

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

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

2.8 Subd. 4. **Conflict of interest.** No member of the council may participate in
2.9 deliberations or vote on any matter before the council which will or is likely to result in
2.10 direct, measurable economic gain to the member. Additionally, no member of the council
2.11 may participate in deliberations or vote on any matter before the council which will or is
2.12 likely to result in direct, measurable economic gain to that member's employer.

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

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

2.22 **Sec. 2. WORK GROUP; REPORT.**

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

2.30 **Sec. 3. APPROPRIATION.**

2.31 \$..... is appropriated for the biennium beginning July 1, 2007, from the general
2.32 fund to the Minnesota Medical Information Council for the purposes of sections 1 and 2.