan. Consideration around reimbursement for non-licensed or non-certified health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		At a minimum, maintain the social determinants of health offered by
health care professionals. Whether a state-based universal health plan can exist without long-term services (LTSS) as a covered set of benefits financed for all enrollees. Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG.	rtcy issues	Prioritize and align health equity in designing the health plan.
term services (LTSS) as a covered set of benefits financed for all enrollees. • Minnesota's experience in trying to include LTSS and the substantial costs associated with its inclusion in their proposal. • Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. • Members approved project charters for three of the TAGs. • Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. • Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. • Health equity must be addressed by each TAG.		
 costs associated with its inclusion in their proposal. Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		term services (LTSS) as a covered set of benefits financed for all
 Role of the Consumer Advisory Committee (CAC) and the process for TAGs to solicit feedback from the CAC. Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		
 Members approved project charters for three of the TAGs. Agreed upon the roles for staff, leads, and members serving on the TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		Role of the Consumer Advisory Committee (CAC) and the process for
Actions Items (e.g., data requests, next meeting agenda) TAGs. Members clarified TAG leads are to be consulted on developing meeting agendas. Important for staff and TAG leads to collaborate. Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG.		Members approved project charters for three of the TAGs.
 Request information on the types of federal waivers currently available to states, including a list of feasibility considerations. Health equity must be addressed by each TAG. 		TAGs. Members clarified TAG leads are to be consulted on developing
meeting agenda) to states, including a list of feasibility considerations.Health equity must be addressed by each TAG.		· ·
· ·		to states, including a list of feasibility considerations.
• Nevise the CAC and TAG workhow diagram.		 Health equity must be addressed by each TAG. Revise the CAC and TAG workflow diagram.



	Request for staff to provide the task force with ideas soliciting input from broader set of constituencies – health care stakeholders, consumer groups, political groups – sooner rather than later.
Follow-up Questions	Understand the different types of federal waivers; identify potential which waivers will be necessary to support a state-based universal health plan.
Revisit Later (Parking Lot)	 Including long-term care services and supports (LTSS), or not. When revisited, be clear on which services and benefits, the level of funding and financing potentially associated if LTSS is incorporated in the final plan proposal. If yes, when and how to include LTSS in the work of the task force. Expanding the types of services to include social determinants of health.
Task Force Guidance to TAGs and/or CAC	 TAGs should be proactive with sending questions directly to the CAC for feedback. For each TAG meeting, a standing agenda item to allow TAGs to develop questions for the CAC.
Meeting Materials	 Consumer Advisory Committee - CAC Charter DRAFT Nov 2020 Consumer Advisory Committee - CAC Meeting Agenda Nov. 16 2020 Consumer Advisory Committee - Glendora Claybrooks (testimony) Task Force Discussion - Oct. 14 SB 770 TF Meeting Summary Task Force Discussion - staff (presentation) Technical Advisory Groups - Eligibility Benefits Affordability DRAFT Project Charter 11-12-20 Technical Advisory Groups - Eligibility TAG Meeting Summary Nov 5, 2020 Technical Advisory Groups - Finance & Revenue DRAFT Project Charter 11-12-20 Technical Advisory Groups - Finance & Revenue Meeting Summary Nov. 4, 2020 Technical Advisory Groups - Provider Reimbursement DRAFT Project Charter 11-9-20 Technical Advisory Groups - Provider Reimbursement TAG Meeting Summary Nov 6, 2020 Public Comment - Laura Keller (testimony) Public Comment - Marisabel Gouverneur (testimony) Public Comment - Max Jones (testimony) Public Comment - Stuart Watson (testimony) Public Comment - Tom Sincic (testimony)