Task Force Members

Alphabetical by last name

# Michelle Benson

## Senator | MN Senate

### Bio

Michelle R. Benson is a member of the Minnesota Senate, representing Senate District 31, which includes portions of Anoka, Isanti, and Sherburne Counties in the northern Twin Cities. She is a Certified Public Accountant, receiving a Bachelor of Arts degree from St. Catherine’s University and a MBA from the University of St. Thomas. Benson was first elected in 2010, was re-elected in 2012, and is currently serving as an Assistant Minority Leader. As a state senator, Benson serves on the Health, Human Services, and Housing Policy and Finance committees, as well as the Environment & Energy committee, the Legislative Audit Commission, and the MNsure Legislative Oversight Committee. Active in her community, Benson has been a Boy Scout and Cub Scout leader, and a board member, treasurer, secretary and administrator for The Way of the Shepherd Montessori School. She is a member of the North Metro Chamber of Commerce, Minnesota Society of Certified Public Accountants, and the National Federation of Independent Businesses. Additionally, Benson and her husband, Craig, own a small business. They live in Ham Lake with their three children.

#### Priorities

* Address consumer choice in health care. Innovative models of care and options that meet the needs of our changing population and approach to self-care.
* Find the best approach to containing the cost of health care in Minnesota. Health reform created disruption in the market and this is an opportunity to find the best responses from around the country, and then develop a market that is affordable for Minnesotans.
* Evaluate the impact of health financing on the shortage of health care workers in Minnesota, along with the development of medical professionals.
* Address the quality of health care in Minnesota to ensure the appropriate product is provided to our citizens, whether that be from medical professionals themselves or from health insurers or public programs.

# Lynn Blewett

## Director | University of Minnesota State Health Access Data Assistance Center

### Bio

Lynn Blewett is Mayo Professor of Health Policy at the University of Minnesota, School of Public Health’s Division of Health Policy and Management. Her research includes the use of demographic data to examine federal and state policy changes on health insurance coverage, barriers in access to needed care, and the impact of health reform access on health outcomes. She is the Founding Director of the State Health Access Data Assistance Center (SHADAC) where she directs interdisciplinary teams to leverage federal and state data resources to conduct applied policy research. SHADAC also collects primary data through state household surveys, conducts economic and policy impact analysis and provides expert assistance to federal and state policy analysts to understand the impact of health reform on changes in coverage and access. Dr. Blewett also directs the State Health Reform Access Network an RWJF grant program that provides data support and policy analysis to 11 states implementing the Affordable Care Act. She has worked as a legislative assistant for the U.S. Senate in Washington D.C. and served as the Minnesota State Health Economist at the Minnesota Department of Health. She currently serves on the Governing Boards of AcademyHealth and of Portico Healthnet, a Minnesota-based Local Access to Care Program. She was recently guest editor of a 2014 special issue of the Journal of Health Services Research with a focus on state health policy research. Dr. Blewett earned her PhD in Health Services Research, Policy and Administration and an MA in Public Affairs from the University of Minnesota

#### Priorities

* Increasing size of MNsure: Options to increase the size of the MNsure insurance pool: Discussion of option to pool the individual and small group markets and expand small group to 100 employees.
* Public program alignment (Related to #1): Discussion of moving BHP/MNcare to MNsure pool with state wrap around subsidies to reduce premiums, co-pays and deductibles for those between 138-200% FPL.
* Finance options to assure sustainability: The fully insured market used to finance MCHA, the high risk pool...expand this financing concept but include the fully insured and self-insured through:
* Continuation of provider tax,
* PMPM health plan assessment,
* Medicaid cost allocation.
* System infrastructure: How much federal funding is left to fix the IT problems? What is the plan for when this money runs out? How best to move to a more integrated system, including links between state and counties; linkages between MNsure and health plans; to facilitate enrollment, re-enrollment and payment?
* MNsure governance: Should MNsure be moved to a state agency? What are the pros and cons of this? What are other SBMs doing? What are goals for doing this and are there other ways to achieve these goals? Does the MNsure board have the right expertise to oversee this complicated IT and market-based system?

# Dannette Coleman

## Sr. Vice President & General Manager Individual Business | Medica

### Bio

As Senior Vice President and General Manager for Individual Business, Dannette Coleman oversees the growth and development of the Individual market for Medica. She is responsible for all aspects of individual business including product, pricing, claims, sales, enrollment, billing and member experience. Dannette joined Medica in 1992 and has worked in Customer Service, Consumer Affairs, Quality Improvement, Government Programs and Public Policy. She was previously Vice President of Public Policy and Government Relations. Dannette has over 20 years of health care experience and is highly regarded for her knowledge of the health care industry. She earned her Bachelor of Arts degree from the University of Wisconsin – Madison and her Masters of Business Administration degree from the University of St. Thomas. She has also served as the board chair of the TwinWest Chamber of Commerce, is a member of the Minnesota Women’s Economic Roundtable (MWER) and a board member of the Minnesota Council of Health Plans. Dannette served as a member of the Minnesota Exchange Advisory Task Force.

