

1.1 Senator moves to amend the delete-everything amendment (SCS4198A-1)
1.2 to S.F. No. 4198 as follows:

1.3 Page 100, after line 26, insert:

1.4 **"ARTICLE 5**
1.5 **MANDATED REPORTS**

1.6 Section 1. Minnesota Statutes 2020, section 62J.692, subdivision 5, is amended to read:

1.7 Subd. 5. **Report.** (a) Sponsoring institutions receiving funds under this section must
1.8 sign and submit a medical education grant verification report (GVR) to verify that the correct
1.9 grant amount was forwarded to each eligible training site. If the sponsoring institution fails
1.10 to submit the GVR by the stated deadline, or to request and meet the deadline for an
1.11 extension, the sponsoring institution is required to return the full amount of funds received
1.12 to the commissioner within 30 days of receiving notice from the commissioner. The
1.13 commissioner shall distribute returned funds to the appropriate training sites in accordance
1.14 with the commissioner's approval letter.

1.15 (b) The reports must provide verification of the distribution of the funds and must include:

1.16 (1) the total number of eligible trainee FTEs in each clinical medical education program;

1.17 (2) the name of each funded program and, for each program, the dollar amount distributed
1.18 to each training site and a training site expenditure report;

1.19 (3) documentation of any discrepancies between the initial grant distribution notice
1.20 included in the commissioner's approval letter and the actual distribution;

1.21 (4) a statement by the sponsoring institution stating that the completed grant verification
1.22 report is valid and accurate; and

1.23 (5) other information the commissioner deems appropriate to evaluate the effectiveness
1.24 of the use of funds for medical education.

1.25 (c) Each year, the commissioner shall provide an annual summary report to the legislature
1.26 on the implementation of this section. This report is exempt from section 144.05, subdivision
1.27 7.

2.1 Sec. 2. Minnesota Statutes 2020, section 144.193, is amended to read:

2.2 **144.193 INVENTORY OF BIOLOGICAL AND HEALTH DATA.**

2.3 By February 1, 2014, and annually after that date, the commissioner shall prepare an
2.4 inventory of biological specimens, registries, and health data and databases collected or
2.5 maintained by the commissioner. In addition to the inventory, the commissioner shall provide
2.6 the schedules for storage of health data and biological specimens. The inventories must be
2.7 listed in reverse chronological order beginning with the year 2012. The commissioner shall
2.8 make the inventory and schedules available on the department's website ~~and submit the~~
2.9 ~~inventory and schedules to the chairs and ranking minority members of the committees of~~
2.10 ~~the legislature with jurisdiction over health policy and data practices issues.~~

2.11 Sec. 3. Minnesota Statutes 2020, section 144.4199, subdivision 8, is amended to read:

2.12 Subd. 8. **Report.** By January 15 of each year, the commissioner shall submit a report to
2.13 the chairs and ranking minority members of the house of representatives Ways and Means
2.14 Committee, the senate Finance Committee, and the house of representatives and senate
2.15 committees with jurisdiction over health and human services finance, detailing expenditures
2.16 made in the previous calendar year from the public health response contingency account.
2.17 This report is exempt from section 144.05, subdivision 7.

2.18 Sec. 4. Minnesota Statutes 2020, section 144.497, is amended to read:

2.19 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

2.20 The commissioner of health shall assess and report on the quality of care provided in
2.21 the state for ST elevation myocardial infarction response and treatment. The commissioner
2.22 shall:

2.23 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
2.24 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
2.25 does not identify individuals or associate specific ST elevation myocardial infarction heart
2.26 attack events with an identifiable individual;

2.27 (2) quarterly post a summary report of the data in aggregate form on the Department of
2.28 Health website; and

2.29 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
2.30 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
2.31 ~~myocardial infarctions; and~~

3.1 ~~(4)~~(3) coordinate to the extent possible with national voluntary health organizations
3.2 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
3.3 ST elevation myocardial infarction receiving centers to report data consistent with nationally
3.4 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
3.5 infarction heart attacks within the state and encourage sharing of information among health
3.6 care providers on ways to improve the quality of care of ST elevation myocardial infarction
3.7 patients in Minnesota.

3.8 Sec. 5. Minnesota Statutes 2020, section 144A.10, subdivision 17, is amended to read:

3.9 Subd. 17. **Agency quality improvement program; annual report on survey**
3.10 **process.** (a) The commissioner shall establish a quality improvement program for the nursing
3.11 facility survey and complaint processes. The commissioner must regularly consult with
3.12 consumers, consumer advocates, and representatives of the nursing home industry and
3.13 representatives of nursing home employees in implementing the program. The commissioner,
3.14 through the quality improvement program, shall submit to the legislature an annual survey
3.15 and certification quality improvement report, beginning December 15, 2004, and each
3.16 December 15 thereafter. This report is exempt from section 144.05, subdivision 7.

