# HOUSE RESEARCH

## Bill Summary

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## Overview

This amendment incorporates provisions from various health and human services bills that related to civil law.

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**1** **Encounter data.** Amends § 62U.04, subd. 4. Requires the commissioner to compile summary information on the encounter data submitted by health plan companies and third-party administrators. Requires the commissioner to work with its vendors to assess the data submitted in terms of compliance with data submission requirements and the completeness of data, by comparing the data with summary information and with established and emerging data quality standards, to ensure data quality.

***(HF 2656 – Huntley. Suspends provider peer grouping and expands allowable uses of encounter and pricing data)***

**2** **Restricted uses of the all-payer claims data.** Amends § 62U.04, by adding subd. 11. (a) States that the commissioner or a designee shall use the encounter and pricing data submitted under subdivisions 4 and 5 only to:

(1) evaluate the performance of the health care home program;

(2) study hospital readmission trends and rates, in collaboration with the Reducing Avoidable Readmissions Effectively campaign;

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

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(4) evaluate the state innovation model (SIM) grant, including an analysis of health care cost, quality, and utilization baseline and trend information for targeted populations and communities.

(b) Allows the commissioner to publish the results of the authorized uses in paragraph (a), as long as the data released publicly do not contain information or descriptions that would allow the identification of individual hospitals, clinics, or other providers.

(c) States that nothing in the subdivision shall be construed to prohibit the commissioner from using the encounter data collected under subdivision 4 to complete the state-based risk adjustment system assessment due to the legislature on October 1, 2015.

(d) Allows the commissioner or a designee to use the encounter and pricing data submitted for purposes of paragraph (a), clause (3) – analyze variations in health care costs, quality, utilization, and illness burden – until July 1, 2016.

***(HF 2656)***

**3** **Comprehensive stroke center.** Amends § 144.493, subdivision 1. States that in addition to the requirement under current law of certification by the joint commission or other nationally recognized accreditation entity, a hospital must now also participate in the Minnesota stroke registry program in order to be considered a comprehensive stroke center.

***(HF 2005 – Liebling – Sections 3 and 4 encompass all of HF 2005).***

**4** **Primary stroke center.** Amends § 144.493, subdivision 2. States that in addition to the requirement under current law of certification by the joint commission or other nationally recognized accreditation entity, a hospital must now also participate in the Minnesota stroke registry program in order to be considered a primary stroke center.

***(HF 2005)***

**5** **Prescription monitoring program.** Amends § 152.126.

The amendment to **subdivision 1**:

- Requires reporting for schedule V controlled substances, and classifies tramadol and butalbital as controlled substances for purposes of the program.
- Adds veterinarians to the definition of "prescriber."

The amendment to **subdivision 3**:

- Renames the Prescription Electronic Reporting Advisory Committee the Prescription Monitoring Program Advisory Task Force and makes related changes.
- Specifies that the board is governed by section 15.059 (standard language on governance of advisory committees), but does not expire.

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The amendment to **subdivision 4**:

- Exempts dispensers from reporting controlled substance prescriptions for persons residing in a health care facility, when the drug is distributed through the use of an automated drug distribution system. "Health care facility" is defined as a nursing home, housing with services establishment, community behavioral health hospital, or the Minnesota sex offender facility. Also exempts individuals receiving drug samples. This language narrows the reporting exemption relative to current law, under which the exemption applies to individuals: residing in a skilled nursing or intermediate care facility, receiving assisted living or MA waiver services, receiving medication intravenously, receiving hospice and related care, and receiving home care services.

- Clarifies an existing requirement that patients be given conspicuous notice of the reporting requirements, and also requires notice to be given that the information may be used for program administration.

The amendment to **subdivision 5**:

- Requires data reported to be available to users for 12-months (current law requires the data to be retained for 12 months and then removed from the database), except that certain staff may use all data collected under the program to administer, operate, and maintain the program and conduct trend analyses and other studies. Requires data retained beyond 12 months to be de-identified.

- Prohibits the board from retaining the data for more than five years from the date the data was received.

The amendment to **subdivision 6**:

- Allows a prescriber to access the data for a patient to whom the prescriber is providing emergency medical treatment or other medical treatment if the patient has consented to access.

- Requires vendors under contract with the board to comply with data requirements related to de-identification and time limits for retention.

- Allows personnel of Minnesota health care programs to use the data to identify persons for the restricted recipient program and makes related changes (current law refers just to medical assistance).

- Allows access by personnel of the health professionals services program, if certain conditions are met.

- Limits electronic access to the data to certain specified groups of individuals.

- Strikes language prohibiting the board from releasing the name of a prescriber without that prescriber's consent or a valid search warrant or court order.

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- Specifies that log of persons accessing the data must be maintained by the board for at least three years (no time period is specified in current law).
- Allows the board to participate in an interstate prescription monitoring program data exchange system, if certain conditions are met.
- Allows the board to provide the data for public research, policy, or education purposes, after the removal of certain information.