#### Priorities

* The future of MNsure (specific to sustainability, role and function).
* The future of MinnesotaCare (specific to financing).
* Waiver opportunities to move forward MN-specific opportunities and support innovation.
* Issues related to affordability including health care cost drivers.

# Phillip Cryan

## Executive Vice President | SEIU Healthcare Minnesota

### Bio

Phillip Cryan is Executive Vice President of SEIU Healthcare Minnesota, a union representing more than 30,000 hospital, clinic, nursing home, and home care workers across the state. He led the 2012-13 campaign to win home care organizing rights in state law and the largest union election in state history in 2014, and now directs the new home care sector of the union. He is also one of the leaders of Minnesotans for a Fair Economy, a partnership between faith, community and labor organizations to fight economic and racial inequity; and he has served for more than four years as SEIU’s representative on the Board of TakeAction Minnesota. He holds a Masters degree in Public Policy from the Goldman School at the University of California, Berkeley. His Masters thesis on the expected effect on U.S. employment of the ACA’s employer mandate was published as a white paper by the Economic Policy Institute, covered extensively in the press, and cited by members of Congress during committee and floor debate on the ACA. In 2011 and 2012, he served on Minnesota’s Health Insurance Exchange Advisory Task Force and five of its technical working groups. His writing on health care and other policy issues has appeared in the Star Tribune, the Pioneer Press, MinnPost, The Los Angeles Times, and many other publications.

#### Priorities

* Any policy changes with the potential to deliver on the triple aim (population health (including universal coverage), quality care, and reduced costs of care) will require repealing the 2019 sunset of the provider tax and extending the current provider tax in some form.
* Consolidate Medical Assistance and MinnesotaCare into a single public program to create better value and greater public accountability for low-income health care consumers and taxpayers. We should actively explore additional policy options to further achieve these goals.
* Take steps to improve individual-market Qualified Health Plans to eliminate excessive cost-sharing that results in limited coverage, poorer health, and burdensome medical debt.
* Financing proposals should address the state’s severe, systemic racial disparities in health and in health care, which include racial disparities in the health care workforce. All health policy options considered by the Task Force should be evaluated by the extent to which they can contribute to greater health equity.

# Matt Dean

## Representative | MN House of Representatives

### Bio

Matt Dean represents district 38B in the Minnesota House. Serving as the Chairman of the Health and Human Services Finance Committee, Rep Dean is working to improve Minnesotan’s access to quality care, through innovative program reform. Matt lives with his wife and their three children in White Bear Lake.

#### Priorities

* Find immediate relief for Minnesotans struggling with MNsure
* Report on solvency of HCAF
* What would it take to switch MN to federal exchange?
* Study/Report on federal waiver options for Minnesotan

# Elizabeth Doyle

## Associate Director/Policy Director | TakeAction Minnesota

### Bio

Liz Doyle is the Associate Director for TakeAction Minnesota, a statewide social justice organization whose work includes expanding access to affordable health care in Minnesota. Ms. Doyle has organized and advocated for consumers in health reform for the past decade. She has worked on successful communications and advocacy campaigns to fund health coverage for low-income Minnesotans, build public support for the Affordable Care Act, develop the nation’s first Basic Health Program, and create a consumer-centered Minnesota Health Insurance Exchange. In 2013, Ms. Doyle was named “Consumer Health Advocate of the Year” by Families USA, the nation’s leading consumer health advocacy organization. Ms. Doyle holds a BS from the University of Wisconsin, Madison and a Master of Public Policy from University of California, Berkeley.

#### Priorities

* Reaching universal, affordable access to care in Minnesota. MN continues to make major strides forward in expanding access to health care in the state, but significant gaps still remain due to barriers to care including documentation status and the “family glitch.” Providing access to care to every individual living in Minnesota is a realistic and achievable goal that would provide enormous benefit to the state.
* Creating better value and public accountability, particularly for the segment of the health care market that provides coverage for individuals earning between 200% and 400% FPL in MN. Minnesotans invest substantial funds in health care products for individuals earning between 200% and 400% FPL. These investments come in the form of federal taxpayer contributions from Minnesota residents, as well as premiums, co-insurance and copayments for individual products. These investments are currently funding products of variable quality, including high rates of high-deductible plans that place substantial cost pressures on consumers. Reform could include streamlining and expanding public programs to 400% FPL as well as other mechanisms to improve value for Minnesotans enrolled in these products and the taxpayers who support them.
* Ensuring consumer transparency on new and expanding payment and delivery models. Minnesota is at the forefront of new value-based payment models in health care. As these new models are designed and implemented, it is important to understand what these changes mean for individual consumers. This is an opportunity to ensure that the incentives created under new payment models align with achieving healthy outcomes for Minnesotans.
* Racial equity in health. Minnesota suffers from racial inequities in health that are among the worst in the country. All health reform options should be evaluated by the extent to which they contribute to greater equity in health outcomes in the state.t

# **Dr. Edward Ehlinger**

## Commissioner | Department of Health

### Bio

Minnesota Gov. Mark Dayton appointed Edward Ehlinger, MD, MSPH, to serve as Minnesota Commissioner of Health in Jan. 2011. Ehlinger is responsible for directing the work of the Minnesota Department of Health. MDH is the state's lead public health agency, responsible for protecting, maintaining and improving the health of all Minnesotans.

