Minnesota State Senate **Health Care Access Commission** Structure of the 2007 Health Care Access Commission Overview of Presentation *Timeline *Staffing **★Work Groups** *Pros and Cons *Why it worked Timeline for Health Care Access Commission * April 2007: Legislation requires Health Care Access Commission to make recommendations to the legislature on how to achieve the goal of universal health coverage by January 15, 2008 * May 2007: Initial Stages Leadership appoints members Unofficial co-chairs meet to discuss goals and direction of commission - Possible working groups suggested - Working group membership and leadership discussed - Timeline for Commission developed

Timeline - Continued * June, 2007: First meeting - Commission co-chairs officially elected - Working groups established - Working group goals set - Working group co-chairs elected - Timeline adopted for commission * June-October: 1-2 meetings per month - Work Group members appointed - Presentations by interest groups - Work Groups determine time line and continue reporting to commission **Timeline- Continued** * November-Work Groups Finalize - Work groups present recommendations - Ideas sent to department for fiscal noting * December- Recommendations Adopted - Recommendations are voted on by Commission - Report begins to be drafted * January: - Report presented to Commission for review and comment - Public hearing held on final report - Legislation begins to be drafted for 2008 session Staffing * To save costs, an Executive Director was not hired * Committee Administrators and Legislative Assistants: - Acted as lead organizers for commission - Scheduled meetings, rooms and speakers - Notified Commission members and public Prepared meeting materials

- Tracked work groups to ensure they were operating

 Maintained contact information/mailings for Commission and work group members

Staffing-Continued

- * Legislative Assistants to Work Group Chairs
 - Lead organizer for their Senator's Work Group
 - Administratively functioned as a mini-commission
- * Senate/House Counsel:
 - Assignments made to each work group
 - Researched ideas from work groups
 - Wrote recommendations
 - Wrote final report
- * Legislative Advisory Council:
 - Posted all meeting materials, tapes and minutes publicly on LAC Website

Work Groups

- * HCAC Co-Chairs Responsibilities
 - Appoint co-chairs of work groups
 - Appoint members of work groups
 - Outline scope for each work group
- * Work Group Co-Chairs
 - Create timeline and meeting schedule
 - Administrative duties
 - Operated independently
 - Submit final recommendations by final date

Work Group Make Up

- Membership between 13-22 members, depending on goal of work group. (Membership of less than 15 was ideal)
- * No limit on number of legislators on each work group
- * Work groups were generally broken down by:
 - 30% Legislators
 - 30% Business Community
 - 30% Advocates/Non Profits
- * Also tried to keep in mind other key partners
 - 1-2 union representatives per work group
 - 1-2 representatives of other government groups per work group (Counties, State Council's, etc)

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Pros & Cons * Pros: - Uses existing resources and staff, thus saving money - Engaged the community from the beginning of the - Work group members continued to advocate for the legislation after session began - Strengthened relationship between Senate and House legislators and staff - Entire healthcare community felt they had some voice in the process Pros & Cons * Cons: - HCAC working group size was not capped initially, resulting in large groups - For some groups, the independence of the work groups was a disadvantage - Some initial staff resistance to working long "session hours' during summer Difficult to schedule meetings during interim for members from Greater Minnesota Why it worked... * Similar vision and goals of co-chairs * Work groups had a lot of anonymity * A lot of involvement by stakeholders and legislators * Staff willingness to work extra hours * Assignment of lead and backup staff * Set a strict timeline and kept it