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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2835

03/10/2016 Authored by Zerwas, Peterson, Schoen and Schultz

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; permitting commissioner of health to continue to use all-payer
1.3 claims data; amending Minnesota Statutes 2015 Supplement, section 62U.04,
1.4 subdivision 11.

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

1.6 Section 1. Minnesota Statutes 2015 Supplement, section 62U.04, subdivision 11,
1.7 is amended to read:

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

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

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

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

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

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

2.4 (iv) contain clear and conspicuous explanations of the characteristics of the data,
2.5 such as the dates of the data contained in the files, the absence of costs of care for uninsured
2.6 patients or nonresidents, and other disclaimers that provide appropriate context; and

2.7 (v) not lead to the collection of additional data elements beyond what is authorized
2.8 under this section as of June 30, 2015.

2.9 (b) The commissioner may publish the results of the authorized uses identified
2.10 in paragraph (a) so long as the data released publicly do not contain information or
2.11 descriptions in which the identity of individual hospitals, clinics, or other providers may
2.12 be discerned.

2.13 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
2.14 using the data collected under subdivision 4 to complete the state-based risk adjustment
2.15 system assessment due to the legislature on October 1, 2015.

2.16 ~~(d) The commissioner or the commissioner's designee may use the data submitted~~
2.17 ~~under subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until~~
2.18 ~~July 1, 2016.~~

2.19 ~~(e)~~ (d) The commissioner shall consult with the all-payer claims database work
2.20 group established under subdivision 12 regarding the technical considerations necessary to
2.21 create the public use files of summary data described in paragraph (a), clause (5).