

HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 926

- 03/07/2011 Authored by Gottwalt, Huntley, Hosch, Abeler, Kiffmeyer and others  
The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform
- 04/11/2011 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Reform
- 04/28/2011 Adoption of Report: Pass and Read Second Time
- 05/23/2011 Pursuant to Rule 4.20, re-referred to the Committee on Health and Human Services Reform
- 03/15/2012 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
 1.2 relating to health; changing provisions for evaluation of health coverage  
 1.3 mandates; amending Minnesota Statutes 2010, section 62J.26.

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

1.5 Section 1. Minnesota Statutes 2010, section 62J.26, is amended to read:

1.6 **62J.26 EVALUATION OF ~~PROPOSED~~ HEALTH COVERAGE MANDATES.**

1.7 Subdivision 1. **Definitions.** For purposes of this section, the following terms have  
 1.8 the meanings given unless the context otherwise requires:

1.9 (1) "commissioner" means the commissioner of commerce;

1.10 (2) "health plan" means a health plan as defined in section 62A.011, subdivision 3,  
 1.11 but includes coverage listed in clauses (7) and (10) of that definition;

1.12 (3) "mandated health benefit ~~proposal~~" means a ~~proposal that would statutorily~~  
 1.13 ~~require~~ requirement, proposed or currently in Minnesota statute or rule, that a health  
 1.14 ~~plan to~~ do the following:

1.15 (i) provide coverage or increase the amount of coverage for the treatment of a  
 1.16 particular disease, condition, or other health care need;

1.17 (ii) provide coverage or increase the amount of coverage of a particular type of  
 1.18 health care treatment or service or of equipment, supplies, or drugs used in connection  
 1.19 with a health care treatment or service; or

1.20 (iii) provide coverage for care delivered by a specific type of provider.

1.21 ~~"Mandated A mandated health benefit proposal"~~ does not include ~~health benefit~~  
 1.22 ~~proposals amending an amendment to~~ the scope of practice of a licensed health care  
 1.23 professional.

2.1 Subd. 2. **Evaluation process and content.** (a) The commissioner, in consultation  
 2.2 with the commissioners of health and management and budget, must evaluate mandated  
 2.3 health benefit proposals ~~as provided under subdivision 3.~~

2.4 (b) The purpose of the evaluation is to provide the legislature with a complete  
 2.5 and timely analysis of all ramifications of any mandated health benefit proposal. The  
 2.6 evaluation must include, in addition to other relevant information, the following:

2.7 (1) scientific and medical information on the proposed health benefit, on the  
 2.8 potential for harm or benefit to the patient, and on the comparative benefit or harm from  
 2.9 alternative forms of treatment;

2.10 (2) public health, economic, and fiscal impacts of the proposed mandate on persons  
 2.11 receiving health services in Minnesota, on the relative cost-effectiveness of the benefit,  
 2.12 and on the health care system in general;

2.13 (3) the extent to which the service is generally utilized by a significant portion  
 2.14 of the population;

2.15 (4) the extent to which insurance coverage for the proposed mandated benefit is  
 2.16 already generally available;

2.17 (5) the extent to which the mandated coverage will increase or decrease the cost  
 2.18 of the service; and

2.19 (6) the commissioner may consider actuarial analysis done by health insurers in  
 2.20 determining the cost of the proposed mandated benefit.

2.21 (c) The commissioner must summarize the nature and quality of available  
 2.22 information on these issues, and, if possible, must provide preliminary information to the  
 2.23 public. The commissioner may conduct research on these issues or may determine that  
 2.24 existing research is sufficient to meet the informational needs of the legislature. The  
 2.25 commissioner may seek the assistance and advice of researchers, community leaders, or  
 2.26 other persons or organizations with relevant expertise.

2.27 Subd. 3. **Requests for evaluation.** (a) Whenever ~~a legislative measure containing~~  
 2.28 a mandated health benefit proposal is introduced as included in a bill or offered as an  
 2.29 amendment to a bill, ~~or is likely to be introduced as a bill or offered as an amendment,~~ a  
 2.30 chair of any standing legislative committee that has jurisdiction over the subject matter  
 2.31 ~~of the proposal may~~ must request that the commissioner complete an evaluation of the  
 2.32 ~~proposal~~ mandated health benefit under this section, to inform any committee of floor  
 2.33 action by either house of the legislature.

2.34 (b) The commissioner must conduct an evaluation described in subdivision 2 of each  
 2.35 mandated health benefit ~~proposal~~ for which an evaluation is requested under paragraph (a);

3.1 ~~unless the commissioner determines under paragraph (c) or subdivision 4 that priorities~~  
 3.2 ~~and resources do not permit its evaluation.~~

3.3 ~~(c) If requests for evaluation of multiple proposals are received, the commissioner~~  
 3.4 ~~must consult with the chairs of the standing legislative committees having jurisdiction~~  
 3.5 ~~over the subject matter of the mandated health benefit proposals to prioritize the requests~~  
 3.6 ~~and establish a reporting date for each proposal to be evaluated. The commissioner is~~  
 3.7 ~~not required to direct an unreasonable quantity of the commissioner's resources to these~~  
 3.8 ~~evaluations.~~ Following the promulgation of the interim or final regulations governing the  
 3.9 definition of federal essential health benefits set, the commissioner must examine all  
 3.10 existing state benefit mandates on health plans, either in Minnesota statute or rule, and  
 3.11 determine which are outside of the scope of the federally defined essential health benefits.  
 3.12 For each of the mandated health benefits not included, in part or in full, in the federal  
 3.13 essential health benefits, an evaluation must be completed.

3.14 ~~Subd. 4. **Sources of funding.** (a) The commissioner need not use any funds for~~  
 3.15 ~~purposes of this section other than as provided in this subdivision or as specified in an~~  
 3.16 ~~appropriation.~~

3.17 ~~(b) The commissioner may seek and accept funding from sources other than the state~~  
 3.18 ~~to pay for evaluations under this section to supplement or replace state appropriations.~~  
 3.19 ~~Any money received under this paragraph must be deposited in the state treasury, credited~~  
 3.20 ~~to a separate account for this purpose in the special revenue fund, and is appropriated to~~  
 3.21 ~~the commissioner for purposes of this section.~~

3.22 ~~(c) If a request for an evaluation under this section has been made, the commissioner~~  
 3.23 ~~may use for purposes of the evaluation:~~

3.24 ~~(1) any funds appropriated to the commissioner specifically for purposes of this~~  
 3.25 ~~section; or~~

3.26 ~~(2) funds available under paragraph (b), if use of the funds for evaluation of that~~  
 3.27 ~~mandated health benefit proposal is consistent with any restrictions imposed by the~~  
 3.28 ~~source of the funds.~~

3.29 ~~(d) The commissioner must ensure that the source of the funding has no influence on~~  
 3.30 ~~the process or outcome of the evaluation.~~

3.31 **Subd. 5. Report to legislature.** The commissioner must submit a written report  
 3.32 on the evaluation of any mandated health benefits to the legislature no later than ~~180~~ 30  
 3.33 days after the request. The commissioner must submit a written report on the evaluation  
 3.34 of any existing state mandated health benefits to the legislature no later than 180 days after  
 3.35 the essential benefit set regulations are promulgated. The report must be submitted in  
 3.36 compliance with sections 3.195 and 3.197.