

S.F. No. 2675 and H.F. No. 3398, which had been referred to the Chief Clerk for comparison, were examined and found to be not identical.

The following document shows the differences between S.F. No. 2675, as introduced, and H.F. No. 3398, the first engrossment.

May 2, 2018

Patrick D. Murphy
Chief Clerk, House of Representatives

Explanation of Comparison Reports

When a Senate File is received from the Senate, it is given its first reading and must be referred to the appropriate standing committee or division under Rule 1.11.

But if the House File companion of that Senate File has already been reported out of Committee and given its second reading and is on the General Register, the Senate File must be referred to the Chief Clerk for comparison pursuant to Rule 1.15.

The Chief Clerk reports whether the bills were found to be identical or not identical. Once the bills have been compared and the differences have been reported, the Senate File is given its second reading and is substituted for the House File. The House File is then considered withdrawn.

Pursuant to rule 3.33, if the bills are not identical and the chief author of the bill wishes to use the House language, the chief author must give notice of their intent to substitute the House language when the bill is placed on the Calendar for the Day or the Fiscal Calendar. If the chief author of the bill wishes to keep the Senate language, no action is required.

1.1 A bill for an act
 1.2 relating to health; **adding certain definitions; changing** the date restriction for the
 1.3 commissioner of health to use all-payer claims data to analyze health care costs,
 1.4 quality, utilization, and illness burdens; amending Minnesota Statutes 2016, **sections**
 1.5 **62U.01, by adding a subdivision;** 62U.04, subdivision 11, **by adding a subdivision.**

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

1.7 Section 1. **Minnesota Statutes 2016, section 62U.01, is amended by adding a subdivision**
 1.8 **to read:**

1.9 Subd. 10a. **Self-insurer.** **"Self-insurer" has the meaning given in section 62E.02,**
 1.10 **subdivision 21.**

1.11 Sec. 2. **Minnesota Statutes 2016, section 62U.04, is amended by adding a subdivision to**
 1.12 **read:**

1.13 Subd. 5a. **Self-insurers.** **The commissioner shall not require a self-insurer governed by**
 1.14 **the federal Employee Retirement Income Security Act of 1974 (ERISA) to comply with**
 1.15 **this section.**

1.16 Sec. 3. Minnesota Statutes 2016, section 62U.04, subdivision 11, is amended to read:

1.17 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
 1.18 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
 1.19 designee shall only use the data submitted under subdivisions 4 and 5 for the following
 1.20 purposes:

1.21 (1) to evaluate the performance of the health care home program as authorized under
 1.22 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

2.1 (2) to study, in collaboration with the reducing avoidable readmissions effectively
 2.2 (RARE) campaign, hospital readmission trends and rates;

2.3 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
 2.4 on geographical areas or populations;

2.5 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
 2.6 of Health and Human Services, including the analysis of health care cost, quality, and
 2.7 utilization baseline and trend information for targeted populations and communities; and

2.8 (5) to compile one or more public use files of summary data or tables that must:

2.9 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
 2.10 Web-based electronic data download by June 30, 2019;

2.11 (ii) not identify individual patients, payers, or providers;

2.12 (iii) be updated by the commissioner, at least annually, with the most current data
 2.13 available;

1.1 A bill for an act
 1.2 relating to health; **removing** the date restriction for the commissioner of health to
 1.3 use all-payer claims data to analyze health care costs, quality, utilization, and
 1.4 illness burdens; amending Minnesota Statutes 2016, **section** 62U.04, subdivision
 1.5 11.

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

1.7 Section 1. Minnesota Statutes 2016, section 62U.04, subdivision 11, is amended to read:

1.8 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
 1.9 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
 1.10 designee shall only use the data submitted under subdivisions 4 and 5 for the following
 1.11 purposes:

1.12 (1) to evaluate the performance of the health care home program as authorized under
 1.13 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

1.14 (2) to study, in collaboration with the reducing avoidable readmissions effectively
 1.15 (RARE) campaign, hospital readmission trends and rates;

1.16 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
 1.17 on geographical areas or populations;

1.18 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
 1.19 of Health and Human Services, including the analysis of health care cost, quality, and
 1.20 utilization baseline and trend information for targeted populations and communities; and

1.21 (5) to compile one or more public use files of summary data or tables that must:

2.1 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
 2.2 Web-based electronic data download by June 30, 2019;

2.3 (ii) not identify individual patients, payers, or providers;

2.4 (iii) be updated by the commissioner, at least annually, with the most current data
 2.5 available;

2.14 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
 2.15 as the dates of the data contained in the files, the absence of costs of care for uninsured
 2.16 patients or nonresidents, and other disclaimers that provide appropriate context; and
 2.17 (v) not lead to the collection of additional data elements beyond what is authorized under
 2.18 this section as of June 30, 2015.
 2.19 (b) The commissioner may publish the results of the authorized uses identified in
 2.20 paragraph (a) so long as the data released publicly do not contain information or descriptions
 2.21 in which the identity of individual hospitals, clinics, or other providers may be discerned.
 2.22 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
 2.23 using the data collected under subdivision 4 to complete the state-based risk adjustment
 2.24 system assessment due to the legislature on October 1, 2015.
 2.25 (d) The commissioner or the commissioner's designee may use the data submitted under
 2.26 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,
 2.27 ~~2019~~ 2023.
 2.28 (e) The commissioner shall consult with the all-payer claims database work group
 2.29 established under subdivision 12 regarding the technical considerations necessary to create
 2.30 the public use files of summary data described in paragraph (a), clause (5).

2.6 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
 2.7 as the dates of the data contained in the files, the absence of costs of care for uninsured
 2.8 patients or nonresidents, and other disclaimers that provide appropriate context; and
 2.9 (v) not lead to the collection of additional data elements beyond what is authorized under
 2.10 this section as of June 30, 2015.
 2.11 (b) The commissioner may publish the results of the authorized uses identified in
 2.12 paragraph (a) so long as the data released publicly do not contain information or descriptions
 2.13 in which the identity of individual hospitals, clinics, or other providers may be discerned.
 2.14 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
 2.15 using the data collected under subdivision 4 to complete the state-based risk adjustment
 2.16 system assessment due to the legislature on October 1, 2015.
 2.17 ~~(d) The commissioner or the commissioner's designee may use the data submitted under~~
 2.18 ~~subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,~~
 2.19 ~~2019~~.
 2.20 ~~(e)~~ (d) The commissioner shall consult with the all-payer claims database work group
 2.21 established under subdivision 12 regarding the technical considerations necessary to create
 2.22 the public use files of summary data described in paragraph (a), clause (5).