

1.1 moves to amend H.F. No. 3467, the delete everything amendment
1.2 (H3467DE1), as follows:

1.3 Page 28, after line 11, insert:

1.4 "Sec. 2. Minnesota Statutes 2014, section 62J.495, subdivision 4, is amended to read:

1.5 Subd. 4. **Coordination with national HIT activities.** (a) The commissioner,
1.6 in consultation with the e-Health Advisory Committee, shall update the statewide
1.7 implementation plan required under subdivision 2 and released June 2008, to be consistent
1.8 with the updated Federal HIT Strategic Plan released by the Office of the National
1.9 Coordinator in accordance with section 3001 of the HITECH Act. The statewide plan
1.10 shall meet the requirements for a plan required under section 3013 of the HITECH Act.

1.11 (b) The commissioner, in consultation with the e-Health Advisory Committee,
1.12 shall work to ensure coordination between state, regional, and national efforts to support
1.13 and accelerate efforts to effectively use health information technology to improve the
1.14 quality and coordination of health care and the continuity of patient care among health
1.15 care providers, to reduce medical errors, to improve population health, to reduce health
1.16 disparities, and to reduce chronic disease. The commissioner's coordination efforts shall
1.17 include but not be limited to:

1.18 (1) assisting in the development and support of health information technology
1.19 regional extension centers established under section 3012(c) of the HITECH Act to
1.20 provide technical assistance and disseminate best practices; ~~and~~

1.21 (2) providing supplemental information to the best practices gathered by regional
1.22 centers to ensure that the information is relayed in a meaningful way to the Minnesota
1.23 health care community;

1.24 (3) providing financial and technical support to Minnesota health care providers to
1.25 encourage implementation of admission, discharge, and transfer alerts and care summary
1.26 document exchange transactions, and to evaluate the impact of health information
1.27 technology on cost and quality of care. Communications about available financial and

2.1 technical support shall include clear information about the interoperable electronic health
2.2 record requirements in subdivision 1, including a separate statement in boldface type
2.3 clarifying the exceptions to those requirements;

2.4 (4) providing educational resources and technical assistance to health care providers
2.5 and patients related to state and national privacy, security, and consent laws governing
2.6 clinical health information, including the requirements of sections 144.291 to 144.298. In
2.7 carrying out these activities, the commissioner's technical assistance does not constitute
2.8 legal advice; and

2.9 (5) assessing Minnesota's legal, financial, and regulatory framework for health
2.10 information exchange, including the requirements of sections 144.291 to 144.298, and
2.11 making recommendations for modifications that would strengthen the ability of Minnesota
2.12 health care providers to securely exchange data in compliance with patient preferences
2.13 and in a way that is efficient and financially sustainable.

2.14 (c) The commissioner, in consultation with the e-Health Advisory Committee, shall
2.15 monitor national activity related to health information technology and shall coordinate
2.16 statewide input on policy development. The commissioner shall coordinate statewide
2.17 responses to proposed federal health information technology regulations in order to ensure
2.18 that the needs of the Minnesota health care community are adequately and efficiently
2.19 addressed in the proposed regulations. The commissioner's responses may include, but
2.20 are not limited to:

2.21 (1) reviewing and evaluating any standard, implementation specification, or
2.22 certification criteria proposed by the national HIT standards committee;

2.23 (2) reviewing and evaluating policy proposed by the national HIT policy committee
2.24 relating to the implementation of a nationwide health information technology infrastructure;

2.25 (3) monitoring and responding to activity related to the development of quality
2.26 measures and other measures as required by section 4101 of the HITECH Act. Any
2.27 response related to quality measures shall consider and address the quality efforts required
2.28 under chapter 62U; and

2.29 (4) monitoring and responding to national activity related to privacy, security, and
2.30 data stewardship of electronic health information and individually identifiable health
2.31 information.

2.32 (d) To the extent that the state is either required or allowed to apply, or designate an
2.33 entity to apply for or carry out activities and programs under section 3013 of the HITECH
2.34 Act, the commissioner of health, in consultation with the e-Health Advisory Committee
2.35 and the commissioner of human services, shall be the lead applicant or sole designating

3.1 authority. The commissioner shall make such designations consistent with the goals and
3.2 objectives of sections 62J.495 to 62J.497 and 62J.50 to 62J.61.

3.3 (e) The commissioner of human services shall apply for funding necessary to
3.4 administer the incentive payments to providers authorized under title IV of the American
3.5 Recovery and Reinvestment Act.

3.6 (f) The commissioner shall include in the report to the legislature information on the
3.7 activities of this subdivision and provide recommendations on any relevant policy changes
3.8 that should be considered in Minnesota.

3.9 Sec. 3. Minnesota Statutes 2014, section 62J.496, subdivision 1, is amended to read:

3.10 Subdivision 1. **Account establishment.** (a) An account is established to:

3.11 (1) finance the purchase of certified electronic health records or qualified electronic
3.12 health records as defined in section 62J.495, subdivision 1a;

3.13 (2) enhance the utilization of electronic health record technology, which may include
3.14 costs associated with upgrading the technology to meet the criteria necessary to be a
3.15 certified electronic health record or a qualified electronic health record;

3.16 (3) train personnel in the use of electronic health record technology; and

3.17 (4) improve the secure electronic exchange of health information.

3.18 (b) Amounts deposited in the account, including any grant funds obtained through
3.19 federal or other sources, loan repayments, and interest earned on the amounts shall
3.20 be used only for awarding loans or loan guarantees, as a source of reserve and security
3.21 for leveraged loans, for activities authorized in section 62J.495, subdivision 4, or for
3.22 the administration of the account.

3.23 (c) The commissioner may accept contributions to the account from private sector
3.24 entities subject to the following provisions:

3.25 (1) the contributing entity may not specify the recipient or recipients of any loan
3.26 issued under this subdivision;

3.27 (2) the commissioner shall make public the identity of any private contributor to the
3.28 loan fund, as well as the amount of the contribution provided;

3.29 (3) the commissioner may issue letters of commendation or make other awards that
3.30 have no financial value to any such entity; and

3.31 (4) a contributing entity may not specify that the recipient or recipients of any loan
3.32 use specific products or services, nor may the contributing entity imply that a contribution
3.33 is an endorsement of any specific product or service.

4.1 (d) The commissioner may use the loan funds to reimburse private sector entities
4.2 for any contribution made to the loan fund. Reimbursement to private entities may not
4.3 exceed the principle amount contributed to the loan fund.

4.4 (e) The commissioner may use funds deposited in the account to guarantee, or
4.5 purchase insurance for, a local obligation if the guarantee or purchase would improve
4.6 credit market access or reduce the interest rate applicable to the obligation involved.

4.7 (f) The commissioner may use funds deposited in the account as a source of revenue
4.8 or security for the payment of principal and interest on revenue or general obligation
4.9 bonds issued by the state if the proceeds of the sale of the bonds will be deposited into
4.10 the loan fund.

4.11 (h) The commissioner shall not award new loans or loan guarantees after July 1,
4.12 2016."

4.13 Renumber the sections in sequence and correct the internal references

4.14 Amend the title accordingly