MAINE STATE LEGISLATURE

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127th MAINE LEGISLATURE

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No. 1264

H.P. 864

House of Representatives, April 7, 2015

An Act To Transfer Oversight of the Maine Quality Forum to the Maine Health Data Organization

(EMERGENCY)

Reported by Representative BECK of Waterville for the Joint Standing Committee on Insurance and Financial Services pursuant to Joint Order 2015, H.P. 585.

Reference to the Committee on Insurance and Financial Services suggested and ordered printed pursuant to Joint Rule 218.

> ROBERT B. HUNT Clerk

R(+ B. Hunt

1 2	Emergency preamble. Whereas, acts and resolves of the Legislature do r become effective until 90 days after adjournment unless enacted as emergencies; and
3 4	Whereas, the Maine Quality Forum is currently the only program overseen Dirigo Health; and
5 6	Whereas, the activities of the Maine Quality Forum to monitor and improve hear care quality are aligned with the activities of the Maine Health Data Organization; and
7 8 9 10	Whereas, the Board of Trustees of Dirigo Health, the Maine Health Da Organization Board of Directors and the working group convened under Resolve 201 chapter 109 have recommended that the Maine Quality Forum be continued within the Maine Health Data Organization; and
11 12	Whereas, the Maine Quality Forum now shares office space and staff with t Maine Health Data Organization; and
13 14	Whereas, this legislation transfers statutory oversight of the Maine Quality Fort to the Maine Health Data Organization; and
15 16	Whereas, immediate enactment of this legislation is needed to make the transference at the start of the fiscal year on July 1, 2015; and
17 18 19 20	Whereas, in the judgment of the Legislature, these facts create an emergency with the meaning of the Constitution of Maine and require the following legislation immediately necessary for the preservation of the public peace, health and safety; no therefore,
21	Be it enacted by the People of the State of Maine as follows:
22 23	Sec. 1. 5 MRSA §12004-I, sub-§30-A, as enacted by PL 2003, c. 469, Pt. A, § is amended to read:
24	30-A.
25 26 27	Health Care Maine Quality Expenses Only 24 A 22 MRS Forum Advisory Council
28 29	Sec. 2. 22 MRSA §328, sub-§17-A, ¶C, as amended by PL 2011, c. 424, Pt. §2 and affected by Pt. E, §1, is further amended to read:
30 31 32 33 34 35 36	C. The addition in the private office of a health care practitioner, as defined in Ti 24, section 2502, subsection 1-A, of new technology that costs \$3,200,000 or more The department shall consult with the Maine Quality Forum Advisory Councestablished pursuant to Title 24-A, section 6952, 8719 prior to determining whether project qualifies as a new technology in the office of a private practitioner. We regard to the private office of a health care practitioner, "new health service" does reinclude the location of a new practitioner in a geographic area.

- Sec. 3. 22 MRSA §335, sub-§1, ¶D, as amended by PL 2011, c. 424, Pt. B, §15 and affected by Pt. E, §1, is further amended to read:
 - D. Does not result in inappropriate increases in service utilization, according to the principles of evidence-based medicine adopted by the Maine Quality Forum, as established in Title 24-A, section 6951 8718, when the principles adopted by the Maine Quality Forum are directly applicable to the application; and

Sec. 4. 22 MRSA §8704, sub-§12 is enacted to read:

- 12. Maine Quality Forum. The board shall provide staff support and other assistance to the Maine Quality Forum established in section 8718 to conduct the work of the Maine Quality Forum.
- **Sec. 5. 22 MRSA §8708-A**, as enacted by PL 2003, c. 469, Pt. C, §28, is amended to read:

