# Minnesota Medical Group Management Association (MMGMA)

2016 Regular Session
Minnesota Legislative Report

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# 2016 LEGISLATIVE SESSION SUMMARY

The 90th Legislative Session convened on March 8, 2016, and from the beginning, it was clear that this session would be fast paced. With a substantial portion of the Capitol closed for repairs, lawmakers allowed for just 10 short weeks to complete their work before the Constitutional deadline for adjournment on May 23.

Historically, even-numbered years at the Legislature are non-budget, capital bonding years. However, with a projected budget surplus of almost $1 billion dollars, the Legislature spent a considerable time debating the use of surplus dollars. Additionally, work continued on a few key items left on the table from last session, namely transportation and taxes.

Legislative committees had just one month to meet deadlines and put forth omnibus policy bills, and six weeks to arrange budget priorities. This left little time for robust negotiations; and action on major priorities were left to the last weekend of session. Consequently, the last several days resulted in a frenzied dash to complete their work on time. In the waning hours of the session, both the House and Senate were able to pass a Supplemental Budget Bill that provides $182 million in additional spending for the biennium, funding a wide range of programs from prekindergarten to broadband expansion. They also came to agreement on an Omnibus Tax Bill consisting of $257 million in tax relief over the 2016-17 biennium and $543 million in the subsequent biennium. The tax bill has since been pocket vetoed by Governor Dayton.

A major transportation funding package and a bonding bill for statewide construction projects were among the proposals left unfinished. After weeks of discussion on how to fund transportation, legislative leaders found themselves at an impasse and by late Sunday evening a last ditch effort to provide one-time funding for roads and bridges as part of a larger bonding package failed. While the bill passed off the House floor, the Senate added a transit related amendment and sent the bill back to the House for concurrence; however the House adjourned sine die before the bill reached its chamber. The dispute over transit between Republicans and Democrats held up passage of a bonding bill and transportation funding. A special session may be called to address these two items, if the parties and leaders can agree and find compromise.

What follows is a brief overview of the major pieces of legislation that passed or failed to pass this session:

## ITEMS THAT PASSED

**Supplemental Budget**
The Legislature passed and the Governor signed a 599-page supplemental budget bill during the final hours of session. The bill provides $182 million in additional spending for the biennium. Along with a number of policy and technical changes, the bill provides funding for a wide range of programs, including $25 million for prekindergarten, $35 million for broadband expansion, and $35 million for equity programs – all of which were priorities for Governor Dayton.

**Body Cameras**
The Legislature passed comprehensive legislation regulating the use of body cameras, and the classification of body camera data under the Minnesota Government Data Practices Act (MGDPA). Of note, a law enforcement agency may not purchase or implement a body camera system before it provides an opportunity for public comment. The law enforcement agency must have a written policy governing

the use of body cameras that contains, at a minimum, eight statutorily required provisions. While the legislation did not establish a standard for when a body camera must be turned on, the agency's written policy must establish the circumstances when recording is mandatory, prohibited, or at the discretion of the officer. A department that has body cameras in use before August 1, 2016 must adopt a written policy no later than January 15, 2017.

Within 10 days of obtaining new surveillance technology, a law enforcement agency must provide the Bureau of Criminal Apprehension (BCA) with a description of the technology and its intended uses. This information must be made available to the public on the BCA's website.

Data collected by body cameras are private data on individuals or nonpublic data, subject to exceptions. Subject to several exceptions, data that are not active or inactive criminal investigative data must be maintained for at least 90 days, and then destroyed according to the agency's record retention schedule. The bill also allows any person to challenge law enforcement's classification of body camera by filing suit in district court.

**Drug Sentencing**
The Legislature approved a proposal authored by Senator Ron Latz and Representative Tony Cornish that calls for the first major changes to the state's drug sentencing guidelines in nearly 30 years. The bill reflects an agreement between various groups involved in the criminal justice system who sought to strengthen penalties for the most serious drug dealers and distinguish better those that are lower level drug users suffering from addiction.

The changes revise the existing thresholds for some first through third degree controlled substance offenses. The Sentencing Guidelines changes go into effect, except 1st degree possession is moved up one sentencing level, placing 1st degree possession and 1st degree sale at the same sentencing level with a range of 56-78 months with zero criminal history. Thresholds for some cocaine and meth offenses are raised (not heroin) and thresholds for marijuana offenses are lowered. Penalties for possession of marijuana plants are created. Aggravated offenses are created and mandatory minimum penalties are established for the aggravated offenses. Mandatory minimums are abolished for third, fourth and fifth degree offenses and diversion programs are strengthened. Fifth degree possession of a trace amount of a controlled substance becomes a gross misdemeanor if the offense is a first offense. Stays of adjudication under M.S. §152.18 become mandatory for first time fifth degree controlled substance offenses.

A cornerstone of the legislative changes include the creation of a reinvestment account where some of the resources saved from prison bed savings as a result of this proposal will go into community programs aimed at the prevention and treatment of chemical addiction, including the funding of drug courts. The effect date is August 1, 2016.

## ITEMS THAT FAILED TO PASS

**Capital Investment**
For the first time in nearly 30 years, the House and Senate failed to pass a bonding package in an even numbered year. The roughly $1 billion legislation was rolled out with little time remaining before the Legislature's constitutionally-mandated midnight deadline; the proposal was amended onto an existing capital investment bill. After passing out of the House, it was further amended in the Senate to provide additional transportation and transit funding capacity for regional rail authorities. The House adjourned before the amended version of the bill could return for a final vote.

**Transportation**
Legislators spent weeks discussing how to fund transportation fixes, with proposals such as a gas tax increase, license tab fee increases, borrowing, and surplus money all in the mix. As the deadline approached, legislators were unable to reach an agreement on the inclusion of transit funding and ultimately no transportation bill was passed this session.

**Real ID**
The Legislature was unable to approve changes to Minnesota driver's licenses and other state-issued identification cards to comply with the Federal Real ID Act. Championed by Senator Dibble and Representative Smith, lawmakers had generally agreed to let Minnesotan's choose between a federally compliant license and one that could not be used for federal purposes beginning in 2018. However, a provision arose as to whether state law should ban the issuance of driver's licenses for undocumented immigrants, remain silent, or pave the way for such licenses stymied action this year. Minnesota has been refused an extension twice. States with extensions have until 2020 to take action.

**Taxes**
On the final day of session, the Legislature passed a compromise package of tax cuts that would have provided $257 million in tax relief over the 2016-17 biennium and $543 million in the subsequent biennium. The bill contains proposals from both parties and provisions in the bill included:

- nearly full conformity to federal tax provisions enacted in 2014
- first-in-the-nation student loan tax credit
- expansion of tax credits for child care tax, working families, and some veterans
- tax deductions and credits for families contributing to 529 savings plans
- a school building bond agricultural credit

After the Governor noted a serious, albeit unintended, drafting error related to charitable gaming taxes within the bill, he used a pocket veto to reject the legislation. The error within the bill had the potential to turn an intended $1.5 million provision into one that would cost the state $102.4 million and negatively impact the US Bank Stadium related revenue stream.

Almost immediately following adjournment, leaders in the House and Senate began urging the Governor to call a special session to revisit unfinished items. Governor Dayton has expressed a willingness to do so, but only if House Republicans agree in advance to the Governor's specified requirements. Of note, the Governor has requested the House and Senate to reconcile their transportation provisions, correct the error within the tax bill, and add additional projects to the supplemental budget and bonding bills, including funding for the University of Minnesota health center.

Legislators now have a dual focus; finishing their legislative work while running for re-election. Both the House of Representatives and Senate are up for election this year. 22 legislators have announced their retirements, leaving many open seats up for grabs. This turnover, combined with an unpredictable presidential election, will make for interesting elections this November.

Sincerely,

The Government Affairs Team
Messerli & Kramer, P.A.

# 2016 LEGISLATIVE AGENDA RESULTS

**I. Support statutory changes which require notification and consent by providers of changes to contract terms, policies and procedures, and fee schedules.**

- RESULT: No change. HF1303 (Mack)/SF1175 (Housley) did not advance due in part to the short session and subsequently short committee deadlines this session. MMGMA remains committed to tracking data and concrete examples to pursue legislation in the future.

**II. Support the Provider Tax Phase Out.**

- RESULT: Not change. Sen. Kathy Sheran's bill, SF 2552, a bill to repeal the phase out of the provider tax scheduled to sunset December 31, 2019 was heard in the relevant policy and finance committees and ultimately was not included in the omnibus Health and Human Services bill. MMGMA offered a letter in opposition and prepared testimony for committee.

**III. Simplify and streamline Health Care Home rules to permit broader participation by patients with chronic conditions and reduce administrative overhead to providers. Reimbursement should also be standardized and increased.**

- RESULT: Not addressed in legislation. However, at the 2015 MMGMA Day on the Hill, Rep. Erin Murphy indicated she would be willing to work with our association to make improvements to the program. During the 2016 session, Rep. Murphy spoke in favor of health care homes on the House floor though ultimately no legislation was included in the Omnibus Supplemental Budget Bill.

