

# House Research Act Summary

**CHAPTER:** 267

**SESSION:** 2006 Regular Session

**TOPIC:** Health Care Cost Containment and Other Provisions

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## Overview

This act contains various provisions related to health, including health care cost containment provisions, modifications to the Woman's Right to Know Act, and various health occupations licensing provisions.

### Section

#### Article 1

This article contains various health care cost-containment initiatives and modifies provisions related to the Board of Chiropractic Examiners.

- 1 **Electronic billing assistance.** Adds § 62J.62. Requires the commissioner of human services to encourage and assist providers to adopt and use electronic billing for state programs, including training, out of existing resources.
- 2 **Agency web sites.** Adds § 144.0506.

**Subd. 1. Information to be posted.** Permits the commissioner of health to post the following information on agency web sites, including [minnesotahealthinfo.com](http://minnesotahealthinfo.com):

- (1) healthy lifestyle and preventive health care information;
- (2) health plan company administrative efficiency reports;

**Section**

- (3) health care provider charges for common procedures;
- (4) evidence-based medicine guidelines and related information;
- (5) resources and web links related to efficiency in medical clinics and health care professional practices; and
- (6) lists of nonprofit and charitable entities that accept donations of used medical equipment and supplies.

**Subd. 2. Other internet resources.** Requires the commissioner, in implementing subdivision 1, to include web links and materials from private sector and other government sources, to avoid duplication and reduce costs.

**Subd. 3. Cooperation with commissioner of commerce.** Requires the commissioner of health to consult and cooperate with the commissioner of commerce, when posting information from health plan companies regulated by that commissioner.

- 3 Information provision; pharmaceutical assistance programs.** Adds § 147.37. Requires the Board of Medical Practice to encourage licensees to make information on free and discounted prescription drug programs offered by pharmaceutical manufacturers (when provided at no cost to the licensees) available to patients.
- 4 License required; qualifications.** Amends § 148.06, subd. 1. Makes technical changes and eliminates obsolete language regarding licensing of chiropractors.
- 5 Fees.** Adds § 148.108.

**Subd. 1. Fees.** Authorizes the Board of Chiropractic Examiners to charge the fees in this section in addition to the fees established in Minnesota Rules, chapter 2500.

**Subd. 2. Annual renewal of inactive acupuncture registration.** Establishes an annual renewal of inactive acupuncture registration fee of \$25.

**Subd. 3. Acupuncture reinstatement.** Establishes an acupuncture reinstatement fee of \$50.

- 6 Explanation of pharmacy benefits.** Amends § 151.214, subd. 1. Clarifies that pharmacists are to inform patients of that pharmacy's usual and customary price of a prescription.
- 7 Health boards; directory of licensees.** Amends § 214.071. Requires each health-related licensing board to establish a directory of licensees that includes certain specified information by July 1, 2009. This expands a law enacted in 2005 to include all such licensing boards, and is effective July 1, 2007.
- 8 Price disclosure reminder.** Adds § 214.121. Requires each health-related licensing board to inform and remind its licensees of the price disclosure requirements of section 62J.052 or 151.214 through the board's regular means of communication.
- 9 Cost containment efforts.** Adds § 256B.043.

**Subd. 1. Alternative and complementary health care.** Requires the commissioner of human services, through the medical director and in consultation with the health services policy committee, to study the potential for improving quality and obtaining

Section

cost savings through greater use of treatment methods and clinical practices of alternative and complementary health care providers and incorporate these methods into the MA, MinnesotaCare, and GAMC programs and provide recommendations as appropriate. Requires the commissioner to post these recommendations on websites according to section 144.0506, subdivision 1 (established in section 2 of this article).

**Subd. 2. Access to care.** Requires the commissioners of health and human services to study the adequacy of the system of community health clinics and centers in the state with significant disparities in health status and access to services across racial and ethnic groups and provides the evaluation criteria.