The department has approximately 1,400 employees in the Twin Cities area and seven offices in Greater Minnesota.

Prior to being appointed commissioner, Ehlinger served as director and chief health officer for Boynton Health Service at the University of Minnesota, from 1995 - 2011.

He has also served as an adjunct professor in the Division of Epidemiology and Community Health at the U of M School of Public Health.

From 1980 to 1995, Ehlinger served as director of Personal Health Services for the Minneapolis Health Department.

#### Priorities

* How can we use the process to advance health equity? MDH has done significant research on the topic of health equity and is committed to continuing to develop ways to decrease the equity gap in Minnesota. See our 2014 report 2014 on Advancing Health Equity.
* Is there a way for our public programs to effectively address the social determinants of health? How can we coordinate health care with other public support programs (ie, housing assistance, transportation assistance, employment assistance, etc.)
* What will the loss of the Provider Tax mean for the future? How can we replace the loss of resources that come from the Provider Tax?
* Is there a way to address affordability across the continuum? Having health care coverage is necessary, but is often not enough. For example, an individual may choose a low premium plan with a high deductible because that’s what they can afford on a monthly basis. But then they avoid care for anything short of a catastrophe because they can’t afford the deductible.

# Jeff Hayden

## Deputy Majority Leader | MN Senate

### Bio

Jeff Hayden was elected to the State Senate in 2011, after serving within the State House, where he was elected to the post of Assistant Minority Leader by the DFL caucus. He serves on several committees, including Energy, Utilities and Telecommunications; Health and Human Services; and State Government Innovation and Veterans. In the Legislature, Representative Hayden has advocated for the progressive political change that he has fought for in his community for decades, including economic justice and a single-payer health care system to cover every Minnesotan with affordable, quality care.

Sen. Hayden attended Metro State University and Bethel University, and his past professional experience includes managing Hearth Connection, a non-profit organization in Minneapolis, and the Housing Choice Voucher program of mental health resources. He served as the housing coordinator of the Minnesota Supportive Housing Consortium, aide to Minneapolis City Councilmember Gary Schiff, and Community Outreach Coordinator with Hennepin County Powderhorn Partners.

An active member of his community, Sen. Hayden was coordinator of the 38th Street Business Association, Board Member of the Community Action Agency, Board Chair of the Powderhorn Park Neighborhood Association and Board Member of the Bryant Neighborhood Association. He is on the Board of the Amateur Sports Commission, the Council on Black Minnesotans and the Midwestern Legislative Conference Innovations Selection Committee.

He resides in Bryant neighborhood with his wife, Terri, and their two children, Tomas and Sophia.

# Monica Hurtado

## Health Equity/Racial Justice Organizer | Voices for Racial Justice

### Bio

Mónica Hurtado is a health equity organizer for Voices for Racial Justice. She grew up in Colombia, where she was trained as a family medicine doctor. From 2002-2013, she worked with Aquí Para Ti/Here for You, a Latino Youth Development Program funded by Eliminating Health Disparities Initiative (MDH) She is one of the founders of the Alliance for Racial and Cultural Health equity (ARCHé), leading efforts like the Race Ethnicity and Language Data Workgroup. She is a 2011 graduate of the OAP racial justice apprenticeship class. Mónica brings skills in public health, authentic community engagement, and community organizing to her work at Voices for Racial Justice

#### Priorities

* Explicit Leadership for Equity, which means the Task Force will be intentional in considering the impact that every decision will have on communities of color in Minnesota who are less likely to have health insurance and receive quality care.
* Expand health coverage to the remain uninsured
* Maintain/expand Minnesota Care
* Count what matters. Collection of community-specific data that measure health disparities is key to developing solutions. System-wide collection of health-related data across race, ethnicity, language, socioeconomic status, and other factors will help tell a more complete story and inform performance measurement of providers who care for patients with health disparities risk factors. The result will lead to better access to good health for all Minnesotans.

# Lucinda Jesson

Task Force Co-Chair

## Commissioner | Department of Human Services

### Bio

Lucinda E. Jesson is commissioner of the Minnesota Department of Human Services. DHS is the state’s largest agency, serving well over 1 million people with an annual budget of $11 billion and more than 6,500 employees throughout the state. The department administers a broad range of services, including health care, economic assistance, mental health and substance abuse prevention and treatment, child welfare services, and services for the elderly and people with disabilities. DHS also provides direct care and treatment to more than 10,000 clients every year.