**IV. Risk Sharing Between Insurers and Providers in High Deductible Products.**

- RESULT: Not addressed in legislation. This item is an informational item utilized in educational efforts with legislators.

**V. Oppose Workers' Compensation and No-Fault Fee Reductions.**

- RESULT: No change. Legislation was introduced to implement recommendations of the No-Fault Automobile Insurance Task Force. The bills did not move forward.

**VI. Support efforts to ensure state and federal laws are followed related to health plans granting network participation to health care providers who accept and meet insurer's terms and conditions.**

- RESULT: Not addressed in legislation. This item is an informational item utilized in educational efforts with legislators.

**VII. Patient Focused Initiative- Honoring Choices Legislation. We support Honoring Choices Minnesota, a statewide collaborative, whose mission is to promote the benefits and implement processes and methods of advance care planning to the community at large.**

- RESULT: A bill to establish an ongoing appropriation of $500,000 for fiscal year 2017 and $1 million per biennium beginning in fiscal year 2018.

# HEALTH & HUMAN SERVICES FINANCE

## OMNIBUS SUPPLEMENTAL BUDGET BILL

H.F. 2749 – Chapter 189
Representative Jim Knoblach & Senator Richard Cohen
***Effective Various Dates***

The Legislature passed an Omnibus Supplemental Budget Bill during the final hours of the 2016 Legislative Session. The bill provides an additional $182 million in spending for the 2016-17 biennium. Along with a number of policy and technical changes, the bill provides funding for a wide range of programs. Although some additional spending is offset by new revenue, the overall budget impact of this proposal by funding area is:

- Jobs, Energy and Equity: $75 million
- State Government: $45.23 million
- E-12 Education: $25 million
- Public Safety: $24.97 million
- Environment and Agriculture: $7.18 million
- Higher Education: $5 million
- Health and Human Services: $0

While the bill provided no additional funding for health and human services, there was an increase in the amount transferred each biennium from the health care access fund to the general fund. This increase was $48 million in FY16, $122 million in FY17, and $244 million in FY19 and thereafter. Additionally, there were a number of health care policy provisions included in the bill. Health care provisions of interest included:

- A cut in funding for workers' compensation system reform.
- A requirement that the MNsure Board provide quarterly reports to the legislature on interagency agreements and intra-agency transfers over $100,000.
- A requirement that DHS provide quarterly reports to the legislature on interagency agreements and intra-agency transfers over $100,000.
- Increases in medical assistance payment rates for durable medical equipment, prosthetics, orthotics, or supplies.
- Changes to the quality of care complaint process, requiring each HMO to develop a quality of care complaint investigative process.
- Enactment of the Minnesota Orthotist, Prosthetist, and Pedorthist Practice Act.

- A requirement that Health plans provide monthly updates on their websites so that enrollees know when providers are in- or out-of-network.
- The establishment of the Greater Minnesota Family Residency grant program. The program provides $1 million in grant funding for programs meeting specific requirements focusing on accredited, or soon to be accredited, residency programs outside of the seven-county metropolitan area.

The bill language on these provisions can be found in the Appendix.

Additionally, a few provisions were notably absent from the bill:

- A Senate proposal to increase eligibility in MinnesotaCare from 200 percent to 275 percent of the federal poverty level.
- A Senate proposal to allow all Minnesotans to purchase MinnesotaCare as a "public option."
- A Senate proposal to study moving Minnesota to a single payer system.
- A Senate proposal to repeal the phase out of the provider tax.

The Omnibus Supplemental Budget Bill ultimately passed in the House by a vote of 95-39 and in the Senate by a vote of 50-16. The bill was presented to the Governor on May 24, 2016 and signed into law on June 1, 2016.

# HEALTH CARE POLICY

## DEPARTMENT OF HEALTH POLICY BILL

H.F. 3142 – Chapter 179
Representative Nick Zerwas & Senator Kathy Sheran
***Effective Various Dates***

This bill implements a package of policy changes sought by the Department of Health. The bill makes policy changes to provisions governing health carrier notifications of changes to provider networks, the use of the all-payer claims database, the statewide trauma system, Zika preparedness, home care and assisted living licensure, body art technician licensure, medical faculty licenses, medical cannabis, hearing instrument dispensers, and food, beverage, and lodging establishments.

Of note, the bill extends the use of the state's All Payer Claims Database (APCD) for an additional three years for analysis of health care costs, quality, utilization, and disease burden based on geography or population. Current law would remove the Minnesota Department of Health's authority to use the APCD for the study of health care costs and quality within a geographic area or population in July 2016.

This legislation passed the House by a vote of 88-44 and the Senate by a vote of 44-19. The Governor signed the bill in to law on May 31, 2016.

## PRESCRIPTION DRUGS

S.F. 1440 – Chapter 185
Senator Julie Rosen & Representative Dave Baker
***Effective August 1, 2016***

Legislation passed to make a number of modifications to the prescription drug monitoring program. The bill amends the definition of controlled substances by removing tramadol and including gabapentin. It modifies who has access to the reporting system database, permitting access to:

- a prescriber to the extent the information relates specifically to a current patient to whom the prescriber is proving other medical treatment for which access to the data may be necessary.

- a licensed pharmacist who is providing pharmaceutical care for which access to the data is necessary or when consulted by a prescriber who is requesting data to the extent the information relates specifically to a current patient to whom the prescriber is proving other medical treatment for which access to the data may be necessary.
- personnel or designees of a health-related licensing board or the Emergency Medical Services Regulatory Board conducting an investigation of a complaint alleging that a specific licensee is impaired by the use of a drug for which data is collected in the database, has engaged in activity that would constitute a crime or has engaged in other specified behavior.

The bill also specifies that an occupational licensing board or agency may access the database to substantiate a disciplinary action against a prescriber, although it continues to prohibit access to initiate a disciplinary action. Additionally, it requires by April 1, 2016, every prescriber who is authorized in this state to prescribe controlled substances for humans and who holds a current registration issued by the FDA, and every licensed pharmacist practicing in this state to register and maintain a user account with the prescription monitoring program.

The legislation passed the House on a vote 115-18 and the Senate on a vote of 60-2. The Governor signed the bill into law on May 31, 2016

## CONTROLLED SUBSTANCE SCHEDULES

H.F. 3333 – Chapter 182
Representative Bob Barrett & Senator Julie Rosen
***Effective August 1, 2016***

This bill updates the schedules of controlled substance. Minnesota law requires the Executive Director of the Board of Pharmacy to recommend to the legislature updates to the statutory controlled substance schedules so that the statutory schedules match the schedules maintained by the Board. The bill adds fourteen synthetic drugs to Schedule I. These drugs are cannabinoids, hallucinogens, stimulants, or CNS depressants. The bill also adds eluxadoline to Schedule IV.

The bill passed the House on a vote 128-0 and the Senate on a vote of 35-0. The Governor signed the bill into law on May 31, 2016

# PUBLIC ACCOMMODATION CLAIMS

H.F. 2955 – Chapter 159
Representative Dennis Smith & Senator Kari Dziedzic
***Effective Immediately***

This bill adds new provisions to the Minnesota Human Rights Act governing lawsuits related to claims for violations of the Minnesota Human Rights Act regarding architectural and communication barriers in public accommodations. The bill amends the statute of limitations related to these cases, requires attorneys to send demand letters, provides affirmative defenses for defendants, and creates a statutory short form for the demand letter.

The bill passed in the House on a vote of 129-0 and in the Senate on a vote of 58-0. The bill was presented to and signed into law by the Governor on May 22, 2016.

# REGULATORY REFORM

## WORK COMP ADVISORY COUNCIL LEGISLATION

H.F. 2478 – Chapter 110
Representative Tony Albright & Senator Dan Sparks
***Effective Various Dates***

This legislation includes suggested changes put forward and approved by the Workers' Compensation Advisory Council. This legislation makes changes to the Workers' Compensation Court of Appeals. It also makes workers' compensation "housekeeping" changes for the department.

This legislation passed the House on a vote of 130-0 and the Senate on a vote of 65-0. It was signed into law by the Governor on May 12, 2016.

# ITEMS THAT DID NOT PASS IN 2016

## OMNIBUS TAXES BILL

H.F. 848 – Chapter 188
Representative Greg Davids & Senator Rod Skoe

This session, work continued on an Omnibus Tax Bill that was left on the table from last year. On the final day of session, the Legislature passed a compromise package of tax cuts that provide $257 million in tax relief over the 2016-17 biennium and $543 million in the subsequent biennium. The bill includes an expansion of the child care credit and a student loan debt credit, reductions in the tobacco tax, federal conformity language, sales tax requirements on marketplace providers that are located in Minnesota, an increase in local government aid (LGA), and several tax increment financing (TIF) provisions for cities in the metro area.

