Task forces to examine health care financing, opioids, more

Several task forces and studies dealing with improving health care in the state were formed during this year’s legislative session.

Leading the way is the 29-member Task Force on Health Care Financing, which will advise the governor and Legislature on strategies to increase access to and improve the quality of health care in Minnesota. The task force will look at options for sustainable financing, coverage, purchasing and delivery of insurance purchased through MNsure, and offered through the Medical Assistance and MinnesotaCare programs.

Members will include legislators, commissioners and representatives from consumer groups. Although the charter does not call for including a physician on the task force, the MMA is working to get at least one of its members a seat. Ultimately, this group will make recommendations on future funding of health care programming including the state’s tax on health care providers, which is scheduled for repeal on December 31, 2019. This task force’s report is due January 15, 2016.

Prescription opioids

In addition to the financing task force, legislation calls for an opioid prescribing work group. The 14-member group will include one physician with a DEA license, as well as other prescribers, consumers, chemical dependency professionals, medical examiners and law enforcement representatives.

This group will develop criteria for opioid prescribing protocol; sentinel measures; educational resources for prescribers; and general parameters that define community standards for opioid prescribing.

The law also requires the Department of Human Services to report to the Legislature by September 15, 2016, and annually thereafter, on the implementation of the opioid prescribing improvement program in the Minnesota health care programs (Medical Assistance, MinnesotaCare). The report must include data on the utilization of opioids within these programs.
**International immigrant medical graduates**

New legislation calls for the health commissioner to submit an annual report on progress toward integrating international medical graduates into Minnesota’s health care delivery system.

The report will be made to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education. It must include recommendations on actions needed for continued progress in finding a place for these medical graduates within the health care system. The report is to be submitted by January 15 each year, beginning in 2016.

**Pilot program for high-risk pregnant women**

This program establishes integrated care for high-risk pregnant women. The intent is to improve birth outcomes and strengthen resilience for pregnant women enrolled in Medical Assistance. The program must promote the use of coordinated care and provide enhanced services to these women including better early identification of drug and alcohol abuse during pregnancy. It should also increase access to social services, continuity of care and more effective patient education about prenatal and postnatal care. A report is due to the Legislature by January 31, 2019.

**Legislative task force on child protection**

The formation of this group came out of the *Minneapolis Star Tribune* series in the fall of 2014 that painted a negative picture of the child protection system in Minnesota. The task force is charged with oversight of and monitoring changes to the child protection system recommended by the Governor’s Task Force on Child Protection. The reforms are intended to “ensure every child is protected from maltreatment and neglect and to ensure every child has the opportunity for healthy development.” The task force will report to the governor and Legislature by February 1, 2016.

**Health disparities payment enhancement study**

The Department of Human Services is tasked with developing a methodology to pay a higher rate to health care providers who take into consideration the higher cost, complexity and resources needed to serve patients and populations who experience the greatest health disparities. The goal is to achieve the same health and quality outcomes in these populations as in other patient populations. A report is due to the Legislature by February 1, 2016.