



Health Legislative Report Sunsets

MINNESOTA DEPARTMENT OF HEALTH

2022 REPORT TO THE LEGISLATURE

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2022 Minnesota Department of Health Legislative Reports Sunsets

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Executive Summary

This report fulfills a requirement of Laws of Minnesota, 2021, Chapter 30, Article 3, Section 10. This provision creates a sunset for most of the recurring reports the Department of Health is required to submit. The provision requires MDH to submit a report each year which lists all report mandates set to expire that year. This report includes the list of legislative reports expiring under Chapter 30 in 2022.

Legislation

Laws of Minnesota, 2021, Chapter 30, Article 3, Section 10

Sec. 10. Minnesota Statutes 2020, section 144.05, is amended by adding a subdivision to read:

Subd. 7. Expiration of report mandates.

(a) If the submission of a report by the commissioner of health to the legislature is mandated by statute and the enabling legislation does not include a date for the submission of a final report, the mandate to submit the report shall expire in accordance with this section.

(b) If the mandate requires the submission of an annual report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate requires the submission of a biennial or less frequent report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

(c) Any reporting mandate enacted on or after January 1, 2021 shall expire three years after the date of enactment if the mandate requires the submission of an annual report and shall expire five years after the date of enactment if the mandate requires the submission of a biennial or less frequent report, unless the enacting legislation provides for a different expiration date.

(d) The commissioner shall submit a list to the chairs and ranking minority members of the legislative committee with jurisdiction over health by February 15 of each year, beginning February 15, 2022, of all reports set to expire during the following calendar year in accordance with this section.

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

Legislative Report Mandates to Expire January 1, 2023

Per Minnesota Session Laws 2021, Ch. 30, Art.3, Sec. 10 the following reports are set to expire January 1, 2023. If no legislative action is taken the final report(s) under these mandates will be submitted in calendar year 2022. Staff in the relevant MDH policy areas have reviewed this list of reports and have determined that these mandates expire after 2022 per Chapter 30.

Administrative Costs in Health Plans

Citation

Minnesota Session Laws 1993 Chapter 62J.38

Description

The commissioner shall submit an annual report that presents data on annual administrative spending for each health plan that collects over \$3 million annually in total health premiums from Minnesota residents. More specifically, this annual report looks at the amount of money that health plan companies spend on administrative expenses such as marketing, claims processing, central office staff salaries, fraud detection, and overhead. There is no set due date for this annual report though health plans must submit data by April 1 for the previous calendar year.

Adverse Health Events

Citation

Minnesota Session Laws 2003 Chapter 144.7067

Description

The commissioner shall submit an annual report that provides updates on serious health events reported in the last year, and trends from the last 3-5 years of data.

Community Benefit Provided by Minnesota Hospitals

Citation

Minnesota Session Laws 2007 Chapter 144.699 Subdivision 5

Description

The commissioner shall report annually on the hospital's community benefits and community care, including detailed information on each component of health care cost defined under section 144.698 or 144.702. This annual report aims to describes the volume and distribution of resources and services that non-profit hospitals provide under their mission to the community. By statute, it includes what one might think of as typical community services, such as economic

development activities, community support system enhancements, environmental improvements, and leadership development training for community members as well as direct patient care provided for free or at a discount (e.g., charity care and underpayment from state health care programs). It also includes spending on research and education and financial and in-kind contributions such as hours donated by staff and space donated to nonprofit community groups.

Eliminating Health Disparities Grants-Infant Mortality Rates

Citation

Minnesota Session Laws 2015 Chapter 145.928 Subdivision 13

Description

The commissioner shall submit an annual report on the eliminating health disparities grants provided to recipients working to decrease racial and ethnic disparities in infant mortality rates. The report must include the amount of the award, how grant funds were used, the population serviced by organization/agency and outcomes of the programs.

Health Care Spending and Long-Term Care Spending Related to Health Indicators (Chronic Conditions)

Citation

Minnesota Session Laws 2015 Chapter 62U.10 Subdivision 7 and 8

Description

The commissioner shall submit an annual report that determines the projected impact on total state spending from changes in health indicators related to preventable illness and death (chronic conditions). When annual accumulated savings accruing to state health programs meets or exceeds \$50 million for all health indicators, MDH shall certify the outcome to MMB no later than December 15 of each year. This report was enacted in 2016 and shall be submitted on November 15 of each year.

Health Care Spending and Projections: Spending and Savings Determination

Citation

Minnesota Session Laws 2015 Chapter 62U.10 Subdivision 3

Description

The commissioner of health shall submit an annual report that looks at how total health care spending is changing or growing on an annual basis, and what is driving the changes. The report must also project what spending will be in 10 years, given current patterns and

state/national trends. The report was enacted in 2010 and shall be annually submitted on June 1.

Home Care Licensing

Citation

Minnesota Session Laws 2013 Chapter 144A.483

Description

The commissioner shall establish a quality improvement program for the home care survey and home care complaint investigation processes. The commissioner shall submit to the legislature an annual report and each report will review the previous state fiscal year of home care licensing and regulatory activities.

Induced Abortions in Minnesota

Citation

Minnesota Session Laws 1998 Chapter 145.4134

Description

The commissioner shall annually issue a report on July 1st providing statistics for induced abortions in the state of Minnesota. Each report shall provide the statistics for all previous calendar years, adjusted to reflect any additional information from late or corrected reports. The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion.