Some other general provisions of interest in this bill include:

**Student loan credit:** Student debt continues to be a major issue for many Minnesota students. This bill creates a credit of up to $1,000 for eligible individuals who are paying for student loans. Payments must be over 10% of a taxpayer's adjusted gross income to qualify for the credit. The percentages of student loan payments eligible for the credit are:

- 50% of qualified educational loans.
- 65% of qualified loans for eligible individuals in a public service job.
- 75% of qualified loans for eligible individuals in an education profession.

**College savings plans**: Thirty-three other states have tax incentives to help families save for college. Minnesota's incentive disappeared during past budget deficits, but this bill reinvests in that priority and makes it easier for families to save for college. The omnibus tax bill establishes a maximum credit of $500 per year for qualified contributions to Minnesota's 529 savings plans. The bill also allows taxpayers to sub-tract up to $1,500 of their contributions to a qualified savings plan from their income tax liability.

**Military service credit:** The bill expands the existing military service income tax credit to more veterans across Minnesota. The omnibus tax bill raises the income threshold under which military retirees are eligible for the credit from $30,000 to $50,000. It also expands eligibility to all veterans determined to have a 100% total and permanent service-connected disability by the

U.S. Veterans Administration or the retirement board of any of the branches of the armed forces. The nonrefundable credit equals up to $1,000 for each qualifying military retiree.

**Tax conformity:** The bill extends tax deductions passed by Congress well after the 2015 legislature adjourned, preventing Minnesota from updating its tax code before the tax filing season began. Among those benefitting from the changes are Minnesota teachers, students, home-owners, businesses, and filers claiming the Working Family Credit. Adopted federal deductions include the Slain Officer Family Support Act, Don't Tax Our Fallen Public Safety Heroes Act, Bipartisan Budget Act, and Protecting Americans from Tax Hikes Act.

**Defining residency**: This bill limits the list of items that may be taken into consideration when determining residency for income tax purposes. Locations no longer able to be considered when determining a place of residency include those of an individuals' attorney, CPA, or financial advisor and the place of business of a financial institution at which the individual applies for a new type of credit or opens or maintains an account.

**Soccer stadium property tax exemption**: The proposed stadium site is currently owned by the city of Saint Paul and leased by the Metropolitan Council. Both agencies are responsible for cleanup of the site before construction can begin. The property tax exemption encompasses state and local property taxes on any property used by the city for the primary purpose of providing a stadium for an MLS team. The proposed site has been property tax-exempt for more than 50 years. The exemption is contingent upon approval of the Saint Paul City Council.

The MLS stadium is estimated to cost $150 million and will be fully financed by private dollars, while the land will remain the property of the city. Once construction is complete, the team will donate the stadium to the city of Saint Paul. The team will be responsible for the maintenance and upkeep, but the city will continue to own the land. Tax Committee testimony estimated at least 1,900 jobs would be created by the stadium construction project. The sales tax exemption for building materials, supplies and equipment was not included in the omnibus

The bill passed in the House on a vote of 123-10 and in the Senate on a vote of 55-12. The bill was presented to the Governor on May 24, 2016 and he has 14 days to decide whether to sign it into law. On June 1, Governor Dayton held a press conference where he announced that he would not be signing the bill. After 14 days, Governor Dayton failed to sign the bill, resulting in a pocket veto of this legislation.

# NO FAULT AUTO TASK FORCE

H.F. 3456/S.F. 2909
Representative Bob Loonan & Senator Vicki Jensen

The 2015 Minnesota Legislature established, under the responsibility of the Minnesota Department of Commerce, the Task Force on No-Fault Auto Insurance. The Task Force was charged with reviewing and recommending changes to certain issues related to no-fault insurance reform. The Task Force submitted a report to the legislature outlining four recommendations.

- Recommendations 1: The Legislature should authorize the Department of Commerce to require certain no-fault data to be reported to and reportable by the Department.

- Recommendation 2: The Legislature should require the health care providers rendering services within the no-fault system to follow treatment guidelines established by their profession, and approved by the Department of Commerce.

- Recommendation 3: The Legislature should establish in the Department of Commerce, a No-Fault Technical Advisory Committee to advise the department on the development, implementation, and administration of various parts of the no-fault process.

- Recommendation 4: The Legislature should extend the time period for the existing No-Fault Insurance Issues Task Force to review and make recommendation specifically on the no-fault arbitration process, the IME process, billing and cost data, and the impact of developing treatment guidelines in these areas.

This session, bills were introduced to implement several recommendations of the No-Fault Auto Insurance Task Force. Legislation would have required auto insurers to report to the commissioner detailed specified information relating to claims as well as require other state agencies to do so upon request. The bill also would have revived the task force and required an updated report on specified issues by February 1, 2018.

The bill received a number of hearings in the Senate, but ultimately was not passed by either body. Therefore, this legislation did not move forward.

# PROVIDER TAX

H.F. 2490/S.F. 2552
Representative Jennifer Schultz & Senator Kathy Sheran

Early this session, the Senate took up a bill would repeal the phase out of the provider tax scheduled to sunset December 31, 2019. The push for a reinstatement of this tax came out of recommendations from the Health Care Financing Work Group that met last year.

MMGMA wrote a letter opposing the repeal of this provider tax phase out and encouraging legislators to move forward with the bi-partisan proposal to phase out the tax by 2019. A copy of that letter is included in the Appendix.

During Senate hearings, many groups expressed concerns with the tax and the overuse of the provider tax funds. During the Senate hearing, Senator Kathy Sheran offered an amendment that would limit the use of the provider tax to "subsidizing health care coverage for eligible low-income Minnesotans." Other programs currently funded by the 2 percent tax would be eliminated. While the amendment was an improvement over the original language, many still support the phase out.

Ultimately, the bill was laid over for possible inclusion in an omnibus bill. However, the language was not included an omnibus bill this session and the House companion received no hearings. Therefore, this legislation did not move forward.

# MINNESOTA HEALTH RECORDS ACT

H.F. 3073/S.F. 2987
Representative Melissa Hortman & Senator Melissa Wiklund

This bill would have modified the Minnesota Health Records Act (MHRA). It would have updated the MHRA to allow for the release of information for treatment, payment, and healthcare operations. HIPPA would continue to protect this information from improper use and disclosure, and require safeguards to assure the privacy and security of the information.

The bill received a couple hearings in Senate committees this session, but it failed to pass when take up by the Judiciary Committee. Also, the House companion received no hearings. Therefore, this legislation did not move forward.

# MNSURE MODIFICATIONS

H.F. 2414/S.F. 2540
Representative Jennifer Schultz & Senator Tony Lourey

This session, the Senate took up a bill to modify MNsure. This bill included recommendations from the Healthcare Financing Task Force as well as recommendations from the OLA review of MNsure.

The legislation would have established a shared eligibility system and require a steering committee to establish an overall governance structure for it. It also would have required MNsure to retain or collect up to 1.5% of total premiums for individuals and small group market health plans and dental plans sold to fund operations of MNsure. Additionally, it would have stricken language requiring MNsure to establish and maintain an agreement with the Commissioner of Human Services for cost allocation and services regarding eligibility, determination, and enrollment.

The bill was heard in the Senate, but the House companion was not taken up by committee. Ultimately, this legislation did not move forward.

# MNSURE EVALUATION

H.F. 3228/S.F. 2902
Representative Erin Murphy & Senator Tony Lourey

This bill came from a recommendation of the Healthcare Financing Task Force. It would require an independent evaluation of MNsure's operations and performance during the open enrollment period ending January 31, 2016.

The bill was given hearings by both the House and the Senate. However, it ultimately did not move forward this session.

# COMPASSIONATE CARE ACT

H.F. 2095/S.F. 1880
Representative Mike Freiberg & Senator Chris Eaton

This controversial bill was given a lengthy hearing in the Senate this session. The legislation would have allowed terminally ill patients to be prescribed life-ending medication that they could then chose to self-administer.

After many hours of testimony from both supporters and opponents of the legislation, the bill author withdrew the bill from consideration. Therefore, it did not move forward.

