

**MDH REPORTS AND STUDIES
REQUIRED BY LAWS OF MINNESOTA 2001**

*Note: For a complete list of reports due to the legislature from all agencies please link to:
<http://www.house.leg.state.mn.us/hrd/pubs/01reports.pdf>*

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
Sp. Sess. 9, Art. 1 (45) Pg 44, ln 5	Health	Impact of an outcomes from implementation of the state's suicide prevention plan and specified activities [PERIODIC EVALUATIONS; BIENNIAL REPORTS.] The commissioner shall conduct periodic evaluations of the impact of and outcomes from implementation of the state's suicide prevention plan and each of the activities specified in this section. By July 1, 2002, and July 1 of each even-numbered year thereafter, the commissioner shall report the results of these evaluations to the chairs of the policy and finance committees in the house and senate with jurisdiction over health and human services issues.		July 1 each even-numbered year	
Sp. Sess. 9, Art. 1 (47) Pg 47, ln 27	Health	Priority areas for community clinic grants EVALUATION AND REPORT.] The commissioner of health shall evaluate the overall effectiveness of the program. The commissioner shall collect progress reports to evaluate the grant program from the eligible community clinics receiving grants. Every two years, as part of this evaluation, the commissioner shall report to the legislature on priority areas for grants set under subdivision 3 and provide any recommendations for adding or changing priority areas.		Every two years	
Sp. Sess. 9, Art. 1 (48) Pg 52, ln 32	Health	Local community projects, tribal government, and community health board prevention activities funded under section dealing with elimination of health disparities [REPORT.] The commissioner shall submit biennial report to the legislature on the local community projects, tribal government, and community health board prevention activities funded under this section. These must include information on grant recipients, activities that were conducted using grant funds, evaluation data, and outcome measures, if available. These reports are due by January 15 of every other year, beginning in the year 2003.		January 15 each odd-numbered year	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
Sp. Sess. 9 Art. 1 (53) Pg 58, In 14	Health	Family home visiting programs [REPORT.] By January 15, 2002, and January 15 of each even-numbered year thereafter, the commissioner shall submit a report to the legislature on the family home visiting programs funded under this section and on the results of the evaluations conducted under subdivision 7.		January 15 each even-numbered year	
Sp. Sess. 9 Art. 1 (58) Pg, 65. In 25	Health	Recommendations for incentives to increase the number of magnet hospitals [RECOMMENDATIONS; INCENTIVES FOR MAGNET HOSPITALS.] The commissioner of health shall develop recommendations for incentives that may be implemented to increase the number of magnet hospitals in Minnesota. These recommendations must be reported by December 1, 2001 to the chairs of the house and senate committees with jurisdiction over health and human services policy and finance issues.	Estelle Brouwer 651-282-6348	December 1, 2001	Invited participants to an ad hoc work group on October 25 th to develop a response to this request. One meeting is scheduled to brainstorm a draft report will be developed from this meeting.
Sp. Sess. 9 Art. 1 (59) Pg 65, In 34	Health	Major factors influencing patient care and patient Safety [STUDY; FACTORS INFLUENCING PATIENT CARE AND PATIENT SAFETY.] The commissioner of health, in consultation with relevant stakeholders, shall review available research and literature and identify the major factors influencing patient care and patient safety, including but not limited to staffing levels for nurses and other health care professionals in health care facilities. This report must be coordinated, to the extent possible, with other studies relating to health quality and patient safety authorized by the 2001 legislature. The commissioner shall report findings from the study, including recommendations on ongoing analysis and measurement of these factors for the Minnesota health care system, to the chairs of the policy and finance committees in the house and senate with jurisdiction over health and human services issues by February 15, 2002.		February 15, 2002	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
Sp. Sess. 9 Art. 1 (60) Pg 66, In 13	Health	Effects of health care labor availability and impact on health care costs [STUDY; IMPACT OF WORKFORCE SHORTAGE ON HEALTH CARE COSTS.] The commissioner of health shall review available data, research, and literature and assess the effects of health care labor availability and its impact on health care costs. The commissioner shall report findings and recommendations to chairs of the policy and finance committees in the house and senate with jurisdiction over health and human services issues by February 15, 2002.		February 15, 2002	
Sp. Sess. 9 Art. 1 (61) Pg 66, In 21	Health	Specified topics relating to medications dispensed in schools [MEDICATIONS DISPENSED IN SCHOOLS STUDY.] (a) The commissioner of health, in consultation with the board of nursing, shall study the relationship between the Nurse Practice Act, Minnesota Statutes, sections 148.171 to 148.285; and 121A.22, which specifies the administration of medications in schools and the activities authorized under these sections, including the administration of prescription and nonprescription medications and medications needed by students to manage a chronic illness. The commissioner shall also make recommendations on necessary statutory changes needed to promote student health and safety in relation to administering medications in schools and addressing the changing health needs of students. (b) The commissioner shall convene a work group to assist in the study and recommendations. The work group shall consist of representatives of the commissioner of human services; the commissioner of children, families, and learning; the board of nursing; the board of teaching; school nurses; parents; school administrators; school board associations; the American Academy of Pediatrics; and the Minnesota Nurse's Association. (c) The commissioner shall submit these recommendations and any recommended statutory changes to the legislature by January 15, 2002.	Nancy Kern	January 15, 2002	http://www.health.state.mn.us/divs/fh/mch/schoolhealth/sept01-notes.html

