

1.1 moves to amend H.F. No. 926 as follows:

1.2 Page 1, after line 6, insert:

1.3 "Sec. Minnesota Statutes 2022, section 62U.04, subdivision 4, is amended to read:

1.4 Subd. 4. **Encounter data.** (a) All health plan companies, dental plan companies, and
1.5 third-party administrators shall submit encounter data on a monthly basis to a private entity
1.6 designated by the commissioner of health. The data shall be submitted in a form and manner
1.7 specified by the commissioner subject to the following requirements:

1.8 (1) the data must be de-identified data as described under the Code of Federal Regulations,
1.9 title 45, section 164.514;

1.10 (2) the data for each encounter must include an identifier for the patient's health care
1.11 home if the patient has selected a health care home, data on contractual value-based payments,
1.12 and, ~~for claims incurred on or after January 1, 2019~~, data deemed necessary by the
1.13 commissioner to uniquely identify claims in the individual health insurance market; ~~and~~

1.14 (3) the data must include enrollee race and ethnicity, to the extent available; and

1.15 ~~(3)~~ (4) except for the identifier data described in clause clauses (2) and (3), the data must
1.16 not include information that is not included in a health care claim, dental care claim, or
1.17 equivalent encounter information transaction that is required under section 62J.536.

1.18 (b) The commissioner or the commissioner's designee shall only use the data submitted
1.19 under paragraph (a) to carry out the commissioner's responsibilities in this section, including
1.20 supplying the data to providers so they can verify their results of the peer grouping process
1.21 consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d),
1.22 and adopted by the commissioner and, if necessary, submit comments to the commissioner
1.23 or initiate an appeal.

2.1 (c) Data on providers collected under this subdivision are private data on individuals or
2.2 nonpublic data, as defined in section 13.02. ~~Notwithstanding the definition of summary data~~
2.3 ~~in section 13.02, subdivision 19, summary data prepared under this subdivision may be~~
2.4 ~~derived from nonpublic data.~~ Notwithstanding the data classifications in this paragraph,
2.5 data on providers collected under this subdivision may be released or published as authorized
2.6 in subdivision 11. The commissioner or the commissioner's designee shall establish
2.7 procedures and safeguards to protect the integrity and confidentiality of any data that it
2.8 maintains.

2.9 (d) The commissioner or the commissioner's designee shall not publish analyses or
2.10 reports that identify, or could potentially identify, individual patients.

2.11 (e) The commissioner shall compile summary information on the data submitted under
2.12 this subdivision. The commissioner shall work with its vendors to assess the data submitted
2.13 in terms of compliance with the data submission requirements and the completeness of the
2.14 data submitted by comparing the data with summary information compiled by the
2.15 commissioner and with established and emerging data quality standards to ensure data
2.16 quality.

2.17 **EFFECTIVE DATE.** Paragraph (a), clause (3), is effective retroactively from January
2.18 1, 2023, and applies to claims incurred on or after that date.

2.19 Sec. Minnesota Statutes 2022, section 62U.04, subdivision 5, is amended to read:

2.20 Subd. 5. **Pricing data.** (a) All health plan companies, dental plan companies, and
2.21 third-party administrators shall submit, on a monthly basis, data on their contracted prices
2.22 with health care providers and dental care providers to a private entity designated by the
2.23 commissioner of health for the purposes of performing the analyses required under this
2.24 subdivision. Data on contracted prices submitted under this paragraph must include data on
2.25 supplemental contractual value-based payments paid to health care providers. The data shall
2.26 be submitted in the form and manner specified by the commissioner of health.

2.27 (b) The commissioner or the commissioner's designee shall only use the data submitted
2.28 under this subdivision to carry out the commissioner's responsibilities under this section,
2.29 including supplying the data to providers so they can verify their results of the peer grouping
2.30 process consistent with the recommendations developed pursuant to subdivision 3c, paragraph
2.31 (d), and adopted by the commissioner and, if necessary, submit comments to the
2.32 commissioner or initiate an appeal.

3.1 (c) Data collected under this subdivision are nonpublic data as defined in section 13.02.
 3.2 Notwithstanding the definition of summary data in section 13.02, subdivision 19, summary
 3.3 data prepared under this section may be derived from nonpublic data. Notwithstanding the
 3.4 data classifications in this paragraph, data on providers collected under this subdivision
 3.5 may be released or published as authorized in subdivision 11. The commissioner shall
 3.6 establish procedures and safeguards to protect the integrity and confidentiality of any data
 3.7 that it maintains.

3.8 Sec. Minnesota Statutes 2022, section 62U.04, subdivision 5a, is amended to read:

3.9 Subd. 5a. **Self-insurers.** (a) The commissioner shall not require a self-insurer governed
 3.10 by the federal Employee Retirement Income Security Act of 1974 (ERISA) to comply with
 3.11 this section.

