SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 2775

(SENATE AUTHORS: WIKLUND and Marty)

DATE	D-PG	OFFICIAL STATUS
03/19/2014	6378	Introduction and first reading Referred to Health, Human Services and Housing
03/24/2014	6649a	Comm report: To pass as amended and re-refer to Finance
	6803	Author added Marty

A bill for an act

relating to health; requiring certain factors in reports on quality health care services offered by health care providers and reports on measuring health outcomes and risk adjustment methodology; appropriating money for a health impact assessment; requiring a report; amending Minnesota Statutes 2012, section 62U.02, subdivisions 1, 3.

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

Section 1. Minnesota Statutes 2012, section 62U.02, subdivision 1, is amended to read:

Subdivision 1. **Development.** (a) The commissioner of health shall develop a standardized set of measures by which to assess the quality of health care services offered by health care providers, including health care providers certified as health care homes under section 256B.0751. Quality measures must be based on medical evidence and be developed through a process in which providers participate. The measures shall be used for the quality incentive payment system developed in subdivision 2 and must:

(1) include uniform definitions, measures, and forms for submission of data, to the greatest extent possible;

(2) seek to avoid increasing the administrative burden on health care providers;

(3) be initially based on existing quality indicators for physician and hospital services, which are measured and reported publicly by quality measurement organizations, including, but not limited to, Minnesota Community Measurement and specialty societies;

(4) place a priority on measures of health care outcomes, rather than process measures, wherever possible; ~~and~~

(5) incorporate measures for primary care, including preventive services, coronary artery and heart disease, diabetes, asthma, depression, and other measures as determined by the commissioner; and

(6) stratify quality reports by disability, race, ethnicity, language, and other relevant sociodemographic factors that contribute to health disparities and affect provider performance.

(b) The measures shall be reviewed at least annually by the commissioner.

Sec. 2. Minnesota Statutes 2012, section 62U.02, subdivision 3, is amended to read:

Subd. 3. **Quality transparency.** (a) The commissioner shall establish standards for measuring health outcomes, establish a system for risk adjusting quality measures, and issue annual public reports on provider quality beginning July 1, 2010.

(b) Within the limits of available state appropriations and other available funding, the commissioner shall:

(1) publish reports under paragraph (a) beginning January 1, 2017, that are stratified by disability, race, ethnicity, language, and other sociodemographic factors that impact performance in order to advance work aimed at eliminating health disparities; and

(2) annually assess the risk adjustment methodology established under paragraph (a) to continuously improve the methodology and assess the potential for harm and unintended consequences for disadvantaged patient populations and the providers who serve them by taking into consideration, as appropriate, factors identified under clause (1).

(c) The commissioner shall undertake activities under paragraph (b) in consultation with consumer, community, and advocacy organizations representing diverse communities; health plan companies; providers; quality measurement organizations; and safety net providers who primarily serve these communities and patient populations with health disparities.

(d) By January 1, 2010, physician clinics and hospitals shall submit standardized electronic information on the outcomes and processes associated with patient care to the commissioner or the commissioner's designee. In addition to measures of care processes and outcomes, the report may include other measures designated by the commissioner, including, but not limited to, care infrastructure and patient satisfaction. The commissioner shall ensure that any quality data reporting requirements established under this subdivision are not duplicative of publicly reported, communitywide quality reporting activities currently under way in Minnesota. Nothing in this subdivision is intended to replace or duplicate current privately supported activities related to quality measurement and reporting in Minnesota.

Sec. 3. **APPROPRIATION; HEALTH IMPACT ASSESSMENT.**

$..... is appropriated in fiscal year 2015 from the general fund to the commissioner of health to conduct a health impact assessment. The commissioner shall convene stakeholders, including but not limited to state and local educational institutions, parent and community groups, academics, teachers, public safety and law enforcement officials, and mental health and public health professionals to review and discuss existing data, research, and information from other states about the health impacts of different school discipline policies, including but not limited to exclusionary school discipline, positive behavioral interventions and supports, and restorative justice. The findings shall be used to make evidence-based recommendations. The recommendations must address any findings that current policies are resulting in inequitable education or health outcomes.

The commissioner of health shall report on findings from the health impact assessment by January 19, 2015, to the senate and house of representatives committees with subject matter jurisdiction with preliminary findings and suggestions for possible action by the legislature. This is a onetime appropriation.