

**From:** [Darrin Rosha](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Advisory Committees  
**Date:** Monday, June 24, 2013 2:55:49 PM

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Comment on the Draft Health Industry Advisory Committee Charter from Dr. Charles E Crutchfield III and Crutchfield Dermatology, P.A.

As the MNSure Board selects members of the Health Industry Advisory Committee, the Board would be well-served to ensure representation from the offices of independent physicians and clinics. The public policy decisions pending before the Board will impact both Minnesotans' ability to find affordable, quality coverage, but also the their ability and the ability of their families to continue to see the doctor of their choice.

Moreover, the Board's decisions will likely significantly influence the capacity of current and future physicians to guide their careers and to maximize patient care. As the delivery of healthcare becomes increasingly vertically integrated, the ability of independent physicians and clinics to continue to succeed in Minnesota is critical to providing Minnesotans diverse care options and robust competition.

By having representatives from independent physician and clinic offices, the MNSure Board will assure the Legislature and the people of Minnesota that the impact of recommendations made by the Committee to the Board will contemplate the significant and often heard to identify impacts those recommendations will have on independent medical practices if adopted by the Board.

Thank you for your consideration.

Darrin Rosha

Darrin M. Rosha  
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June 24, 2013

MNSure Board of Directors  
81 East 7<sup>th</sup> Street, Suite 300  
Saint Paul, MN 55101-2211

**RE: Solicitation of Comments on Draft Policy on Advisory Committees and Charters for the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee**

MNSure Board Members:

In response to the above-referenced solicitation from MNSure, the Minnesota Association of Community Health Centers (MNACHC) submits the following comments for consideration.

MNACHC is the state membership organization for 17 federally qualified health centers (FQHCs) throughout Minnesota. These FQHCs (hereinafter interchangeably referred to as “community health centers”) serve 185,000 low-income Minnesotans. Currently, 70,000 of these patients are uninsured and a portion of these will secure health coverage through MNSure.

MNACHC’s comments focus on the two charters for the Health Industry Advisory Committee and Consumer & Small Employer Advisory Committee.

***Incorporating Minnesota’s “Health Care Safety Net”***

As proposed, neither Committee explicitly includes members of the “health care safety net” in their composition. While not formally defined, Minnesota’s “health care safety net” consists of providers who deliver care to significant levels of uninsured, Medicaid/MinnesotaCare and other vulnerable, underserved populations.

Clearly community health centers are part of Minnesota’s safety net as 80% of health center patients are either uninsured or enrolled in a public health care program.

The “health care safety net” also includes many of the state’s Essential Community Providers (ECPs). By definition<sup>1</sup>, an ECP-designated provider must serve high-risk, special needs, and underserved individuals. All of Minnesota’s 17 health centers are ECPs and many of our “safety net” partners are ECPs as well. Moreover, ECPs must also provide culturally sensitive and competent services to its clients.

Consequently, **MNACHC strongly urges the MNSure Board to revise the Composition section of the two Charter documents to include representatives from Minnesota’s “health care safety net.”** A majority of the patients that use health centers and other safety net providers will interact with MNSure. Consequently, including representatives from the “safety net” is essential to both Advisory Committees.

### ***Geographic Balance***

With members located throughout Minnesota, MNACHC understands the unique challenges that low-income patients face depending on their geographic location. Community health center patients face vastly different barriers to care depending if they reside in the inner-city neighborhoods of the Twin Cities or in remote, rural areas of the state.

In order to promote a functioning Exchange *throughout* Minnesota, **MNACHC strongly recommends that the members of both Advisory Committees balance the large metropolitan areas, mid-sized metropolitan areas and sparsely populated rural areas of Minnesota.**

### ***Recognizing Minnesota’s Changing Racial & Ethnic Diversity***

Given the high rates of un-insurance among Minnesota’s communities of color (20% for African-American communities, 23% for American Indians and 25% for Latinos)<sup>2</sup>, members of the Advisory Committee should include representatives from these racial and ethnic groups. These communities have the opportunity to secure coverage through MNSure with the ultimate hope of reducing the alarming health care disparities that exist in Minnesota.

