

MN “BEST PRACTICES” LAW – Chapter 288
Passed and Signed into Law by Governor Tim Pawlenty
May 29, 2004

A new Minnesota statute, 62J.43 is created:

Sec. 2. [62J.43] [BEST PRACTICES AND QUALITY IMPROVEMENT.]

- 240.24 (a) To improve quality and reduce health care costs, state
240.25 agencies shall encourage the adoption of best practice
240.26 guidelines and participation in best practices measurement
240.27 activities by physicians, other health care providers, and
240.28 health plan companies. The commissioner of health shall
240.29 facilitate access to best practice guidelines and quality of
240.30 care measurement information to providers, purchasers, and
240.31 consumers by:
- 240.32 (1) identifying and promoting local community-based,
240.33 physician-designed best practices care across the Minnesota
240.34 health care system;
- 240.35 (2) disseminating information available to the commissioner
240.36 on adherence to best practices care by physicians and other
241.1 health care providers in Minnesota;
- 241.2 (3) educating consumers and purchasers on how to
241.3 effectively use this information in choosing their providers and
241.4 in making purchasing decisions; and
- 241.5 (4) making best practices and quality care measurement
241.6 information available to enrollees and program participants
241.7 through the Department of Health's Web site. The commissioner
241.8 may convene an advisory committee to ensure that the Web site is
241.9 designed to provide user friendly and easy accessibility.
- 241.10 (b) The commissioner of health shall collaborate with a
241.11 nonprofit Minnesota quality improvement organization
241.12 specializing in best practices and quality of care measurements
241.13 to provide best practices criteria and assist in the collection
241.14 of the data.
- 241.15 (c) The initial best practices and quality of care
241.16 measurement criteria developed shall include asthma, diabetes,
241.17 and at least two other preventive health measures. Hypertension
241.18 and coronary artery disease shall be included within one year
241.19 following availability.
- 241.20 (d) The commissioners of human services and employee
241.21 relations may use the data to make decisions about contracts
241.22 they enter into with health plan companies.
- 241.23 (e) This section does not apply if the best practices
241.24 guidelines authorize or recommend denial of treatment, food, or
241.25 fluids necessary to sustain life on the basis of the patient's
241.26 age or expected length of life or the patient's present or
241.27 predicted disability, degree of medical dependency, or quality
241.28 of life.
- 241.29 (f) The commissioner of health, human services, and
241.30 employee relations shall report to the legislature by January
241.31 15, 2005, on the status of best practices and quality of care
241.32 initiatives, and shall present recommendations to the
241.33 legislature on any statutory changes needed to increase the
241.34 effectiveness of these initiatives.
- 241.35 (g) This section expires June 30, 2006.