SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 2017

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DATE	D-PG	OFFICIAL STATUS
03/09/2017	1253	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to human services; limiting the use of pain assessments for purposes of
1.3 determining provider payments; amending Minnesota Statutes 2016, section
1.4 256B.072.

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

1.6 Section 1. Minnesota Statutes 2016, section 256B.072, is amended to read:

1.7 **256B.072 PERFORMANCE REPORTING AND QUALITY IMPROVEMENT**
1.8 **SYSTEM.**

1.9 (a) The commissioner of human services shall establish a performance reporting system
1.10 for health care providers who provide health care services to public program recipients
1.11 covered under chapters 256B, 256D, and 256L, reporting separately for managed care and
1.12 fee-for-service recipients.

1.13 (b) The measures used for the performance reporting system for medical groups shall
1.14 include measures of care for asthma, diabetes, hypertension, and coronary artery disease
1.15 and measures of preventive care services. The measures used for the performance reporting
1.16 system for inpatient hospitals shall include measures of care for acute myocardial infarction,
1.17 heart failure, and pneumonia, and measures of care and prevention of surgical infections.
1.18 In the case of a medical group, the measures used shall be consistent with measures published
1.19 by nonprofit Minnesota or national organizations that produce and disseminate health care
1.20 quality measures or evidence-based health care guidelines. In the case of inpatient hospital
1.21 measures, the commissioner shall appoint the Minnesota Hospital Association and Stratis
1.22 Health to advise on the development of the performance measures to be used for hospital
1.23 reporting. To enable a consistent measurement process across the community, the

2.1 commissioner may use measures of care provided for patients in addition to those identified
2.2 in paragraph (a). The commissioner shall ensure collaboration with other health care reporting
2.3 organizations so that the measures described in this section are consistent with those reported
2.4 by those organizations and used by other purchasers in Minnesota.

2.5 (c) The commissioner may require providers to submit information in a required format
2.6 to a health care reporting organization or to cooperate with the information collection
2.7 procedures of that organization. The commissioner may collaborate with a reporting
2.8 organization to collect information reported and to prevent duplication of reporting.

2.9 (d) By October 1, 2007, and annually thereafter, the commissioner shall report through
2.10 a public Web site the results by medical groups and hospitals, where possible, of the measures
2.11 under this section, and shall compare the results by medical groups and hospitals for patients
2.12 enrolled in public programs to patients enrolled in private health plans. To achieve this
2.13 reporting, the commissioner may collaborate with a health care reporting organization that
2.14 operates a Web site suitable for this purpose.

2.15 (e) Performance measures must be stratified as provided under section 62U.02,
2.16 subdivision 1, paragraph (b), and risk-adjusted as specified in section 62U.02, subdivision
2.17 3, paragraph (b).

2.18 (f) Assessment of patient satisfaction with pain management for the purpose of
2.19 determining compensation or quality incentive payments is prohibited. The commissioner
2.20 shall require managed care plans, county-based purchasing plans, and integrated health
2.21 partnerships to comply with this requirement as a condition of contract. This prohibition
2.22 does not apply to:

2.23 (1) assessing patient satisfaction with pain management for the purpose of quality
2.24 improvement; and

2.25 (2) pain management as a part of a palliative care treatment plan to treat patients with
2.26 cancer or patients receiving hospice care.