**MNACHC strongly encourages MNSure to include representatives who are members of communities of color.** Nearly 70% of health center patients in Minnesota are from communities of color. It has been our experience over our

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<sup>1</sup> Minnesota Statutes 62Q.19 and Minnesota Rules Chapter 4688.

<sup>2</sup> “Fact Sheet, March 2012: Health Insurance Coverage in Minnesota, Early Results from the 2011 Minnesota Health Access Survey,” Minnesota Department of Health, Health Economics Program

45-year history in Minnesota that effective services to Minnesota's changing population must include culturally appropriate outreach and care.

### ***Consumer Participation***

**MNACHC recommends that both Committees explicitly seek individuals from the communities who will be most impacted by the design and functionality of MNSure.** These communities include those currently uninsured, low-income, high-risk and underserved.

As community-based organizations, the majority of health centers' Board of Directors members must also be patients receiving services from the health centers. This enables health centers to plan and implement policies with not only a thorough understanding of their community but also with meaningful citizen involvement.

MNACHC recommends that MNSure incorporate a model of similar design in the Advisory Committees to ensure the voices from citizens most impacted are strongly considered.

### ***Conclusion***

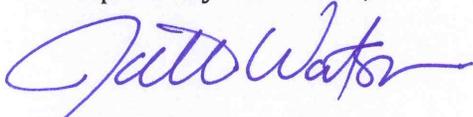
Thank you for the opportunity to comment on the MNSure Advisory Committee's charters. As you develop these Advisory Committees, **MNACHC urges you to incorporate members that:**

- **Serve the low-income populations from our state's geographically and ethnically/racially diverse communities; and**
- **Will be actual users of MNSure to secure health care coverage.**

By adopting these recommendations, MNSure will be an effective tool to promote health equity amongst all Minnesotans.

Please do not hesitate to contact me by telephone (612) 859-3285 or by email at [jonathan.watson@mnachc.org](mailto:jonathan.watson@mnachc.org) if you have any questions or comments or if you require any clarification on the comments presented herein.

Respectfully submitted,



Jonathan Watson  
Director of Public Policy/Associate Director



COURT INTERNATIONAL BUILDING  
2550 UNIVERSITY AVENUE WEST  
SUITE 255 SOUTH  
ST. PAUL, MINNESOTA 55114  
651-645-0099 FAX 651-645-0098

DATE: June 24, 2013  
TO: Members of the MNsure Board of Directors  
FROM: Julie Brunner, Minnesota Council of Health Plans  
RE: Response to the Request for Comments on the draft Policy on Advisory Committees and Charters

Thank you for the opportunity to provide comments on the draft Policy on Advisory Committees and Charters. The primary reason for establishing these advisory committees is to meet the requirement under the Affordable Care Act for consultation with stakeholders. Due to the strict conflict of interest prohibitions in state law, these advisory committees are even more critical to ensure the Board has access to individuals with current experience in the health industry. We strongly support the advisory committees and believe they will assist the MNsure Board to make better and more informed decisions that best meet the needs of consumers.

The Council of Health Plans shares the goal of making MNsure a success. To that end, below are our recommendations for how to constitute a functional Health Industry Advisory Committee that will be helpful to the Board of MNsure.

**Recommendations:**

- We recommend the Health Industry Advisory Committee be proportionately representative of the scope of the issues to be considered and analyzed by the Board. The Health Industry Advisory Committee should include industry experts who can advise on the technical, administrative, and financial details, among others, of the business of health insurance. The collaboration necessary to build MNsure today will be the collaboration necessary to ensure its success in the future. Therefore, the composition of the Health Industry Advisory Committee must reflect the current level of involvement of the different health industries.
- In order to offer current and sound advice to the Board, we recommend the Health Industry Advisory Committee meet more often than quarterly, particularly during these early stages of the development of MNsure.
- We recommend the Board develop a clear charter for the committee outlining expectations and responsibilities. In addition, the Board should outline how the Health Industry Advisory Committee could provide the technical advice that contributes to the Board's strategic decision-making, particularly in its primary responsibilities. For example, the Board may identify an annual timeline for soliciting advice and feedback on new MNsure QHP criteria.