§8708-A. Quality data

The board shall adopt rules regarding the collection of quality data. The board shall work with the Maine Quality Forum established in section 8718 and the Maine Quality Forum Advisory Council established in Title 24-A, chapter 87, subchapter 2 section 8719 to develop the rules. The rules must be based on the quality measures adopted by the Maine Quality Forum pursuant to Title 24-A, section 6951 8718, subsection 2. The rules must specify the content, form, medium and frequency of quality data to be submitted to the organization. In the collection of quality data, the organization must minimize duplication of effort, minimize the burden on those required to provide data and focus on data that may be retrieved in electronic format from within a health care practitioner's office or health care facilities. As specified by the rules, health care practitioners and health care facilities shall submit quality data to the organization. Rules adopted pursuant to this section are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A

- **Sec. 6. 22 MRSA §8712, sub-§1,** as corrected by RR 2009, c. 2, §63, is amended to read:
- 1. Quality. The organization shall promote public transparency of the quality and cost of health care in the State in conjunction with the Maine Quality Forum established in Title 24 A, section 6951 8718 and shall collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. The organization's publicly accessible websites and reports must, to the extent practicable, coordinate, link and compare information regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services. The organization's health care costs website must provide a link in a publicly accessible format to provider-specific information regarding quality of services required to be reported to the Maine Quality Forum.

Sec. 7. 22 MRSA §§8718 and 8719 are enacted to read:

§8718. Maine Quality Forum

Effective July 1, 2015, the Maine Quality Forum, referred to in this chapter as "the forum," is established within the Maine Health Data Organization. The forum is governed by the board with advice from the Maine Quality Forum Advisory Council pursuant to section 8719. The forum must be funded, at least in part, through the funds remaining after June 30, 2014 from the access payments made to Dirigo Health pursuant to Title 24-A, section 6917. Except as otherwise provided in section 8707, subsection 2, information obtained by the forum is a public record as provided by Title 1, chapter 13, subchapter 1. The forum shall perform the following duties.

- 1. Research dissemination. The forum shall collect and disseminate research regarding health care quality, evidence-based medicine and patient safety to promote best practices.
- 2. Quality and performance measures. The forum shall adopt a set of measures to evaluate and compare health care quality and provider performance. The measures must be adopted with guidance from the advisory council pursuant to section 8719. The quality measures adopted by the forum must be the basis for the rules for the collection of quality data adopted by the organization pursuant to section 8708-A.
- 3. Data coordination. The forum shall coordinate the collection of health care quality data in the State. The forum shall work with other entities that collect health care data to minimize duplication and to minimize the burden on providers of data.
- 4. Reporting. The forum shall work collaboratively with health care providers, health insurance carriers and others to report in useable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers. The forum shall produce annual quality reports pursuant to section 8712. The forum shall make provider-specific information regarding quality of services available on its publicly accessible website.
- 5. Consumer education. The forum shall conduct education campaigns to help health care consumers make informed decisions and engage in healthy lifestyles.
- 6. Technology assessment. The forum shall conduct technology assessment reviews to guide the use and distribution of new technologies in this State. The forum shall make recommendations to the certificate of need program under chapter 103-A.
- 7. Electronic data. The forum shall encourage the adoption of electronic technology and assist health care practitioners to implement electronic systems for medical records and submission of claims. The assistance may include, but is not limited to, practitioner education, identification or establishment of low-interest financing options for hardware and software and system implementation support.
- 8. Annual report. The forum shall make an annual report to the public. The forum shall provide the report to the joint standing committees of the Legislature having

jurisdiction over appropriations and financial affairs, health and human services matters and insurance and financial services matters.

- 9. Health care provider-specific data. The forum shall submit to the Legislature, by January 30th of each year, a health care provider-specific performance report. The report must be based on health care quality data, including health care-associated infection quality data, that is submitted by providers to the organization pursuant to section 8708-A. The forum and the Maine Center for Disease Control and Prevention shall make the report available to the citizens of the State through a variety of means, including, but not limited to, the forum's publicly accessible website and the distribution of written reports and publications.
- 10. Infection prevention activities. The forum and the Maine Center for Disease Control and Prevention shall, by January 30th of each year, report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on statewide collaborative efforts with health care infection control professionals in the State to control or prevent health care-associated infections.

