

Bill Name	MN Health Act	MN Health Security Act
Bill Numbers	SF 118 / HF 135	SF 9 / HF 174
Chief Authors	Sen: Marty , House: Bly	Sen: Lourey ; House: Thissen
Scope	Comprehensive health care coverage for all Minnesota residents -	Comprehensive health care coverage for all MN children ; establishing framework for adult coverage in phase two
Campaign Name	Campaign for the Minnesota Health Plan mnhealthplan.org	Make Health Happen Campaign makehealthhappen.org
Intent/Purpose	To provide comprehensive, affordable, quality, medically necessary health care services for all MN residents; and to control costs	To provide comprehensive, affordable, quality, health care for all children; study on how to provide coverage for all MN adults
Big Picture	Creates the Minnesota Health Plan (MHP), an administratively simple, publicly accountable, comprehensive health plan for all Minnesotans.	Creates a comprehensive publicly funded plan for children that may exist alongside current private plans.
Eligibility	All Minnesota residents - children and adults	All Minnesota children, age 20 and under
Residency Defined	Residency will be defined by Commissioner. People who live in MN are residents, excludes people who move to MN to obtain treatment	As Federal Statute defines residency for Medicaid (person, present in state with intent to reside. Excludes children who move to MN primarily to obtain medical treatment)
Application/Enrollment	Streamlined application process, application to be no more than 2 pages. No need to re-enroll.	Easily accessible applications. Need to renew coverage every 12 months. Enrollment is voluntary
Covered Benefits	All medically necessary services, including: in patient, out patient, preventive medicine, dental care, mental health care, durable medical equipment, glasses, hearing aids, home health, long term care, prescription medication	All services currently mandated by Medicaid. Same benefits as the MHP.
Role of Private Insurers/ HMOs	No role in the delivery of health care. Private insurance that duplicates the MHP prohibited from being sold in MN from the day MHP enacted.	The Commissioner may elect to contract with HMOs, as well as with county-based purchasing plans, and/or directly with providers.
Choice of Providers/ Networks	All licensed health care providers are included in the plan (one network). People can choose any provider, including specialists.	If private insurance maintained, it is primary and enrollee uses network of providers as defined by the private plan. If enrollee has the MHP as sole coverage, networks will be determined by the Commissioner.
Assuring Quality/ Improving outcomes	All patients will have a primary care provider who shall coordinate care. All licensed providers are in "the network"	Providers in the plan must provide care coordination for all enrollees under their care.
	Budgets for primary community prevention programs	Plan institutes grievance procedures
	Health Board responsible for public health measures, early intervention programs and improving health care delivery	Requires providers/ contracting entities (insurers, HMOs, clinics) to provide data on enrollee satisfaction, quality of care, cost and utilization. Contracting entities must have quality improvement plans
	Provides for continuing education and training for providers	Commissioner designates an ombudsman.
	Bill has ethics and conflict of interest clauses	
	Provides funding for medical research	

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	Input at regional level to address regional health needs	
	Creates office of health quality and planning; ombudsman for patient advocacy and grievance system	
	Computerized referral registry	
Cost Controlling Measures	Single plan and single benefit package reduces administrative overhead for hospitals and clinics.	The commissioner, in consult with health care actuary, established payment rate for services. The commissioner will develop a risk adjustment system ex: increased payment for sicker enrollees).
	Prescription drugs that are directly marketed (advertized) to consumers will not be included in the plan.	Care coordination
	Negotiated provider fees	Commissioner shall evaluate cost and quality as a condition of contract
	Eliminating excess capacity (high technology hospital beds, specialty services)	
	Salary caps on commissioners	
	Electronic claims and payments system (simplified by one single payer)	
	Global budgeting to hospitals and other institutional providers (overnight care)	
Affordability	Individual premiums to be based on ability to pay, with a maximum cap.	Guarantee that family share of premium and cost-sharing (for adult coverage) in total does not exceed 5% of family income
Cost-Sharing of Enrollees	No co-pays or deductibles.	No premiums, deductibles or co-pays for coverage of children .
Provider Payments	Individual providers paid fee-for-service at rates negotiated between providers and the MN Health Board.	Unclear if individual providers paid fee-for-service, and/or by capitation. Rates are determined by the Commissioner and a health
Implementation and Oversight	The 15 member MN Health Board administers the Plan. The Board includes regional representatives (selected by county commissioners), health care providers, and consumer representatives.	The Commissioner of the Department of Human Services administers the MHSA.
Source of Revenue	Government, business and individual contributions. Will seek waivers to deposit federal funds (Medicare, Medicaid) into the Minnesota Health Fund. The MN Health Fund is separate from the general revenue fund.	Start-up money requested from general fund. Ongoing payments into the Minnesota Health Security Fund not described. The MN Health Security Fund is a special revenue fund in the state treasury.