

SECOND REGULAR SESSION

HOUSE BILL NO. 1331

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES SATER (Sponsor), WALLACE AND WETER (Co-sponsors).

Pre-filed December 3, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

3083L.01I

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to health information.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new section, to be
2 known as section 191.450, to read as follows:

191.450. 1. Subject to appropriations, the department of health and senior services
2 **shall establish the "Missouri Center for Health Information". The center shall establish**
3 **a comprehensive health care cost information system to provide for the collection,**
4 **compilation, coordination, analysis, indexing, dissemination, and utilization of purposefully**
5 **collected and present health care and procedure cost-related data and statistics.**

6 **2. The comprehensive health care cost information system shall identify the best**
7 **available data sources and coordinate the compilation of present health care and procedure**
8 **cost-related data and statistics and purposefully collect data on:**

9 **(1) Health resources, including physicians, dentists, nurses, and other health care**
10 **professionals, by specialty and type of practice and acute long-term care and other**
11 **institutional care facility supplies and specific services provided by hospitals, nursing**
12 **homes, home health agencies, and other health care facilities;**

13 **(2) Utilization of health care by type of provider; and**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

14 **(3) Health care cost and financing, including trends in health care prices and costs,**
15 **the sources of payments for health care services, and federal, state, and local expenditures**
16 **for health care.**

17 **3. To produce comparable and uniform health information and statistics for**
18 **consumer awareness and cost comparison, the department shall perform the following**
19 **functions:**

20 **(1) Coordinate the activities of state agencies involved in the design and**
21 **implementation of the system;**

22 **(2) Undertake research, development, and evaluation respecting the system;**

23 **(3) Review the statistical activities of state agencies to ensure that they are**
24 **consistent with the system;**

25 **(4) Develop written agreements with federal, state, and local agencies for the**
26 **sharing of health care cost-related data or using the facilities and services of such agencies.**
27 **State agencies, local health councils, and other agencies under state contract shall assist the**
28 **center in obtaining, compiling, and transferring health care cost-related data maintained**
29 **by state and local agencies. Written agreements shall specify the types, methods, and**
30 **periodicity of data exchanges and specify the types of data that will be transferred to the**
31 **center;**

32 **(5) Establish by rule the types of data collected, compiled, processed, used, or**
33 **shared. Decisions regarding center data sets shall be made based on consultation with the**
34 **state consumer health information advisory committee established under subsection 6 of**
35 **this section and public and private users regarding the types of data which will be collected**
36 **and data usage. The center shall establish standardized means for collecting health**
37 **information and statistics under rules promulgated by the department;**

38 **(6) In conjunction with the state consumer health information advisory committee,**
39 **develop and implement a long-range plan for making available health care cost data that**
40 **will allow consumers to compare health care service costs. The cost data the agency shall**
41 **make available shall include, but not be limited to, pharmaceuticals, physicians, health care**
42 **facilities, and health plans and managed care entities. The department shall submit the**
43 **initial plan to the governor, the president pro tem of the senate, and the speaker of the**
44 **house of representatives by January 1, 2009, and shall update the plan and report on the**
45 **status of its implementation annually thereafter. The department shall also make the plan**
46 **and status report available to the public on its Internet web site. As part of the plan, the**
47 **department shall identify the process and timeframes for implementation, any barriers to**
48 **implementation, and recommendations for legislation to eliminate such barriers. As**
49 **preliminary elements of the plan, the department shall:**

(a) When determining which patient charge data to disclose, consider such measures as average charge, average net revenue per adjusted patient day, average cost per adjusted patient day, and average cost per admission; and

(b) Determine the method and format for public disclosure of data reported under this subdivision. The department shall make its determination based upon input from the state consumer health information advisory committee. At a minimum, the data shall be made available on the department's Internet web site in a manner that allows consumers to conduct an interactive search that allows them to view and compare the information for specific providers. The web site shall include such additional information as determined necessary to ensure that the web site enhances informed decision making among consumers and health care purchasers, which shall include at a minimum appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider.

4. Nothing in this section shall authorize the department to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law.

5. (1) The center may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of such grants, gifts, and other payments, including the undertaking of special studies and other projects relating to health care-related topics.

(2) The center may charge such reasonable fees for services as the department prescribes by rule. The established fees shall not exceed the reasonable cost for such services.

(3) Any moneys obtained under this subsection shall not be used to offset annual appropriations for the center.

6. (1) There is hereby established within the department of health and senior services the "State Consumer Health Information Advisory Committee" to assist the center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health care cost-related data, and to recommend improvements for purposes of public health and transparency of consumer health care information. The committee shall consist of the following members:

(a) An employee of the executive office of the governor, to be appointed by the governor;

(b) Two members of the house of representatives, one from each major political party, appointed by the speaker of the house and the minority floor leader of the house;

86 (c) Two members of the senate, one from each major political party, appointed by
87 the president pro tem of the senate and the minority floor leader of the senate;

88 (d) An employee of the department of health and senior services, to be appointed
89 by the director of the department; and

90 (e) Ten persons, to be appointed by the director of the department of health and
91 senior services, representing other state and local agencies, state universities, business and
92 health coalitions, local health councils, professional health care-related associations,
93 consumers, and purchasers.

94 (2) Each member of the committee shall be appointed to a term of two years; except
95 that the term of members appointed in 2008, 2009, and 2010 shall be three years. A
96 vacancy shall be filled by appointment for the remainder of the term, and each appointing
97 authority may reappoint members.

98 (3) The committee may meet at the call of the chair, at the request of the
99 department, or at the request of a majority of its membership, but the committee shall meet
100 at least quarterly.

101 (4) Members shall select a chair and vice chair annually.

102 (5) A majority of the members shall constitute a quorum, and the affirmative vote
103 of a majority of a quorum shall be necessary to take action.

104 (6) The committee shall maintain minutes of each meeting and shall make minutes
105 available to any person.

106 (7) Members of the committee shall serve without compensation but may be
107 reimbursed for actual and necessary expenses incurred in the performance of their duties
108 as members of the committee.

109 (8) The duties of the committee shall include, but not be limited to, the following:

110 (a) To develop a mission statement, goal, and a plan of action for the identification,
111 collection, standardization, sharing, and coordination of health-related data across federal,
112 state, and local government and private sector entities;

113 (b) To develop a review process to ensure cooperative planning among agencies that
114 collect or maintain health-related data; and

115 (c) To create ad hoc issue-oriented technical workgroups on an as-needed basis to
116 make recommendations to the committee.

117 7. Nothing in this section shall limit, restrict, affect, or control the collection,
118 analysis, release, or publication of data by any state agency under its statutory authority,
119 duties, or responsibilities.

✓