SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 2887

(SENATE AUTHORS: KLEIN)

DATE	D-PG	OFFICIAL STATUS
05/15/2019	4293	Introduction and first reading Referred to Health and Human Services Finance and Policy

A bill for an act

relating to health; modifying certain health indicator reports; amending Minnesota Statutes 2018, section 62U.10, subdivisions 6, 7.

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

Section 1. Minnesota Statutes 2018, section 62U.10, subdivision 6, is amended to read:

Subd. 6. **Projected spending baseline.** ~~Beginning February 15, 2016, and each February 15 thereafter,~~ The commissioner of health shall biennially report the projected impact on spending from specified health indicators related to various preventable illnesses and death. The impacts shall be reported over a ten-year time frame using a baseline forecast of private and public health care and long-term care spending for residents of this state, beginning with calendar year 2009 projected estimates of costs, and updated ~~annually~~ biennially for each of the following health indicators:

(1) costs related to rates of obesity, including obesity-related cancers, coronary heart disease, stroke, and arthritis;

(2) ~~costs related to the utilization of tobacco products;~~

~~(3)~~ costs related to hypertension;

~~(4)~~ (3) costs related to diabetes or prediabetes; and

~~(5)~~ (4) costs related to dementia and chronic disease among an elderly population over 60, including additional long-term care costs.

Sec. 2. Minnesota Statutes 2018, section 62U.10, subdivision 7, is amended to read:

Subd. 7. **Outcomes reporting; savings determination.** (a) ~~Beginning November 1, 2016, and each November 1 thereafter~~ As part of the biennial report in subdivision 6, the commissioner of health shall determine the actual total private and public health care and long-term care spending for Minnesota residents related to each health indicator projected in subdivision 6 for the most recent calendar year available. The commissioner shall determine the difference between the projected and actual spending for each health indicator and for each year, and determine the savings attributable to changes in these health indicators. The assumptions and research methods used to calculate actual spending must be determined to be appropriate by an independent actuarial consultant. If the actual spending is less than the projected spending, the commissioner, in consultation with the commissioners of human services and management and budget, shall use the proportion of spending for state-administered health care programs to total private and public health care spending for each health indicator for the calendar year two years before the current calendar year to determine the percentage of the calculated aggregate savings amount accruing to state-administered health care programs.

(b) The commissioner may use the data submitted under section 62U.04, subdivisions 4 and 5, to complete the activities required under this section, but may only report publicly on regional data aggregated to granularity of 25,000 lives or greater for this purpose.