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
Sp. Sess. 9, Art. 2 (9) Pg 84, ln 22	Commerce	Extent to which purchasing alliance stop-loss fund increases availability of employer-subsidized health care coverage [REPORT.] The commissioner of commerce, in consultation with the office of rural health and the qualifying purchasing alliances, shall evaluate the extent to which the purchasing alliance stop-loss fund increases the availability of employer-subsidized health care coverage for residents residing in the geographic areas served by the qualifying purchasing alliances. A preliminary report must be submitted to the legislature by February 15, 2003, and a final report must be submitted by February 15, 2004.		Preliminary report by February 15, 2003; final report by February 15, 2004	
Sp. Sess. 9, Art. 5 (36)	Health and Human Services	Specified topics relating to minimum nurse staffing Requirements Sec. 36. [MINIMUM STAFFING STANDARDS REPORT.] By January 15, 2002, the commissioner of health and the commissioner of human services shall report to the legislature on whether they should translate the minimum nurse staffing requirement in Minnesota Statutes, section 144A.04, subdivision 7, paragraph (a), upon the transition to the RUG-III classification system, or whether they should establish different time-based standards, and how to accomplish either.		January 15, 2002	
Sp. Sess. 9, Art. 5 (38)	Health and Human Services	Summary of nursing home and long-term care regulations that limit state flexibility [REGULATORY FLEXIBILITY.] (a) By September 1, 2001, the commissioners of health and human services shall: (1) develop a summary of federal nursing facility and community long-term care regulations that hamper state flexibility and place burdens on the goal of achieving high-quality care and optimum outcomes for consumers of services; and (2) share this summary with the legislature, other states, national groups that advocate for state interests with Congress, and the Minnesota congressional delegation. (b) The commissioners shall conduct ongoing follow-up with the entities to which this summary is provided and with the health care financing administration to achieve regulatory flexibility, including the possibility of		September 1, 2001	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
		pilot projects to demonstrate regulatory flexibility on less than a statewide basis.			
Sp. Sess. 9, Art. 5 (39)	Health and Human Services	<p>Specified topics relating to nursing facility closures, including alternatives to nursing facility care, problems with access to long-term care, and recommendations for continuation of regional long-term care planning process and closure process</p> <p>[REPORT.] By January 15, 2003, the commissioner of health and the commissioner of human services shall report to the senate health and family security committee and the house health and human services policy committee on the number of closures that have taken place under Minnesota Statutes, section 256B.437, and any other nursing facility closures that may have taken place, alternatives to nursing facility care that have been developed, any problems with access to long-term care services that resulted, and any recommendations for continuation of the regional long-term care planning process and the closure process after June 30, 2003.</p>		January 15, 2003	
Sp. Sess. 9, Art. 16 (9)	Health and Commerce	<p>Health plan coverage of clinical trials [COVERAGE OF CLINICAL TRIALS.] The commissioners of health and commerce shall, in consultation with the commissioner of employee relations convene a work group to study health plan coverage of clinical trials. The work group shall be made up of representatives of consumers, patient advocates, health plan companies, purchasers, providers, and other health care professionals involved in the care and treatment of patients. The work group shall consider definitions of routine patient costs, protocol-induced costs, and high-quality clinical trials. The work group shall also consider guidelines for voluntary agreements for health plan coverage of routine patient costs incurred by patients participating in high-quality clinical trials. The commissioner shall submit the findings and the recommendations of the work group to the chairs of the health policy and finance committees in the senate and the house by January 15, 2002.</p>		January 15, 2002	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
322 Section 2	MDH	Whether implementation of new law relating to contract stacking and network shadow contracting: (1) increased premium costs for health-related coverage, and if so by how much; and (2) has limited the ability of employers to purchase managed care plans.	HP&SC	January 15, 2002	