# APPENDIX

*Sec. 9. Laws 2014, chapter 312, article 2, section 15, is amended to read:*

*Sec. 15. **WORKERS' COMPENSATION SYSTEM REFORM; USE OF FUNDS.***

*(a) The appropriations under section 14 to the commissioner of labor and industry are for reform of the workers' compensation system. Funds appropriated under section 14, paragraphs (c) and (d), may be expended by the commissioner only after the advisory council on workers' compensation created under Minnesota Statutes, section 175.007, has approved a new system including, but not limited to: a Medicare-based diagnosis-related group (MS-DRG) or similar system for payment of workers' compensation inpatient hospital services. Of the amount appropriated under section 14, paragraphs (c) and (d), up to $100,000 may be used by the commissioner to develop and implement the new system approved by the advisory council on workers' compensation.*

*(b) Funds available for expenditure under paragraph (a) may be used by the commissioner for reimbursement of expenditures that are reasonable and necessary to defray the costs of the implementation by hospitals, insurers, and self-insured employers of the new system including, but not limited to: a Medicare-based diagnosis-related group (MS-DRG) or similar system for payment of workers' compensation inpatient hospital services, litigation expense reform, worker safety training, administrative costs, or other related system reform.*

*(c) For the purposes of this section, reasonable and necessary system reform and implementation costs include, but are not limited to:*

*(1) the cost of analyzing data to determine the anticipated costs and savings of implementing the new system;*

*(2) the cost of analyzing system or organizational changes necessary for implementation;*

*(3) the cost of determining how an organization would implement group or other software;*

*(4) the cost of upgrading existing software or purchasing new software and other technology upgrades needed for implementation;*

*(5) the cost of educating and training staff about the new system as applied to workers' compensation; and*

*(6) the cost of integrating the new system with electronic billing and remittance systems.*

*(d) This section expires June 30, 2016.*

***EFFECTIVE DATE.** This section is effective the day following final enactment.*

***ARTICLE 19***

***HEALTH CARE***

*Section 1. Minnesota Statutes 2015 Supplement, section 16A.724, subdivision 2, is amended to read:*

*Subd. 2.**Transfers.** (a) Notwithstanding section 295.581, to the extent available resources in the health care access fund exceed expenditures in that fund, effective for the biennium beginning July 1, 2007, the commissioner of management and budget shall transfer the excess funds from the health care access fund to the general fund on June 30 of each year, provided that the amount transferred in fiscal year 2016 shall not exceed $48,000,000, the amount in fiscal year 2017 shall not exceed $122,000,000, and*

*the amount in any fiscal biennium thereafter shall not exceed ~~$96,000,000~~ $244,000,000. The purpose of this transfer is to meet the rate increase required under Laws 2003, First Special Session chapter 14, article 13C, section 2, subdivision 6.*

*(b) For fiscal years 2006 to 2011, MinnesotaCare shall be a forecasted program, and, if necessary, the commissioner shall reduce these transfers from the health care access fund to the general fund to meet annual MinnesotaCare expenditures or, if necessary, transfer sufficient funds from the general fund to the health care access fund to meet annual MinnesotaCare expenditures.*

*Sec. 2. Minnesota Statutes 2014, section 62V.05, is amended by adding a subdivision to read:*

*Subd. 12.**Reports on interagency agreements and intra-agency transfers.** The MNsure Board shall provide quarterly reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on:*

*(1) interagency agreements or service-level agreements and any renewals or extensions of existing interagency or service-level agreements with a state department under section 15.01, state agency under section 15.012, or the Office of MN.IT Services, with a value of more than $100,000, or related agreements with the same department or agency with a cumulative value of more than $100,000; and*

*(2) transfers of appropriations of more than $100,000 between accounts within or between agencies.*

*The report must include the statutory citation authorizing the agreement, transfer or dollar amount, purpose, and effective date of the agreement, the duration of the agreement, and a copy of the agreement.*

*Sec. 3. Minnesota Statutes 2014, section 256.01, is amended by adding a subdivision to read:*

*Subd. 41.**Reports on interagency agreements and intra-agency transfers.** The commissioner of human services shall provide quarterly reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on:*

*(1) interagency agreements or service-level agreements and any renewals or extensions of existing interagency or service-level agreements with a state department under section 15.01, state agency under section 15.012, or the Office of MN.IT Services, with a value of more than $100,000, or related agreements with the same department or agency with a cumulative value of more than $100,000; and*

*(2) transfers of appropriations of more than $100,000 between accounts within or between agencies.*

*The report must include the statutory citation authorizing the agreement, transfer or dollar amount, purpose, and effective date of the agreement, the duration of the agreement, and a copy of the agreement.*

***256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.***

*(j) Effective for services provided on or after July 1, 2015, medical assistance payment rates for durable medical equipment, prosthetics, orthotics, or supplies shall be increased as follows:*

*(1) payment rates for durable medical equipment, prosthetics, orthotics, or supplies that were subject to the Medicare competitive bid that took effect in January of 2009 shall be increased by 9.5 percent; and*

*(2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies*

on the medical assistance fee schedule, whether or not subject to the Medicare competitive bid that took effect in January of 2009, shall be increased by 2.94 percent, with this increase being applied after calculation of any increased payment rate under clause (1). This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, items provided to dually eligible recipients when Medicare is the primary payer for the item, and individually priced items identified in paragraph (i). Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect the rate increases in this paragraph.

Sec. 4. **[62D.115] QUALITY OF CARE COMPLAINTS.**

Subdivision 1.**Quality of care complaint.** For purposes of this section, "quality of care complaint" means an expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. Quality of care complaints may include the following, to the extent that they affect the clinical quality of health care services rendered: access; provider and staff competence; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services.

Subd. 2.**Quality of care complaint investigation.** (a) Each health maintenance organization shall develop and implement a quality of care complaint investigation process that meets the requirements of this section. The process must include a written policy and procedures for the receipt, investigation, and follow-up of quality of care complaints, that includes the requirements in paragraphs (b) to (h).

(b) A health maintenance organization's definition for quality of care complaints must include the concerns identified in subdivision 1.

(c) A health maintenance organization must include a description of each quality of care complaint level of severity, including:

(1) classification of complaints that warrant peer protection confidentiality as defined by the commissioner in paragraph (h); and

(2) investigation procedures for each level of severity.

(d) Any complaint with an allegation regarding quality of care or service must be investigated by the health maintenance organization. Documentation must show that each allegation has been addressed.

(e) Conclusions of each investigation must be supported with evidence that may include an associated corrective action plan implemented and documented and a formal response from a provider to the health maintenance organization if a formal response was submitted to the health maintenance organization. The record of investigation must include all related documents, correspondence, summaries, discussions, consultation, and conferences held.

(f) A medical director review shall be conducted as part of the investigation process when there is potential for patient harm.

(g) Each quality of care complaint received by a health maintenance organization must be tracked and trended for review by the health maintenance organization according to provider type and the following type of quality of care issue: behavior, facility, environmental, or technical competence.

(h) The commissioner, in consultation with interested stakeholders, shall define complaints that are subject to peer protection confidentiality in accordance with state and federal law by January 1, 2018.

Subd. 3.**Complaint reporting.** Each health maintenance organization shall submit to the commissioner, as part of the company's annual filing, data on the number of complaints and the category as defined by the commissioner as required under section

62D.08, subdivision 3, paragraph (f).

Subd. 4.**Records.** Each health maintenance organization shall maintain records of all quality of care complaints and their resolution and retain those records for five years. Notwithstanding section 145.64, information provided to the commissioner according to this subdivision is classified as confidential data on individuals or protected nonpublic data as defined in section 13.02, subdivision 3 or 13.

Subd. 5.**Exception.** This section does not apply to quality of care complaints received by a health maintenance organization from an enrollee who is covered under a public health care program administered by the commissioner of human services under chapter 256B or 256L.

Sec. 5. Minnesota Statutes 2014, section 62J.495, subdivision 4, is amended to read:

Subd. 4.**Coordination with national HIT activities.** (a) The commissioner, in consultation with the e-Health Advisory Committee, shall update the statewide implementation plan required under subdivision 2 and released June 2008, to be consistent with the updated Federal HIT Strategic Plan released by the Office of the National Coordinator in accordance with section 3001 of the HITECH Act. The statewide plan shall meet the requirements for a plan required under section 3013 of the HITECH Act. (b) The commissioner, in consultation with the e-Health Advisory Committee, shall work to ensure coordination between state, regional, and national efforts to support and accelerate efforts to effectively use health information technology to improve the quality and coordination of health care and the continuity of patient care among health care providers, to reduce medical errors, to improve population health, to reduce health disparities, and to reduce chronic disease. The commissioner's coordination efforts shall include but not be limited to:

(1) assisting in the development and support of health information technology regional extension centers established under section 3012(c) of the HITECH Act to provide technical assistance and disseminate best practices; and

(2) providing supplemental information to the best practices gathered by regional centers to ensure that the information is relayed in a meaningful way to the Minnesota health care community.;

(3) providing financial and technical support to Minnesota health care providers to encourage implementation of admission, discharge and transfer alerts, and care summary document exchange transactions and to evaluate the impact of health information technology on cost and quality of care. Communications about available financial and technical support shall include clear information about the interoperable health record requirements in subdivision 1, including a separate statement in bold-face type clarifying the exceptions to those requirements;

(4) providing educational resources and technical assistance to health care providers and patients related to state and national privacy, security, and consent laws governing clinical health information, including the requirements in sections 144.291 to 144.298. In carrying out these activities, the commissioner's technical assistance does not constitute legal advice;

(5) assessing Minnesota's legal, financial, and regulatory framework for health information exchange, including the requirements in sections 144.291 to 144.298, and making recommendations for modifications that would strengthen the ability of Minnesota health care providers to securely exchange data in compliance with patient preferences and in a way that is efficient and financially sustainable; and