- 10 Reporting of acquired infections.** Allows the commissioner of health to consult with infection control specialists, health care facility representatives and consumers to obtain recommendations regarding the need to implement health care associated infection control reporting, and if warranted consult with the group on: the selection of reporting measures; the process for the reporting system; and the flexibility/adaptability of the measures. Requires the commissioner to provide the legislature with written recommendations if the commissioner determines there is a need for action.
- 11 Study of hospital uncompensated care.** Requires the commissioner of health to study and report back to the legislature by January 15, 2007, the following: (1) trends in hospitals' cost of providing uncompensated care; (2) the impact of changes in hospitals' charity care policies and debt collection practices in the past three years on uncompensated care provided and the number of patients receiving uncompensated care; and (3) the value of uncompensated care and community benefit in comparison to tax exemptions received by nonprofit hospitals. Requires the report to include recommendations on the need for uniform charity care policies, debt collection practices, and community benefit reporting.
- 12 Study; report.** Requires the medical director for MA and the assistant commissioner for chemical and mental health services, in conjunction with the mental health licensing boards, to evaluate the requirements of licensed mental health practitioners in order to receive MA reimbursement. States that the purpose of the study is to evaluate the qualifications of all licensed mental health practitioners and professionals and make recommendations regarding MA reimbursement requirements. Requires the study to be completed by January 15, 2007.
- 13 Appropriations.** Appropriates \$5,000 from the state government special revenue fund in fiscal years 2006 and 2007 to the Board of Chiropractic Examiners to correct programming problems due to payment processing changes.

**Article 2**

This article makes modifications to the Woman's Right to Know Act, and modifies various health occupations licensing provisions related to speech-language pathologists and audiologists, hearing instrument dispensers, and occupational therapists.

- 1 Fetal anomaly incompatible with life.** Amends § 145.4241 by adding subd. 3a. Defines "fetal anomaly incompatible with life," for the purposes of the Woman's Right to Know Act, as an untreatable fetal anomaly diagnosed before birth that will, with reasonable certainty, result in death of the unborn child within three months.
- 2 Perinatal hospice.** Amends § 145.4241 by adding subd. 4a. Defines "perinatal hospice," for the purposes of the Woman's Right to Know Act, as comprehensive support to a female and her family that includes support from the time of diagnosis through the time of birth and

**Section**

death of the infant and through the postpartum period. The care may include maternal-fetal medical specialists, obstetricians, neonatologists, anesthesia specialists, clergy, social workers, and specialty nurses. States that perinatal hospice provides an alternative to families for whom elective pregnancy termination is not chosen.

**3** **Informed consent.** Amends § 145.4242. Exempts a woman, in cases where her fetus has an anomaly incompatible with life and where she has declined perinatal hospice care, from the informed consent provisions in clause (2), which requires women to be informed: that MA assistance may be available; fathers are liable to assist in the support of children; and that she has the right to review materials developed by the commissioner of health that include information on support services available and the gestational development of the fetus. Requires a woman seeking an abortion in cases where the fetus has an anomaly incompatible with life to be informed of available perinatal hospice services and offered the care as an alternative to abortion.

**4** **Master's or doctoral degree required.** Amends § 148.515, subd. 2. Adds that an institution's master's or doctoral degree program, in addition to accreditation, must meet current requirements.

**Effective date.** This section is effective the day following final enactment.

**5** **Dispensing audiologist examination requirements.** Amends Minn. Stat. § 148.515, subd. 6. Provides that an applicant for an audiologist license who has a temporary license may dispense hearing aids only under the supervision of a licensed audiologist who dispenses hearing aids.

**Effective date.** This section is effective the day following final enactment.

**6** **Temporary license.** Amends § 148.5175. Allows individuals to apply for a temporary license to practice speech-language pathology, audiology, or both without applying for a permanent license.

