

This Document can be made available
in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 159

January 16, 2007

Authored by Kahn; Huntley; Tschumper; Murphy, E.; Hansen and others

The bill was read for the first time and referred to the Committee on Health and Human Services

A bill for an act

relating to health; establishing a working group to design a universal health care system; directing the commissioner of health to present a plan for universal coverage to the legislature; proposing an amendment to the Minnesota Constitution, article XIII, by adding a section, affirming that every Minnesota resident has the right to a basic set of essential, effective health care services; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. ASSUMPTIONS.

For the purposes of this act, the legislature makes the following assumptions:

(a) The objective of our health care system is health, not just the financing and delivery of health care services.

(b) We cannot achieve the objective of "health" unless all individuals have timely access to a basic set of effective health care services.

(c) Public resources are finite and therefore the public resources available for health care are also finite.

(d) Finite resources require that explicit priorities be set through an open process with public input to determine what will and will not be financed with public resources.

(e) Those with more disposable income will always be able to purchase more health care than those who depend solely on public resources.

Sec. 2. [144.7055] UNIVERSAL HEALTH CARE SYSTEM.

Subdivision 1. **Commissioner's working group.** (a) The commissioner of health shall establish a working group to design a universal health care system for Minnesota. The commissioner, after considering the recommendations of the working group, shall

2.1 submit to the legislature, by January 15, 2010, proposed legislation to establish a universal
2.2 health care system for Minnesota to take effect January 1, 2012.

2.3 (b) The working group shall include: health care providers; consumers, including
2.4 representatives of persons with disabilities; employers, counties, and other payors; health
2.5 policy and health care quality researchers; representatives of health plan companies; and
2.6 representatives of relevant state agencies including, but not limited to, the Departments
2.7 of Health, Human Services, and Commerce. The process of developing the universal
2.8 health care system must formally include the participation of all stakeholders, including
2.9 public input and engagement.

2.10 (c) The working group shall receive staff and administrative support from the
2.11 Department of Health and other state agencies represented on the working group.

2.12 (d) The working group is governed by section 15.059, subdivision 6, except that
2.13 members receive compensation only for expenses. The working group expires January
2.14 15, 2010.

2.15 Subd. 2. **Principles for universal health care system.** In designing a universal
2.16 health care system, the working group and the commissioner shall consider the following
2.17 principles:

2.18 (1) all individuals shall be eligible for and have timely access to at least the same set
2.19 of essential, effective health care services;

2.20 (2) financing of the health care system must be equitable, broadly based, and
2.21 affordable to all individuals;

2.22 (3) if the provision of universal coverage is to be phased in, the first stage of the
2.23 phase-in must extend health coverage to all children;

2.24 (4) the individual, the health care system, and the community shall share
2.25 responsibility for optimizing health, and health promotion and disease prevention efforts
2.26 must be emphasized and strengthened;

2.27 (5) the system must provide information, resources, and incentives for individuals to
2.28 actively participate in activities to keep themselves well and take part in decision making
2.29 about their health;

2.30 (6) the relationship between specific health care services and desired health
2.31 outcomes must be backed by unbiased, objective medical evidence;

2.32 (7) the criteria for and evidence used to support decision making must be clearly
2.33 defined and accessible to the public;

2.34 (8) health care expenditures must be managed to ensure sustainability over the
2.35 long term, using efficient planning, budgeting, and coordination of resources, and must

3.1 be based on public values and a recognition of the importance of public expenditures in
3.2 ensuring affordable access to care;

3.3 (9) financial incentives must be aligned to support and invest in activities that are
3.4 consistent with the principles stated in this subdivision; and

3.5 (10) the delivery of care and distribution of resources must be organized to take
3.6 place at the community level, unless outcomes or accountability can be improved at
3.7 regional or statewide levels.

3.8 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.9 **Sec. 3. CONSTITUTIONAL AMENDMENT PROPOSED.**

3.10 An amendment to the Minnesota Constitution is proposed to the people. If the
3.11 amendment is adopted, a section will be added to article XIII, to read:

3.12 Sec. 13. Every Minnesota resident has the right to a basic set of essential, effective
3.13 health care services. It is the responsibility of the governor and the legislature to implement
3.14 all legislation necessary to ensure timely and affordable access to these services.

3.15 **Sec. 4. SUBMISSION TO VOTERS.**

3.16 The proposed amendment shall be submitted to the people at the 2008 general
3.17 election. The question submitted must be:

3.18 "Shall the Minnesota Constitution be amended to state that, effective January 1, 2012,
3.19 every resident of Minnesota has the right to a basic set of essential, effective health care
3.20 services and that it is the responsibility of the governor and the legislature to implement
3.21 all legislation necessary to ensure timely and affordable access to these services?

3.22 Yes

3.23 No"