MEMBERS PRESENT:

David Anderson, Roseau County
Steve Bommersbach, Norman County
Sharon Bring, Marshall County
Kip Bruender, Blue Earth County
Gerald Brustuen, Renville County
Barbara Burandt, Sherburne County
Toni Carter, Ramsey County
Robert Demuth, Nobles County
Jeanne Ennen, Stevens County
Steven Flohrs, Martin County
Jim Haney, Clay County
Brian Harguth, Waseca County
Gary Hendrickx, Swift County
Linda Higgins, Hennepin County
Catherine Hohenstein, Jackson County
Norman Holmen, Cottonwood County
Troy Johnson, Grant County
Sheila Kiscaden, Olmsted County
Larry Kittelson, Pope County
Marie Kovecsi, Winona County
Greg Krueger, Steele County
Joan Lee, Polk County
David Lieser, Chippewa County
Jack Miller, Houston County
Owen Miller, Douglas County
Sheldon Monson, Wadena County
Todd Patzer, Lac qui Parle County
Rodney Peterson, Dodge County
Ron Shimanski, McLeod County
Rhonda Sivarajah, Anoka County
Sherri Thompson, Rock County
Barbara Weckman Brekke, Scott County

GUESTS:

Commissioner Jan Malcolm, MN Department of Health
Roberta Downing, Center on Budget & Policy Priorities
Nina Arneson, Goodhue County
Liz Auh, Countryside Public Health
Patrick Bruflat, Chippewa County
Ben DeNucci, Itasca County
Jane Hardwick, Minnesota Prairie County Alliance
Tom Henderson, Brown County
Rae Ann Keeler-Aus, Yellow Medicine County
Catie Lee, Swift County
Bob Meyer, Blue Earth County
John B. Mikrot Jr., Pine County
Karen Moritz, Brown County
Susan Morris, Isanti County
Kevin Olson, Fillmore County
Eric Ratzmann, MACSSA
Liberty Slieter, Stevens County
Ann Stehn, Kandiyohi County
Ginny Storlie, Cook County
Bob Van Hee, Redwood County
I. **Call to Order**
Chair Linda Higgins called the meeting to order at 9:34 a.m. The assembled members recited the Pledge of Allegiance. Chair Higgins introduced AMC’s new Health & Human Services Policy Analyst, Emily Babcock.

A motion was made and seconded to approve the minutes of the December Health & Human Services Policy Committee meeting. The motion carried.

II. **Recap of AMC Day at the Capitol**
Several members made comments about the new format for AMC’s Policy Conference, which included a “Day on the Hill” event where conference attendees were provided transportation to scheduled meetings with their respective legislators. All who commented about the new format gave favorable remarks, which it was noted that, among others, specific issues that were discussed with legislators included funding for critical access hospitals, crisis beds, the role of counties in administering social services, and engagement from leadership on both sides concerning ways to improve the current statewide system.

III. **Legislative Discussion/Member Engagement**
AMC Executive Director Julie Ring and Health & Human Services Policy Analyst Emily Babcock facilitated two conversations, each focusing on a separate issue:

**HF 2725** -- a bill that has been introduced in the Minnesota House, which would direct counties to create, implement, and operate a county-based eligibility system for medical assistance and MinnesotaCare. Members noted that they appreciated the language that allows for counties to take a lead role in the design of the system, which could provide an opportunity to simplify the system and streamline it for both consumers and those using it at the county level. Concerns about the language included the added complexity to a system that is already complex, the ability for this proposed change to be integrated into existing programs, federal requirements that mandate one system,

**Medicaid Work Requirements** -- which has not been formally introduced as legislation but has been discussed by some legislators and in other states. Several members noted that it would be difficult to have a conversation only about Medicaid work requirements without also taking into consideration other relevant issues (including education, job training, or other workforce development). Possible opportunities noted were creating incentives for employers to engage in such a system, the success of drug courts that could be used as a model for implementation, and potential for more federal money coming to Minnesota if it creates a beneficial cost-shift for our state. Concerns included: adding another layer of complexity to an already overburdened system, the additional casework and IT work that would be put onto counties to implement, a lack of data to assess the financial impacts of such a change, and concerns as to who might then be paying for someone’s care who is uninsured.
IV. **Federal Health & Human Services Update**
Roberta Downing of The Center on Budget & Policy Priorities gave an update on federal issues pertaining to Health & Human Services. Topics discussed included the continuing resolution funding the federal government through March 23 (and allowing for future budgeting preparation), other appropriations, offsets (child support fees increase, Medicaid and CHIP Third Party liability), and President Trump’s FY19 budget. Entitlements reform, including changes to assistance programs currently serving immigrant populations, as well as the Farm Bill, will all likely be taken up by at least one branch of Congress in the near future.

V. **Update from the Minnesota Department of Health (Commissioner Jan Malcolm)**
Commissioner Jan Malcolm of the Department of Health (MDH), who has been back in her current role for only about a month, introduced herself and gave a brief overview of the agency and the work they do across the state in conjunction with local partners, and discussed the benefits of collaborating and pooling resources and expertise in order to create operational and systems changes that create a better, more stable system.

Commissioner Malcolm noted that a great deal of their work presently is focused on answering the question “What is driving the steadily increasing costs of the system?” Relatedly, MDH would like to dive into the merits of easier reporting, whether the increasing variety of places where people can receive care is related to rising costs, strengthening consumer rights, and identifying which regulatory requirements need to be updated. One committee member asked about policies being put in place to recognize the impact of Adverse Childhood Experiences (ACEs), and the Commissioner noted that while legislative proposals related to ACEs are not being seen a great deal, the administration has made it a priority to incorporate ACEs into the work that they have been doing across the state in various departments. The Commissioner noted that prevention strategies and other related programs are vital in providing better social services and lowering costs, which encompasses clinical programs, educational programs, economic and workforce development, public health, and social services.

VI. **Adjourn**
The committee adjourned the meeting at 11:39 a.m.