

Subd. 4. EXCEPTION TO ABATEMENT REQUIREMENT. Notwithstanding the requirement in Minnesota Rules, part 4620.2300 Emergency, subpart 2, item B, for abatement of intact paint that is in violation of lead standards in part 4620.2100 Emergency, the commissioner, and political subdivisions, shall not require abatement of intact lead-based paint that is not actually accessible to children as a chewable or lead-dust producing surface and is not a source of actual lead exposure.

Sec. 8. **REPEALER.**

Minnesota Statutes 1989 Supplement, sections 144.851 to 144.860, and section 144.862, are repealed.

Notwithstanding Minnesota Statutes, section 14.05, subdivision 1, the repeal of sections 144.851 to 144.860 and 144.862 does not repeal emergency rules that were adopted under those sections as Minnesota Rules, parts 4620.1900 to 4620.2500 Emergency and that became effective January 8, 1990. These emergency rules remain in effect as provided under Minnesota Statutes, section 14.35.

Presented to the governor April 24, 1990

Signed by the governor April 26, 1990, 11:10 p.m.

CHAPTER 534—S.F.No. 1790

An act relating to health; creating a technology assistance review panel; establishing a legislative task force to study the regulation of health insurance premium rates and health care costs; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 256.

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

Section 1. **[256.9691] TECHNOLOGY ASSISTANCE REVIEW PANEL.**

Subdivision 1. ESTABLISHMENT. The commissioner of health shall establish a technology assistance review panel to resolve disputes over the provision of health care benefits for technology-assisted persons who receive benefits under a policy or plan of health, medical, hospitalization, or accident and sickness insurance regulated under chapter 62A, a subscriber contract of a nonprofit health service plan corporation regulated under chapter 62C, or a certificate of coverage of a health maintenance organization regulated under chapter 62D.

Subd. 2. DEFINITION. For purposes of this section, "technology-assisted person" means a person who:

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- (1) has a chronic health condition;
- (2) requires the routine use of a medical device to compensate for the loss of a life-sustaining body function; and
- (3) requires ongoing care or monitoring by trained personnel on a daily basis.

Subd. 3. STEERING COMMITTEE. The commissioner shall appoint a seven-member steering committee to appoint the review panel members, develop policies and procedures for the review process, including the replacement of review panel members, serve as a liaison between the regulatory agencies and the review panel, and provide the review panel with technical assistance. The steering committee shall consist of representatives of the departments of health, human services, and commerce; a health maintenance organization regulated under chapter 62D; an insurer regulated under chapter 62A or a health service plan corporation regulated under chapter 62C; an advocacy organization representing persons who are technology assisted; and a tertiary care center that serves technology-assisted persons. The steering committee shall not be reimbursed for any expenses as defined under section 15.0575, subdivision 3. The steering committee shall dissolve no later than June 30, 1992.

Subd. 4. COMPOSITION OF REVIEW PANEL. (a) The review panel shall be appointed by the members of the steering committee that do not represent state agencies and must include:

(1) a medical director from an insurer regulated under chapter 62A, a health service plan corporation regulated under chapter 62C, or a health maintenance organization regulated under chapter 62D;

(2) a contract benefits analyst from an insurer regulated under chapter 62A, a health service plan corporation regulated under chapter 62C, or a health maintenance organization regulated under chapter 62D;

(3) a consumer board member of an insurer regulated under chapter 62A, a health service plan corporation regulated under chapter 62C, or a health maintenance organization regulated under chapter 62D;

(4) a physician with expertise in providing care for technology-assisted persons in a nonhospital setting;

(5) a registered nurse with expertise in providing care for technology-assisted persons in a nonhospital setting; and

(6) a consumer of health care benefits regulated under chapter 62A, 62C, or 62D who is a technology-assisted person or the parent or guardian of a technology-assisted person.

(b) The term of service for review panel members is three years except that,

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for the initial appointment, the steering committee shall establish procedures to assure that the terms of the members are staggered. Members are eligible to serve two consecutive terms.

Subd. 5. AUTHORITY. The review panel may review cases involving disputes over the provision of contract benefits regarding discharge planning, home health care benefits eligibility and coverage, or changes in the level of home health care services for technology-assisted persons. The review may be requested by a third-party payor, a health or social service professional, or a parent or guardian of a technology-assisted child or a technology-assisted adult. For the case to be eligible for review by the panel, the parent or guardian of a technology-assisted child or technology-assisted adult must consent to the review. The review panel may not review cases involving discharge to a long-term care facility or cases involving coverage by title 18 or 19 of the Social Security Act or other public funding sources. The review panel may seek advice from experts outside the membership of the panel as necessary. The internal grievance process within an insurer, health service plan corporation, or health maintenance organization, except binding arbitration, must be exhausted before requesting a review by the review panel. The recommendations of the review panel are not binding. If, following a review by the review panel, a complaint is filed with the appropriate state agency regarding the same subject matter, the findings of the review panel must be made available to the agency upon request and with the consent of the parent or guardian of a technology-assisted child or technology-assisted adult. The information must be maintained by the agency as non-public information under chapter 13. The steering committee may establish policies for reimbursement of expenses for review panel members consistent with the provisions of section 15.0575, subdivision 3.

