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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2621

03/06/2023 Authored by Schomacker

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The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

relating to health; changing health care capital expenditure notification and 1.2 reporting; amending Minnesota Statutes 2022, section 62J.17, subdivision 5a. 1.3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: 1.4 Section 1. Minnesota Statutes 2022, section 62J.17, subdivision 5a, is amended to read: 1.5 Subd. 5a. Retrospective review. (a) The commissioner shall retrospectively review 1.6 each major spending commitment and notify the provider of the results of the review. The 1.7 commissioner shall determine whether the major spending commitment was appropriate. 1.8 In making the determination, the commissioner may consider the following criteria: the 1.9 major spending commitment's impact on the cost, access, and quality of health care; the 1.10 clinical effectiveness and cost-effectiveness of the major spending commitment; and the 1.11 alternatives available to the provider. If the major expenditure is determined to not be 1.12 appropriate, the commissioner shall notify the provider. 1.13 (b) The commissioner may not prevent or prohibit a major spending commitment subject 1.14

to retrospective review. However, if the provider fails the retrospective review, any major

spending commitments by that provider for the five-year period following the commissioner's

decision are subject to prospective review under subdivision 6a.

A bill for an act

Section 1.