 Prior to joining DHS, Jesson was an associate professor of law at the Hamline University School of Law in St. Paul where she also founded and served as director of the Health Law Institute. Before that, Jesson served in local and state government both as chief deputy Hennepin County attorney, and as Minnesota deputy attorney general. In addition, Jesson has extensive private sector experience. As commissioner, Jesson’s priorities include serving more people in their homes and communities; making the state a smarter purchaser of health care; keeping people fed and healthy; narrowing disparities; preventing homelessness; and reducing fraud, waste and abuse.

# Molly Jungbauer

## Chief Executive Officer | Hollstadt & Associates, Inc.

### Bio

Molly Jungbauer is the CEO and majority shareholder of Hollstadt and Associates, Inc., a 25 year old Twin Cities based IT and management consulting firm that represents 230+ employees and subcontractors. This year Hollstadt was recognized as the 8th largest management consulting firm in the Twin Cities. In prior years Hollstadt was a recipient of the Minnesota Business Ethics Award, and been awarded Minneapolis/St. Paul Business Journal’s Fast 50 award on six occasions.

Throughout her career, Jungbauer has worked at various levels of management, holding positions as:

• Accounting manager for Old Republic Title for over 5 years

• Licensed CPA and small business advisor in a public accounting firm for over 10 years, and

• Controller for the Minnesota Wild hockey team

• Treasurer of Minnesota Wild Foundation

In addition to her role as CEO of Hollstadt, Molly currently serves as vice chair of the board of “Solid Ground”, a Minnesota based nonprofit whose mission is to end homelessness through housing, resources, and opportunities.

Molly also serves as the president and national board representative of the Minnesota Chapter of TechServe Alliance (a national IT & engineering staffing and solutions industry association).

#### Priorities

* To ensure all Minnesotans have access to affordable and quality health care. I believe this is a fundamental right for all human beings.
* To evaluate the cost vs. benefit of maintaining a state run healthcare exchange when the federal exchange is potentially providing the same level of service. Are Minnesotans receiving enough benefit from MNsure for the additional tax burden of maintaining a state run exchange? Are we being fiscally responsible stewards?
* To evaluate merging MN Care with the exchange (state or federal) because the healthcare exchange was created to provide the uninsured and underinsured with tax subsidies in order to keep healthcare affordable. If we decide to continue MN Care, should the program be restructured to provide consumer driven plans with additional premium subsidies to drive more personal health responsibility and smooth the transition from MN Care to the exchange as the individual’s income increases (incentivize not penalize)?
* To evaluate the viability of maintaining a state run exchange based on the demographics required for a cost effective program (a mix of low and high consumers) when the trend has been a smaller, more concentrated population of high consumers enrolling in the program (not a large or healthy enough pool to spread the risk and keep costs under control).

# Scott Keefer

## Vice President, Public Affairs & Communications | Blue Cross Blue Shield

### Bio

As vice president of public affairs and communications, Scott Keefer leads Blue Cross’ strategic communication and external relations strategy and the coordination of all state and federal advocacy and policy initiatives. Keefer joined Blue Cross in 2010 after working on public policy and health care for 15 years in Washington, D.C. His experience includes serving as vice president for policy at America’s Health Insurance Plans (AHIP), playing a key role in translating insurance market regulation into public policy, including during the enactment of the ACA. Keefer also served as a congressional staffer for 10 years and has held health-related positions in both the private and public sectors. Keefer is a graduate of Washington and Jefferson College and received his law degree from Duquesne University School of Law. He has helped to shape health policy over the last two decades through engagement of stakeholders and throughout the ongoing implementation of health care reform in Minnesota and at the national level. Scott is active in the local community and serves on several boards of directors, including the board of the Minnesota Comprehensive Health Association (MCHA).

#### Priorities

* Actuarial and financial modeling to assess Minnesota’s transition to the ACA and provide fact-based analysis that informs policy decisions.
* Operational functionality, including MNsure and DHS eligibility systems, for Minnesotans to have access to reliable, accurate, and timely eligibility determinations and enrollment.
* Identify necessary mid-course corrections to ensure the stability and sustainability of the reformed market and implications for individuals and our state’s economic competitiveness.
* Identify strategies critical for public/private partnering that encourages value-based payment models that drive value and sustain choice for Minnesota consumers.

# Sheila Kiscaden

## Commissioner | Olmstead County

### Bio

Sheila Kiscaden is an Olmsted County Commissioner who previously represented Rochester/Olmsted County in the Minnesota State Senate (1992-2006). While in the Senate, she became known for her focus and leadership on health and human services policy issues.

In her private life, Sheila has 30+ years of experience as a consultant specializing in the organizational development issues of early education, health and human services organizations.

In addition to an undergraduate degree from the University of Minnesota, Sheila has earned a Master’s in Public Administration from the University of Southern California and a Masters in Participation, Development and Social Change from the Institute of Development Studies at the University of Sussex, England.

