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.]
(a) To improve quality and reduce health care costs, state agencies shall encourage the adoption of best practice guidelines and participation in best practices measurement activities by physicians, other health care providers, and health plan companies. The commissioner of health shall facilitate access to best practice guidelines and quality of care measurement information to providers, purchasers, and consumers by:
(1) identifying and promoting local community-based, physician-designed best practices care across the Minnesota health care system;
(2) disseminating information available to the commissioner on adherence to best practices care by physicians and other health care providers in Minnesota;
(3) educating consumers and purchasers on how to effectively use this information in choosing their providers and in making purchasing decisions; and
(4) making best practices and quality care measurement information available to enrollees and program participants through the Department of Health's Web site. The commissioner may convene an advisory committee to ensure that the Web site is designed to provide user friendly and easy accessibility.
(b) The commissioner of health shall collaborate with a nonprofit Minnesota quality improvement organization specializing in best practices and quality of care measurements to provide best practices criteria and assist in the collection of the data.
(c) The initial best practices and quality of care measurement criteria developed shall include asthma, diabetes, and at least two other preventive health measures. Hypertension and coronary artery disease shall be included within one year following availability.
(d) The commissioners of human services and employee relations may use the data to make decisions about contracts they enter into with health plan companies.
(e) This section does not apply if the best practices guidelines authorize or recommend denial of treatment, food, or fluids necessary to sustain life on the basis of the patient's age or expected length of life or the patient's present or predicted disability, degree of medical dependency, or quality of life.
(f) The commissioner of health, human services, and employee relations shall report to the legislature by January 15, 2005, on the status of best practices and quality of care initiatives, and shall present recommendations to the legislature on any statutory changes needed to increase the effectiveness of these initiatives.
(g) This section expires June 30, 2006.