

MAINE STATE LEGISLATURE

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Amendment Name: Amendment CA (H-807) (LD 30 2020)

Date: 8/5/2020

3 **HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

4 Reproduced and distributed under the direction of the Clerk of the House.

5 **STATE OF MAINE**
6 **HOUSE OF REPRESENTATIVES**
7 **129TH LEGISLATURE**
8 **SECOND SPECIAL SESSION**

9 COMMITTEE AMENDMENT “ ” to H.P. 31, L.D. 30, Bill, “An Act To Improve
10 Health Care Data Analysis ”

11 Amend the bill by striking out everything after the enacting clause and inserting the
12 following:

13 **'PART A**

14 **Sec. A-1. 5 MRSA §12004-I, sub-§30-B** is enacted to read:

15 **30-B.**

16 Health care; data Maine Health Data Expenses Only 22 MRSA §8718
17 Organization Health
18 Information
19 Advisory Committee

20

21 **Sec. A-2. 22 MRSA §42, sub-§5**, as amended by PL 2009, c. 514, §1, is further
22 amended to read:

23 **5. Confidentiality of records containing certain medical information.**

24 Department records that contain personally identifying medical information that are
25 created or obtained in connection with the department's public health activities or
26 programs are confidential. These records include, but are not limited to, information on
27 genetic, communicable, occupational or environmental disease entities, and information
28 gathered from public health nurse activities, or any program for which the department
29 collects personally identifying medical information.

30 The department's confidential records may not be open to public inspection, are not
31 public records for purposes of Title 1, chapter 13, subchapter 1 and may not be examined
32 in any judicial, executive, legislative or other proceeding as to the existence or content of
33 any individual's records obtained by the department.

1 Exceptions to this subsection include release of medical and epidemiologic information in
2 such a manner that an individual can not be identified; disclosures that are necessary to
3 carry out the provisions of chapter 250; disclosures made upon written authorization by
4 the subject of the record, except as otherwise provided in this section; disclosures that are
5 specifically required for purposes of reporting data to the Maine Health Data
6 Organization as provided for by statute or by rules adopted by the Maine Health Data
7 Organization; and disclosures that are specifically provided for by statute or by
8 departmental rule. The department may participate in a regional or national tracking
9 system as provided in sections 1533 and 8824.

10 Nothing in this subsection precludes the department, during the data collection phase of
11 an epidemiologic investigation, from refusing to allow the inspection or copying of any
12 record or survey instrument, including any redacted record or survey instrument,
13 containing information pertaining to an identifiable individual that has been collected in
14 the course of that investigation. The department's refusal is not reviewable.

15 **Sec. A-3. 22 MRSA §8703, sub-§1**, as amended by PL 2019, c. 470, §1, is
16 further amended to read:

17 **1. Objective.** The purposes of the organization are to create and maintain a useful,
18 objective, reliable and comprehensive health information database that is used to improve
19 the health of Maine citizens and to issue reports, as provided in ~~sections 8712 and 8736~~
20 this chapter. This database must be publicly accessible while protecting patient
21 confidentiality and respecting providers of care. The organization shall collect, process,
22 analyze and report clinical, financial, quality and restructuring data as defined in this
23 chapter.

24 **Sec. A-4. 22 MRSA §8712, sub-§2**, as amended by PL 2017, c. 232, §2, is
25 further amended to read:

26 **2. Payments.** The organization shall create a publicly accessible interactive website
27 that presents reports related to payments for services rendered by health care facilities and
28 practitioners to residents of the State. The services presented must include, but not be
29 limited to, imaging, preventative health, radiology, surgical services, comparable health
30 care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A and
31 other services that are predominantly elective and may be provided to a large number of
32 patients who do not have health insurance or are underinsured. The website must also be
33 constructed to display prices paid by individual commercial health insurance companies,
34 3rd-party administrators and, unless prohibited by federal law, governmental payors.
35 Beginning October 1, 2012, price information posted on the website must be posted
36 semiannually and beginning October 1, 2021 must be posted annually, must display the
37 date of posting and, when posted, must be current to within 12 months of the date of
38 submission of the information. Payment reports and price information posted on the
39 website must include data submitted by payors with regard to all health care facilities and
40 practitioners that provide comparable health care services as defined in Title 24-A,
41 section 4318-A, subsection 1, paragraph A or services for which the organization reports
42 data pertaining to the statewide average price pursuant to this subsection or Title 24-A,
43 section 4318-B. Upon notice made by a health care facility or practitioner that data
44 posted by the organization pertaining to that facility or practitioner is inaccurate or

incomplete, the organization shall remedy the inaccurate or incomplete data within the earlier of 30 days of receipt of the notice and the next ~~semiannual~~ posting date.

Sec. A-5. 22 MRSA §8712, sub-§3, as enacted by PL 2003, c. 469, Pt. C, §29, is repealed.

Sec. A-6. 22 MRSA §8712, sub-§4, as enacted by PL 2003, c. 469, Pt. C, §29, is repealed.