- We recommend the Board allow the Health Industry Advisory Committee to provide comments on key policy and relevant operations decisions both prospectively and retrospectively.
- To make the appointment process of the Health Industry Advisory Committee easier and faster, we recommend the Board solicit a slate of industry representatives who would be available to serve on the Committee.

The Council believes the advisory committee model currently used by the Minnesota State Board of Investment (SBI) should be used as the template for these advisory committees. Under this model, the SBI has a 17-member Investment Advisory Council (IAC) to advise the Board and its staff on investment-related matters. The IAC has its own mission statement: to provide advice and independent due diligence review of the investment policy and implementation recommendations that guide the SBI's investment of assets.

The Board appoints members to the IAC who have considerable experience in finance and investment, reflecting the importance of the advisors to ensure the best possible outcome for the SBI. All proposed investment policies are reviewed by the IAC before they are presented to the Board for action. Given the complexities of the health insurance industry, we believe this model for the Advisory Committees will best serve the needs of the Board. Minnesota is fortunate to have so many knowledgeable and dedicated health industry leaders. We urge the Board to establish a Health Industry Advisory Committee that builds on that knowledge to help make MNsure a success. For more information on the SBI model, please see:

<http://www.sbi.state.mn.us/IAC.html>

Again, thank you for the opportunity to offer comments on the draft Policy on Advisory Committees and Charters. If I can be of any additional assistance, please do not hesitate to contact me at 651-645-0099, ext. 14, or [brunner@mnhealthplans.org](mailto:brunner@mnhealthplans.org)

**From:** [Lindoo, Jeff](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Advisory Committees  
**Date:** Friday, June 21, 2013 9:34:57 AM

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On behalf of Thrifty White Pharmacy and the community pharmacy industry in Minnesota, I want to thank MNsure for the opportunity to submit comments on the proposed formation of a Health Industry Advisory Committee. Thrifty White is a 100% employee-owned, Minnesota-based corporation which operates 90 pharmacies in the Upper-Midwest, 51 in the State of Minnesota. Most of our pharmacies are located in rural communities across the State.

I am writing to support the formation of a Health Industry Advisory Committee for MNsure and to support the inclusion of a community pharmacy member on that committee. As Minnesota's uninsured gain health insurance, prescription drug benefits will be a very significant new benefit. The community pharmacist will probably be the most frequently-encountered member of the health care team for the newly insured. It is essential that input from the community pharmacy perspective be included as this new marketplace is developed and refined.

The role of the community pharmacist is also rapidly evolving from the supplier of prescription drug product to an active member of the health care team. In the Medicare prescription drug benefit, pharmacists are providing Medication Therapy Management (MTM) services to millions of beneficiaries, improving medication compliance, improving health outcomes and reducing health care costs. In just a few years, community pharmacists have become one of the most common sources of immunization protection for Minnesota citizens and pharmacists have long been the source of information and advice on our most cost-effective treatments, OTC medications.

The New England Healthcare Institute estimates that poor medication adherence costs the United States \$290 billion annually, resulting in costly health complications, progression of disease and increased physician visits, hospitalizations and emergency room visits. Many studies have shown that pharmacist-provided MTM services can improve medication adherence, improve health outcomes and reduce health care costs with a return on investment of anywhere from 3 to 1 to 14 to 1.

Thank you for the opportunity to submit these comments and, again, I urge the inclusion of a representative of the most accessible member of the health care team, the community pharmacist, on the Health Industry Advisory Committee.

Jeff Lindoo, RPh.  
Vice President, Governmental & Regulatory Affairs  
Thrifty White Pharmacies  
2107 Ridgewood Drive NW  
Alexandria, MN 56308  
763-513-4362 Office  
612-850-8412 Cell  
[jlindoo@thriftywhite.com](mailto:jlindoo@thriftywhite.com)

**From:** [Carmelo Cinqueonce](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Advisory Committees  
**Date:** Friday, June 21, 2013 9:35:45 AM

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On behalf of the Minnesota Dental Association (MDA) and its 3,500 members, thank you for your hard work and dedication to the implementation of MNsure. For decades, the MDA has advocated to improve the oral health of Minnesotans. We are pleased that the plans offered on MNsure will include pediatric dental benefits as part of the 10 essential health benefits.