Subd. 6. CONFIDENTIALITY. All proceedings of the review organization are nonpublic under chapter 13. All data, information, and findings acquired and developed by the review panel in the exercise of its duties or functions must be held in confidence, may not be disclosed to anyone except to the extent necessary to carry out one or more of the purposes of the review panel or as described in subdivision 5, and are not subject to subpoena or discovery. Members of the review panel may not disclose what transpired at a meeting of the review panel except to the extent necessary to carry out one or more of the purposes of the review panel. The proceedings and record of the review panel are not subject to discovery or introduction into evidence in any civil action against a health care professional or insurer, health service plan corporation, or health maintenance organization, arising out of the matter or matters that are the subject of consideration by the review panel.

Subd. 7. LIMITATION ON LIABILITY FOR MEMBERS OF STEERING COMMITTEE AND REVIEW PANEL. A person who is a member of, or who acts in an advisory capacity to or who gives counsel or services to, the steering committee or review panel is not liable for damages or other relief in any action brought by a person or persons whose case has been reviewed by the panel, by reason of the performance of any duty, function, or activity of the review panel, unless the performance of the duty, function, or activity was motivated by malice toward the person affected. A member is not liable for damages or other relief in any action by reason of the performance of the

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member of any duty, function, or activity as a member of the steering committee or review panel or by reason of any recommendation or action of the review committee when the member acts in the reasonable belief that the action or recommendation is warranted by the facts known to the member or review panel after reasonable efforts to ascertain the facts.

Sec. 2. LEGISLATIVE TASK FORCE ON HEALTH AND INSURANCE COSTS.

Subdivision 1. LEGISLATIVE TASK FORCE ESTABLISHED. The legislative task force on health and insurance costs and cost containment practices consists of five members of the house of representatives appointed by the speaker of the house and five members of the senate appointed by the subcommittee on committees of the senate rules and administration committee. At least two of the house members and at least two of the senate members must be from the minority caucus.

Subd. 2. CHAIR. The members of the task force shall elect one member to serve as chair of the task force.

Subd. 3. STAFF. The task force shall use legislative staff to carry out its duties.

Subd. 4. DUTIES OF THE LEGISLATIVE TASK FORCE. (a) The legislative task force shall collect and analyze information on health insurance and health maintenance organization premiums, including information on increases in premiums, reasons for the increases, standards and methods the insurance industry and health maintenance organizations use to establish premiums, geographic differences in rates, and insurance industry practices related to cost containment. The task force shall evaluate current methods of regulating health insurance and health maintenance organization premiums under Minnesota law to determine whether these methods provide adequate protection against unreasonable increases in premium rates. The task force shall study industry cost containment practices, including utilization review issues, to evaluate their impact on the insurance and health coverage subscribers receive.

(b) The legislative task force shall study recent increases in health costs and their effects upon the ability of state residents to obtain health care. The task force shall examine reasons for increases in health care costs and the feasibility of imposing limits on costs at the state level.

(c) In evaluating health insurance premiums, health care costs, and utilization review activities, the legislature shall seek testimony and comments from consumer groups and groups representing the insurance and health care industries and health maintenance organizations.

(d) The task force shall examine the feasibility of developing state mechanisms to regulate health insurance and health maintenance organization premiums and health care costs. The task force shall study the issue of state regulation of

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utilization review activities to ensure appropriate consumer access and coverage for necessary health care.

(e) The task force shall develop methods to regulate and slow the rate of increases in health care costs and premiums for health insurance and health maintenance organizations, while ensuring continued access to appropriate health insurance coverage.

(f) The legislative task force shall study the denial of health care benefits to Minnesota consumers. The task force shall review denial rates and appeals processes available to consumers. The task force shall examine systems, processes, and standards of criteria used for medical necessity determinations by insurers. The task force shall seek input from consumers, health care providers, and representatives of insurance and health maintenance organizations.

(g) The legislative task force shall study provider charges to determine why the charges increase at rates in excess of the general rate of inflation.

(h) The legislative task force shall study the procedures used by medical care providers for billing recipients of medical care when payment is to be made by a third-party payor.

Subd. 5. REPORT. The task force shall submit a report on its findings and recommendations to the legislature by January 1, 1991.

Sec. 3. APPROPRIATION.

\$34,000 is appropriated from the general fund to the commissioner of health for the fiscal year ending June 30, 1991, for the purpose of operating the technology assistance review panel under section 1. The commissioner may contract with an organization or entity to provide administrative support services for the review panel.

Sec. 4. EFFECTIVE DATE.

Sections 1, 2, and 3 are effective the day after final enactment.

Presented to the governor April 24, 1990

Signed by the governor April 26, 1990, 10:22 p.m.

CHAPTER 535—S.F.No. 1866

An act relating to Lake Superior; establishing an information and education authority.

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

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