

**House File 1681 (as passed by the House) – April 2, 2004**

\* bolding used by CCHC to facilitate location of terms

- 3.30 ARTICLE 2
- 3.31 HEALTH CARE COST CONTAINMENT; BEST PRACTICES
- 3.32 Section 1. [62J.43] [**BEST PRACTICES AND QUALITY**
- 3.33 IMPROVEMENT.]
- 3.34 (a) To improve quality and reduce health care costs, state
- 3.35 agencies shall encourage the adoption of best practice
- 3.36 guidelines and participation in best practices measurement
- 4.1 activities by physicians, other health care providers,
- 4.2 universities and colleges, health care purchasers, and health
- 4.3 plan companies. The commissioner of health shall facilitate
- 4.4 access to best practice guidelines and quality of care
- 4.5 measurement information for providers, purchasers, and consumers
- 4.6 by:
- 4.7 (1) identifying and promoting local, community-based,
- 4.8 physician-designed best practices care across the Minnesota
- 4.9 health care system;
- 4.10 (2) disseminating information on adherence to best
- 4.11 practices care by physicians and other health care providers in
- 4.12 Minnesota; and
- 4.13 (3) educating consumers and purchasers on how to
- 4.14 effectively use this information in choosing their health care
- 4.15 providers and making purchasing decisions.
- 4.16 (b) The commissioner of health shall collaborate with a
- 4.17 nonprofit Minnesota quality improvement organization
- 4.18 specializing in best practices and quality of care measurements
- 4.19 to provide best practices criteria.
- 4.20 (c) The initial best practices and quality of care
- 4.21 measurement criteria developed shall address diabetes and
- 4.22 congestive heart failure.
- 4.23 (d) The commissioners of human services and employee
- 4.24 relations **may use the best practices guidelines to assist them**
- 4.25 **in developing contracting strategies** that are appropriate for
- 4.26 the populations they serve. The commissioners shall report to
- 4.27 the legislature by January 1, 2006, on agency use of best
- 4.28 practices guidelines.
- 4.29 (e) This section does not apply if the best practices
- 4.30 guidelines authorizes or recommends denial of treatment, food,
- 4.31 or fluids necessary to sustain life on the basis of the
- 4.32 patient's age or expected length of life or the patient's
- 4.33 present or predicted disability, degree of medical dependency,
- 4.34 or quality of life.

[...]

5.4 Sec. 3. [256B.075] [DISEASE MANAGEMENT PROGRAMS.]

5.5 Subdivision 1. [GENERAL.] The commissioner shall implement

5.6 disease management initiatives that seek to improve patient care

5.7 and health outcomes and reduce health care costs by managing the

5.8 care provided to recipients with chronic conditions.

5.9 Subd. 2. [FEE-FOR-SERVICE.] (a) The commissioner shall

5.10 develop and implement a disease management program for medical

5.11 assistance and general assistance medical care recipients who

5.12 are not enrolled in the prepaid medical assistance or prepaid

5.13 general assistance medical care programs and who are receiving

5.14 services on a fee-for-service basis. The commissioner may

5.15 contract with an outside organization to provide these services.

5.16 (b) The commissioner shall seek any federal approval

5.17 necessary to implement this section and to obtain federal

5.18 matching funds.

5.19 Subd. 3. [PREPAID MANAGED CARE PROGRAMS.] For the prepaid

5.20 medical assistance, prepaid general assistance medical care, and

5.21 MinnesotaCare programs, the commissioner shall ensure that

5.22 contracting health plans implement disease management programs

5.23 that are appropriate for Minnesota health care program

5.24 recipients and have been designed by the health plan to improve

5.25 patient care and health outcomes and reduce health care costs by

5.26 managing the care provided to recipients with chronic conditions.

5.27 Subd. 4. [HEMOPHILIA.] The commissioner shall develop a

5.28 disease management initiative for Minnesota health care program

5.29 recipients who have been diagnosed with hemophilia. In

5.30 developing the program, the commissioner shall explore the

5.31 feasibility of contracting with a section 340B provider to

5.32 provide disease management services or coordination of care in

5.33 order to maximize the discounted prescription drug prices of the

5.34 federal 340B program offered through section 340B of the federal

5.35 Public Health Services Act, United States Code, title 42,

5.36 section 256b (1999).