Dentistry exists in a paradigm where it is independent from people's medical coverage but imperative to overall health. As such, it is critical that dental stakeholders be considered as provider participants in future advisory committees. There will be many nuances to the implementation of the dental benefit, and we are eager to provide input to ensure the best experience and health outcomes for Minnesotans.

Thank you.

**Carmelo Cinqueonce, MBA**  
Executive Director

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[ccinque@mndental.org](mailto:ccinque@mndental.org)

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June 24, 2013

MNsure Board  
81 East 7th Street, Suite 300  
St. Paul, MN 55101-2211

*Submitted via electronic mail*

Dear MNsure Board Members,

The Minnesota Pharmacists Association (MPhA), on behalf of its 3,200 members, extends our appreciation for the opportunity to submit comments to MNsure about the proposed charter for the MNsure Health Industry Advisory Committee. MPhA, founded in 1883, is a 501(c)(6) non-profit trade association for pharmacy professionals in Minnesota. We are submitting our comments to discuss the important role pharmacists can play in optimizing benefits in the new and expanded health care marketplace. In particular, MPhA believes pharmacists should be specifically included as a health care provider in the charter of the Health Industry Advisory Committee.

Pharmacists provide innovative services that help to improve patient health care outcomes while also helping to reduce healthcare costs. This includes meeting with patients face-to-face to help them understand their medication therapy, how to take their medications properly, and the importance of adhering to their medication treatment as well as the other patient care services that pharmacists provide such as vaccinations and disease management programs. Pharmacists' services have been shown to help improve patient healthcare outcomes and help to reduce the use of more costly healthcare services such as emergency room visits and hospitalizations.

MNsure will greatly benefit from the inclusion of the pharmacists' perspective on the Health Industry Advisory Committee, and in the formation of strategies to improve patient outcomes. Pharmacists have gained the trust of their patients as medication experts who are readily accessible in the community and available to help them with medication-related questions, and to work with the patient and their other healthcare providers to maximize the benefits of their medication therapy.

Pharmacists play a vital role in improving patient health outcomes and reducing healthcare costs. Pharmacists' services such as Medication Therapy Management (MTM) will significantly help medical homes to achieve the goals of improving patients' health outcomes through cost-effective healthcare services. MTM services have been shown to promote patients' adherence to their medication therapy, promote optimal and cost-effective drug therapy, and reduce duplicative medications, resulting in improved patient health outcomes while also helping to reduce healthcare costs.

**MINNESOTA PHARMACISTS ASSOCIATION**

1000 Westgate Drive, Suite 252 • St. Paul, MN 55114 • MN: 800.451.8349 • metro: 651.697.1771 • fax: 651.290.2266  
[www.mpha.org](http://www.mpha.org)

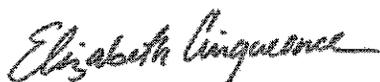
Poor medication adherence costs the nation approximately \$290 billion annually – 13% of total healthcare expenditures – and has been shown to result in costly health complications, worsening of disease progression, increased emergency room visits and hospital stays. The lack of medication adherence is associated with about \$47 billion annually for drug-related hospitalizations, and estimated 40 percent of nursing home admissions.<sup>1</sup>

A study published in the January 2012 edition of *Health Affairs* identified the key role pharmacists play in providing MTM services. The study found that a pharmacy-based intervention program increased patient adherence for patients with diabetes and that the benefits were greater for those who received counseling. The study suggested that interventions such as in-person, face-to-face interaction between the pharmacist and the patient contributed to improved behavior with a return on investment of 3 to 1.

Similar results were seen with the implementation of the Minnesota Medicaid MTM program which uses pharmacists to help patients manage their medications and improve patient adherence. According to a 2008 study in the *Journal of the American Pharmacists Association*, the MTM services in Minnesota resulted in a 31% reduction in total health expenditures per patient, from \$11,965 to \$8,197, and a 14% increase in meeting patient's goals. The savings exceeded the cost of MTM services by more than 12 to 1.

We thank you for the opportunity to comment in regards to MNsure and urge you to specifically include pharmacists in the MNsure Health Industry Advisory Committee. We look forward to working with you in the future.

