

Subject DHS Health Care Policy

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Overview

This bill contains policy provisions related to DHS health care programs. Bill provisions relate to the: applicability of private sector insurance coverage mandates to DHS managed care programs; Health Services Advisory Council; Formulary Committee; EPSDT program; opioid prescribing work group; and qualified professionals working for personal care assistance provider agencies.

Summary

Section	Description
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| 1 | Applicability of chapter.
Adds § 62A.002. Provides that any benefit or coverage mandate in this chapter (regulation of health insurers) does not apply to managed care or county-based purchasing plans, when the plan is providing coverage to MA or MinnesotaCare enrollees. |
| 2 | Applicability.
Amends § 62C.01, by adding subd. 4. Provides that any benefit or coverage mandate in this chapter (regulation of nonprofit health service plan corporations) does not apply to managed care or county-based purchasing plans, when the plan is providing coverage to MA or MinnesotaCare enrollees. |
| 3 | Applicability.
Amends § 62D.01, by adding subd. 3. Provides that any benefit or coverage mandate in this chapter (regulation of HMOs) does not apply to managed care or county-based purchasing plans, when the plan is providing coverage to MA or MinnesotaCare enrollees. |
| 4 | Applicability of chapter.
Adds § 62J.011. Provides that any benefit or coverage mandate in this chapter (dealing with health care cost containment, health information technology, administrative simplification, patient protection, and other topics) does not apply to |

Section	Description
	managed care or county-based purchasing plans, when the plan is providing coverage to MA or MinnesotaCare enrollees.
5	Applicability of chapter. Amends § 62Q.02. Provides that any benefit or coverage mandate in this chapter (health plan companies) does not apply to managed care or county-based purchasing plans, when the plan is providing coverage to MA or MinnesotaCare enrollees.
6	Health Services Advisory Council. Amends § 256B.0625, subd. 3c. Makes a number of changes related to the Health Services Advisory Council. These include: <ul style="list-style-type: none">▪ renaming the Health Services Policy Committee the Health Services Advisory Council;▪ requiring the council to advise the commissioner on evidence-based decision-making and health care benefit and coverage policies for Minnesota health care programs;▪ eliminating language that requires the chair to be a physician;▪ allowing the council to monitor and track practice patterns of health care providers generally (current law allows this for physicians); and▪ striking obsolete language and making conforming and related changes.
7	Health Services Advisory Council members. Amends § 256B.0625, subd. 3d. Modifies council membership by: <ul style="list-style-type: none">▪ reducing the number of physicians from seven to six, and striking the requirement that one physician be actively engaged in treating persons with mental illness;▪ adding one member who is a health care or mental health professional actively engaged in treating persons with mental illness; and▪ increasing the number of consumer members from one to two. <p>Also clarifies what constitutes a quorum and renames the committee.</p>
8	Health Services Advisory Council. Amends § 256B.0625, subd. 3e. Renames the Health Services Advisory Committee the Health Services Advisory Council and makes conforming changes.
9	Formulary Committee. Amends § 256B.0625, subd. 13c. Removes the June 30, 2022, expiration date for the Formulary Committee.

Section	Description
10	<p>Early and periodic screening, diagnosis, and treatment services.</p> <p>Amends § 256B.0625, subd. 58. (a) Requires the commissioner, in administering the EPSDT program, to, at a minimum:</p> <ol style="list-style-type: none">1) provide information to children and families on the benefits of preventative visits, services available, and assistance in finding a provider, transportation, or interpreter services;2) maintain an up-to-date periodicity schedule in the department policy manual; and3) maintain up-to-date policies for providers on delivering EPSDT services that are in the provider manual on the department website. <p>(b) Allows the commissioner to contract for the administration of outreach services as required by the EPSDT program.</p>
11	<p>Opioid prescribing work group.</p> <p>Amends § 256B.0638, subd. 3. Adds to the opioid prescribing work group two consumer members who are Minnesota residents and who have used or are using opioids to manage chronic pain.</p>
12	<p>Program implementation.</p> <p>Amends § 256B.0638, subd. 5. Modifies the procedure used to report opioid prescriber data, by requiring the commissioner to report to provider groups data on individual prescribers' prescribing patterns, and requiring provider groups to distribute this data to prescribers. Under current law, the commissioner reports to prescribers.</p>
13	<p>Data practices.</p> <p>Amends § 256B.0638, subd. 6. Allows the commissioner to share with provider groups data on prescribers' prescribing patterns. Under current law, the information shared is limited to information on prescribers who are subject to quality improvement activities.</p>
14	<p>Qualified professional; qualifications.</p> <p>Amends § 256B.0659, subd. 13. Eliminates a requirement that DHS enroll qualified professionals who work for personal care assistance provider agencies. Requires qualified professionals to meet provider training requirements and strikes outdated language.</p>

Section	Description
15	Revisor instruction. Directs the revisor to change the term “Health Services Policy Committee” to “Health Services Advisory Council” wherever it appears in law, and make conforming changes.
16	Repealer. Repeals Minnesota Rules related to the EPSDT program.



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