A bill for an act

relating to health; developing technology standards and tools to exchange information electronically between groups; amending Minnesota Statutes 2008, section 62J.60, by adding a subdivision.

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

Section 1. Minnesota Statutes 2008, section 62J.60, is amended by adding a subdivision to read:

Subd. 6. **Developing technology standards and tools.** The commissioner of health, in consultation with the Minnesota Administrative Uniformity Committee, the commissioner of commerce, and the commissioner of human services, shall study and make recommendations on the feasibility and barriers to simplifying health care administrative transactions through electronic data interchange. The study shall include:

(1) recommendations regarding the feasibility and barriers to establishing a single, standardized system for all group purchasers for health care administrative transactions and notification, preauthorization, or service notification, and retroactive denial through electronic data interchange, identifying a range of potential technologies to accomplish this purpose;

(2) recommendations regarding the relationship of technologies to the e-prescribing requirements of section 62J.497;

(3) recommendations for ensuring that any use of technologies by providers and group purchasers is consistent with national standards;

(4) an analysis of the readiness of providers and group purchasers to implement appropriate technologies and comply with technology requirements already required by law; and

(5) recommendations for prioritizing the implementation of specific technologies in relation to provider and health plan efforts to meet the requirements of section 62J.536, to meet the administrative requirements of section 62J.497, to meet federal requirements for transitioning from ICD-9 to ICD-10, and to comply with federal changes to Code of Federal Regulations, title 45, part 162.

By February 1, 2011, the commissioner shall report the study and recommendations to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care policy and finance.