(6) seeking public input on both patient impact and costs associated with requirements related to patient consent for release of health records for the purposes of treatment, payment, and health care operations, as required in section 144.293, subdivision

*2. The commissioner shall provide a report to the legislature on the findings of this public input process no later than February 1, 2017.*

*(c) The commissioner, in consultation with the e-Health Advisory Committee, shall monitor national activity related to health information technology and shall coordinate statewide input on policy development. The commissioner shall coordinate statewide responses to proposed federal health information technology regulations in order to ensure that the needs of the Minnesota health care community are adequately and efficiently addressed in the proposed regulations. The commissioner's responses may include, but are not limited to:*

*(1) reviewing and evaluating any standard, implementation specification, or certification criteria proposed by the national HIT standards committee;*

*(2) reviewing and evaluating policy proposed by the national HIT policy committee relating to the implementation of a nationwide health information technology infrastructure;*

*(3) monitoring and responding to activity related to the development of quality measures and other measures as required by section 4101 of the HITECH Act. Any response related to quality measures shall consider and address the quality efforts required under chapter 62U; and*

*(4) monitoring and responding to national activity related to privacy, security, and data stewardship of electronic health information and individually identifiable health information.*

*(d) To the extent that the state is either required or allowed to apply, or designate an entity to apply for or carry out activities and programs under section 3013 of the HITECH Act, the commissioner of health, in consultation with the e-Health Advisory Committee and the commissioner of human services, shall be the lead applicant or sole designating authority. The commissioner shall make such designations consistent with the goals and objectives of sections 62J.495 to 62J.497 and 62J.50 to 62J.61.*

*(e) The commissioner of human services shall apply for funding necessary to administer the incentive payments to providers authorized under title IV of the American Recovery and Reinvestment Act.*

*(f) The commissioner shall include in the report to the legislature information on the activities of this subdivision and provide recommendations on any relevant policy changes that should be considered in Minnesota.*

*Sec. 13.* ***[153B.25] ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.***

*Subdivision 1.**Creation; membership.** (a) There is established an Orthotics, Prosthetics, and Pedorthics Advisory Council that shall consist of seven voting members appointed by the board. Five members shall be licensed and practicing orthotists, prosthetists, or pedorthists. Each profession shall be represented on the advisory council. One member shall be a Minnesota-licensed doctor of podiatric medicine who is also a member of the Board of Podiatric Medicine, and one member shall be a public member.*

*(b) The council shall be organized and administered under section 15.059.*

*Subd. 2.**Duties.** The advisory council shall:*

*(1) advise the board on enforcement of the provisions contained in this chapter;*

*(2) review reports of investigations or complaints relating to individuals and make recommendations to the board as to whether a license should be denied or disciplinary action taken against an individual;*

*(3) advise the board regarding standards for licensure of professionals under this chapter; and*

*(4) perform other duties authorized for advisory councils by chapter 214, as directed by the board.*

Subd. 3.**Chair.** The council must elect a chair from among its members.

Subd. 4.**Administrative provisions.** The Board of Podiatric Medicine must provide meeting space and administrative services for the council.

Sec. 14. **[153B.30] LICENSURE.**

Subdivision 1.**Application.** An application for a license shall be submitted to the board in the format required by the board and shall be accompanied by the required fee, which is nonrefundable.

Subd. 2.**Qualifications.** (a) To be eligible for licensure as an orthotist, prosthetist, or prosthetist orthotist, an applicant shall meet orthotist, prosthetist, or prosthetist orthotist certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation requirements in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(b) To be eligible for licensure as a pedorthist, an applicant shall meet the pedorthist certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(c) To be eligible for licensure as an orthotic or prosthetic assistant, an applicant shall meet the orthotic or prosthetic assistant certification requirements of the American Board for Certification in Orthotics, Prosthetics, and Pedorthics that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(d) To be eligible for licensure as an orthotic fitter, an applicant shall meet the orthotic fitter certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

Subd. 3.**License term.** A license to practice is valid for a term of up to 24 months beginning on January 1 or commencing after initially fulfilling the license requirements and ending on December 31 of the following year.

Sec. 15. **[153B.35] EMPLOYMENT BY AN ACCREDITED FACILITY; SCOPE OF PRACTICE.**

A licensed orthotist, prosthetist, pedorthist, assistant, or orthotic fitter may provide limited, supervised orthotic or prosthetic patient care services beyond their licensed scope of practice if all of the following conditions are met:

(1) the licensee is employed by a patient care facility that is accredited by a national accrediting organization in orthotics, prosthetics, and pedorthics;

(2) written objective criteria are documented by the accredited facility to describe the knowledge and skills required by the licensee to demonstrate competency to provide additional specific and limited orthotic or prosthetic patient care services that are outside the licensee's scope of practice;

(3) the licensee provides orthotic or prosthetic patient care only at the direction of a supervisor who is licensed as an orthotist, pedorthist, or prosthetist who is employed by the facility to provide the specific orthotic or prosthetic patient care or services that are outside the licensee's scope of practice; and

(4) the supervised orthotic or prosthetic patient care occurs in compliance with facility accreditation standards.

Sec. 16. **[153B.40] CONTINUING EDUCATION.**

*Subdivision 1.**Requirement.** Each licensee shall obtain the number of continuing education hours required by the certifying board to maintain certification status pursuant to the specific license category.*

*Subd. 2.**Proof of attendance.** A licensee must submit to the board proof of attendance at approved continuing education programs during the license renewal period in which it was attended in the form of a certificate, statement of continuing education credits from the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation, descriptive receipt, or affidavit. The board may conduct random audits.*

*Subd. 3.**Extension of continuing education requirements.** For good cause, a licensee may apply to the board for a six-month extension of the deadline for obtaining the required number of continuing education credits. No more than two consecutive extensions may be granted. For purposes of this subdivision, "good cause" includes unforeseen hardships such as illness, family emergency, or military call-up.*

*Sec. 17. **[153B.45] LICENSE RENEWAL.***

*Subdivision 1.**Submission of license renewal application.** A licensee must submit to the board a license renewal application on a form provided by the board together with the license renewal fee. The completed form must be postmarked no later than January 1 in the year of renewal. The form must be signed by the licensee in the place provided for the renewal applicant's signature, include evidence of participation in approved continuing education programs, and any other information as the board may reasonably require.*

*Subd. 2.**Renewal application postmarked after January 1.** A renewal application postmarked after January 1 in the renewal year shall be returned to the licensee for addition of the late renewal fee. A license renewal application postmarked after January 1 in the renewal year is not complete until the late renewal fee has been received by the board.*

*Subd. 3.**Failure to submit renewal application.** (a) At any time after January 1 of the applicable renewal year, the board shall send notice to a licensee who has failed to apply for license renewal. The notice shall be mailed to the licensee at the last address on file with the board and shall include the following information:*

*(1) that the licensee has failed to submit application for license renewal;*

*(2) the amount of renewal and late fees;*

*(3) information about continuing education that must be submitted in order for the license to be renewed;*

*(4) that the licensee must respond within 30 calendar days after the notice was sent by the board; and*

*(5) that the licensee may voluntarily terminate the license by notifying the board or may apply for license renewal by sending the board a completed renewal application, license renewal and late fees, and evidence of compliance with continuing education requirements.*

*(b) Failure by the licensee to notify the board of the licensee's intent to voluntarily terminate the license or to submit a license renewal application shall result in expiration of the license and termination of the right to practice. The expiration of the license and termination of the right to practice shall not be considered disciplinary action against the licensee.*

*(c) A license that has been expired under this subdivision may be reinstated.*

*Sec. 18. **[153B.50] NAME AND ADDRESS CHANGE.***

*(a) A licensee who has changed names must notify the board in writing within 90 days and request a revised license. The board may require official documentation of the legal name change.*

*(b) A licensee must maintain with the board a correct mailing address to receive board communications and notices. A licensee who has changed addresses must notify the board in writing within 90 days. Mailing a notice by United States mail to a licensee's last known mailing address constitutes valid mailing.*

*Sec. 19.* ***[153B.55] INACTIVE STATUS.***

*(a) A licensee who notifies the board in the format required by the board may elect to place the licensee's credential on inactive status and shall be excused from payment of renewal fees until the licensee notifies the board in the format required by the board of the licensee's plan to return to practice.*

*(b) A person requesting restoration from inactive status shall be required to pay the current renewal fee and comply with section 153B.45.*

*(c) A person whose license has been placed on inactive status shall not practice in this state.*

*Sec. 20.* ***[153B.60] LICENSE LAPSE DUE TO MILITARY SERVICE.***

*A licensee whose license has expired while on active duty in the armed forces of the United States, with the National Guard while called into service or training, or while in training or education preliminary to induction into military service may have the licensee's license renewed or restored without paying a late fee or license restoration fee if the licensee provides verification to the board within two years of the termination of service obligation.*