#### Priorities

* Options for alignment, consolidation, and governance of certain operational components, including, but not limited to: MNsure; program eligibility, enrollment, call centers, and contracting; and the shared eligibility IT platform;
* Further analysis on the organizational infrastructure supporting QHP, APTC, and MA programs needs to be completed to find ways to reduce confusion and expedite access
* Develop a "working" shared eligibility IT platform;
* Administrative Simplification of the MHCPs.
* Service integration--leveraging human services in conjunction with health care services, coordinating services to clients to improve lives and lower health care costs. Coordinating services among health care, social services, housing, financial assistance, SNAP, etc, has been shown to stabilize and improve lives and decrease ER visits and other costly services. Using quality measures that align with social determinants of health to design comprehensive service plans that coordinate human services, community services and medical services. Tools to accomplish this include alternative payment models and computer-based systems and communication mechanisms that facilitate such coordination.
* Continue to support County Innovations in MNHC programs delivery, such as PrimeWest Health System's County-Based Purchasing model, SPCC, and the Hennepin Health program. Learn from and capitalize on the SIM demonstrations going on around the state.
* Consumer centered health care services, including effective outreach and connection to those with health disparities and incorporating nutrition, etc.—engaging consumers in their care and facilitating access to services. Emphasis on pre-natal and early childhood well-being, minimizing toxic stress and maximizing healthy development (thinking minimizing ACES, trauma-informed service, etc.)—this can reduce costs in the long run.

# Tony Lourey

## Senator | MN Senate

### Bio

Tony Lourey was elected to the Minnesota Senate in 2006 and re-elected in 2010 and 2012. He grew up in a politically active family and has been involved in public policy most of his career. Prior to election to the senate, Lourey served as a Kerrick Township supervisor for 9 years.

Lourey is a 1985 graduate of Askov High School in Askov, Minnesota. He received a B.A. in philosophy from the University of Minnesota and graduated in 2011 with a J.D. degree from William Mitchell College of Law, with a focus on labor law and public policy. Lourey has worked as a public policy consultant, assisting county and state governments in finding ways to finance their health and human services programs.

Lourey has also worked as a database and software designer. He runs a grass fed feed farm, and he and his wife Marlana Benzie-Lourey also own Oak Lake Farm and Oak Lake apple orchard.

Tony and Marlana have been married for 23 years and have three children: Chelsea, Stuart, and Colton. They reside in Kerrick, MN, on a small farm just around the corner from where Tony was raised. In his spare time, Lourey enjoys hunting, fishing, distance running, and motorcycling.

# Tara Mack

## Representative | MN House of Representatives

### Bio

Tara Mack is currently serving her fourth term as State Representative of District 57A, which includes the communities of Apple Valley and Lakeville. She is the Chair of the Minnesota House of Representatives Health and Human Services Reform Committee, and a member of the House Health and Human Services Finance Committee, the House Ethics Committee, and the House Rules and Legislative Administration Committee. Mack lives in Apple Valley with her husband, Justin. They have two children.

#### Priorities

* Sustainable benefits and funding for MNCare
* Program integrity and enrollment
* Transparency in MNSure operations
* Consumer options and affordability for MNSure

# John Marty

## Senator | MN Senate

### Bio

John Marty has served in the Senate since 1987, where he is an advocate for government ethics, environmental protection, and affordable health care for all. John has consistently promoted a focus on prevention to address community challenges up front. He believes that public investments in education, health, and employment enable all people to reach their full potential. Senator Marty is chair of the Senate Environment and Energy Committee. He previously chaired the Health Committee and co-chaired the Legislative Commission to End Poverty. John is author of a proposed Minnesota Health Plan, which would replace the patchwork health insurance system with a system that delivers health care for all, to keep people healthy and enable them to get the care they need when they need it.

#### Priorities

* How can we provide seamless coverage for people covered by public programs so they receive care coordination and consistent care if they transfer from one program to another?
* How can we integrate dental care, eye care, chemical dependency treatment, long-term care, and other necessary components of health care into health coverage for people eligible for medical assistance or MN Care, people receiving tax credits under the ACA to purchase insurance, and others who cannot access such care when they need it?
* How can we best ensure that all Minnesotans, not just those on public programs, receive that seamless coverage, and a benefit set that meets all of their health care needs?
* How can we analyze the total costs and benefits of such a universal, comprehensive health care system vs. the total costs and benefits of the current patchwork health insurance system?

# Peter Nelson

## Director of Public Policy | Center of the American Experiment

### Bio

Peter J. Nelson is the Director of Public Policy for Center of the American Experiment, a public policy and educational institution that develops and promotes policies to build a culture of prosperity for Minnesota and the nation. As the Director of Public Policy, Peter provides strategic direction and coordinates the development and promotion of American Experiment’s public policy research. His research and writing focuses on health care, energy, and state tax and budget issues. He regularly consults with state policy makers on these issues and contributes commentaries to the Star Tribune, Pioneer Press, and other local newspapers across Minnesota. Peter received his B.A. in economics from Wheaton College and a law degree from the University of Minnesota Law School where he was a member of the Minnesota Law Review

#### Priorities

* Enrollment problems for MNsure and public programs.
* Long-term health of the small employer market.
* Transparency and accountability for public programs.
* Efficiency and cost control across the provider system.

