

# HOUSE RESEARCH

## Bill Summary

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### Overview

This bill relates to hospitals and makes changes to the requirements for public interest review plans submitted by existing hospitals.

#### Section

- 1** **Community benefit.** Amends § 144.50 by adding subd. 1a. Defines "community benefit" as costs of community care, underpayment for services provided under state health care programs, research, community health and other costs, not including bad debts and underpayment for Medicare services.
- 2** **Community care.** Amends § 144.50. Defines "community care" as the costs of charity care for which a hospital does not expect payment or for which there is an inability to pay. States that bad debt and discounted charges to the uninsured are not included.
- 3** **Public interest review.** Amends § 144.552. Adds to the requirements for public interest review plans in cases where an existing hospital seeks to construct a new hospital and specifies aspects that must be included in these plans. Requires the commissioner to monitor the implementation of the plans, and provides the hospital must submit a report to the commissioner describing how the project met the original plan.
- 4** **Process when hospital need is determined.** Amends § 144.553, subd. 3.
  - Adds the same plan requirements as in section 3 to plans submitted by existing hospitals in cases where the commissioner has determined a new hospital is needed in a particular area.

**Section**

- Updates cross-references.
- Requires the legislative appointees to the advisory committee to include, at least, the chairs of the senate and house committees on health care policy.
- Requires the commissioner to monitor the implementation of the plans, and provides the hospital must submit a report to the commissioner describing how the project met the original plan.

**5 Annual reports on community benefit, community care amounts, and state program underfunding.** Amends § 144.699 by adding subd. 5. Requires the commissioner to do an annual report on hospitals' community care, community benefit and underpayment for state public health care programs. Requires that it be reported in terms of total dollars and as a percentage of each hospital's operating costs.