Legislative studies

New health care laws call for convening committees, reporting on issues

BY DAN HAUSER

When it comes to health care legislation, sometimes the effect is felt immediately, as with prohibiting minors from using tanning devices and restricting e-cigarette use (both of these will happen August 1). Other times, the changes are more drawn out. This session, legislators passed several health care bills that call for the formation of committees and additional study.

Here's a rundown.

Medical cannabis task force
As part of the medical cannabis bill signed into law this spring, a 23-member task force will study, among other things, the impact of the new program in Minnesota. The group's first meeting will take place before August 1.

The task force eventually will be made up of four legislators, three health care providers, four consumers or patients enrolled in the registry program (including at least two parents of patients under 18 years of age), one licensed pharmacist, four law enforcement officers, four substance abuse treatment providers, and the commissioners of health, human services and public safety. The public members of the group will be appointed by the governor.

The task force will hold hearings to evaluate the impact of the use of medical cannabis as well as Minnesota's and other states' activities involving the drug. They also will offer analysis of the program's design and implementation; the impact on the health care provider community; patient experiences; the impact on the incidence of substance abuse; access to and the quality of medical cannabis and medical cannabis products; the impact on law enforcement and prosecutions; public awareness and perception; and any unintended consequences.

The group will provide legislative leaders with a report on the design and implementation of the registry program by February 1, 2015. Then it will submit an impact assessment and cost assessment every two years.

Health care workforce commission
Responding to concerns about the adequacy of Minnesota's health care workforce in the coming years, legislators established the Legislative Health Care Workforce Commission, which will make recommendations on how to strengthen the state's health care workforce.

The commission, which is made up of five members of both the House and Senate, is to report to the Legislature by December 31, 2014, on key issues including current and anticipated shortages by provider type and region, and evaluation of the incentives available to retain a skilled workforce.

The commission is also supposed to identify causes of and potential solutions to the anticipated primary care workforce shortage, including training and residency slot shortages, income disparities between primary care and non-primary care physicians, and negative perceptions of primary care among students.

Health care homes advisory committee
The commissioner of human services will convene an advisory committee to study the implementation of health care homes across the state, consumer engagement, and potential improvements to the health care home statutes, rules and oversight.

The committee will include primary care physicians and other providers, mental health providers, nursing and care coordinators, academic researchers, consumers, and representatives from
certified health care home clinics across the state, health plan companies, state agencies, employers and quality improvement organizations in Minnesota. At least 25 percent of the committee members will be consumers or patients who are enrolled in health care homes.

The commissioner is expected to appoint the advisory committee this month.

**Chronic pain study**
The Minnesota Department of Health will gather information on chronic pain treatment performed by physicians and certified registered nurse anesthetists. The report, which is due to the Legislature by January 15, 2015, should include information on the number and type of procedures performed within the last three years; the types of professionals providing the treatments; and the location and type of facility where the procedures are being performed. The report is a result of the debate and confusion over who could provide chronic pain treatments that occurred during the APRN scope-of-practice discussion this past session.

**Health care contracting privacy study**
Department of Human Services officials will study the impact of applying the same data-governance rules that currently apply to state and municipal governments to all private entities that contract with government agencies. The effect of such a change will be that all contracts—including those between physicians and health plans to treat individuals enrolled in public health insurance programs such as MinnesotaCare or Medical Assistance—be made entirely public. The report is due to legislators by December 21, 2014.

**Prescription Monitoring Program reports**
The Minnesota Board of Pharmacy and the Prescription Monitoring Program (PMP) Advisory Task Force will report to the Legislature by December 14, 2014, on whether to 1) require all prescribers to use the PMP when prescribing or considering prescribing, and pharmacists to use it when dispensing or considering dispensing, a controlled substance; 2) allow for the use of the PMP to identify potentially inappropriate prescribing patterns; and 3) encourage access to appropriate treatment for prescription drug abuse through the PMP.

The Board of Pharmacy and the PMP Advisory Task Force will also study the impact of the PMP on reducing doctor-shopping. That report is due to the Legislature by December 15, 2016.

**All-payer claims database work group**
The Commissioner of Health will convene a work group to develop recommendations on the parameters for future allowable uses for the state’s all-payer claims database (APCD). The group will also investigate what type of governing body should guide the release of data, what type of funding or fee structure would be needed to support expanded use, and what privacy and security protections are needed.

The work group will include two members recommended by the Minnesota Medical Association, two recommended by the Minnesota Hospital Association, two by the Minnesota Council of Health Plans, one member who is a data practices expert from the Department of Administration, three who are academic researchers with expertise in claims database analysis, two representing state agencies determined by the commissioner, one representing the Minnesota Health Care Safety Net Coalition, and three representing consumers. The group will report to the Legislature by February 1, 2015.