

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1818

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| DATE | D-PG | OFFICIAL STATUS |
|------------|------|--|
| 03/16/2015 | 908 | Introduction and first reading Referred to Health, Human Services and Housing |
| 03/19/2015 | 1006 | Comm report: To pass and re-referred to Judiciary |
| 03/25/2015 | | Comm report: To pass as amended and re-refer to Finance |

1.1 A bill for an act
1.2 relating to health; permitting the commissioner of health to use the all-payer
1.3 claims data to compile public use files of summary data; amending Minnesota
1.4 Statutes 2014, section 62U.04, subdivision 11.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2014, section 62U.04, subdivision 11, is amended to read:

1.7 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding
1.8 subdivision 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the
1.9 commissioner's designee shall only use the data submitted under subdivisions 4 and 5 for
1.10 the following purposes:

1.11 (1) to evaluate the performance of the health care home program as authorized under
1.12 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

1.13 (2) to study, in collaboration with the reducing avoidable readmissions effectively
1.14 (RARE) campaign, hospital readmission trends and rates;

1.15 (3) to analyze variations in health care costs, quality, utilization, and illness burden
1.16 based on geographical areas or populations; ~~and~~

1.17 (4) to evaluate the state innovation model (SIM) testing grant received by the
1.18 Departments of Health and Human Services, including the analysis of health care cost,
1.19 quality, and utilization baseline and trend information for targeted populations and
1.20 communities; and

1.21 (5) to compile one or more public use files of summary data or tables that must:

1.22 (i) be available to the public for no or minimal cost by January 1, 2016;

1.23 (ii) not identify individual patients, payers, or providers;

2.1 (iii) be updated by the commissioner, at least annually, with the most current data
2.2 available; and

2.3 (iv) contain clear and conspicuous explanations of the characteristics of the data,
2.4 such as the dates of the data contained in the files, the absence of costs of care for
2.5 uninsured patients or nonresidents, and other disclaimers that provide appropriate context.

2.6 (b) The commissioner may publish the results of the authorized uses identified
2.7 in paragraph (a) so long as the data released publicly do not contain information or
2.8 descriptions in which the identity of individual hospitals, clinics, or other providers may
2.9 be discerned.

2.10 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
2.11 using the data collected under subdivision 4 to complete the state-based risk adjustment
2.12 system assessment due to the legislature on October 1, 2015.

2.13 (d) The commissioner or the commissioner's designee may use the data submitted
2.14 under subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until
2.15 July 1, 2016.