Sincerely,



Elizabeth Cinqueonce  
Executive Vice President

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<sup>1</sup> New England Healthcare Institute, 2009.

**MINNESOTA PHARMACISTS ASSOCIATION**

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NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

June 24, 2013

MNsure  
81 East 7th Street, Suite 300  
St. Paul, MN 55101-2211

Submitted via electronic mail

Dear MNsure Board of Directors:

On behalf of our members operating community pharmacies in the State of Minnesota, the National Association of Chain Drug Stores (NACDS) thanks you for the opportunity to submit comments about MNsure and the proposed charter for its Health Industry Advisory Committee. We are submitting our comments to discuss the important role community pharmacies and pharmacists can play to help optimize the benefits in the new and expanded health care marketplace. In particular, NACDS believes community pharmacies and pharmacists should be specifically included as a health care provider in the charter of the Health Industry Advisory Committee.

Community pharmacies provide innovative services that help to improve patient health care outcomes while also helping to reduce healthcare costs. Community pharmacists meet with patients face-to-face to help patients understand their medication therapy, how to take their medications properly, and the importance of adhering to their medication treatment as well as the other patient care services that community pharmacies provide such as vaccinations and disease management programs. Community pharmacist services have been shown to help improve patient healthcare outcomes and help to reduce the use of more costly healthcare services such as emergency room visits and hospitalizations.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chain pharmacies are the primary providers of prescription medications in both the Medicaid and Medicare Part D programs. They fill over 2.7 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States. In Minnesota, there are more than 750 chain pharmacies employing nearly 3,000 pharmacists.

We believe that patient health care outcomes in MNsure will greatly benefit from the inclusion of the community pharmacy perspective on the Health Industry Advisory Committee. Community pharmacists have gained the trust of their patients as medication experts who are readily accessible in the community and available to help them with medication-related questions, and to work with the patient and their other healthcare providers to maximize the benefits of their medication therapy.

We also believe community pharmacies improve patient health outcomes and to help reduce healthcare costs. Community pharmacy services such as Medication Therapy Management (MTM) will significantly help medical homes to achieve the goals of

improving patients' health outcomes through cost-effective healthcare services. Community pharmacy MTM services have been shown to promote patients' adherence to their medication therapy, promote optimal and cost-effective drug therapy, and reduce duplicative medications, resulting in improved patient health outcomes while also helping to reduce healthcare costs.

Poor medication adherence costs the nation approximately \$290 billion annually – 13% of total healthcare expenditures – and has been shown to result in costly health complications, worsening of disease progression, increased emergency room visits and hospital stays. The lack of medication adherence is associated with about \$47 billion annually for drug-related hospitalizations, and estimated 40 percent of nursing home admissions.<sup>1</sup>

A study published in the January 2012 edition of *Health Affairs* identified the key role retail community pharmacies play in providing MTM services. The study found that a pharmacy-based intervention program increased patient adherence for patients with diabetes and that the benefits were greater for those who received counseling in a retail, face-to-face setting as opposed to a phone call from a mail order pharmacist. The study suggested that interventions such as in-person, face-to-face interaction between the retail pharmacist and the patient contributed to improved behavior with a return on investment of 3 to 1.

Similar results were seen with the implementation of the Minnesota Medicaid MTM program which uses pharmacists to help patients manage their medications and improve patient adherence. According to a 2008 study in the *Journal of the American Pharmacists Association*, the MTM services in Minnesota resulted in a 31% reduction in total health expenditures per patient, from \$11,965 to \$8,197, and a 14% increase in meeting patient's goals. The savings exceeded the cost of MTM services by more than 12 to 1.