*Sec. 21.* ***[153B.65] ENDORSEMENT.***

*The board may license, without examination and on payment of the required fee, an applicant who is an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or fitter who is certified by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or a national certification organization with educational, experiential, and testing standards equal to or higher than the licensing requirements in Minnesota.*

*Sec. 22.* ***[153B.70] GROUNDS FOR DISCIPLINARY ACTION.***

*(a) The board may refuse to issue or renew a license, revoke or suspend a license, or place on probation or reprimand a licensee for one or any combination of the following:*

*(1) making a material misstatement in furnishing information to the board;*

*(2) violating or intentionally disregarding the requirements of this chapter;*

*(3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the profession. Conviction, as used in this clause, includes a conviction of an offense which, if committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered;*

*(4) making a misrepresentation in order to obtain or renew a license;*

*(5) displaying a pattern of practice or other behavior that demonstrates incapacity or incompetence to practice;*

*(6) aiding or assisting another person in violating the provisions of this chapter;*

*(7) failing to provide information within 60 days in response to a written request from the board, including documentation of completion of continuing education requirements;*

*(8) engaging in dishonorable, unethical, or unprofessional conduct;*

*(9) engaging in conduct of a character likely to deceive, defraud, or harm the public;*

*(10) inability to practice due to habitual intoxication, addiction to drugs, or mental or physical illness;*

*(11) being disciplined by another state or territory of the United States, the federal government, a national certification organization, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to one of the grounds in this section;*

*(12) directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered;*

*(13) incurring a finding by the board that the licensee, after the licensee has been placed on probationary status, has violated the conditions of the probation;*

*(14) abandoning a patient or client;*

*(15) willfully making or filing false records or reports in the course of the licensee's practice including, but not limited to, false records or reports filed with state or federal agencies;*

*(16) willfully failing to report child maltreatment as required under the Maltreatment of Minors Act, section 626.556; or*

*(17) soliciting professional services using false or misleading advertising.*

*(b) A license to practice is automatically suspended if (1) a guardian of a licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing. The licensee may be reinstated to practice, either with or without restrictions, by demonstrating clear and convincing evidence of rehabilitation. The regulated person is not required to prove rehabilitation if the subsequent court decision overturns previous court findings of public risk.*

*(c) If the board has probable cause to believe that a licensee or applicant has violated paragraph (a), clause (10), it may direct the person to submit to a mental or physical examination. For the purpose of this section, every person is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and to have waived all objections to the admissibility of the examining physician's testimony or examination report on the grounds that the testimony or report constitutes a privileged communication. Failure of a regulated person to submit to an examination when directed constitutes an admission of the allegations against the person, unless the failure was due to circumstances beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A regulated person affected under this paragraph shall at reasonable intervals be given an opportunity to demonstrate that the person can resume the competent practice of the regulated profession with reasonable skill and safety to the public. In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the board shall be used against a regulated person in any other proceeding.*

*(d) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the person's or applicant's consent if the board has probable cause to believe that a licensee is subject to paragraph (a), clause (10). The medical data may be requested from a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this section and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this section, unless the information is false and the provider giving the information knew, or*

had reason to know, the information was false. Information obtained under this section is private data on individuals as defined in section 13.02.

(e) If the board issues an order of immediate suspension of a license, a hearing must be held within 30 days of the suspension and completed without delay.

Sec. 23. **[153B.75] INVESTIGATION; NOTICE AND HEARINGS.**

The board has the authority to investigate alleged violations of this chapter, conduct hearings, and impose corrective or disciplinary action as provided in section 214.103.

Sec. 24. **[153B.80] UNLICENSED PRACTICE.**

Subdivision 1.**License required.** Effective January 1, 2018, no individual shall practice as an orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic assistant, or orthotic fitter, unless the individual holds a valid license issued by the board under this chapter, except as permitted under section 153B.20 or 153B.35.

Subd. 2.**Designation.** No individual shall represent themselves to the public as a licensed orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic assistant, or an orthotic fitter, unless the individual is licensed under this chapter.

Subd. 3.**Penalties.** Any individual who violates this section is guilty of a misdemeanor. The board shall have the authority to seek a cease and desist order against any individual who is engaged in the unlicensed practice of a profession regulated by the board under this chapter.

Sec. 25. **[153B.85] FEES.**

Subdivision 1.**Fees.** (a) The application fee for initial licensure shall not exceed $600.

(b) The biennial renewal fee for a license to practice as an orthotist, prosthetist, prosthetist orthotist, or pedorthist shall not exceed $600.

(c) The biennial renewal fee for a license to practice as an assistant or a fitter shall not exceed $300.

(d) The fee for license restoration shall not exceed $600.

(e) The fee for license verification shall not exceed $30.

(f) The fee to obtain a list of licensees shall not exceed $25.

Subd. 2.**Proration of fees.** For the first renewal period following initial licensure, the renewal fee is the fee specified in subdivision 1, paragraph (b) or (c), prorated to the nearest dollar that is represented by the ratio of the number of days the license is held in the initial licensure period to 730 days.

Subd. 3.**Late fee.** The fee for late license renewal is the license renewal fee in effect at the time of renewal plus $100.

Subd. 4.**Nonrefundable fees.** All fees are nonrefundable.

Subd. 5.**Deposit.** Fees collected by the board under this section shall be deposited in the state government special revenue fund.

Sec. 26. Minnesota Statutes 2014, section 214.075, subdivision 3, is amended to read:

Subd. 3.**Consent form; fees; fingerprints.** (a) In order to effectuate the federal and state level, fingerprint-based criminal background check, the applicant or licensee must submit a completed criminal history records check consent form and a full set of fingerprints to the respective health-related licensing board or a designee in the manner and form specified by the board.

(b) The applicant or licensee is responsible for all fees associated with preparation of the fingerprints, the criminal records check consent form, and the criminal background check. The fees for the criminal records background check shall be set by the BCA and

*the FBI and are not refundable. The fees shall be submitted to the respective health-related licensing board by the applicant or licensee as prescribed by the respective board.*

*(c) All fees received by the health-related licensing boards under this subdivision shall be deposited in a dedicated account accounts in the special revenue fund and are appropriated to the Board of Nursing Home Administrators for the administrative services unit health-related licensing boards to pay for the criminal background checks conducted by the Bureau of Criminal Apprehension and Federal Bureau of Investigation.*

*Sec. 27.* ***FIRST APPOINTMENTS, FIRST MEETING, AND FIRST CHAIR OF THE ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.***

*The Board of Podiatric Medicine shall make its first appointments authorized under Minnesota Statutes, section 153B.25, to the Orthotics, Prosthetics, and Pedorthics Advisory Council, by September 1, 2016. The board shall designate four of its first appointees to serve terms that are coterminous with the governor. The chair of the Board of Podiatric Medicine or the chair's designee shall convene the first meeting of the council by November 1, 2016. The council must elect a chair from among its members at the first meeting of the council.*

*Sec. 28.* ***INITIAL APPOINTMENTS; FIRST MEETING; AND FIRST CHAIR OF THE LICENSED GENETIC COUNSELOR ADVISORY COUNCIL.***

*The Board of Medical Practice shall make its first appointments authorized under Minnesota Statutes, section 147F.15, to the Licensed Genetic Counselor Advisory Council by December 1, 2016. The chair of the Board of Medical Practice or the chair's designee shall convene the first meeting of the council by March 1, 2017. The council must elect a chair from its members at the first meeting of the council.*

# RETIREMENTS & RESIGNATIONS

| LEGISLATOR | BODY | PARTY | DISTRICT |
|---|---|---|---|
| Retiring Legislators | | | |
| Mark Anderson | House | Republican | 9A |
| Joe Atkins | House | DFL | 52B |
| Dave Brown | Senate | Republican | 15 |
| Barb Goodwin | Senate | DFL | 41 |
| Dave Hancock | House | Republican | 2A |
| Alice Johnson | Senate | DFL | 37 |
| Tim Kelly | House | Republican | 21A |
| Tara Mack | House | Republican | 57A |
| Carly Melin | House | DFL | 6A |
| James Metzen | Senate | DFL | 52 |
| Kim Norton | House | DFL | 25B |
| Julianne Ortman | Senate | Republican | 47 |
| John Pederson | Senate | Republican | 14 |
| Roger Reinert | Senate | DFL | 7 |
| Tim Sanders | House | Republican | 37B |
| Bev Scalze | Senate | DFL | 42 |
| Yvonne Selcer | House | DFL | 48A |
| Kathy Sheran | Senate | DFL | 19 |
| Katie Sieben | Senate | DFL | 54 |
| LeRoy Stumpf | Senate | DFL | 1 |
| Dave Thompson | Senate | Republican | 58 |
| House Members Running for State Senate | | | |
| Jason Isaacson | House | DFL | 42B |
| Carolyn Laine | House | DFL | 41B |
| Jerry Newton | House | DFL | 37A |
| Dan Schoen | House | DFL | 54A |
| Erik Simonson | House | DFL | 7B |
| Running for Congress | | | |
| Terri Bonoff | Senate | DFL | 44 |

# MMGMA PROVIDER TAX LETTER

April 13th, 2016

Senator Kathy Sheran
2103 Minnesota Senate Building
95 University Avenue W.
Saint Paul, MN 55155

Re: Senate File 2552
Dear Senator Sheran,

I am writing on behalf of the Minnesota Medical Group Management Association (MMGMA) which represents medical group practices throughout the State of Minnesota. MMGMA's membership places the organization among the largest state medical group management associations in the United States.

