

# Health Care Affordability Advisory Task Force Meeting #5

**Date:** April 21, 2026, 9:00 a.m. – 12:00 p.m.

**Amherst Wilder Foundation, Auditorium A**

## Meeting Summary and Key Themes

Alex Caldwell, Director of the Center for Health Care Affordability, welcomed task force members and other participants attending in person and online. She described the meeting as an important step in helping the task force move from broad brainstorming to setting priorities for potential initial recommendations. The meeting focused on four main goals: (1) reviewing the roadmap to initial recommendations, (2) reflecting on recent feedback from the Provider and Payer Advisory Task Force (PPATF), (3) discussing factors to help evaluate ideas, and (4) identifying priorities in two main topic areas: non-value-added spending and high and variable prices.

## Where we're going next

Alex reviewed where the task force is in its roadmap to initial recommendations and discussed what future meetings are intended to address. She also provided an overview of the four broad areas where recommendations may emerge, which include non-value-added spending, high and variable prices, value-based payment, and insurance benefit design. She also explained that the Minnesota Department of Health (MDH) reviewed and synthesized the ideas generated from the brainstorming session that occurred in the previous meeting and assessed them against available information, feasibility for action, and other guiding principles identified by the task force. This synthesis and assessment work informed the lists of potential recommendations reviewed by the task force later in this meeting.

Task force co-chair Matt Anderson encouraged members to view this stage of the work in context. He noted that questions about how initial recommendations may fit into future legislative action can be addressed later. During the discussion, members raised questions about how the task force's work connects to current state policy discussions, the extent to which its recommendations may be supported by changing political leadership over time, and the broader health policy environment in Minnesota. Several members also stressed the importance of understanding the task force's unique role in shaping a longer-term vision for health care affordability.

## Recap and reactions: Provider and Payer Advisory Task Force Meeting

Alex then shared a recap of the recent PPATF meeting. She gave a brief overview of the two topics that will be discussed more in future meetings: insurance benefit design and value-based payment. Insurance benefit design refers to what services are covered, how much people pay

out of pocket, and what rules apply to getting care. Value-based payment is a way of paying for care that aims to reward quality and better results, rather than paying only based on how many services are provided.

Alex explained that the PPATF saw some promise in insurance benefit design as a way to encourage primary care use, guide patients to lower-cost care settings, and support higher-value care. At the same time, they also raised concerns about the complexity of this issue and the limits of what states can influence in this area. On value-based payment, the PPATF generally agreed that it could help support prevention, care coordination, and more flexible care delivery; members also noted challenges for providers in participating in value-based care arrangements related to data, staffing, risk assumption, and implementation capacity. Overall, the PPATF saw more opportunity for the HCAATF to pursue value-based payment as an affordability strategy as compared to value-based insurance design.

Alex also reviewed feedback from that group on the non-value-added spending and high and variable prices focus areas. That feedback supported the task force's effort to balance practical short-term changes with longer-term system reform. It also highlighted several concerns, including prior authorization, patient out-of-pocket costs, price transparency, price differences across providers, pharmacy affordability, and the ways that workforce shortages, Medicaid financing, and cost shifting can affect affordability. Members of the Health Care Affordability Advisory Task Force said this feedback reinforced the need to connect individual recommendations to a broader long-term vision for change in Minnesota's health care system.

## Factors for Consideration: Evaluating Task Force Potential Recommendations

Alex introduced a set of factors to help the task force compare and evaluate potential recommendation ideas. These factors included impact, scope, time horizon, state leverage, and readiness. She explained that the goal was not to force the task force to adopt a single method of evaluating potential recommendations, but to give members a shared way to think about which ideas may be most promising to pursue.

Members generally agreed that these factors were helpful. At the same time, some members said it was still hard to apply them without a clearer long-term vision or a better understanding of how the task force's work fits alongside other policy work already happening in Minnesota. Co-chair Matt Anderson noted that the group cannot focus on every topic at once and said it would be helpful for the department to provide guidance as the task force continues to prioritize. Members also said they want more context about what other agencies and stakeholders are doing and how broader market trends, such as consolidation and changes in Medicaid policy, may shape affordability and access.