Community pharmacists are also valuable members of the health care team who have an important role to play in providing immunization services. Highly educated to provide patient care services, pharmacists are well-suited to help states increase their vaccination rates and reduce the incidence of vaccine preventable diseases. Expanding pharmacists' vaccination authority can also lead to decreased health care costs for health insurers and other third party payors. As noted by the Department of Defense in a 2011 final rule expanding the portfolio of vaccines that TRICARE beneficiaries may obtain from community pharmacies, significant savings were achieved under the TRICARE program when the program was first implemented to allow beneficiaries to obtain flu & pneumococcal vaccines from retail pharmacies. It was estimated that for the first six months that beneficiaries could obtain their vaccinations from pharmacists, 18,361 vaccines for H1N1, flu & pneumococcal were administered at a cost of nearly \$300,000; had those vaccines been administered under the medical benefit, the cost to TRICARE

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<sup>1</sup> New England Healthcare Institute, 2009.

would have been \$1.8M.<sup>2</sup> Indeed, this is why the Department of Defense opted to expand the types of vaccines that TRICARE beneficiaries may obtain from community pharmacies to include all CDC-recommended vaccines.

We thank you for the opportunity to comment in regards to MNsure and urge you to specifically include community pharmacy in its Health Industry Advisory Committee. We look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Joel Kurzman". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Joel Kurzman  
Director, State Government Affairs

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<sup>2</sup> 76 FR 41063-41065.

**From:** [Steve Janusz](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Comment on the word "Consumer"  
**Date:** Tuesday, June 18, 2013 9:06:49 AM

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Hello MNSure People,  
The choice of the word "Consumer" for the Consumer and Small Employer Advisory Committee is not a good choice. "Consumer" denotes a market place business type person. MNSure and health care should **not** focus itself on this approach. A word such as "User" is more appropriate.

Thanks,  
Steve Janusz  
1515 Parmeadow Dr.  
Northfield, MN 55057  
507-645-0094  
Health Care is a Human Right



June 24, 2013

Re: Comments on MNsure Advisory Committees

Dear MNsure Board of Directors:

Thank you for the opportunity to comment on the draft Policy on Advisory Committees and the two proposed committees: the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee. Take Action MN appreciates the MNsure Board of Directors providing the public with the opportunity to provide input on draft documents as the Board is in the process of establishing its policies and procedures. Establishing the policies and procedures will guide the work of the Board for years to come.

Under Minn. Stat. 62V. subd. 13, the Board has the authority to establish multiple committees. We think it is important the committees are established in a manner that promotes dialogue between the various stakeholders and the Board on important issues. The public and the Board will be best served by a committee structure that allows for open, transparent, and meaningful discussion on issues impacting the operations of MNsure. Thus, while the Draft Policy on Advisory Committees clarifies that meetings are subject to the Open Meeting Law, we would recommend that the Board add additional provisions to all of the documents regarding the flow of information between committees and to the Board that ensures transparency.

#### *Charter for Consumer and Small Employer Advisory Committee*

We would recommend greater clarity on both the definition of consumer and the overall composition of the committee. Two-thirds of individuals covered by MNsure will be enrolled in public programs – either MinnesotaCare or Medical Assistance. (By 2016 it is projected that 850,000 users will be public program enrollees.) The remainder will be individuals receiving tax credits and small business employees. We would strongly recommend that the composition of the committee roughly reflect this breakdown, and provide adequate representation of each category of users. We further suggest that this committee include a combination of individual enrollees and consumer representatives or academics with expertise in the relevant populations. The committee should also include at least one individual with expertise in health disparities.

#### *Charter for Health Industry Advisory Committee*

##### *Description of Duties*

Currently, this committee does not have consumer representation. If the proposed composition remains segregated so there are no consumer interests on the Health Industry Committee, then we would recommend limiting the duties of the committee to technical matters. We would propose adding two sentences to read: “The committee will advise the MNsure Board on technical matters specific to the health industry. When a policy matter impacts the broader public, the Board shall also seek advice from the Consumer and Small Business committee.”

## *Composition*

The draft composition of this group also reflects a somewhat narrow view of the health care industry. In particular, given that navigators will perform many of the same services as insurance producers (i.e. serve as intermediaries between the consumers, small businesses and MNsure) we think navigators should be included in the Health Industry Advisory Committee.

## *Draft Policy on Advisory Committees*

### Sections 1.2, 1.9 and 1.12: General Provisions, Special Meetings and Expiration

These sections provide the Board with the authority to “reorganize advisory committees at any time.” We would suggest adding that the Board must provide 30 days’ notice to the public of its intent to reorganize, and seek public comment on the reorganization.