As a board member and chair of MMGMA's Government Affairs Committee, I am writing to express MMGMA's opposition to Senate File 2552, which proposes to eliminate the phase out of the Provider Tax by December 31, 2019. We appreciate the Governor and Legislature recently approving a bi-partisan proposal to phase out the Provider Tax and are concerned about any efforts to reverse course.

MMGMA believes the Provider Tax unnecessarily adds to the cost of health care in Minnesota. Under Section 295.52(2), the Provider tax is "imposed on each health care provider equal to two percent of its gross revenues." MMGMA believes repealing the Provider Tax will help promote the sustainability of medical group practices, especially in the many underserved areas identified by the Minnesota Department of Health, by reducing the cost of providing health care, particularly for the MinnesotaCare population for which the Provider Tax was originally intended.

In closing, MMGMA supports the phase out of the Provider Tax as a means of reducing the cost of care. It is time to allow the bipartisan repeal to move forward as scheduled. For the above reasons we respectfully oppose Senate File 2552.

We look forward to discussing this issue with you at your convenience and believe it is a critically important issue for the state of Minnesota.

Respectfully,

Eric C. Tempelis

Eric Tempelis
Chair, Government Affairs Committee, MMGMA

# 2016 BILL TRACKER

| Included in House or Senate Omnibus Bills or Moving Independently | | | | | | |
|---|---|---|---|---|---|---|
| **Legislation to Note** | | | | | | |
| **HF** | **House Author** | **SF** | **Senate Author** | **Title** | **MMGMA Position** | **Status** |
| 1303 | Mack | **1175** | Housley | **Proper notice to providers**; | **Support** | HF- Heard in HHS; referred to Commerce.<br><br>SF- Re-referred to Commerce. Waiting for a hearing. |
| 2380 | Davids | **3121** | Benson | Modifying funding for the operations of Mnsure. | | HF- Intro and referred to Commerce. Amended and re-referred to Taxes, heard and re-referred to Ways and Means<br><br>SF- Intro and re-referred to HHS and Housing. |
| 2405 | Zerwas | **2564** | Hoffman | **Requiring the commissioner of human services to seek a federal waiver to allow MinnesotaCare enrollees to access advanced premium tax credits and cost-sharing reductions** | | HF-Refer to HHS Reform; passed 10-0; re- referred to HHS Finance. **Included.**<br><br>SF- Intro and referred to HHS and Housing |
| 2414 | Schultz | **2540** | Lourey | Creating the shared eligibility system for Mnsure; modifying the amount retained or collected from health care premiums to fund the operation of Mnsure. | | SF- Intro and referred to HHS and Housing. Recommended to pass, re-referred to HHS Budget Division. Amended and laid over for possible inclusion. |
| 2419 | Atkins | **N/A** | | Modifying medical assistance reimbursement rates for services. | | Refer to HHS Reform |
| 2456 | Thissen | **N/A** | | Creating the Department of Direct Care Services | | Refer to HHS Reform |

| | | | | | | |
|---|---|---|---|---|---|---|
| **2458** | Thissen | **N/A** | | Creating the Office of Eligibility Services; | | HF- Refer to HHS Reform |
| **2466** | Anderson, M. | **N/A** | | Repealing Mnsure and Minnesota Rules governing Mnsure. | | HF- Refer to HHS Reform |
| **2474** | Bly | **2653** | Dahle | Proposing a constitutional amendment; providing that access to health care services is a fundamental right to the people of Minnesota. | | HF-Refer to HHS Reform<br><br>SF-Refer to HHS & Housing |
| **2478** | Albright | **2398** | Sparks | **Adopting recommendations of the Workers' Compensation Advisory Council.** | | HF- Intro and refer to Commerce. Re-referred to Jobs. Given a second reading. **The bill passed the floor as amended.**<br><br>SF- Intro and referred to Jobs; passed as amended; Second reading. **HF 2478 was substituted on General Orders.** |
| **2490** | Schultz | **2552** | Sheran | **Eliminating repeal of the tax on hospitals and health care providers**; providing a contingent increase in primary care provider payment rates; clarifying uses of money in the health care access fund. | **Opposed** | HF- Refer to HHS Reform<br><br>SF- Referred to HHS; Heard on 3/14 passed; re-referred to Finance. Scheduled but later removed. Heard on 4/13, amended, laid over for possible inclusion. **Not included.** |
| **2507** | Barrett | **2408** | Eaton | Authorizing pharmacists to perscribe naloxone under certain conditions; | | Refer to HHS Reform |

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| **2512** | Peterson | **2548** | Rosen | **Allowing pharmacists to dispense a 90-day supply of a perscription drug under certain circumstances;** | | HF- Refer to HHS Reform. Heard, passed and given a second reading. Referred for comparison and SF version was substituted on the General Register.<br><br>SF- Heard in HHS and was passed as amended. Second reading and placed on Special Orders. Passed on 5/3/16. |
| **2609** | Kiel | **2549** | Wiklund | Modifying certain certified community behavioral health clinic requirements; | | HF-Refer to HHS Reform<br><br>SF- Referred to HHS and Housing. Heard and passed as amended, re-referred to Finance. |
| **2613** | Peterson | **2480** | Wiklund | **A bill for an act relating to health; designating certain hospitals as STEMI receiving centers; requiring STEMI transport protocols;** | | HF- On the calendar of the day 4/26.<br><br>SF- Heard in HHS and Housing, passed as amended. Send to the floor and given its second reading. **Substituted House language and given a third reading on 4/25. Passed 58-0.** |
| **2628** | Dean | **2442** | Sheran | **Establishing the greater Minnesota family medicine residency program**; establishing a grant program and appropriating money; | | HF-The bill was read for the first time and referred to HHS Reform, heard and sent to HHS Finance. **Included.**<br><br>SF- Referred to HHS & Housing, Heard in Finance, laid over for possible inclusion. **Included, Article 26, Sec. 11 (144.1912).** |

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| **2660** | Baker | **2607** | Eaton | Establishing a grant program for an addiction medicine graduate medical education fellowship program; appropriating money. | | HF-<br><br>SF-Referred to the Committee on Higher Education and Workforce Development. |
| **2665** | Zerwas | **N/A** | | Establishing a Minnesota Eligibility System Executive Steering Committee to govern the Minnesota eligibility system; | | HF-The bill was read for the first time and referred to the Committee on Health and Human Services Reform. |
| **2691** | Persell | **2377** | Eaton | A bill for an act relating to health occupations; extending the duty to warn to alcohol and drug counseling practicum students and postdegree professional practice; | | HF-<br><br>SF- Referred to HHS |
| **2703** | Zerwas | **2485** | Hoffman | **Requiring the commissioner of human services to develop a process to allow federally qualified health centers to determine presumptive eligibility;** | | HF-Intro and referred to HHS Reform. Heard on 4/5/16 and was re-referred to HHS Finance.<br><br>SF- Referred to HHS and Housing. Heard and re-referred to Finance. Heard on 4/13 amended, laid over for possible inclusion. **Included, Article 25, Sec. 26 (256B.057 subd 12a).** |
| **2722** | Dean | **2378** | Hayden | Requiring the commissioner to reform the continuum of treatment for individuals with substance use disorders; | | HF-<br><br>SF- Referred to HHS |
| **2725** | Halverson | **N/A** | | Modifying coverage and billing requirements; | | HF- Intro and referred to HHS Reform. |
| **2742** | Daniels | **2603** | Johnson | Closed captioning on televisions in medical facilities; | | SF- Referred to the Committee on Judiciary. |

