

File Number: H.F. 3398

Date: March 29, 2018

Version: First engrossment

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Subject: All-payer claims database

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Overview

This bill extends the date until which the Department of Health is authorized to use data from the all-payer claims database to analyze variations in health care costs, quality, utilization, and illness burden, until July 1, 2023. It also provides that the commissioner of health cannot require a self-insurer governed by ERISA to have its data submitted to the all-payer claims database. (In 2016, the U. S. Supreme Court held that requiring self-insured health plans to report data to a state's all-payer claims database is preempted under ERISA.)

The all-payer claims database (MN-APCD) is a database of enrollment data, encounter data, and pricing data from health care claims, submitted by health plan companies, third-party administrators, and pharmacy benefits managers, or obtained from government agencies for public health care programs. This database is maintained by the Department of Health and a data processor under contract with the department. Data in the database is de-identified and may only be used for the purposes specified in law.

Section

- 1 Self-insurer.** Adds subd. 10a to § 62U.01. Defines self-insurer for chapter 62U, which includes the all-payer claims database.
- 2 Self-insurers.** Adds subd. 5a to § 62U.04. Prohibits the commissioner of health from requiring a self-insurer governed by ERISA to comply with the requirements to have data submitted to the MN-APCD.

Section

3

Restricted uses of all-payer claims data. Under current law, the Department of Health is authorized to use data in the MN-APCD to analyze variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations, only until July 1, 2019. This section would allow the department to use MN-APCD data for those purposes until July 1, 2023.