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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. 1987

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to health; establishing the Minnesota Medical Information Council;
1.3 requiring reports; appropriating money; proposing coding for new law in
1.4 Minnesota Statutes, chapter 3.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **LEGISLATIVE FINDINGS AND PURPOSE.**

1.7 The legislature finds that consumers and regulators of medical care in Minnesota
1.8 are not sufficiently informed to create either a functioning market for medical care or an
1.9 effective regulatory approach to medical care. As a result of this lack of information, the
1.10 medical care market in Minnesota is supplier-driven, where the need for facilities and
1.11 services are largely determined by medical care providers who compete for high-margin
1.12 services. The legislature finds that the state lacks a basic inventory of medical facilities and
1.13 services to allow for a functioning market or an effective regulatory approach. To reform
1.14 the market for medical care from a supplier-driven market to a consumer-driven market, an
1.15 informed consumer voice must be present. To further this public policy, it is the intent of
1.16 the legislature to establish the Minnesota Medical Information Council which is permanent
1.17 and which acts as a consumer voice in medical care decision-making at the legislature.

1.18 Sec. 2. **[3.928] MINNESOTA MEDICAL INFORMATION COUNCIL.**

1.19 Subdivision 1. **Membership.** (a) There is created a Minnesota Medical Information
1.20 Council consisting of 13 members. The 13 members must include:

- 1.21 (1) the commissioner of health;
- 1.22 (2) the commissioner of employee relations;
- 1.23 (3) the commissioner of human services;

2.1 (4) three employers, none of which is a provider of medical care or an insurer;

2.2 (5) three experts to be drawn from academia, providers of medical care, or
 2.3 administrators of medical care plans; and

2.4 (6) four citizens representing different consumer perspectives, including an
 2.5 individual who: (i) is insured through an employer; (ii) purchases insurance through
 2.6 a self-employed or small business plan; (iii) is uninsured; and (iv) receives coverage
 2.7 through a government assistance program.

2.8 **Subd. 2. Duties and powers.** The council shall:

2.9 (1) act as a consumer voice in medical care decision-making;

2.10 (2) oversee the gathering of statewide information to address the availability and
 2.11 capacity of medical services in existing medical facilities;

2.12 (3) advise the governor and the legislature on matters relating to medical facilities
 2.13 and services; and

2.14 (4) maintain a staff of no more than five people.

2.15 **Subd. 3. Terms, compensation, removal, vacancies; expiration.** The membership
 2.16 terms, per diems, removal of members appointed by the governor, and filling of vacancies
 2.17 of members must be as provided in section 15.059, except that members may not receive
 2.18 compensation unless they are low-income. For purposes of this section, low-income
 2.19 means eligible to receive public assistance. The council is not subject to the expiration
 2.20 date provisions of section 15.059.

2.21 **Subd. 4. Conflict of interest.** No member of the council may participate in
 2.22 deliberations or vote on any matter before the council which will or is likely to result in
 2.23 direct, measurable economic gain to the member. Additionally, no member of the council
 2.24 may participate in deliberations or vote on any matter before the council which will or is
 2.25 likely to result in direct, measurable economic gain to that member's employer.

2.26 **Subd. 5. State agency assistance.** Other state agencies shall supply the council
 2.27 upon request with advisory staff services on matters relating to the jurisdiction of the
 2.28 council. The council shall cooperate and coordinate its activities with other state agencies
 2.29 to the highest possible degree.

2.30 **Subd. 6. Report.** The council shall prepare and distribute a report to the governor
 2.31 and legislature by November 15 of each even-numbered year. The report shall summarize
 2.32 the activities of the council since its last report, list receipts and expenditures, identify the
 2.33 major problems and issues confronting the medical services market, and list the specific
 2.34 objectives that the council seeks to attain during the next biennium.

2.35 **Sec. 3. WORK GROUP; REPORT.**

3.1 By January 1, 2008, the Minnesota Medical Information Council shall report back to
3.2 the chairs of house and senate committees having jurisdiction over health with a report on
3.3 how the council will proceed with a statewide inventory of medical services including: (1)
3.4 medical services currently available in certain medical facilities; and (2) the capacity and
3.5 use of existing medical facilities. The report must establish reporting thresholds for capital
3.6 expenditures on facilities and technology, expansion or addition of new medical services,
3.7 or expected revenue streams from a change or increase in operations.

3.8 Sec. 4. **APPROPRIATION.**

3.9 \$..... is appropriated for the biennium beginning July 1, 2007, from the general
3.10 fund to the Minnesota Medical Information Council for the purposes of sections 1 to 3.