

Provider and Payer Advisory Task Force

The appointed members will review and discuss this preliminary charter.

Overview

During the 2023 Minnesota Legislative Session, the legislature directed the commissioner of health to establish a Center for Health Care Affordability (“the Center”) at the Minnesota Department of Health (MDH) ([Laws of Minnesota 2023, Chapter 70, Article 16; https://www.revisor.mn.gov/laws/2023/0/70/](#)). The Center’s purpose is to conduct targeted analysis of the drivers of health care spending, engage with the public, and convene advisory bodies, all in an effort to identify and advance strategies that improve health care affordability.

The Center is convening two advisory task forces that will work in complementary roles to recommend strategies to reduce cost growth and improve health care affordability:

- The **Health Care Affordability Advisory Task Force**, made up of consumer advocates, employers, health care purchasers, and health policy experts, will develop policy recommendations and affordability initiatives grounded in the experiences and needs of those accessing and paying for health care.
- The Center’s **Provider and Payer Advisory Task Force** will play a crucial role in shaping and informing those strategies by offering insights into delivery system dynamics, operational realities, and potential impacts, as well as elevating promising innovations that promote value and efficiency.

As part of their work, members of the **Provider and Payer Advisory Task Force** will share perspectives on cost trend analyses, offer insights on the feasibility and impacts of draft affordability strategies, identify barriers and enablers for implementation, and highlight innovations that could support affordability goals.

Provider and Payer Advisory Task Force Objectives

- **Offer technical insights on cost growth trends.** Review and understand cost growth trends reported by MDH and provide input to the Center on the systemic factors driving spending growth.
- **Share expertise on market dynamics.** Provide practical insights and context on how prices, utilization, and other market trends affect health care spending growth.
- **Analyze strategic options.** Review draft strategies to improve affordability, and offer feedback on their feasibility, potential impacts, and key conditions or parameters that support or hinder successful implementation.
- **Advise on how to measure impact.** Provide input on how the Center could measure the impact of potential cost growth reduction strategies over time.

- **Highlight innovations that support affordability.** Share examples of care delivery, insurance, and payment models that improve care value, reduce waste, and lower costs for patients and purchasers.

The Center for Health Care Affordability may charge the Provider and Payer Advisory Task Force with other related responsibilities over time.

Expectations for Meetings and Members

Task Force Member Commitments

- **Engage actively:** Attend and participate in quarterly meetings and any workgroups as needed. Notify the Center's staff if unable to attend, and review missed materials.
- **Collaborate in good faith:** Participate constructively and respectfully. Listen to different perspectives, consider trade-offs, and work towards solutions, consensus or shared understanding where possible.
- **Contribute expertise and perspective:** Represent the views of their community, sector, or organization and consult with those constituencies between meetings.
- **Commit to the public's interest:** Consider statewide affordability goals beyond individual or organizational interests.
- **Support the Center's policy development:** Review cost and policy research and help shape affordability recommendations. Recognize that final decisions about policy recommendations and affordability strategies rest with the Center and/or MDH.
- **Uphold professional conduct:** Communicate respectfully in meetings and written communication. Avoid misrepresenting others' views.

MDH's Commitments

- **Support Task Force Members:** Compile timely, concise, and meaningful data and research, and share materials in advance of all meetings.
- **Center consumers and purchasers:** Ensure that the voice of those who pay for care – patients, consumers, and purchasers – play an influential role in health policy related to affordability.
- **Offer bold leadership:** Challenge existing health care paradigms to promote affordability and value.
- **Foster collaboration:** Coordinate between the Provider and Payer Advisory Task Force and the Health Care Affordability Advisory Task Force to ensure recommendations are vetted for feasibility and impact while addressing the needs of patients and purchasers.

Terms and Level of Effort

- Meetings will be convened **at least quarterly**, each running approximately **two hours** in length. Longer and/or more frequent meetings may be required in specific circumstances (e.g., finalizing a report or policy review).

- Some meetings will be conducted **in person with a hybrid option** and some meetings will be held in a **virtual only** mode. Members are encouraged to attend in person if possible when meetings involve a hybrid option.
- Members may be asked to join **optional virtual/hybrid working group meetings** in between the task force meetings. The length and cadence of these meetings will be decided in partnership with members and MDH but are expected to last 60 to 90 minutes.
- Members should plan to dedicate **two to four hours per month** to activities such as reviewing pre-reading materials, providing feedback, or participating in one-on-one meetings with the Center's staff.
- **Term Lengths:** Members are expected to serve two-year terms.
- **Removal:** Members may be removed at the discretion of the Center for failure to fulfill responsibilities as outlined in this charter.
- **Role Changes:** Members of the Task Force who no longer provide the perspective of the organization or role for which they were selected will be expected to step down from the Task Force. They may continue to serve on the Task Force, however, at the Center's discretion.
- **Recruitment:** Members are appointed by the Center through an open recruitment process.
- **Annual Membership Review:** At the end of each calendar year, the Center will conduct a membership review to:
 - Offer members an opportunity to **opt out** if capacity or interests change
 - Assess whether the group continues to reflect a **balanced range of perspectives**
 - Address consistent participation issues

Role of Co-Chairs

- MDH will select two Co-Chairs.
- Chairs will work with the Center's staff to develop meeting agendas, support meeting facilitation, and otherwise ensure a productive meeting.
- Chairs will encourage full participation of Task Force members and assist in building consensus if possible.

Meeting Operations

- The Task Force shall meet at times and places proposed by MDH staff and in agreement with Co-Chairs or by a majority of members.
- Task Force meetings are open to the public and will be conducted under the provisions of Minnesota Public Meetings Law (<https://mn.gov/admin/data-practices/meetings>).
- All meetings of the Task Force shall be recorded and written summaries prepared. The records shall be posted to the Task Force's website.
- Task Force records, including presentations, documents, discussion drafts, and meeting summaries, are public records.

Membership

The Task Force will include up to 15 members appointed by the Commissioner of Health that include representatives of:

- Large and small health systems and hospitals
- Rural clinics, health systems and/or hospitals
- Safety net providers (e.g., FQHCs, other community clinics)
- Frontline clinicians (e.g., behavioral health, oral health, pediatrics, primary care, pharmacists, medical or surgical specialists)
- Insurers operating in Minnesota's large group, small group and/or individual market(s), and/or participating in Minnesota Health Care Programs such as Medical Assistance or MinnesotaCare
- Provider and health plan associations
- Pharmacy Benefit Managers (PBMs) and pharmaceutical manufacturers

All appointed members must have knowledge and demonstrated expertise (current or past) in one or more of the following areas: delivering or financing health care, designing or administering health insurance, drug pricing and supply chains, public or population health, health policy or health care markets, or addressing health disparities and structural inequities.

To the greatest extent possible, Committee members shall represent the geographic, ethnic, gender, racial, and economic diversity of Minnesota.

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