# Sahra Noor

Task Force Co-Chair

## CEO | People’s Center Health Services

### Bio

Sahra has more than 15 years of experience serving medically underserved populations in the Twin Cities as a leader and clinician. Prior to joining People’s Center Health Services in August 2014, she held leadership roles at Fairview Health Services as director of community health and language services and at UnitedHealth Group as director of clinical operations for Medicaid populations. She is on the board of directors of Institute of Clinical Systems Improvement (ICSI), Minnesota Association of Community Health Centers (MNACHC), CommonBond Communities and Minneapolis Public Health Advisory Committee. Sahra holds a bachelor’s degree in Nursing from St. Catherine University and a master’s degree in Nursing and Health Systems Administration from the University of Minnesota. In March 2015, she was named one of the Twin Cities top 40 leaders under the age of 40 by Minneapolis/St. Paul Business Journal.

#### Priorities

* Coverage for the uninsured and underinsured in the state
* Provide lower deductible insurance coverage in the market place for the working poor
* Maintain the MinnesotaCare program
* Incorporate the social determinants of health into any value based payment structure for public programs.

# Allison O’Toole

## Interim Chief Executive Officer | MNSure

### Bio

Allison O’Toole was appointed MNsure Interim CEO on May 4, 2015. As CEO, O’Toole oversees an annual budget of nearly $50 million and more than 150 staff people.

Previously, O’Toole served as the Deputy Director for External Affairs and oversaw MNsure’s public-facing departments including Marketing and Communications, State and Federal Government Affairs, Navigator and Broker Relations and was MNsure’s staff liaison to the Board of Directors. She was responsible for the implementation of the second phase of MNsure’s muti-million dollar marketing campaign, developed the strategic overhaul of the MNsure outreach and enrollment grants program, initiated the widely successful broker Lead Agency program and helped lead MNsure’s efforts for greater public accountability and transparency.

 Prior to her roles at MNsure, O’Toole was a Director at Himle Rapp, a Minneapolis-based public affairs firm and State Director for U.S. Senator Amy Klobuchar. O’Toole also brings legal experience as a former Chief Deputy County Attorney for Carver County and as Assistant County Attorney for Hennepin County. Early in her career, she spent years working in state government building coalitions around statewide public health initiatives.

 O’Toole graduated from Franklin & Marshall College in Lancaster, PA with a bachelor’s degree in Government. She earned her Juris Doctor from William Mitchell College of Law in St. Paul, MN.

#### Priorities

* Maintain a seamless and single front door for Minnesotans to access comprehensive affordable health insurance coverage.
* Continue successful innovative strategies that help consumers obtain health care coverage, including:
	+ Aggressive outreach
	+ Statewide marketing
	+ Plan comparison tools
	+ Market transparency
* Review affordability and financing on the individual and small group markets.

# Dr. Marilyn Peitso

## Pediatrician | CentraCare Health

### Bio

Dr. Pietso has been in the private practice of pediatrics for over 30 years, and for the last decade has been involved in quality improvement efforts for primary care, bringing principles of patient and family centered care to her institution, pioneering the development of Medical Homes for children with special health care needs at the local, state, and national levels, through Pediatric Medical Home Learning Collaboratives and Minnesota’s Health Care Home program. As President of the Minnesota Chapter of the American Academy of Pediatrics, member of the Board of Trustees of the Minnesota Medical Association and certification by the Institute for Healthcare Improvement as an Improvement Advisor, she has worked for continuous quality improvement within health care settings, collaborating with state agencies, payers, and community advocacy groups in her own clinic and around the state. She has worked with others to create standards of care coordination for children and youth with special health care needs. She has pioneered the use of care coordinators, social workers, and community health workers within primary care and across the health care continuum to improve access to and experience of health care for children and adults with special health care needs and chronic disease, and for the immigrant/refugee Somali population in central Minnesota.

#### Priorities

* High deductible plans have the effect of limiting access the health care for families and Minnesota stands out in this regard. Health care providers around the state have noted families with high deductible plans to be under pressure postpone and limit medical care, to the detriment of family members health care status.. How can we reduce out of pocket, high deductible health plans for those low income families purchasing their health care on MNsure?
* Coordination of care across health care silos can reduce cost of health care but requires transformation of the system: expenditure in the clinic or hospital to put in place personnel and EMR tools as well as new ways of providing care. What can we do to increase incentives to coordinate care across the health care continuum – from home to hospital to long term care to community agencies?
* Segregating behavioral health payment systems from medical health payment systems has the effect of increasing the cost of health care by overlooking the medical co-morbidities and segregating treatment artificially into “medical” and “behavioral” baskets. How can we proceed to bring behavioral health and medical health payment systems together so that behavioral health concerns can be addressed as part of whole person care within the context of a Medical Home? This would allow less expensive and earlier treatment, fewer comorbidities.
* Can we agree to continue to planned phase out of the provider tax? MNsure and Medicaid projected deficits should be paid for out of a more broad based funding source than the provider tax. Historically Medicaid funding has come from the general fund.