The amendment to **subdivision 8** deletes the subdivision in its entirety. The subdivision required the board to evaluate the program and submit a report to the legislature by July 15, 2011.

The amendment to **subdivision 10** makes conforming changes.

***(HF 2527 – Liebling. Makes changes to the prescription monitoring program)***

**6** **Background study.** Amends Minnesota Statutes 2013 Supplement, § 256N.21, by adding subd. 7. Paragraph (a) requires a county or private agency to conduct a background study for child foster care licensing in accordance with chapter 245C and the Adam Walsh Act.

Paragraph (b) requires a tribal organization to conduct a background study for purposes of child foster care licensing in accordance with the Indian Child Welfare Act and, when applicable, the Adam Walsh Act.

***(HF 3027 – Allen. Modifies provisions of Northstar Care for Children)***

**7** **Automatic External Defibrillation Registration.** Adds § 403.51.

**Subd. 1. Definitions**. Defines key terms used in the bill.

**Subd. 2. Registration.** Requires registration, within 30 working days of purchase, of any AED intended to be used or accessed by the public for the benefit of the general public. Registration is not required for an AED that is not intended to be used or accessed by the public for the benefit of the general public or an AED located in a vehicle or other non-stationary storage.

**Subd. 3. Required information.** Requires that the person registering an AED provide information regarding: (1) the manufacturer, model, and serial number; (2) the specific location where the AED will be kept; and (3) contact information for individuals responsible for the AED's maintenance.

**Subd. 4. Information changes.** States that the owner of the AED is required to update information in the AED registry within 30 working days of the change occurring.

**Subd. 5. Public access AED requirements.** States that any AED intended to be used or accessed by the public for the benefit of the general public may be inspected by a public safety agency with jurisdiction over the location of the AED during regular

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business hours. Requires the AED to be kept in the specified location in the registration and be reasonably maintained.

**Subd. 6. Removal of AED.** Allows an authorized agent of a public safety agency with jurisdiction over the location of the AED to direct the AED owner's compliance with this section as well as direct the owner to remove the AED and signs relating to the AED if it is determined that the AED is not ready for immediate use.

**Subd. 7. Private use of AED.** States that owners of AEDs not intended to be used or accessed by the public for the benefit of the general public are not subject to this section but are encouraged to maintain the AED in a consistent manner.

**Subd. 8. AEDs for mobile use.** States that owners of AEDs stored in vehicles or otherwise not placed in stationary storage are not subject to this section but are encouraged to maintain the AED in a consistent manner.

**Subd. 9. Signs.** States that owners of AEDs intended to be used or accessed by the public for the benefit of the general public are encouraged but not required to post signs bearing the universal AED symbol. Disallows a person to post or keep posted a sign if directed to remove a sign by an authorized agent of a public safety agency.

**Subd. 10. Emergency response plans.** Requires the owner of an AED intended to be used or accessed by the public for the benefit of the general public to develop an emergency response plan appropriate for the nature of the facility.

**Subd. 11. No civil liability.** States that nothing in this section shall create any civil liability on the part of an AED owner.

**Effective date.** Provides the bill is effectively retroactively from August 1, 2014.

***(HF 1971, 1st engrossment – Liebling. Section 7 encompasses all of HF 1971, 1st engrossment)***

**8** **Good Samaritan overdose prevention.** Adds § 604A.04.

**Subd. 1. Definitions; opiate antagonist.** Defines opiate antagonist as naloxone hydrochloride or other drug approved by the FDA for the treatment of drug overdose.

**Subd. 2. Authority to possess and administer opiate antagonists; release from liability.** Releases non-health care providers from civil and criminal liability for either possessing opiate antagonists or administering the drug in good faith.

**Subd. 3. Health care professionals; release from liability.** Releases licensed health care professionals authorized to prescribe opiate antagonists from civil or criminal liability for, directly or by standing order, prescribing, dispensing, distributing, or administering the drug, in good faith.

**Effective date.** All sections are effective August 1, 2014, and apply to actions arising from incidents occurring on or after that date.

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***(HF 2307, 2nd engrossment – Schoen. Authorizes certain licensed health care providers to authorize certain non-health care providers to administer drugs for the treatment of alcohol or drug overdose)***

**9** **Common entry point designation.** Amends § 626.557, subd. 9. Requires each county board to designate a common entry point for reports of suspected maltreatment for use until the commissioner of human services establishes a common entry point. Allows two or more county boards to jointly designate a single common entry point. Delays the implementation of the common entry point established by the commissioner of human services by six months. The new implementation date is no sooner than January 1, 2015. Makes this section effective the day following final enactment.

***(HF 2649 – Schoen. Contains the Department of Human Services continuing care policy provisions)***