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| **2768** | Atkins | **N/A** | | Modifying disclosure and billing requirements in certain circumstances; | | HF- Intro and referred to HHS Reform. |
| **2783** | Murphy | **N/A** | | Modifying recertification requirements for health care homes; | | HF- Intro and referred to HHS Reform. |
| **2832** | Thissen | **2676** | Abeler | Creating a HHS Coordinating and Financing Board for health and human services programs; restructuring DHS by establishing a Department of Health Care Services, Department of Forensic Services, Department of Direct Care Services, and Office of Eligibility Services; | | HF- referred to the Committee on Health and Human Services Reform.<br><br>SF- Referred to Health, Human Services and Housing. |
| **2835** | Zerwas | **2340** | Wiklund | Permitting commissioner of health to continue to use all-payer claims data; | | HF- referred to the Committee on Health and Human Services Reform.<br><br>SF- Referred to HHS, heard and passed; re refer to Judiciary, heard and passed; sent to the Senate floor and given a second reading. |
| **2963** | Metsa | **2558** | Sieben | A bill for an act relating to paid family medical leave benefits; establishing a family and medical leave benefit insurance program; imposing a wage tax; | | HF- Referred to the Committee on State and Local Government.<br><br>SF- Refered to State and Local Gov't; passed as amended, re-refer to Judiciary |
| **2986** | Davids | **2580** | Schmit | Establishing a refundable health insurance premium tax credit; | | Referred to the Committee on Taxes |
| **3020** | Liebling | **2809** | Marty | Establishing a Primary Care Case Management program; authorizing direct state contracting with health care providers; | | SF- Referred to the Committee on Health, Human Services and Housing. |

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| **3030** | Murphy, E. | **N/A** | | A bill for an act relating to state employee benefits; requiring the commissioner of management and budget to set network standards for the use of health care homes when contracting for employee health benefits; | | HF- The bill was read for the first time and referred to the Committee on Government Operations and Elections Policy. |
| **3036** | Pierson | **2621** | Pappas | A bill for an act relating to health; creating an advisory task force on the creation of a division of healthy aging; appropriating money. | | Referred to the Committee on Health, Human Services and Housing. |
| **3055** | Dean | **2708** | Hayden | Creating alternative residential placement options and modified payment methods and rates for patients with complex and serious medical and behavioral health conditions to reduce unnecessary hospitalization, excessive lengths of stay, and higher rates of readmission after discharge; | | Referred to the Committee on Health, Human Services and Housing. |
| **3060** | Loeffler | **2497** | Hayden | A bill for an act relating to human services; creating continuous eligibility for medical assistance and MinnesotaCare; | | HF- refer to HHS Reform.<br><br>SF- Referred to HHS and Housing. Heard, passed and re-referred to Finance. |
| **3073** | Hortman | **2897** | Wiklund | A bill for an act relating to health; modifying provisions of the Minnesota Health Records Act; | | HF- Intro and referred to HHS Reform<br><br>SF- Intro and referred to HHS and Housing, heard and re-referred to Judiciary. |

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| **3126** | Hoppe | **2582** | Schmit | Requiring certain studies and options to stabilize marketplace premiums. | | HF- Commerce and Regulatory Reform<br><br>SF- Referred to the Committee on Commerce. |
| **3199** | Albright | **2414** | Wiklund | **Long-term care ombudsman office, mental health treatment services, and miscellaneous policy provisions modifications** | | HF- Intro and referred to HHS Reform. Passed as amended to Civil Law and Data Practices. Given a second reading and referred to Chief Clerk. See SF 2414.<br><br>SF- Intro and referred to HHS and Housing. Passed as amended re-referred to Judiciary. Passed Judiciary to the floor and given its second reading. Passed as amended 64-0. |
| **3218** | Schultz | **2479** | Clausen | Creating a comprehensive health care workforce council and workforce plan; appropriating money; | | HF- Intro and referred to HHS Reform<br><br>SF-Referred to HHS and Housing. Heard, passed as amended and re-referred to State and Local. Heard, passsed as amended and re-referred to Finance. Withdrawn and re-referred to Rules. |
| **3219** | Schultz | **2460** | Jensen | Individual health plans alternative open enrollment period federal approval | | HF-<br><br>SF- Referred to HHS and Housing; Passed and re-referred to Commerce. Heard, passed and re-referred to Finance. |

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| **3228** | Murphy, E. | **2902** | Lourey | Requesting an evaluation of MNsure's 2016 open enrollment operations and performance. | | HF- Intro and referred to HHS Reform. Heard on 4/5/16. Passed as amended to HHS Finance.<br><br>SF- Intro and referred to HHS and Housing. Passed and re-referred to Finance. |
| **3246** | Loonan | **2794** | Jensen | Regulating no-fault auto benefits; requiring the deduction of basic economic loss benefits previously provided; | | HF-Intro and referred to Commerce, heard and re referred to Civil Law and Data Practices. On 3/31 bill was moved to the General Register and given a second reading.<br><br>SF- Refer to Commerce |
| **3266** | Schultz | **2808** | Martry | A bill for an act relating to health; requiring the commissioner of health to conduct a health information exchange study; appropriating money. | | The bill was read for the first time and referred to the Committee on Civil Law and Data Practices. |
| **3285** | Davids | **3047** | Jensen | **A bill for an act relating to health care; permitting health carriers to not renew certain conversion individual health plans; requiring notice to affected policyholders;** | | HF- Intro and referred to Commerce. Heard and passed as amended. Given a second reading.<br><br>SF- Intro and referred to Commerce. Heard and passed as amended. Given a second reading and passed on the floor. |

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| **3288** | Murphy, E. | **3009** | Eaton | Creating a chemotherapy drug safety working group; | | HF- The bill was read for the first time and referred to the Committee on Job Growth and Energy Affordability Policy and Finance.<br><br>SF- Referred to the Committee on Jobs, Agriculture and Rural Development. |
| **3310** | Hertaus | **2678** | Franzen | **Creating Sophia's Law; requiring marine-grade carbon monoxide detection devices on certain motorboats; requiring safety information on carbon monoxide poisoning from motorboats;** | **Support** | HF- Intro and referred to the Mining and Outdoor Recreation Policy; heard and passed as amended to Enviro. and Natural Resources.<br><br>SF-Referred Enviro. and Energy. Heard and re-referred as amended to Finance. Heard and passed as amended. Second reading. **Passed on the Senate floor 61-0 on 4/26.** |
| **3456** | Loonan | **2909** | Jensen | Authorizing certain data collection by the Department of Commerce relating to no-fault auto insurance claims; reviving the Task Force on No-Fault Auto Insurance; requiring a report; | | HF- introduced and refered to Commerce and Regulatory Reform<br><br>SF- Referred to the Committee on Commerce. Heard; re refer to Judiciary as amended; |

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| **3467** | Dean | **2501** | Lourey | **Modifying certain medical assistance estate recovery requirements; (MA claims and liens)** | | HF- Intro and referred to HHS Reform.<br><br>SF- Heard in HHS and Housing; referred to Finance; re referred to HHS Budget Division. Heard and laid on the table for possible inclusion. **Included, Article 25, Sec. 41-43).** |
| **3467** | Dean | | | Modifying certain medical assistance estate recovery requirements;<br>--<br>Omnibus health and human services, state government finance, and public safety policy and finance bill. | | HF- Intro and referred to HHS Reform. Heard and re-referred to HHS Finance. Heard and re-referred to Ways and Means. Adopted as amended and given a second reading. Heard on the floor, amended, given a third reading and passed.<br><br>SF- Received from the House. Intro and referred to Finance. Passed as amended and given a second reading. Placed on Special Orders and amended. Failed to pass. |
| **3580** | Zerwas | **3313** | Abeler | Prohibiting information blocking by health care providers; | | HF- Intro and referred to HHS Reform<br><br>SF- Referred to Commerce |
| **3615** | Rarick | **N/A** | | **A bill for an act relating to medical assistance; modifying estate recovery provisions;** | | HF- The bill was read for the first time and referred to the Committee on Health and Human Services Reform. **Included.** |

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| **3667** | Peterson | **3529** | Abeler | Requiring qualifying life events and changes in circumstances to be processed within 30 days of being reported for persons enrolled in health care coverage through the MNsure system; | | HF- Intro and referred to HHS Reform<br><br>SF- Intro and referred to HHS and Housing |
| **3938** | Halverson | **N/A** | | Modifying MNsure's operations funding; | | HF- Referred to commerce and regulatory reform |
| **N/A** | | **2422** | Hayden | **Establishing a health care program for low-income uninsured adults and children who are ineligible for medical assistance or MinnesotaCare;** | | SF- Referred HHS and Housing. Passed as amended. Re-referred to Finance. Laid over for possible inclusion. **Included.** |
| **N/A** | | **2618** | Sheran | Awarding a grant to train community health care workers in advanced care directives; | | SF- Referred to the Committee on Health, Human Services and Housing. |
| **N/A** | | **3389** | Abeler | Health insurance contract out-of-pocket maximum cost imposition restriction; provider contract offering requirement | | SF- Intro and referred to Commerce |
| **N/A** | | **3252** | Abeler | Eliminating the preauthorization requirement for compound drugs under the No-Fault Automobile Insurance Act; | | SF- Intro and referred to Commerce |
| **N/A** | | **3295** | Rosen | Modifying certain medical assistance estate recovery requirements; | | SF- Intro and referred to HHS and Housing |
| **2749** | Knoblach | | Cohen | **Omnibus Finance Bill** | | Conference Committee:<br>Senate conferees- Cohen, Wiger, Lourey, Saxhaug, Fischbach<br>House- Knoblach, Loon, Garofalo, Dean, M. McNamara |