

A bill for an act

relating to health; eliminating health care provider reporting requirements that are not required for federal compliance; requiring a sunset for future reporting requirements; amending Minnesota Statutes 2010, sections 144.05, by adding a subdivision; 256.01, by adding a subdivision.

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

Section 1. Minnesota Statutes 2010, section 144.05, is amended by adding a subdivision to read:

Subd. 6. Elimination of certain provider reporting requirements; sunset of new requirements. (a) Notwithstanding any other law, rule, or provision to the contrary, effective July 1, 2012, the commissioner shall cease collecting from health care providers and purchasers all reports and data related to health care costs, quality, utilization, access, patient encounters, and disease surveillance and public health, and related to provider licensure, monitoring, finances, and regulation, unless the reports or data are necessary for federal compliance. For purposes of this subdivision, the term "health care providers and purchasers" has the meaning provided in section 62J.03, subdivision 8, except that it also includes nursing homes, health plan companies as defined in section 62Q.01, subdivision 4, and managed care and county-based purchasing plans delivering services under sections 256B.69 and 256B.692.

(b) The commissioner shall present to the 2012 legislature draft legislation to repeal, effective July 1, 2012, the provider reporting requirements identified under paragraph (a) that are not necessary for federal compliance.

(c) The commissioner may establish new provider reporting requirements to take effect on or after July 1, 2012. These new reporting requirements must sunset five years from their effective date, unless they are renewed by the commissioner. All new provider

2.1 reporting requirements and requests for their renewal shall not take effect unless they
2.2 are enacted in state law.

2.3 Sec. 2. Minnesota Statutes 2010, section 256.01, is amended by adding a subdivision
2.4 to read:

2.5 Subd. 33. **Elimination of certain provider reporting requirements; sunset of**
2.6 **new requirements.** (a) Notwithstanding any other law, rule, or provision to the contrary,
2.7 effective July 1, 2012, the commissioner shall cease collecting from health care providers
2.8 and purchasers all reports and data related to health care costs, quality, utilization, access,
2.9 patient encounters, and disease surveillance and public health, and related to provider
2.10 licensure, monitoring, finances, and regulation, unless the reports or data are necessary for
2.11 federal compliance. For purposes of this subdivision, the term "health care providers and
2.12 purchasers" has the meaning provided in section 62J.03, subdivision 8, except that it also
2.13 includes nursing homes, health plan companies as defined in section 62Q.01, subdivision
2.14 4, and managed care and county-based purchasing plans delivering services under sections
2.15 256B.69 and 256B.692.

2.16 (b) The commissioner shall present to the 2012 legislature draft legislation to repeal,
2.17 effective July 1, 2012, the provider reporting requirements identified under paragraph (a)
2.18 that are not necessary for federal compliance.

2.19 (c) The commissioner may establish new provider reporting requirements to take
2.20 effect on or after July 1, 2012. These new reporting requirements must sunset five years
2.21 from their effective date, unless they are renewed by the commissioner. All new provider
2.22 reporting requirements and requests for their renewal shall not take effect unless they
2.23 are enacted in state law.