§8719. Maine Quality Forum Advisory Council

The Maine Quality Forum Advisory Council, referred to in this chapter as "the advisory council," is a 17-member body established by Title 5, section 12004-I, subsection 30-A to advise the forum. Except as otherwise provided in this chapter, information obtained by the advisory council is a public record as provided by Title 1, chapter 13, subchapter 1.

- 1. Appointment; composition. The Governor shall appoint the following members with the approval of the joint standing committee of the Legislature having jurisdiction over health and human services matters:
 - A. Seven members representing providers, including 3 physicians, one registered nurse, one representative of hospitals, one mental health provider and one health care practitioner who is not a physician. The 3 physician members must represent allopathic physicians, osteopathic physicians, primary care physicians and specialist physicians;
 - B. Four members representing consumers, including one employee who receives health care through a commercially insured product, one representative of organized labor, one representative of a consumer health advocacy group and one representative of the uninsured or MaineCare recipients;
 - C. Four members representing employers, including one member of the State Employee Health Commission, one representative of a private employer with more than 1,000 full-time equivalent employees, one representative of a private employer with 50 to 1,000 full-time employees and one representative of a private employer with fewer than 50 employees;
- D. One representative of a private health plan; and
- E. One representative of the MaineCare program.

- Prior to making appointments to the advisory council, the Governor shall seek nominations from the public and from a statewide allopathic association, a statewide osteopathic association, a statewide hospital association, a statewide nurses association, a statewide health purchasing collaborative, a statewide health management coalition, organized labor, a statewide organization representing consumers advocating for affordable health care, a statewide association representing consumers of mental health services, a national association of retired persons, a statewide citizen action organization, a statewide organization advocating equal justice, a statewide organization representing local chambers of commerce, a statewide organization representing businesses for social responsibility, a statewide small business alliance, a national federation of independent businesses, a statewide association of health plans and other entities as appropriate.
 - **2. Terms.** Members of the advisory council serve 5-year terms except for initial appointments. Initial appointments must include 5 members appointed to 3-year terms, 6 members appointed to 4-year terms and 6 members appointed to 5-year terms. A member may not serve more than 2 consecutive terms.
 - 3. Compensation. Members of the advisory council are eligible for compensation according to the provisions of Title 5, chapter 379.
 - **4. Quorum.** A quorum is a majority of the members of the advisory council.
 - 5. Chair and officers. The advisory council shall annually choose one of its members to serve as chair for a one-year term. The advisory council may select other officers and designate their duties.
 - 6. Meetings. The advisory council shall meet at least 4 times a year at regular intervals and may meet at other times at the call of the chair or the board. Meetings of the council are public proceedings as provided by Title 1, chapter 13, subchapter 1.
 - **7. Duties.** The advisory council shall:
 - A. Convene a group of health care providers to provide input and advice to the council. The council shall invite members broadly representing health care practitioners, health care providers as defined in Title 24, section 2502, subsection 2, federally qualified health centers and pharmacists. Members serve as volunteers and without compensation or reimbursement for expenses;
- B. Provide expertise in health care quality to assist the board;
- C. Advise and support the forum by:

- (1) Establishing and monitoring an annual work plan for the forum;
- (2) Providing guidance in the adoption of quality and performance measures;
- 35 (3) Serving as a liaison between the provider group established in paragraph A and the forum;
- 37 (4) Conducting public hearings and meetings; and
- 38 (5) Reviewing consumer education materials developed by the forum;

- D. Make recommendations regarding quality assurance and quality improvement priorities; and
- E. Serve as a liaison between the forum and other organizations working in the field of health care quality.