International Medical Graduate Assistance Program

Citation

Minnesota Session Laws 2015 Chapter 144.1911 Subdivision 10

Description

The commissioner shall submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education on the progress of the integration of international medical graduates into the Minnesota health care delivery system. The report includes recommendations on actions needed for continued progress integrating international medical graduates. The report was enacted in 2015 and shall be submitted by January 15 each year.

Inventory of Biological Specimens, Registries, and Health Data and Databases

Citation

Minnesota Session Laws 2013 Chapter 144.193

Description

The commissioner shall report annually the inventory of biological specimens, registries, and health data and databases collected or maintained by the Department of Health. In addition to the inventory, the commissioner shall provide the schedules for storage of health data and biological specimens.

Medical Cannabis Studies Relating to Chemical Composition & Dosages

Citation

Minnesota Session Laws 2014 Chapter 152.25

Description

The commissioner shall report the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for qualifying medical conditions. The commissioner shall make this information available to patients with qualifying medical conditions beginning December 1, 2014 and update the information annually.

Medical Education and Research Costs (MERC) Grant Distribution

Citation

Minnesota Session Laws 2001, 1st Special Session Chapter 62.J.692 Subdivision 5

Description

The commissioner of health has been responsible for administering the MERC program since 1998. Since its first year of funding in 1997, the MERC program has distributed nearly \$900 million to hospitals, clinics, and other clinical training facilities throughout Minnesota to help cover the cost of training health professionals. The annual report provides information on the distribution and use of funds to promote clinical training of medical professionals. Grant distribution reports will continue to be posted to the MDH website.

Monitoring of Subacute or Transitional Care Services

Citation

Minnesota Session Laws 1986 Chapter 144.564

Description

The commissioner shall monitor the provision of subacute or transitional care services provided by hospitals and report annually to the legislature concerning these services, including recommendations on the need for legislation.

Nursing Facility Assessment of Impact of Nursing Home Bed Moratorium by Geographic Area

Citation

Minnesota Session Laws 1983 Chapter 144A.071

Description

The commissioner of health, in coordination with the commissioner of human services, shall implement mechanisms to monitor and analyze the effect of the moratorium in the different geographic areas of the state. The commissioner of health shall submit an annual report to the legislature an assessment of the impact of the moratorium by geographic area, with particular attention to service deficits or problems and a corrective action plan.

Nursing Facility Quality Improvement Program: Survey and Complaints Processes

Citation

Minnesota Session Laws 2004 Chapter 144A.10 Subdivision 17

Description

The commissioner shall submit an annual survey and quality improvement report on the quality improvement program for the nursing facility survey and complaint processes. The commissioner must regularly consult with consumers, consumer advocates, and representatives of the nursing home industry and representatives of nursing home employees in implementing the program.

Obsolete Rules

Citation

Minnesota Session Laws 1995 Chapter 14.05 Subdivision 5

Description

Annually on December 1st each agency must submit to the governor, the Legislative Coordinating Commission, the policy and funding committees and divisions with jurisdiction over the agency, and the revisor of statutes, a list of any rules or portions of rules that are obsolete, unnecessary, or duplicative of other state or federal statutes or rules. The list must also include an explanation of why the rule is obsolete, unnecessary, or duplicative of other state or federal statutes or rules. The agency must also share a timeline for repeal.

Projected Spending Baseline for Health Indicators (Chronic Conditions, Part 1)

Citation

Minnesota Session Laws 2015 Chapter 62U.10 Subdivision 6

Description

The commissioner of health shall submit an annual report that looks at spending for obesity and certain obesity-related conditions, tobacco use, high blood pressure, diabetes/prediabetes, and dementia (for the 60+ population). A baseline level of spending for these conditions is being developed, projecting what spending will look like in 10 years, and then comparing those cost projections to actual spending. This report was enacted in 2016 and shall be submitted on February 15 of each year.

Public Health Contingency Response Account

Citation

Minnesota Session Laws 2017 Chapter 144.4199

Description

By January 15 of each year, the commissioner shall submit a report to the chairs and ranking minority members of the House of Representatives Ways and Means Committee, the Senate Finance Committee, and the House of Representatives and Senate committees with jurisdiction over health and human services finance, detailing expenditures made in the previous calendar year from the public health response contingency account.

Rulemaking Docket

Citation

Minnesota Session Laws 2012 Chapter 14.116

Description

Annually on January 15, each agency must submit its rulemaking docket and the official rulemaking record required for any rule adopted during the preceding calendar year, to the chairs and ranking minority members of the legislative policy and budget committees with jurisdiction over the subject matter of the proposed rule.

STEMI Quality of Care and Patient Outcome Improvements

Citation

Minnesota Session Laws 2014 Chapter 144.497

Description

The commissioner shall assess and report on the quality of care provided in the state for ST elevation myocardial infarction response and treatment. In 2022, MDH is seeking a technical change to the statute to eliminate the requirement for reporting. MDH does not have access to a patient-level data source to fulfill this requirement.

Trauma System Report

Citation

Minnesota Session Laws 2010, 1st Special Session Chapter 144.6071

Description

The commissioner shall submit an annual report a summary of trauma-related information on causes, conditions, treatment, outcomes, and other information that can be used for clinical and system quality improvement.