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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-SIXTH
SESSION**

HOUSE FILE No. 384

January 29, 2009

Authored by Thissen; Ruud; Abeler; Hosch; Murphy, E., and others

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

March 16, 2009

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

March 25, 2009

By motion, re-referred to the Committee on Finance

1.1 A bill for an act
1.2 relating to health; developing technology standards and tools to exchange
1.3 information electronically between groups; amending Minnesota Statutes 2008,
1.4 section 62J.60, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2008, section 62J.60, is amended by adding a subdivision
1.7 to read:

1.8 Subd. 6. **Developing technology standards and tools.** The commissioner of
1.9 health, in consultation with the Minnesota Administrative Uniformity Committee, the
1.10 commissioner of commerce, and the commissioner of human services, shall study
1.11 and make recommendations on the feasibility and barriers to simplifying health care
1.12 administrative transactions through electronic data interchange. The study shall include:

1.13 (1) recommendations regarding the feasibility and barriers to establishing a single,
1.14 standardized system for all group purchasers for health care administrative transactions
1.15 and notification, preauthorization, or service notification, and retroactive denial through
1.16 electronic data interchange, identifying a range of potential technologies to accomplish
1.17 this purpose;

1.18 (2) recommendations regarding the relationship of technologies to the e-prescribing
1.19 requirements of section 62J.497;

1.20 (3) recommendations for ensuring that any use of technologies by providers and
1.21 group purchasers is consistent with national standards;

1.22 (4) an analysis of the readiness of providers and group purchasers to implement
1.23 appropriate technologies and comply with technology requirements already required by
1.24 law; and

2.1 (5) recommendations for prioritizing the implementation of specific technologies in
2.2 relation to provider and health plan efforts to meet the requirements of section 62J.536, to
2.3 meet the administrative requirements of section 62J.497, to meet federal requirements
2.4 for transitioning from ICD-9 to ICD-10, and to comply with federal changes to Code
2.5 of Federal Regulations, title 45, part 162.

2.6 By February 1, 2011, the commissioner shall report the study and recommendations
2.7 to the chairs and ranking minority members of the legislative committees and divisions
2.8 with jurisdiction over health care policy and finance.