- **Sec. 8. 24-A MRSA §6903, sub-§13-A,** as enacted by PL 2005, c. 615, §1, is amended to read:
 - **13-A. Practitioner-specific quality data.** "Practitioner-specific quality data" means material in electronic or paper format that provides information about the professional performance of a health care practitioner licensed to provide health care in the State. "Practitioner-specific quality data" includes, but is not limited to, records, reports, working papers, drafts, analyses, e-mail, interoffice and intraoffice memoranda and other data collected, used, produced or maintained by the Maine Quality Forum, established in Title 22, section 6951 8718, for the purposes of measuring a health care practitioner's professional performance against consensus best practices and local and national patterns of health care.
 - **Sec. 9. 24-A MRSA §6908, sub-§1, ¶I,** as enacted by PL 2003, c. 469, Pt. A, §8, is amended to read:
- I. Apply for and receive funds, grants or contracts from public and private sources; and
- **Sec. 10. 24-A MRSA §6908, sub-§1, ¶¶J and K,** as enacted by PL 2003, c. 469, Pt. A, §8, are repealed.
- Sec. 11. 24-A MRSA §6908, sub-§2, ¶E, as amended by PL 2007, c. 447, §6, is further amended to read:
 - E. Arrange the provision of Dirigo Health Program benefit coverage to eligible individuals and eligible employees through contracts with one or more qualified bidders in accordance with section 6910 or through the Dirigo Health Self-administered Plan authorized pursuant to section 6981; and
- **Sec. 12. 24-A MRSA §6908, sub-§2, ¶G,** as amended by PL 2007, c. 629, Pt. L, §3, is repealed.
- **Sec. 13. 24-A MRSA §6909, sub-§2, ¶¶B and C,** as enacted by PL 2003, c. 469, Pt. A, §8, are amended to read:
- B. Manage Dirigo Health's programs and services, including the Maine Quality
 Forum established under section 6951;
- C. Employ or contract on behalf of Dirigo Health for professional and nonprofessional personnel or service. Employees of Dirigo Health are subject to the Civil Service Law, except that the position of Director of the Maine Quality Forum is not subject to the Civil Service Law;
- **Sec. 14. 24-A MRSA c. 87, sub-c. 2** is repealed.

- **Sec. 15. Maine Quality Forum; transition provisions.** The following transition provisions govern the transfer of the Maine Quality Forum from Dirigo Health to the Maine Health Data Organization.
- 1. The Maine Quality Forum is transferred from Dirigo Health to the Maine Health Data Organization as of July 1, 2015. All transfers of Maine Quality Forum responsibilities under this Act are effective July 1, 2015.
- 2. All records, property and equipment previously belonging to or allocated for the use of Dirigo Health related to the Maine Quality Forum that have not otherwise been provided for under this Act become the property of the Maine Health Data Organization.
- 3. All funding appropriated to Dirigo Health for the operations of the Maine Quality Forum and any authorized positions established for these purposes are transferred to the Maine Health Data Organization.
- **Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect July 1, 2015.

15 SUMMARY

This bill transfers responsibility for the Maine Quality Forum from Dirigo Health to the Maine Health Data Organization effective July 1, 2015. The bill also transfers 2 positions authorized for staffing the Maine Quality Forum to the Maine Health Data Organization.

This bill is proposed by the Joint Standing Committee on Insurance and Financial Services pursuant to Joint Order 2015, H.P. 585. The Joint Standing Committee on Insurance and Financial Services has not taken a position on the substance of the bill, and by reporting out this bill the committee is not suggesting and does not intend to suggest that it agrees or disagrees with any aspect of this bill. The Joint Standing Committee on Insurance and Financial Services is reporting the bill out for the sole purpose of turning the proposal into a printed bill that can be referred to the Joint Standing Committee on Insurance and Financial Services for an appropriate public hearing and subsequent processing in the normal course. The Joint Standing Committee on Insurance and Financial Services is taking this action to ensure clarity and transparency in the legislative review of this proposal.