3.17 (b) The report must include, but is not limited to, an analysis of:

3.18 (1) the number, scope, and severity of citations by region within the state;

3.19 (2) cross-referencing of citations by region within the state and between states within
3.20 the Centers for Medicare and Medicaid Services region in which Minnesota is located;

3.21 (3) the number and outcomes of independent dispute resolutions;

3.22 (4) the number and outcomes of appeals;

3.23 (5) compliance with timelines for survey revisits and complaint investigations;

3.24 (6) techniques of surveyors in investigations, communication, and documentation to
3.25 identify and support citations;

3.26 (7) compliance with timelines for providing facilities with completed statements of
3.27 deficiencies; and

3.28 (8) other survey statistics relevant to improving the survey process.

3.29 (c) The report must also identify and explain inconsistencies and patterns across regions
3.30 of the state; include analyses and recommendations for quality improvement areas identified
3.31 by the commissioner, consumers, consumer advocates, and representatives of the nursing

4.1 home industry and nursing home employees; and provide action plans to address problems
4.2 that are identified.

4.3 Sec. 6. Minnesota Statutes 2020, section 144A.483, subdivision 1, is amended to read:

4.4 Subdivision 1. **Annual legislative report on home care licensing.** The commissioner
4.5 shall establish a quality improvement program for the home care survey and home care
4.6 complaint investigation processes. The commissioner shall submit to the legislature an
4.7 annual report, beginning October 1, 2015, and each October 1 thereafter, until October 1,
4.8 2027. Each report will review the previous state fiscal year of home care licensing and
4.9 regulatory activities. The report must include, but is not limited to, an analysis of:

4.10 (1) the number of FTEs in the Division of Compliance Monitoring, including the Office
4.11 of Health Facility Complaints units assigned to home care licensing, survey, investigation,
4.12 and enforcement process;

4.13 (2) numbers of and descriptive information about licenses issued, complaints received
4.14 and investigated, including allegations made and correction orders issued, surveys completed
4.15 and timelines, and correction order reconsiderations and results;

4.16 (3) descriptions of emerging trends in home care provision and areas of concern identified
4.17 by the department in its regulation of home care providers;

4.18 (4) information and data regarding performance improvement projects underway and
4.19 planned by the commissioner in the area of home care surveys; and

4.20 (5) work of the Department of Health Home Care Advisory Council.

4.21 Sec. 7. Minnesota Statutes 2020, section 145.4134, is amended to read:

4.22 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

4.23 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner
4.24 shall issue a public report providing statistics for the previous calendar year compiled from
4.25 the data submitted under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249.
4.26 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report
4.27 shall provide the statistics for all previous calendar years, adjusted to reflect any additional
4.28 information from late or corrected reports. The commissioner shall ensure that none of the
4.29 information included in the public reports can reasonably lead to identification of an
4.30 individual having performed or having had an abortion. All data included on the forms
4.31 under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249 must be included
4.32 in the public report, except that the commissioner shall maintain as confidential, data which

5.1 alone or in combination may constitute information from which an individual having
5.2 performed or having had an abortion may be identified using epidemiologic principles. The
5.3 ~~commissioner shall submit the report to the senate Health and Family Security Committee~~
5.4 ~~and the house of representatives Health and Human Services Committee.~~

5.5 (b) The commissioner may, by rules adopted under chapter 14, alter the submission
5.6 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal
5.7 savings, or other valid reason, provided that physicians or facilities and the commissioner
5.8 of human services submit the required information once each year and the commissioner
5.9 issues a report once each year.

5.10 Sec. 8. Minnesota Statutes 2020, section 145.928, subdivision 13, is amended to read:

5.11 Subd. 13. **Reports.** (a) The commissioner shall submit a biennial report to the legislature
5.12 on the local community projects, tribal government, and community health board prevention
5.13 activities funded under this section. These reports must include information on grant
5.14 recipients, activities that were conducted using grant funds, evaluation data, and outcome
5.15 measures, if available. These reports are due by January 15 of every other year, beginning
5.16 in the year 2003.

5.17 (b) The commissioner shall release an annual report to the public ~~and submit the annual~~
5.18 ~~report to the chairs and ranking minority members of the house of representatives and senate~~
5.19 ~~committees with jurisdiction over public health~~ on grants made under subdivision 7 to
5.20 decrease racial and ethnic disparities in infant mortality rates. The report must provide
5.21 specific information on the amount of each grant awarded to each agency or organization,
5.22 an itemized list submitted to the commissioner by each agency or organization awarded a
5.23 grant specifying all uses of grant funds and the amount expended for each use, the population
5.24 served by each agency or organization, outcomes of the programs funded by each grant,
5.25 and the amount of the appropriation retained by the commissioner for administrative and
5.26 associated expenses. The commissioner shall issue a report each January 15 for the previous
5.27 fiscal year beginning January 15, 2016.

5.28 Sec. 9. **REPEALER.**

5.29 Minnesota Statutes 2020, sections 62U.10, subdivision 3; 144.1911, subdivision 10;
5.30 144.564, subdivision 3; 144A.483, subdivision 2; and 152.25, subdivision 2, are repealed."

5.31 Renumber the sections in sequence and correct the internal references

5.32 Amend the title accordingly