3.12 (b) A third-party administrator must annually notify the self-insurers whose health plans
 3.13 are administered by the third-party administrator that the self-insurer may elect to have the
 3.14 third-party administrator submit encounter data and data on contracted prices under
 3.15 subdivisions 4 and 5 from the self-insurer's health plan for the upcoming plan year. This
 3.16 notice must be provided in a form and manner specified by the commissioner. After receiving
 3.17 responses from self-insurers, a third-party administrator must, in a form and manner specified
 3.18 by the commissioner, report to the commissioner:

3.19 (1) the self-insurers that elected to have the third-party administrator submit encounter
 3.20 data and data on contracted prices from the self-insurer's health plan for the upcoming plan
 3.21 year;

3.22 (2) the self-insurers that declined to have the third-party administrator submit encounter
 3.23 data and data on contracted prices from the self-insurer's health plan for the upcoming plan
 3.24 year; and

3.25 (3) data deemed necessary by the commissioner to identify and track the status of
 3.26 reporting of data from self-insured health plans."

3.27 Page 2, delete section 2 and insert:

3.28 "Sec. Minnesota Statutes 2022, section 62U.04, subdivision 11, is amended to read:

3.29 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
 3.30 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
 3.31 designee shall only use the data submitted under subdivisions 4 ~~and~~ 5, 5a, and 5b for the
 3.32 following purposes authorized in this subdivision and in subdivision 13:

4.1 (1) to evaluate the performance of the health care home program as authorized under
4.2 section 62U.03, subdivision 7;

4.3 (2) to study, in collaboration with the reducing avoidable readmissions effectively
4.4 (RARE) campaign, hospital readmission trends and rates;

4.5 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
4.6 on geographical areas or populations;

4.7 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
4.8 of Health and Human Services, including the analysis of health care cost, quality, and
4.9 utilization baseline and trend information for targeted populations and communities; and

4.10 (5) to compile one or more public use files of summary data or tables that must:

4.11 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
4.12 web-based electronic data download by June 30, 2019;

4.13 (ii) not identify individual patients, ~~payers, or providers~~ but that may identify the
4.14 rendering or billing hospital, clinic, or medical practice so long as the commissioner finds
4.15 the data to be accurate, valid, and suitable for publication for such use;

4.16 (iii) be updated by the commissioner, at least annually, with the most current data
4.17 available; and

4.18 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
4.19 as the dates of the data contained in the files, the absence of costs of care for uninsured
4.20 patients or nonresidents, and other disclaimers that provide appropriate context; ~~and~~ .

4.21 ~~(v) not lead to the collection of additional data elements beyond what is authorized under~~
4.22 ~~this section as of June 30, 2015.~~

4.23 (b) The commissioner may publish the results of the authorized uses identified in
4.24 paragraph (a) ~~so long as the data released publicly do not contain information or descriptions~~
4.25 ~~in which the identity of individual hospitals, clinics, or other providers may be discerned.~~
4.26 The data published under this paragraph may identify hospitals, clinics, and medical practices
4.27 so long as no individual health professionals are identified and the commissioner finds the
4.28 data to be accurate, valid, and suitable for publication for such use.

4.29 ~~(e) Nothing in this subdivision shall be construed to prohibit the commissioner from~~
4.30 ~~using the data collected under subdivision 4 to complete the state-based risk adjustment~~
4.31 ~~system assessment due to the legislature on October 1, 2015.~~

5.1 ~~(d) The commissioner or the commissioner's designee may use the data submitted under~~
5.2 ~~subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,~~
5.3 ~~2023.~~

5.4 ~~(e) The commissioner shall consult with the all-payer claims database work group~~
5.5 ~~established under subdivision 12 regarding the technical considerations necessary to create~~
5.6 ~~the public use files of summary data described in paragraph (a), clause (5).~~

5.7 Sec. Minnesota Statutes 2022, section 62U.04, is amended by adding a subdivision to
5.8 read:

5.9 Subd. 13. Expanded access to and use of the all-payer claims data. (a) The
5.10 commissioner or the commissioner's designee shall make the data submitted under
5.11 subdivisions 4, 5, 5a, and 5b available to individuals and organizations engaged in research
5.12 on, or efforts to effect transformation in, health care outcomes, access, quality, disparities,
5.13 or spending, provided the use of the data serves a public benefit. Data made available under
5.14 this subdivision may not be used to:

5.15 (1) create an unfair market advantage for any participant in the health care market in
5.16 Minnesota, including health plan companies, payers, and providers;

5.17 (2) reidentify or attempt to reidentify an individual in the data; or

5.18 (3) publicly report contract details between a health plan company and provider and
5.19 derived from the data.

5.20 (b) To implement paragraph (a), the commissioner shall:

5.21 (1) establish detailed requirements for data access; a process for data users to apply to
5.22 access and use the data; legally enforceable data use agreements to which data users must
5.23 consent; a clear and robust oversight process for data access and use, including a data
5.24 management plan, that ensures compliance with state and federal data privacy laws;
5.25 agreements for state agencies and the University of Minnesota to ensure proper and efficient
5.26 use and security of data; and technical assistance for users of the data and for stakeholders;

5.27 (2) develop a fee schedule to support the cost of expanded access to and use of the data,
5.28 provided the fees charged under the schedule do not create a barrier to access or use for
5.29 those most affected by disparities; and

5.30 (3) create a research advisory group to advise the commissioner on applications for data
5.31 use under this subdivision, including an examination of the rigor of the research approach,

- 6.1 the technical capabilities of the proposed user, and the ability of the proposed user to
- 6.2 successfully safeguard the data."
- 6.3 Renumber the sections in sequence and correct the internal references
- 6.4 Amend the title accordingly