Sec. A-7. 22 MRSA §8715-A is enacted to read:

§8715-A. Reporting on cancer data and vital statistics data

The organization may adopt rules to require the reporting of data from the cancer-incidence registry established pursuant to section 1404 and data related to the registration of vital statistics pursuant to section 2701. Rules adopted pursuant to this subsection are routine technical rules as described in Title 5, chapter 375, subchapter 2-A.

Sec. A-8. 22 MRSA §8718 is enacted to read:

§8718. Maine Health Data Organization Health Information Advisory Committee

The Maine Health Data Organization Health Information Advisory Committee, referred to in this section as "the advisory committee," is established in accordance with this section to make recommendations to the organization regarding public reporting of health care trends developed from data reported to the organization pursuant to this chapter.

1. Membership. The advisory committee consists of the following 11 members:

A. The executive director of the organization;

B. One member of the House of Representatives, appointed by the Speaker of the House of Representatives;

C. One member of the Senate, appointed by the President of the Senate;

D. The commissioner or the commissioner's designee;

E. The Superintendent of Insurance or the superintendent's designee; and

F. Six members appointed by the board as follows:

(1) One member representing consumers of health care;

(2) One member representing providers of health care;

(3) One member representing hospitals;

(4) One member representing employers;

(5) One member representing insurance carriers; and

(6) One member representing the state employee health plan under Title 5, section 285.

2. Duties. The advisory committee shall:

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(3) To emphasize data that is useful, relevant and not duplicative of existing data;

(4) To minimize the burden on those providing data; and

(5) To preserve the reliability, accuracy and integrity of collected data while ensuring that the data is available in the public domain.

Sec. B-3. 22 MRSA §8719 is enacted to read:

§8719. Provider database and service locator tool

1. Provider database. The organization shall develop and maintain a multipayor provider database that must be used by the department to provide information for a service locator available on a publicly accessible website for use by the public, by providers and by state agencies in accordance with this section. The organization and the department shall leverage existing data sources to maintain the database wherever possible, as allowable by state and federal law. Creation and maintenance of the database may not increase mandatory reporting requirements for providers of physical health services, and reporting requirements for providers of behavioral health services must be kept to the minimum necessary to ensure development of a useful database and tool for analytic, consumer service and provider identification and referral purposes. The organization shall collaborate with the department as necessary on the development and maintenance of the provider database.

2. Funding. The development of the provider database and service locator tool must be funded using existing resources within the department and grant funding obtained by the department from public and private sources. The organization and the Office of MaineCare Services within the Department of Health and Human Services are jointly responsible for the ongoing maintenance costs of the provider database using existing resources.

Sec. B-4. Development of multipayor provider database. In accordance with the Maine Revised Statutes, Title 22, section 8719, the Maine Health Data Organization shall develop a plan, in collaboration with the Department of Health and Human Services, payors, providers, health care purchasers and representatives of consumers, to develop a broad, multipayor provider database. The organization's objective is to develop reporting, use and structure requirements for a multipayor provider database that will enable carriers to fulfill their obligation to provide timely and accurate provider directories without placing undue, additional administrative burdens on providers and to improve the accuracy and mapping of such data for analytic and consumer service and provider identification purposes. The organization shall consult with other state and national agencies and organizations to determine best and promising practices for the development of the database. The organization shall submit the plan, its findings and any recommendations for suggested legislation to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters no later than April 1, 2021. The committee may report out legislation based upon the report to any session of the 130th Legislature.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

The amendment replaces the bill, which is a concept draft.

Part A of the amendment does the following.

1. It reduces the timing of when updates of price information must be posted on the Maine Health Data Organization's website from twice annually to once annually and also repeals the annual reports required related to a comparison of the 15 most common inpatient and outpatient services and to the 10 services and procedures most often provided by physicians in a private office setting.

2. It authorizes the Maine Health Data Organization to adopt rules related to the reporting of data from the statewide cancer-incidence registry and data related to vital statistics.

3. It establishes the Maine Health Data Organization Health Information Advisory Committee to make recommendations to the organization regarding public reporting of health care trends developed from data reported to the organization.

Part B of the amendment directs the Maine Health Data Organization to develop and maintain a multipayor provider database and service locator tool in conjunction with the Department of Health and Human Services.



129th MAINE LEGISLATURE

LD 30

LR 766(02)

An Act To Improve Health Care Data Analysis

Fiscal Note for Bill as Amended by Committee Amendment " "
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Current biennium cost increase - General Fund

Current biennium cost increase - Federal Expenditures Fund

Fiscal Detail and Notes

This bill requires the Maine Health Data Organization (MHDO) and the Department of Health and Human Services (DHHS) to develop a multi-payer provider database and service locator tool, with any associated costs to be absorbed by the DHHS within existing budgeted resources or through grant funding. The development and implementation of this tool is being funded by a \$2 million federal grant which expires on 03/29/21. The on-going operating cost for the tool is estimated to be \$250,000 annually and currently there is no funding for the on-going cost. If the DHHS is not able to secure additional grant funding, the impact of this new unfunded cost on other programs in the DHHS could be significant.

The bill also establishes the Maine Health Data Organization Health Information Trend Advisory Committee. Costs to the MHDO, the Bureau of Insurance, the Department of Administrative and Financial Services and the DHHS to serve on the committee are expected to be minimal and can be absorbed within existing budgeted resources.