**Effective date.** This section is effective the day following final enactment.

**7** **Licensure following lapse of licensure status.** Amends § 148.518. Provides an additional means by which to apply for renewal of a lapsed license. Allows an individual to apply for renewal according to section 148.5191 and provide documentation of obtaining a qualifying score on the National Examination in Speech-Language Pathology or Audiology described in section 148.515, subdivision 4, within one year of the application for license renewal.

**Effective date.** This section is effective the day following final enactment.

**8** **Number of contact hours required.** Amends § 148.5193, subd. 1. Makes two cross-reference changes to the Minnesota Rules.

**Effective date.** This section is effective the day following final enactment.

**9** **Authority to contract.** Amends § 148.5195, by adding subd. 7. Instructs the commissioner to contract with the health professionals services program to provide services to practitioners. States that the health professionals services program does not affect the commissioner's authority to discipline violations of sections 148.511 to 148.5198 (speech-language pathologist and audiologist provisions).

**Effective date.** This section is effective the day following final enactment.

**Section**

**10**      **Approval.** Amends § 148.6440, subd. 7. Provides that after committee verification that a course meets clinical and theoretical requirements, the commissioner may approve practitioner applications that include required course documentation evidencing completion of the same course.

**Effective date.** This section is effective the day following final enactment.

**11**      **Standards for determining qualified continuing education activities.** Amends § 148.6443, subd. 2. Adds that for an activity to qualify as a continuing education activity the activity must be conducted by a sponsor approved by the American Occupational Therapy Association to those who may sponsor continuing education.

**Effective date.** This section is effective the day following final enactment.

**12**      **Activities qualifying for continuing education contact hours.** Amends § 148.6443, subd. 3. Paragraph (b) Adds that a minimum of one-half hour of required contact hour must be directly related to the occupational therapy practice. Remaining contact hours may be related to occupational therapy practice, the delivery of occupational therapy services, or the to practitioner's current professional role.

Paragraph (d). Allows activities for which an occupational therapist may receive a maximum of six contact hours of continuing education in a two-year period: one contact hour for every eight hours of supervision for occupational therapist or occupational therapist assistant students; teaching or participating in courses related to leisure activities, recreational activities, or hobbies if these interventions are used in the therapist's practice; and engaging in research activities associated with grants, postgraduate studies, or professional publications.

Paragraph (e). Allows a licensee to obtain a maximum of two contact hours in a two-year period for continuing education in payment systems, including covered services, coding, documentation, and billing.

**Effective date.** This section is effective the day following final enactment.

**13**      **Activities not qualifying for continuing education contact hours.** Amends §148.6443, subdivision 4. Deletes language regarding activities not qualifying as continuing education.

**Effective date.** This section is effective the day following final enactment.

**14**      **Authority to contract.** Amends § 148.6448, by adding subd. 6. Allows the commissioner to contract with the health professionals services program to provide services to practitioners. States that the health professionals services program does not affect the commissioner's authority to discipline violations of sections 148.6401 to 148.6450 (occupational therapy provisions).

**Effective date.** This section is effective the day following final enactment.

**15**      **Hearing instrument dispensing.** Amends § 153A.13, subd. 4. Allows an individual to dispense hearing instruments regardless of whether the individual has a monetary interest in the sale of hearing instruments to the consumer.

**Effective date.** This section is effective the day following final enactment.

**Section**

**16**      **Reciprocity.** Amends Minn. Stat. § 153A.14, subd. 4c. Deletes the requirement that a person who has dispensed hearing instruments in another jurisdiction must be applying for certification as a hearing instrument dispenser in order to work as a trainee.

**Effective date.** This section is effective the day following final enactment.

**17**      **Authority to contract.** Amends § 153A.15, by addition subd. 5. Allows the commissioner to contract with the health professionals services program to provide services to practitioners. States that the health professionals services program does not affect the commissioner's authority to discipline violations of chapter 153A (hearing instrument dispenser provisions).

**Effective date.** This section is effective the day following final enactment.