

# Health Care Affordability Advisory Task Force Charter

*The appointed members will review and update this draft 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/) <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 **Health Care Affordability Advisory Task Force** will provide input on the Center’s reports on health care affordability and support the Center’s efforts to convene at least annual public meetings for Minnesotans to discuss health care affordability challenges and solutions.

## Health Care Affordability Advisory Task Force Objectives

- **Analyze spending trends:** Review and understand cost growth trends reported by MDH to advise the Center and to inform the Minnesota legislature and the public on the impact of rising health care costs.
- **Explore cost drivers:** Advise MDH on additional data or analyses needed to understand cost growth drivers and identify potential strategies for slowing cost growth.
- **Evaluate strategic options:** Advise MDH on potential affordability strategies to pursue, providing guidance on benefits and trade-offs.
- **Recommend actionable solutions:** Develop and recommend evidence-based strategies to slow cost growth and improve affordability, ensuring that access, quality, and equity are not compromised.

- **Support public engagement and transparency:** Support the Center's public reporting and engagement efforts, including the Center's annual reporting and at least one public hearing per year.
- **Advise the Center on evaluating impact.** Provide input on how the Center could measure the impact of potential cost growth reduction strategies over time.

The Center for Health Care Affordability may charge the Health Care Affordability 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 informed by operational realities 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., as the Task Force is beginning its work or is 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 **up to five 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

### Members

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

- Employers and business groups and employer associations
- Consumer and patient advocates
- Other purchasers and people negotiating the purchase of health care (e.g., union representatives and others)
- Health policy experts, including people with expertise in health economics, health care financing, rural health care financing, and hospital financing

All appointed members must have knowledge and demonstrated expertise in one or more of the following areas: health care finance, health economics, health care management or administration at a senior level, health care consumer advocacy based on professional or personal experience, purchasing health care insurance as a health benefits administrator, health plan company administration, public or population health, and addressing health disparities and structural inequities.

No member may be a current employee of a health care provider or payer/insurer organization. Former employees of providers or payers are eligible if they are not currently employed in those roles and can bring independent expertise.

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

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