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State of Minnesota

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HOUSE OF REPRESENTATIVES

Unofficial Engrossment

House Engrossment of a Senate File

NINETIETH SESSION

S. F. No. **2675**

05/02/2018 Companion to House File No. 3398. (Authors: Zerwas and Schultz)
Read First Time and Sent for Comparison
05/03/2018 Substituted for H. F. No. 3398
Read for the Second Time
05/15/2018 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments

- 1.1 A bill for an act
- 1.2 relating to health; adding certain definitions; changing the date restriction for the
- 1.3 commissioner of health to use all-payer claims data to analyze health care costs,
- 1.4 quality, utilization, and illness burdens; amending Minnesota Statutes 2016, sections
- 1.5 62U.01, by adding a subdivision; 62U.04, subdivision 11, by adding a subdivision.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2016, section 62U.01, is amended by adding a subdivision
- 1.8 to read:
- 1.9 Subd. 10a. **Self-insurer.** "Self-insurer" has the meaning given in section 62E.02,
- 1.10 subdivision 21.
- 1.11 Sec. 2. Minnesota Statutes 2016, section 62U.04, is amended by adding a subdivision to
- 1.12 read:
- 1.13 Subd. 5a. **Self-insurers.** The commissioner shall not require a self-insurer governed by
- 1.14 the federal Employee Retirement Income Security Act of 1974 (ERISA) to comply with
- 1.15 this section.
- 1.16 Sec. 3. Minnesota Statutes 2016, section 62U.04, subdivision 11, is amended to read:
- 1.17 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
- 1.18 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
- 1.19 designee shall only use the data submitted under subdivisions 4 and 5 for the following
- 1.20 purposes:
- 1.21 (1) to evaluate the performance of the health care home program as authorized under
- 1.22 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

(2) to study, in collaboration with the reducing avoidable readmissions effectively (RARE) campaign, hospital readmission trends and rates;

(3) to analyze variations in health care costs, quality, utilization, and illness burden based on geographical areas or populations;

(4) to evaluate the state innovation model (SIM) testing grant received by the Departments of Health and Human Services, including the analysis of health care cost, quality, and utilization baseline and trend information for targeted populations and communities; and

(5) to compile one or more public use files of summary data or tables that must:

(i) be available to the public for no or minimal cost by March 1, 2016, and available by Web-based electronic data download by June 30, 2019;

(ii) not identify individual patients, payers, or providers;

(iii) be updated by the commissioner, at least annually, with the most current data available;

(iv) contain clear and conspicuous explanations of the characteristics of the data, such as the dates of the data contained in the files, the absence of costs of care for uninsured patients or nonresidents, and other disclaimers that provide appropriate context; and

(v) not lead to the collection of additional data elements beyond what is authorized under this section as of June 30, 2015.

(b) The commissioner may publish the results of the authorized uses identified in paragraph (a) so long as the data released publicly do not contain information or descriptions in which the identity of individual hospitals, clinics, or other providers may be discerned.

(c) Nothing in this subdivision shall be construed to prohibit the commissioner from using the data collected under subdivision 4 to complete the state-based risk adjustment system assessment due to the legislature on October 1, 2015.

(d) The commissioner or the commissioner's designee may use the data submitted under subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1, ~~2019~~ 2023.

(e) The commissioner shall consult with the all-payer claims database work group established under subdivision 12 regarding the technical considerations necessary to create the public use files of summary data described in paragraph (a), clause (5).