

Of the 29 provider respondents who reported cost estimates, the costs ranged from \$0 to \$2,543,328, with a median of \$66,910. In some cases these costs were calculated using a worksheet provided in the RFI, and in some cases the respondents provided an estimate based on their own calculation.

These costs estimates should be viewed in the context of the organization’s overall budget, as there was a wide range in the size of the responding organizations. Twenty respondents provided both a cost estimate and a budget estimate, with MHRA costs calculated as a range from 0% to 17.35% of operating budget, and median of 0.16%. Table 5 summarizes the costs and budget information submitted by provider respondents.

**Table 5: MHRA Costs and Operating Budget**

	MHRA Cost	Operating budget	Cost as a percent of operating budget
Number responding	29	25	20
Range	\$0 to \$2,543,328	\$241,756 to \$3,600,000,000	0.00% to 17.35%
Median	\$66,910	\$50,000,000	0.16%

Another measure of MHRA costs is the cost per patient encounter. Twenty-six provider respondents were able to provide both cost and encounter information. Table 6 shows the cost per encounter ranges from \$0.00 to \$24.31, with a median of \$0.83. Table 2 summarizes the responses by providers that listed their organization’s approximate annual number of patient encounters and the correlating cost related to the MHRA per encounter.

**Table 6: MHRA Costs per Encounter**

	Encounters	Cost per Encounter
Number responding	30	26
Range	538 to 10,700,000	\$0.00 to \$24.31
Median	70,900	\$0.83

The following examples illustrate responses relating to how costs were calculated:

- “Costs for complying with the requirements of the MHRA are difficult to estimate, but we have estimated costs to be somewhere in the range of \$800,000 to \$1,500,000 annually. These costs include the costs of (a) requesting, obtaining, storing, and managing the consents, (b) training staff to appropriately handle consents, and (c) developing policies and procedures and providing support to administer the processes and reviewing these policies and procedures on a regular basis. These costs do NOT include the costs associated with delayed treatment, treatment provided without the benefit of the patient’s medical records history, or duplicative treatment/tests associated with the process of obtaining or failing to obtain the appropriate consents under MHRA.”

# Impacts and Costs of the Minnesota Health Records Act

MINNESOTA DEPARTMENT OF HEALTH

REPORT TO THE MINNESOTA LEGISLATURE 2017