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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2116

02/08/2012 Authored by Abeler

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

02/16/2012 By motion, recalled and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; removing a provision that prohibited providers from charging  
1.3 certain patients a fee for producing requested copies of the patient's health  
1.4 record; requiring hospitals to publicly report certain information through the  
1.5 Leapfrog Group; transferring the Department of Health's health economics  
1.6 program to the Department of Commerce; requiring the commissioner of health  
1.7 to study possible effects of allowing for-profit HMOs to operate in the state;  
1.8 modifying requirements for release of patient health information; amending  
1.9 Minnesota Statutes 2010, sections 144.292, subdivision 6; 144.293, subdivision  
1.10 2; proposing coding for new law in Minnesota Statutes, chapter 144.

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

1.12 Section 1. Minnesota Statutes 2010, section 144.292, subdivision 6, is amended to read:

1.13 Subd. 6. **Cost.** (a) When a patient requests a copy of the patient's record for  
1.14 purposes of reviewing current medical care, the provider must not charge a fee.

1.15 (b) When a provider or its representative makes copies of patient records upon a  
1.16 patient's request under this section, the provider or its representative may charge the  
1.17 patient or the patient's representative no more than 75 cents per page, plus \$10 for time  
1.18 spent retrieving and copying the records, unless other law or a rule or contract provide for  
1.19 a lower maximum charge. This limitation does not apply to x-rays. The provider may  
1.20 charge a patient no more than the actual cost of reproducing x-rays, plus no more than  
1.21 \$10 for the time spent retrieving and copying the x-rays.

1.22 (c) The respective maximum charges of 75 cents per page and \$10 for time provided  
1.23 in this subdivision are in effect for calendar year 1992 and may be adjusted annually each  
1.24 calendar year as provided in this subdivision. The permissible maximum charges shall  
1.25 change each year by an amount that reflects the change, as compared to the previous year,  
1.26 in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U),  
1.27 published by the Department of Labor.

2.1 ~~(d) A provider or its representative must not charge a fee to provide copies of records~~  
 2.2 ~~requested by a patient or the patient's authorized representative if the request for copies~~  
 2.3 ~~of records is for purposes of appealing a denial of Social Security disability income or~~  
 2.4 ~~Social Security disability benefits under title II or title XVI of the Social Security Act. For~~  
 2.5 ~~the purpose of further appeals, a patient may receive no more than two medical record~~  
 2.6 ~~updates without charge, but only for medical record information previously not provided.~~  
 2.7 ~~For purposes of this paragraph, a patient's authorized representative does not include units~~  
 2.8 ~~of state government engaged in the adjudication of Social Security disability claims.~~

2.9 Sec. 2. Minnesota Statutes 2010, section 144.293, subdivision 2, is amended to read:

2.10 Subd. 2. **Patient consent to release of records.** A provider, or a person who  
 2.11 receives health records from a provider, may not release a patient's health records to a  
 2.12 person without:

2.13 (1) a signed and dated consent from the patient or the patient's legally authorized  
 2.14 representative authorizing the release;

2.15 (2) specific authorization in law; or

2.16 (3) in the case of a medical emergency, a representation from a provider that holds a  
 2.17 signed and dated consent from the patient authorizing the release.

2.18 Sec. 3. **[144.586] PATIENT SAFETY SURVEY.**

2.19 Hospitals licensed under section 144.55 must submit necessary information to the  
 2.20 Leapfrog Group patient safety survey on an annual basis in order to publicly report patient  
 2.21 safety information and track the progress of each hospital to improve quality, safety,  
 2.22 and efficiency of care delivery.

2.23 Sec. 4. **TRANSFER OF HEALTH ECONOMICS PROGRAM.**

2.24 Subdivision 1. **Transfer.** The duties and activities of the health economics program  
 2.25 at the Minnesota Department of Health conducted pursuant to Minnesota Statutes, chapter  
 2.26 62J, are transferred to the commissioner of commerce.

2.27 Subd. 2. **Effect of transfer.** Minnesota Statutes, section 15.039, applies to the  
 2.28 transfer required in subdivision 1.

2.29 Subd. 3. **Commissioner of commerce.** During the 2013 legislative session, the  
 2.30 commissioner of commerce, in consultation with the revisor of statutes, shall submit to  
 2.31 the legislature a bill making all statutory changes required by the reorganization under  
 2.32 subdivision 1.

3.1            Subd. 4. **Effective date.** The transfer required in subdivision 1 is effective July  
3.2            1, 2012.

3.3            Sec. 5. **STUDY OF FOR-PROFIT HEALTH MAINTENANCE**  
3.4            **ORGANIZATIONS.**

3.5            The commissioner of health shall contract with an entity with expertise in health  
3.6            economics and health care delivery and quality to study the efficiency, costs, service  
3.7            quality, and enrollee satisfaction of for-profit health maintenance organizations, relative to  
3.8            not-for-profit health maintenance organizations operating in Minnesota and other states.  
3.9            The study findings must address whether the state could: (1) reduce medical assistance  
3.10           and MinnesotaCare costs and costs of providing coverage to state employees; and (2)  
3.11           maintain or improve the quality of care provided to state health care program enrollees and  
3.12           state employees if for-profit health maintenance organizations were allowed to operate in  
3.13           the state. The commissioner shall require the entity under contract to report study findings  
3.14           to the commissioner and the legislature by January 15, 2013.