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State of Minnesota

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HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1714

- 03/10/2015 Authored by Pierson; Mack; Dean, M.; Wills; Loon and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/25/2015 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy
- 04/07/2015 Adoption of Report: Placed on the General Register
Read Second Time
- 05/07/2015 Referred to the Chief Clerk for Comparison with S. F. No. 1504
- 05/08/2015 Postponed Indefinitely

1.1 A bill for an act
 1.2 relating to health; changing the expiration date for e-Health Advisory Committee,
 1.3 the Trauma Advisory Council, and the Maternal and Child Health Advisory
 1.4 Task Force; requesting a review of stillbirth data collection, prenatal protocols,
 1.5 and family supports; amending Minnesota Statutes 2014, sections 62J.495,
 1.6 subdivision 2; 144.608, subdivision 2; 145.8811, subdivision 1.

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

1.8 Section 1. Minnesota Statutes 2014, section 62J.495, subdivision 2, is amended to read:

1.9 Subd. 2. **E-Health Advisory Committee.** (a) The commissioner shall establish an
 1.10 e-Health Advisory Committee governed by section 15.059 to advise the commissioner
 1.11 on the following matters:

1.12 (1) assessment of the adoption and effective use of health information technology by
 1.13 the state, licensed health care providers and facilities, and local public health agencies;

1.14 (2) recommendations for implementing a statewide interoperable health information
 1.15 infrastructure, to include estimates of necessary resources, and for determining standards
 1.16 for clinical data exchange, clinical support programs, patient privacy requirements, and
 1.17 maintenance of the security and confidentiality of individual patient data;

1.18 (3) recommendations for encouraging use of innovative health care applications
 1.19 using information technology and systems to improve patient care and reduce the cost
 1.20 of care, including applications relating to disease management and personal health
 1.21 management that enable remote monitoring of patients' conditions, especially those with
 1.22 chronic conditions; and

1.23 (4) other related issues as requested by the commissioner.

1.24 (b) The members of the e-Health Advisory Committee shall include the
 1.25 commissioners, or commissioners' designees, of health, human services, administration,

2.1 and commerce and additional members to be appointed by the commissioner to include
2.2 persons representing Minnesota's local public health agencies, licensed hospitals and other
2.3 licensed facilities and providers, private purchasers, the medical and nursing professions,
2.4 health insurers and health plans, the state quality improvement organization, academic and
2.5 research institutions, consumer advisory organizations with an interest and expertise in
2.6 health information technology, and other stakeholders as identified by the commissioner to
2.7 fulfill the requirements of section 3013, paragraph (g), of the HITECH Act.

2.8 (c) The commissioner shall prepare and issue an annual report not later than January
2.9 30 of each year outlining progress to date in implementing a statewide health information
2.10 infrastructure and recommending action on policy and necessary resources to continue the
2.11 promotion of adoption and effective use of health information technology.

2.12 (d) This subdivision expires June 30, ~~2015~~ 2021.

2.13 Sec. 2. Minnesota Statutes 2014, section 144.608, subdivision 2, is amended to read:

2.14 Subd. 2. **Council administration.** (a) The council must meet at least twice a year
2.15 but may meet more frequently at the call of the chair, a majority of the council members,
2.16 or the commissioner.

2.17 (b) The terms, compensation, and removal of members of the council are governed
2.18 by section 15.059. The council expires June 30, ~~2015~~ 2025.

2.19 (c) The council may appoint subcommittees and work groups. Subcommittees shall
2.20 consist of council members. Work groups may include noncouncil members. Noncouncil
2.21 members shall be compensated for work group activities under section 15.059, subdivision
2.22 3, but shall receive expenses only.

2.23 Sec. 3. Minnesota Statutes 2014, section 145.8811, subdivision 1, is amended to read:

2.24 Subdivision 1. **Composition of task force.** The commissioner shall establish and
2.25 appoint a Maternal and Child Health Advisory Task Force consisting of 15 members
2.26 who will provide equal representation from:

2.27 (1) professionals with expertise in maternal and child health services;

2.28 (2) representatives of community health boards as defined in section 145A.02,
2.29 subdivision 5; and

2.30 (3) consumer representatives interested in the health of mothers and children.

2.31 No members shall be employees of the Minnesota Department of Health. Section
2.32 15.059 governs the Maternal and Child Health Advisory Task Force. Notwithstanding
2.33 section 15.059, the Maternal and Child Health Advisory Task Force ~~expires June 30,~~
2.34 ~~2015~~ does not expire.

3.1 Sec. 4. **STILLBIRTH REVIEW.**

3.2 The Maternal and Child Health Advisory Task Force, established by the
3.3 commissioner of health under Minnesota Statutes, section 145.8811, is encouraged to
3.4 conduct a review of current methods of data collection on stillbirths, prenatal protocols to
3.5 prevent stillbirths, available supports for families who have experienced a stillbirth, and
3.6 any other information related to stillbirths that the task force deems appropriate.