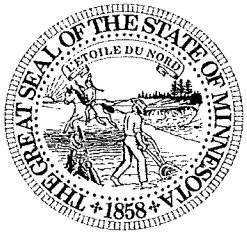
STATE OF MINNESOTA
EXECUTIVE DEPARTMENT



MARK DAYTON
GOVERNOR

Executive Order 11-30

Establishing a Vision for Health Care Reform in Minnesota

I, Mark Dayton, Governor of the State of Minnesota, by virtue of the authority vested in me by the Constitution and applicable statutes, do hereby issue this Executive Order:

Whereas, Minnesota's future economic and fiscal success requires a healthy population, high quality health care at lower cost, and greater efficiency in health care delivery; and

Whereas, Minnesota families and small businesses are faced with increasing and unsustainable health care costs; and

Whereas, Minnesota is a national leader in health care innovation; and

Whereas, Minnesota's goals for health care reform are to increase access to health insurance coverage, invest in public health, incentivize disease prevention and health care quality, and hold insurance companies accountable for our health care dollars.

Now, Therefore, in order to achieve better health care in Minnesota at lower cost, I hereby order that:

1. The Health Care Reform Task Force ("Task Force") created by Minnesota Laws 2010, 1st Special Session, article 22, section 4 shall advise the Governor and the Legislature on health care reform consistent with enacted law and the following vision:

    a. Better health care: Expand health coverage and provide a better consumer experience through effective and positive community engagement on issues related to health care, public health and insurance;
    b. Lower costs: Reduce unsustainable growth in per capita health costs while improving health care quality and efficiency; and
    c. Healthier communities: Improve the health of all Minnesotans and decrease health disparities.

2. The following are newly appointed members of the Task Force pursuant to the requirements of Minnesota Laws 2010, 1st Special Session, article 22, section 4:

    a. The Chair shall be the Commissioner of Human Services;

    b. The Commissioners of Human Services and Commerce, as representatives of the Governor and state agencies;

    c. The Commissioner of Health, based on his demonstrated expertise in the area of health care financing, access and quality;

    d. Three people who have demonstrated leadership in health care organizations, health plan companies, or health care trade or professional associations;

    e. Three people who have demonstrated leadership in employer and group purchaser activities related to health system improvement of whom two must be from a labor organization and one from the business community;

    f. Four people who have demonstrated expertise in the areas of health care financing, access, and quality;

    g. Two legislators from the house of representatives appointed by the speaker and two legislators from the senate appointed by the Subcommittee on Committees of the Committee on Rules and Administration; and

    h. All task force activities shall be organized and facilitated by an existing assistant commissioner, with costs shared by the Departments of Human Services, Health and Commerce.

3. The Task Force shall provide leadership and advice on the implementation of health care reforms including:

    a. Redesign of health care delivery, payment, and data systems to improve health and control costs, including integration with long-term care, behavioral health, public health and social services; and

    b. Reform of Minnesota's health care financing mechanisms to improve health care affordability and achieve equitable sharing of costs among all payers; and

    c. Development and oversight of work groups and task forces established by individual Commissioners on issues such as the health insurance exchange, public health, workforce needs, delivery systems, and payment reform; and

    d. Opportunities for consumer and community engagement in health reform efforts, including creation and maintenance of a public website and speaker's bureau to engage in a dialogue with Minnesotans about health reform.

4. The Commissioner of Commerce, in consultation with the Task Force, shall:

    a. Design and develop a Minnesota health insurance exchange to ensure access to affordable, high-quality health coverage that maximizes consumer choice and minimizes adverse selection; and

    b. Develop legislative recommendations to improve the private health insurance market in conjunction with changes to state and federal law.

5. The Commissioner of Human Services, in consultation with the Task Force, shall:

    a. Work to improve the quality, operations, and access to Minnesota's public health insurance programs through purchasing and delivery system redesign initiatives; and

    b. Develop legislative recommendations for additional affordable health coverage options and changes to improve state long-term care, mental health and chemical dependency policies and programs.

6. The Commissioner of Health, in consultation with the Task Force, shall:

    a. Work to reduce the use and cost of the health care system through prevention and health promotion initiatives and ensure appropriate use of health care cost and quality data by consumers and purchasers; and

    b. Develop legislative recommendations for changes in state law to ensure that Minnesota's health workforce is sufficient and properly trained to serve and improve the health of all Minnesotans.

Under Minnesota Statutes 2011 § 4.035, subdivision 2, this Executive Order is effective 15 days after publication in the State Register and filing with the Secretary of State and shall remain in effect until rescinded by proper authority or it expires in accordance with Minnesota Statutes 2011 § 4.035, subdivision 3.

In Testimony Whereof, I have set my hand on October 31, 2011.

Mark Dayton
Governor

Filed According to Law:

Mark Ritchie
Secretary of State