Alex closed this part of the discussion by naming two key themes she heard from the group: (1) the need to better understand the changing policy landscape, and (2) the need to keep long-term goals at the center of the task force's work, including slowing health care cost growth and reducing the number of people who delay care because of cost.

## Exercise #1: Prioritizing Recommendations: Non-Value-Added Spending

Julie Sonier of Mathematica facilitated the next part of the meeting, which focused on non-value-added spending. This topic includes spending that adds cost without clearly improving care or helping patients. Julie introduced the recommendation areas that MDH had identified as the most viable for continued discussion and invited members to react to both the ideas themselves and the broader way the topic was framed.

Julie helped guide the discussion across several topics, including prior authorization, administrative waste, provider credentialing, investor ownership, pharmacy benefit manager practices, and pharmacy closures. Members showed particular interest in pharmacy-related issues and discussed how pharmacy benefit manager practices, drug spending, and pharmacy closures may be connected.

Members also discussed whether some recommendation areas should be grouped into broader categories, such as market structure and consolidation, pharmacy benefit manager and pharmacy practices, or administrative burden and complexity. During a polling exercise, task force members identified two main priorities in this area:

1. Developing options to improve state visibility into investor ownership of health care entities including private equity, REITs, and other ownership structures in health care, and establish safeguards to prevent unwanted practices.
2. Analyze PBM financial practices in Minnesota including rebates, spread pricing, administrative fees, and integration to determine regulatory options that could improve consumer affordability and transparency along with fair pricing for pharmacies.

After the poll, Julie asked members what additional information they would need before the next meeting. Members requested more background on drug pricing, pharmacy benefit manager practices, trends and scope of market consolidation, cross-state partnerships (especially the potential Allina-Sutter merger), and clearer framing of the problems the task force is trying to solve in this area.

## Exercise #2: Prioritizing Recommendations: High and Variable Prices

After the break, Julie facilitated a second discussion focused on high and variable prices. She introduced several possible recommendation areas, including strengthening insurance regulatory processes, reducing commercial prices or price growth, strengthening oversight of health care market consolidation, and exploring cost growth targets.

Part of the discussion focused on whether the task force should emphasize better transparency, stronger market regulation, or some combination of both. Matt Anderson raised this question directly, asking whether the group wanted to focus on making information more available or on recommendations that would more actively shape the market. Members expressed mixed views about how specific the group should be at this stage. Some wanted to keep several paths open, while others urged caution about moving too quickly into detailed policy design before

## MEETING NOTES

learning more about what other states have done and what Minnesota agencies are already considering.

In a second polling exercise, task force members identified three priorities in this area:

1. Develop options to strengthen Minnesota's oversight of consolidation in the health care market including enhanced state review of mergers and acquisitions, analysis of consolidation impacts on prices, and tools to mitigate anti-competitive behavior.
2. Develop/assess options to strengthen Minnesota's insurance regulatory process (i.e. setting benchmarks for acceptable provider reimbursement growth, price variation for selected services, expectations for insurer contracting and payment strategies).
3. Develop and evaluate state policy options to reduce commercial prices and/or price growth to improve affordability.

Julie then asked what additional information would help members continue refining these topics. Members requested information from the Department of Commerce about how Commerce currently considers affordability as part of the rate review process, as well as perspective from the Attorney General's Office on market oversight, merger review, and how Minnesota compares with other states. Members also noted that artificial intelligence may affect affordability, access, and administration across many topic areas and agreed it should be treated as a cross-cutting issue rather than a separate topic.

### Closing and next steps

Alex closed the meeting by looking ahead to the next phase of the task force's work. She reminded members that future meetings will continue to refine priority topics and move toward development of policy options.

The next Health Care Affordability Advisory Task Force meeting is scheduled for May 14, 2026, and the next Provider and Payer Advisory Task Force meeting is scheduled for June 11, 2026. The Center will host a virtual Community Conversation with consumer and patient advocates on May 20, 2026.

## ABOUT THE CENTER FOR HEALTH CARE AFFORDABILITY

*The Minnesota Center for Health Care Affordability at the Minnesota Department of Health is committed to making health care more affordable for all Minnesotans.*

*The Center identifies cost drivers, provides transparent research, and advances solutions that stabilize health care spending so that Minnesotans can afford the high-quality care they need.*

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