# Rosemarie Roach

## Executive Director | Minnesota Nurses Association

### Bio

Rose Roach joined the Minnesota Nurses Association as Executive Director in October 2014 following her eleven years of work as a Field Director for the California School Employees Association. Rose has spent the last 25 years advocating for public education, classified school employees, worker’s rights and health care reform in Minnesota and California.

In California, Rose was the labor co-chair of the California Education Coalition for Health Care Reform, a labor/management collaboration focused on helping both employers and employees be better purchasers of health insurance benefits. Rose also served as the co-chair of Single Payer San Joaquin and was the San Joaquin Regional Coordinator for the Campaign for a Healthy California, which advocates for healthcare as a human right.

Before taking the position in California, Rose was the Executive Director of the Minnesota School Employees Association where she worked for 13 years following her candidacy for the Minnesota House of Representatives in 1988.

Rose attended Metropolitan State University in St. Paul and Inver Hills Community College in Inver Grove Heights.

#### Priorities

* People - as we are tasked with “health care financing” we must not forget that at the end of each of those dollars is a human life that may literally be at risk due solely to economic barriers.
* Equity – our tiered system of access to care affects public health disproportionately causing health disparities based on socio-economic status, race and geography.
* Cost control – not only for government programs, but also for businesses, families and individuals. Simply shifting cost does not recognize the fundamental impediment to improving health which is cost.
* Defragmentation – complexity adds cost – our multiple payer, multiple layer system is not financially sustainable and is an extremely inefficient way to deliver care.

# Michael Rothman

## Commissioner | Department of Commerce

### Bio

Mike Rothman is the Commissioner of the Minnesota Department of Commerce, appointed by Governor Mark Dayton in January 2011. He leads a department with a broad jurisdiction over more than 20 regulated industries, including insurance, financial institutions, securities, energy and real estate. The department’s mission includes protecting the public interest, advocating for Minnesota consumers and ensuring a strong, competitive and fair marketplace. Commissioner Rothman serves on the Executive Committee of the National Association of Insurance Commissioners. He is also a board member and treasurer of the North American Securities Administrators Association. He is a graduate of Carleton College and the University of Minnesota Law School.

# Chris Schneeman

## Owner | SevenHills Benefit Partners

### Bio

Christopher Schneeman is an independent licensed professional insurance agent who has assisted employers and individuals with health insurance since 1980. He has been involved in past discussions advocating responsible health reform since 1990, as a SME for insurance exchange conversations during the Pawlenty administration, as well as served on a subcommittee to the task force designed to guide the original MNsure legislation. He is also a participant on the agent assister stakeholder committee for MNsure. Chris owns and operates SevenHills Benefit Partners which is located in St. Paul.

# Jim Schowalter

## President, CEO | Minnesota Council of Health Plans

### Bio

Jim Schowalter is the President/CEO of the MN Council of Health Plans. In this capacity, he leads the state’s health plans collaborative efforts to deliver high quality and affordable health services for all Minnesotans. Prior to assuming this role Jim was Commissioner of MN Management and Budget where he served a key advisor to Governor Dayton on critical fiscal, budget and policy issues. Jim has served in many additional capacities at the State, including appointments by Governor Pawlenty as Deputy Commissioner and as Assistant Commissioner/State Budget Director. Jim received his master’s degree in public policy from the Kennedy School of Government at Harvard University and his bachelors degree with a major in economics from Macalester College.

#### Priorities

* Individual & Small Group Market
* Provider Tax/MNCare
* Sustainable Exchange
* Health care cost drivers

# Jennifer Schultz

## Representative | MN House of Representatives

### Bio

Jennifer Schultz was elected to the Minnesota House of Representatives in 2014 and represents district 7A, East Duluth. Rep. Schultz is an economist, and a professor in the Department of Economics and Director of the Health Care Management Program at the University of Minnesota Duluth. Her fields of research include health economics, health insurance models, and health policy. Prior to joining the University of Minnesota, Rep. Schultz was a faculty member at Cornell University where she analyzed consumer decision-making in health care, use of health care information, and perceptions of quality differences across health care providers. Rep. Schultz’s previous research has also included an evaluation of consumer driven health care (a health care purchasing arrangement by large employers), an investigation of the selection of health care provider groups by employees and families to determine their sensitivity to price and quality measures, and an empirical analysis of risk redefinition. As a research consultant for UnitedHealth Group, she analyzed health care utilization and costs for a variety of health conditions, such as rheumatoid arthritis, bipolar disorder, hyperlipidemia, cancer, migraine, and asthma. She received her Ph.D. from the University of Minnesota and her M.A. in Economics from Washington State University. She has published articles in the Journal of Health Economics, Health Services Research, Medical Care, American Journal of Managed Care, and Milbank Quarterly and has presented research at academic and professional conferences. She currently serves on the Health Care Work Force Legislative Commission, Great Lakes Commission, Health & Human Services Reform committee, State Government Finance committee and Agriculture Policy committee.