398 Section 1 Sub. 2		[ANNUAL REPORT.] (b) The state of Minnesota or any of its departments, agencies, programs, instrumentalities, or political subdivisions, shall report in writing to the association and to the commissioner of commerce no later than September 15 of each year regarding the number of persons and the amount of premiums, deductibles, copayments, or coinsurance that it paid for on behalf of enrollees in the comprehensive health association. This report must contain only summary information and must not include any individually identifiable data. The report must cover the 12-month period ending the preceding June 30.	HP&SC	September 15 annual report	
460 Section 65	Health	[REPORT TO THE LEGISLATURE.] The commissioner of health shall report to the legislature by January 1, 2003, on the number and types of complaints received against unlicensed complementary and alternative health care practitioners pursuant to Minnesota Statutes, chapter 146A, the types of practitioners against whom complaints were filed, and the locations of the practitioners, the number of investigations conducted, and the number and types of enforcement actions completed. The report must be filed in accordance with Minnesota Statutes, sections 3.195 and 3.197.	HP&SC	January 1, 2003	
460 Section 64	Health	[EMPLOYEE HEALTH INSURANCE.] The commissioner of health shall examine issues related to rising health insurance costs and shall develop recommendations for providing employer-subsidized affordable health insurance to employees of programs and facilities that serve the elderly and disabled. In conducting this study, the commissioner may also examine the affordability and availability of health insurance coverage for lower-income Minnesotans generally. In developing these recommendations, the commissioner shall consult with affected employers, consumers, and providers and may require facilities to provide information on health insurance	HP&SC	January 15, 2002	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
		offered to their employees, including information on eligibility, enrollment, cost and level of benefits. The commissioner shall provide recommendations by January 15, 2002, to the chairs of the house health and human services policy and finance committees and the senate health and family security committee and health and family security budget division.			
465 Section 2 Subd. 3	Review Panel	[REPORT VULNERABLE ADULT MALTREATMENT.] By January 15 of each year, the panel shall submit a report to the committees of the legislature with jurisdiction over section 626.557 regarding the number of requests for review it receives under this section, the number of cases where the panel requires the lead agency to reconsider its final disposition, and the number of	F&PC	January 15 Annual	
245 Article 1, Sec 3 Line 28.37	Health	[NURSING HOME MORATORIUM REPORT.] In preparing the report required by Minnesota Statutes, section 144A.071, subdivision 5, the commissioner and the commissioner of human services shall analyze the adequacy of the supply of nursing home beds by measuring the ability of hospitals to promptly discharge patients to a nursing home within the hospital's primary service area. If it is determined that a shortage of beds exists, the report shall present a plan to correct the service deficits. The report shall also analyze the impact of assisted living services on the medical assistance utilization of nursing homes.	F&PC	Mandated biennial report due January 15, 2000	
245 Art 11 Sec. 5	Health	[TOBACCO USE PREVENTION AND LOCAL PUBLIC HEALTH ENDOWMENT] The commissioner of health shall submit an annual report to the chairs and members of the house health and human services finance committee and the senate health and family security budget division on the statewide and local projects and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, and evaluation data and outcome measures, if available. These reports are due by January 15 of each year, beginning in 2001.	TP&C	January 15, 2002	

Ch. Cite	Lead Agency	Description	MDH Contact	Due Date	Status Report
245 Art 11, Sec 5	Health	<p>[EVALUATION OF TOBACCO USE PREVENTION PROJECTS AND COMMUNITY HEALTH BOARDS.] Using the outcome measures established in subdivision 2, the commissioner of health shall conduct a biennial evaluation of the statewide and local tobacco use prevention projects and community health board activities funded under this section. The evaluation must include: (1) the effect of these activities on the amount of tobacco use by youth and rates at which youth start to use tobacco products; and (2) a longitudinal tracking of outcomes for youth. Grant recipients and community health boards shall cooperate with the commissioner in the evaluation and provide the commissioner with the information necessary to conduct the evaluation. Beginning January 15, 2003, the results of each evaluation must be submitted to the chairs and members of the house health and human services finance committee and the senate health and family security budget division.</p>		January 15, 2003	