

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 349

(SENATE AUTHORS: JENSEN, Rosen and Draheim)

DATE	D-PG	OFFICIAL STATUS
01/22/2019	134	Introduction and first reading Referred to Health and Human Services Finance and Policy
02/28/2019	575a	Comm report: To pass as amended
	577	Second reading
	4688	Rule 47, returned to Health and Human Services Finance and Policy See First Special Session 2019, SF12, Art. 11, Sec. 2-3, 23-25, 29, 31

1.1 A bill for an act

1.2 relating to health; eliminating the interoperable electronic health records system

1.3 mandate; amending Minnesota Statutes 2018, section 62J.495, subdivisions 1, 3.

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

1.5 Section 1. Minnesota Statutes 2018, section 62J.495, subdivision 1, is amended to read:

1.6 Subdivision 1. **Implementation.** ~~By January 1, 2015, all hospitals and health care~~

1.7 ~~providers, as defined in section 62J.03, subdivision 8, must have in place an interoperable~~

1.8 ~~electronic health records system within their hospital system or clinical practice setting.~~

1.9 The commissioner of health, in consultation with the e-Health Advisory Committee, shall

1.10 develop a statewide plan to meet this goal, including uniform standards to be used for the

1.11 interoperable electronic health records system for sharing and synchronizing patient data

1.12 across systems. The standards must be compatible with federal efforts. The uniform standards

1.13 must be developed by January 1, 2009, and updated on an ongoing basis. The commissioner

1.14 shall include an update on standards development as part of an annual report to the legislature.

1.15 Individual health care providers in private practice with no other providers and health care

1.16 providers that do not accept reimbursement from a group purchaser, as defined in section

1.17 62J.03, subdivision 6, are excluded from the requirements of this section.

1.18 Sec. 2. Minnesota Statutes 2018, section 62J.495, subdivision 3, is amended to read:

1.19 Subd. 3. **Interoperable electronic health record requirements.** (a) ~~To meet the~~

1.20 ~~requirements of subdivision 1,~~ Hospitals and health care providers must meet the following

1.21 criteria when implementing an interoperable electronic health records system within their

1.22 hospital system or clinical practice setting.

2.1 (b) The electronic health record must be a qualified electronic health record.

2.2 (c) The electronic health record must be certified by the Office of the National
2.3 Coordinator pursuant to the HITECH Act. This criterion only applies to hospitals and health
2.4 care providers if a certified electronic health record product for the provider's particular
2.5 practice setting is available. This criterion shall be considered met if a hospital or health
2.6 care provider is using an electronic health records system that has been certified within the
2.7 last three years, even if a more current version of the system has been certified within the
2.8 three-year period.

2.9 (d) The electronic health record must meet the standards established according to section
2.10 3004 of the HITECH Act as applicable.

2.11 (e) The electronic health record must have the ability to generate information on clinical
2.12 quality measures and other measures reported under sections 4101, 4102, and 4201 of the
2.13 HITECH Act.

2.14 (f) The electronic health record system must be connected to a state-certified health
2.15 information organization either directly or through a connection facilitated by a state-certified
2.16 health data intermediary as defined in section 62J.498.

2.17 (g) A health care provider who is a prescriber or dispenser of legend drugs must have
2.18 an electronic health record system that meets the requirements of section 62J.497.

2.19 **Sec. 3. EFFECTIVE DATE.**

2.20 Sections 1 and 2 are effective the day following final enactment.