If a special meeting of an advisory committee is called with the minimum notice of one day, the Board should be required to publically post the notice or notify all stakeholders at the same time it is notifying committee members of the special meeting.

### Section 1.3: Appointment.

We would suggest adding an F to read: All vacancies must be filled within 60 days.

### Section 1.4: Number.

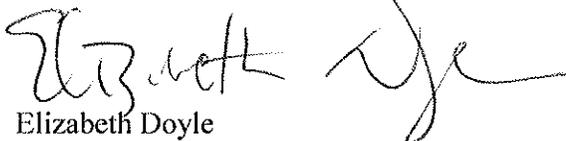
While we understand that the Board wants flexibility to have additional committees, we do not support any committee having three members. During the legislative session there was extensive discussion about the small number of members on the MNsure Board of Directors. The legislature established the advisory committees so many different stakeholder interests would have the opportunity to provide input on the operations of MNsure. We recommend the minimum membership of a committee be seven members.

### Section 1.11: Communication to the Board

This provision is confusing because it directs all communication with the Board to be directed through the chairperson of the advisory committee, but a Board member will also be on the committee and not necessarily the chair of the Board.

Thank you for the opportunity to provide comments.

Sincerely,



Elizabeth Doyle  
Associate Director

**From:** [Lindoo, Jeff](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Advisory Committees  
**Date:** Friday, June 21, 2013 9:34:57 AM

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On behalf of Thrifty White Pharmacy and the community pharmacy industry in Minnesota, I want to thank MNsure for the opportunity to submit comments on the proposed formation of a Health Industry Advisory Committee. Thrifty White is a 100% employee-owned, Minnesota-based corporation which operates 90 pharmacies in the Upper-Midwest, 51 in the State of Minnesota. Most of our pharmacies are located in rural communities across the State.

I am writing to support the formation of a Health Industry Advisory Committee for MNsure and to support the inclusion of a community pharmacy member on that committee. As Minnesota's uninsured gain health insurance, prescription drug benefits will be a very significant new benefit. The community pharmacist will probably be the most frequently-encountered member of the health care team for the newly insured. It is essential that input from the community pharmacy perspective be included as this new marketplace is developed and refined.

The role of the community pharmacist is also rapidly evolving from the supplier of prescription drug product to an active member of the health care team. In the Medicare prescription drug benefit, pharmacists are providing Medication Therapy Management (MTM) services to millions of beneficiaries, improving medication compliance, improving health outcomes and reducing health care costs. In just a few years, community pharmacists have become one of the most common sources of immunization protection for Minnesota citizens and pharmacists have long been the source of information and advice on our most cost-effective treatments, OTC medications.

The New England Healthcare Institute estimates that poor medication adherence costs the United States \$290 billion annually, resulting in costly health complications, progression of disease and increased physician visits, hospitalizations and emergency room visits. Many studies have shown that pharmacist-provided MTM services can improve medication adherence, improve health outcomes and reduce health care costs with a return on investment of anywhere from 3 to 1 to 14 to 1.

Thank you for the opportunity to submit these comments and, again, I urge the inclusion of a representative of the most accessible member of the health care team, the community pharmacist, on the Health Industry Advisory Committee.

Jeff Lindoo, RPh.  
Vice President, Governmental & Regulatory Affairs  
Thrifty White Pharmacies  
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Alexandria, MN 56308  
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**From:** audrey@smallbusinessmn.org [mailto:audrey@smallbusinessmn.org]  
**Sent:** Tuesday, June 25, 2013 4:16 PM  
**To:** 'PublicComments.HIX@state.mn.us'  
**Subject:** Advisory Committees

I am hopeful that Small Business Minnesota will be considered to serve on the MNsure small business advisory board.

And that small businesses are defined as having 100 or less FTEs, since that accounts for more than 95% of small business in Minnesota.

Thank you.

-Audrey

Audrey Britton  
Public and government relations director  
[audrey@smallbusinessmn.org](mailto:audrey@smallbusinessmn.org)  
(763) 280-3316  
PO Box 46265 Plymouth MN 55446

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[facebook.com/smallbusinessmn](https://www.facebook.com/smallbusinessmn)