#### Priorities

* Exploring the extension of the provider tax to sustain MNCare.
* Consolidation in health insurance markets has led to less competition. Exploring a public option on MNsure with the possibility of pooling state employees, teachers, university employees into one pool and offering coverage options on the exchange. Allowing others to select same plan on the exchange. Applying for a federal waiver for innovations to MNsure (1332 waiver). Exploring benefits of retaining state exchange for seamless enrollment in all public health coverage programs.
* Exploring different methods for provider reimbursement to give incentives to address population health. Introducing global budgets in our health care system is one option.
* Preparing for the near future when employers no longer offer health insurance to their employees. We'll see a migration to private exchanges and modifications to SHOP.

# Larry Schulz

## CEO | Lake Region Healthcare

### Bio

Larry Schulz has been the CEO of Lake Region Healthcare since December 1, 2008. Prior to his present assignment, Schulz served seven years as the Senior Vice President of Operations for Catholic Health Initiatives. His 35 years in healthcare administration have also included CEO assignments in Arlington, MN; Faribault, MN; and Little Falls, MN.

#### Priorities

* Funding for innovative models of care to achieve the triple aim
* Assuring access to affordable care
* Bringing to the forefront the advantages of public – private partnership/collaboration to improve health and health care
* Improving access to mental health services

# Kathy Sheran

## Senator | MN Senate

### Bio

Senator Kathy Sheran has served in the Minnesota Senate since 2006, representing Senate District 19.

She Chairs the Senate Health, Human Services, & Housing Committee, and is a member of HHS Finance, Judiciary and Higher Education Committees. She currently serves on the Legislative Task Force on Child Protection, the MNsure Legislative Oversight Committee, the Midwestern Legislative Conference Health and Human Services Committee, the Cultural and Ethnic Communities Leadership Council, and the Non-Emergency Medical Transportation Workgroup. Sheran is a leader in the health care debate at the Capitol. She carried and passed the Freedom to Breathe Act, in her first year and has advanced legislation to expand the scope of practice for Advanced Practice Nurses, to increase access to cancer screenings to uninsured populations, to restrict E-Cigarette use in public spaces, to reform the Non-Emergency Medical Transportation system, to improve Stroke Transport Protocols, and to improve mental health services.

Before being elected to the Senate, Sheran worked in the nursing field for over 30 years as an advanced practice nurse and as assistant professor of nursing at Minnesota State University-Mankato. She also served for 16 years as President of the Mankato City Council and as Mayor Pro Tem.

#### Priorities

* How contracting for public program book-of-business impacts quality of services and provider rates and where savings are being achieved against the goals of HHS policy regarding disparity reduction and expansion of access to service by various alternative providers closer to the patient and in a manner that considers culture.
* Comparative analysis of benefits and limitations of our state’s plan to provide an exchange vs federal exchange, including: ability to define, control, make it fit us vs. all; cost of systems to state; and differences in products allowed on exchange and how it deals with perverse incentives and gaming by industry.
* Discussion of extending provider tax, and other financing options for MNCare and analysis of wins and losses for moving tax credits outside exchange.
* Discussion of methodology for determining changes to benefit packages and patient responsibility.
* Pharmaceutical oversight.

# Dr. Todd Stivland

## CEO | Bluestone Physician Services

### Bio

Todd Stivland is a family physician from Stillwater Minnesota. He attended Saint Olaf college, received his M.D. for Mayo medical school and is board certified in family practice as well as hospice and palliative care medicine. After 12 years of clinical practice, Dr. Stivland founded Bluestone Physician Services to meet the needs of frail elderly and disabled patients who are not being served well in the traditional medical system. He is married with three children and enjoys fishing, skiing and travel.

#### Priorities

* Align payment incentive for more efficient health care delivery.
* Organize payers to coordinate efforts.
* Refocus primary care medicine.
* Remove unnecessary paperwork from system.

# Dr. Penny Wheeler

## President, CEO | Allina Health

### Bio

Penny Wheeler, M.D. is president and chief executive officer and, since 2006, has served as Chief Clinical Officer. As CCO, she led the organization's quality and value agenda through alignment of the clinical and operational leadership to optimally benefit those served by Allina Health. A board-certified obstetrician/gynecologist, Dr. Wheeler served patients at Women's Health Consultants in Minneapolis, and has served as president of Abbott Northwestern Hospital's medical staff, chaired the Allina Quality Committee and served on the Allina Board of Directors.

#### Priorities

* Balancing need to reduce health care costs while making appropriate investments in care model improvements that yield higher value (outcomes/dollar spent)
* Incentivizing health providers and health care payers to align/embrace outcomes-based risk models from current FFS model which, to a degree, incentivize services not demonstrated to be helpful to beneficiaries (eliminating unhelpful waste in the system that is, today, someone’s revenue)
* Demonstrating measurable value improvement and ROI for initiatives that improve health, support well-being, and eliminate disparities in care
* Determining the best way to engage consumers to make meaningful health/care choices (MNSure strategy, care utilization, design of benefits that incent healthy lifestyle choices and prompt care when needed)