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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH
SESSION

HOUSE FILE No. 200

January 24, 2011

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The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; requiring collection and reporting of certain data related
1.3 to Alzheimer's disease; proposing coding for new law in Minnesota Statutes,
1.4 chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[144.645] ALZHEIMER'S DISEASE; PREVALENCE AND**
1.7 **COST-SAVING MEASURES.**

1.8 Subdivision 1. **Purpose.** This act implements the recommendations of the
1.9 Alzheimer's Disease Working Group, established under Laws 2009, chapter 159, section
1.10 110.

1.11 Subd. 2. **Data from health plans.** For the contract year beginning January 2012,
1.12 the commissioner shall request that Minnesota Community Measurement include the
1.13 following as measurements of physician and clinical services for Minnesotans 65 years of
1.14 age and older:

1.15 (1) rates and results of cognitive screening;

1.16 (2) rates of Alzheimer's diagnoses; and

1.17 (3) prescribed care and treatment plans.

1.18 Subd. 3. **Data from state health care programs.** Beginning January 1, 2012
1.19 and in collaboration with the commissioner of human services, the commissioner shall
1.20 collect the following data for Minnesotans 65 years of age and older who are enrolled in
1.21 state health care programs:

1.22 (1) rates and results of cognitive screening;

1.23 (2) rates of Alzheimer's and other dementia diagnoses; and

1.24 (3) prescribed care and treatment plans.

2.1 Subd. 4. **Comparison data.** (a) The commissioner, with the commissioner of
2.2 human services, the Minnesota Board on Aging, and other appropriate state offices, shall
2.3 jointly review existing and forthcoming literature in order to estimate differences in the
2.4 outcomes and costs of current practices for caring for those with Alzheimer's disease and
2.5 other dementias, compared to the outcomes and costs resulting from:

2.6 (1) earlier identification of Alzheimer's and other dementias;

2.7 (2) improved support of family caregivers; and

2.8 (3) improved collaboration between medical care management and community-based
2.9 supports.

2.10 (b) The analysis required in paragraph (a) must include a comparison of the annual
2.11 cost and quality of health care for individuals diagnosed with Alzheimer's served through
2.12 health care homes to the cost and quality for comparable individuals served in clinics that
2.13 are not part of a health care home.

2.14 Subd. 5. **Reporting.** (a) By January 15, 2013, the commissioner must report to the
2.15 legislature on progress in data collection and analysis required under subdivisions 2 and 3.

2.16 (b) Beginning January 15, 2014, the commissioner must annually report on the
2.17 analysis and findings required under subdivisions 2 and 3 to the public via the department's
2.18 Web site and to the legislature.

2.19 (c) Beginning October 15, 2011, the commissioner, with the commissioner of
2.20 human services, the Minnesota Board on Aging, and other appropriate state offices, must
2.21 annually report the analysis and findings required under subdivision 4 to the public via
2.22 the department's Web site and to the governor, lieutenant governor, and majority and
2.23 minority leaders of the legislature.

2.24 **Sec. 2. APPROPRIATIONS.**

2.25 \$..... is appropriated from the general fund to the commissioner of health in
2.26 fiscal years 2012 and 2013 for the data collection, analysis, and reporting requirements
2.27 of Minnesota Statutes, section 144.645. Of this amount, \$..... is transferred to the
2.28 commissioner of human services for the Minnesota Board on Aging and its activities
2.29 under Minnesota Statutes, section 144.645.