A bill for an act

relating to health; developing technology standards and tools to exchange information electronically between groups; requiring assignment of benefits for health and medical savings accounts; amending Minnesota Statutes 2008, section 62J.60, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 62J.

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.** (a) The Health Information Technology and Infrastructure Advisory Committee shall:

(1) apply the electronic data interchange standards identified under section 62J.56 and make recommendations to simplify eligibility and coverage verification through electronic data interchange utilizing swipe card or other appropriate technology;

(2) make recommendations regarding eligibility notification, preauthorization, or service notification and retroactive denial through electronic data interchange using swipe card or other appropriate technology;

(3) make recommendations regarding how to incorporate electronic prescribing information;

(4) make recommendations regarding whether, once electronic data interchange technology and tools are fully implemented, standardized printed cards are necessary and, if so, what information needs to be included on the printed cards;

(5) make recommendations regarding when such technology could be implemented for MinnesotaCare and medical assistance programs; and

(6) make recommendations, if the committee so chooses, to create a pilot program for initial use of the recommended technology and tools.

(b) The committee shall report its recommendations to the commissioner no later than six months after its first meeting, except that, if the committee is unable to complete its duties within six months, it may request that the commissioner extend the deadline by not more than an additional six months.

(c) After receiving the committee's recommendations, the commissioner shall report the committee's recommendations to the legislature and request authorization to adopt rules to implement a standardized electronic swipe card or other appropriate technology to be used by group purchasers, providers, and beneficiaries under a health benefit plan to allow access to information regarding the applicable coverage under the plan. Group purchasers shall implement the new technology no later than two years after the effective date of the rules adopted pursuant to this paragraph, except that, if the committee concludes that group purchasers are unable to fully implement the technology by the deadline, the committee may recommend that the commissioner grant an extension of not more than six months for full implementation of the requirements for such rules.

(d) The rules adopted by the commissioner pursuant to this section shall conform to applicable federal guidelines on standardized claims attachment forms once such federal guidelines are adopted.

(e) The commissioner shall amend, modify, reenact, update, or otherwise revise the rules adopted pursuant to this section as necessary to reflect the most current technology available that will allow real-time data exchange, benefits eligibility, coverage determinations, and other appropriate provider-group purchaser transactions.

(f) Health care providers shall use the standardized printed card or other appropriate technology provided to beneficiaries and, once implemented, shall use the standardized electronic technology for accessing information about the coverage available under a health benefit plan for a beneficiary to whom health care services are or will be provided by the health care provider.

Sec. 2. **[62J.84] ASSIGNMENT OF BENEFITS FOR HEALTH SAVINGS ACCOUNTS.**

All persons using a health savings account or medical savings account as defined in section 62Q.65 shall make an assignment of benefits from the health savings account or medical savings account to a health care provider for goods and services provided or rendered by that provider. Where a person has made an assignment of benefits from the

person's health savings account or medical savings account to a healthcare provider, the person's health plan company shall pay the provider directly for the services provided.

Sec. 3. **EFFECTIVE DATE.**

Section 2 is effective the day following final enactment.