1.1 .... moves to amend H.F. No. 1020, the delete everything amendment
1.2 (H1020DE2-1), as follows:

1.3 Page 7, after line 27, insert:

1.4 "Sec. 10. Minnesota Statutes 2010, section 256B.0625, subdivision 3c, is amended to
1.5 read:

1.6 Subd. 3c. **Health Services Policy Committee.** (a) The commissioner, after
1.7 receiving recommendations from professional physician associations, professional
1.8 associations representing licensed nonphysician health care professionals, and consumer
1.9 groups, shall establish a 13-member Health Services Policy Committee, which consists of
1.10 12 voting members and one nonvoting member. The Health Services Policy Committee
1.11 shall advise the commissioner regarding health services pertaining to the administration of
1.12 health care benefits covered under the medical assistance, general assistance medical care,
1.13 and MinnesotaCare programs, only as authorized in paragraphs (b) to (e), subdivision 53,
1.14 and section 256B.043, subdivision 1. The Health Services Policy Committee shall meet at
1.15 least quarterly. The Health Services Policy Committee shall annually elect a physician
1.16 chair from among its members, who shall work directly with the commissioner's medical
1.17 director, to establish the agenda for each meeting. The Health Services Policy Committee
1.18 shall also recommend criteria for verifying centers of excellence for specific aspects of
1.19 medical care where a specific set of combined services, a volume of patients necessary to
1.20 maintain a high level of competency, or a specific level of technical capacity is associated
1.21 with improved health outcomes.

1.22 (b) The commissioner shall establish a dental subcommittee to operate under the
1.23 Health Services Policy Committee. The dental subcommittee consists of general dentists,
1.24 dental specialists, safety net providers, dental hygienists, health plan company and
1.25 county and public health representatives, health researchers, consumers, and a designee
1.26 of the commissioner of health. The dental subcommittee shall advise the commissioner
1.27 regarding:

2.1 (1) the critical access dental program under section 256B.76, subdivision 4, including
2.2 but not limited to criteria for designating and terminating critical access dental providers;
2.3 (2) any changes to the critical access dental provider program necessary to comply
2.4 with program expenditure limits;
2.5 (3) dental coverage policy based on evidence, quality, continuity of care, and best
2.6 practices;
2.7 (4) the development of dental delivery models; and
2.8 (5) dental services to be added or eliminated from subdivision 9, paragraph (b).
2.9 (c) The Health Services Policy Committee shall study approaches to making
2.10 provider reimbursement under the medical assistance, MinnesotaCare, and general
2.11 assistance medical care programs contingent on patient participation in a patient-centered
2.12 decision-making process, and shall evaluate the impact of these approaches on health
2.13 care quality, patient satisfaction, and health care costs. The committee shall present
2.14 findings and recommendations to the commissioner and the legislative committees with
2.15 jurisdiction over health care by January 15, 2010.
2.16 (d) The Health Services Policy Committee shall monitor and track the practice
2.17 patterns of physicians providing services to medical assistance, MinnesotaCare, and
2.18 general assistance medical care enrollees under fee-for-service, managed care, and
2.19 county-based purchasing. The committee shall focus on services or specialties for
2.20 which there is a high variation in utilization across physicians, or which are associated
2.21 with high medical costs. The commissioner, based upon the findings of the committee,
2.22 shall regularly notify physicians whose practice patterns indicate higher than average
2.23 utilization or costs. Managed care and county-based purchasing plans shall provide the
2.24 commissioner with utilization and cost data necessary to implement this paragraph, and
2.25 the commissioner shall make this data available to the committee.
2.26 (e) The Health Services Policy Committee shall review caesarean section rates
2.27 for the fee-for-service medical assistance population. The committee may develop best
2.28 practices policies related to the minimization of caesarean sections, including but not
2.29 limited to standards and guidelines for health care providers and health care facilities."
2.30 Renumber the sections in sequence and correct the internal references
2.31 Amend the title accordingly