

SECOND REGULAR SESSION

HOUSE BILL NO. 2313

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES HOBBS (Sponsor), FISHER, SATER, WILSON (119),
MUNZLINGER AND MOORE (Co-sponsors).

Read 1st time February 28, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

5002L.01I

AN ACT

To repeal section 208.955, RSMo, and to enact in lieu thereof one new section relating to the
MO HealthNet oversight commission.

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

Section A. Section 208.955, RSMo, is repealed and one new section enacted in lieu
2 thereof, to be known as section 208.955, to read as follows:

208.955. 1. There is hereby established in the department of social services the "MO
2 HealthNet Oversight Committee", which shall be appointed by January 1, 2008, and shall consist
3 of [eighteen] **twenty** members as follows:

4 (1) Two members of the house of representatives, one from each party, appointed by the
5 speaker of the house of representatives and the minority floor leader of the house of
6 representatives;

7 (2) Two members of the Senate, one from each party, appointed by the president pro tem
8 of the senate and the minority floor leader of the senate;

9 (3) One consumer representative;

10 (4) Two primary care physicians, licensed under chapter 334, RSMo, recommended by
11 any Missouri organization or association that represents a significant number of physicians
12 licensed in this state, who care for participants, not from the same geographic area;

13 (5) Two physicians, licensed under chapter 334, RSMo, who care for participants but
14 who are not primary care physicians and are not from the same geographic area, recommended

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.

15 by any Missouri organization or association that represents a significant number of physicians
16 licensed in this state;

17 (6) One representative of the state hospital association;

18 (7) One nonphysician health care professional who cares for participants, recommended
19 by the director of the department of insurance, financial institutions and professional registration;

20 (8) One dentist, who cares for participants. The dentist shall be recommended by any
21 Missouri organization or association that represents a significant number of dentists licensed in
22 this state;

23 (9) Two patient advocates;

24 (10) One public member; [and]

25 (11) **Two representatives of rural health clinics; and**

26 **(12)** The directors of the department of social services, the department of mental
27 health, the department of health and senior services, or the respective directors' designees, who
28 shall serve as ex-officio members of the committee.

29 2. The members of the oversight committee, other than the members from the general
30 assembly and ex-officio members, shall be appointed by the governor with the advice and
31 consent of the senate. A chair of the oversight committee shall be selected by the members of
32 the oversight committee. Of the members first appointed to the oversight committee by the
33 governor, eight members shall serve a term of two years, seven members shall serve a term of
34 one year, and thereafter, members shall serve a term of two years. Members shall continue to
35 serve until their successor is duly appointed and qualified. Any vacancy on the oversight
36 committee shall be filled in the same manner as the original appointment. Members shall serve
37 on the oversight committee without compensation but may be reimbursed for their actual and
38 necessary expenses from moneys appropriated to the department of social services for that
39 purpose. The department of social services shall provide technical, actuarial, and administrative
40 support services as required by the oversight committee. The oversight committee shall:

41 (1) Meet on at least four occasions annually, including at least four before the end of
42 December of the first year the committee is established. Meetings can be held by telephone or
43 video conference at the discretion of the committee;

44 (2) Review the participant and provider satisfaction reports and the reports of health
45 outcomes, social and behavioral outcomes, use of evidence-based medicine and best practices
46 as required of the health improvement plans and the department of social services under section
47 208.950;

48 (3) Review the results from other states of the relative success or failure of various
49 models of health delivery attempted;

- 50 (4) Review the results of studies comparing health plans conducted under section
51 208.950;
- 52 (5) Review the data from health risk assessments collected and reported under section
53 208.950;
- 54 (6) Review the results of the public process input collected under section 208.950;
- 55 (7) Advise and approve proposed design and implementation proposals for new health
56 improvement plans submitted by the department, as well as make recommendations and suggest
57 modifications when necessary;
- 58 (8) Determine how best to analyze and present the data reviewed under section 208.950
59 so that the health outcomes, participant and provider satisfaction, results from other states, health
60 plan comparisons, financial impact of the various health improvement plans and models of care,
61 study of provider access, and results of public input can be used by consumers, health care
62 providers, and public officials;
- 63 (9) Present significant findings of the analysis required in subdivision (8) of this
64 subsection in a report to the general assembly and governor, at least annually, beginning January
65 1, 2009;
- 66 (10) Review the budget forecast issued by the legislative budget office, and the report
67 required under subsection (22) of subsection 1 of section 208.151, and after study:
- 68 (a) Consider ways to maximize the federal drawdown of funds;
- 69 (b) Study the demographics of the state and of the MO HealthNet population, and how
70 those demographics are changing;
- 71 (c) Consider what steps are needed to prepare for the increasing numbers of participants
72 as a result of the baby boom following World War II;
- 73 (11) Conduct a study to determine whether an office of inspector general shall be
74 established. Such office would be responsible for oversight, auditing, investigation, and
75 performance review to provide increased accountability, integrity, and oversight of state medical
76 assistance programs, to assist in improving agency and program operations, and to deter and
77 identify fraud, abuse, and illegal acts. The committee shall review the experience of all states
78 that have created a similar office to determine the impact of creating a similar office in this state;
79 and
- 80 (12) Perform other tasks as necessary, including but not limited to making
81 recommendations to the division concerning the promulgation of rules and emergency rules so
82 that quality of care, provider availability, and participant satisfaction can be assured.
- 83 3. By July 1, 2011, the oversight committee shall issue findings to the general assembly
84 on the success and failure of health improvement plans and shall recommend whether or not any
85 health improvement plans should be discontinued.

86 4. The oversight committee shall designate a subcommittee devoted to advising the
87 department on the development of a comprehensive entry point system for long-term care that
88 shall:

89 (1) Offer Missourians an array of choices including community-based, in-home,
90 residential and institutional services;

91 (2) Provide information and assistance about the array of long-term care services to
92 Missourians;

93 (3) Create a delivery system that is easy to understand and access through multiple
94 points, which shall include but shall not be limited to providers of services;

95 (4) Create a delivery system that is efficient, reduces duplication, and streamlines access
96 to multiple funding sources and programs;

97 (5) Strengthen the long-term care quality assurance and quality improvement system;

98 (6) Establish a long-term care system that seeks to achieve timely access to and payment
99 for care, foster quality and excellence in service delivery, and promote innovative and
100 cost-effective strategies; and

101 (7) Study one-stop shopping for seniors as established in section 208.612.

102 5. The subcommittee shall include the following members:

103 (1) The lieutenant governor or his or her designee, who shall serve as the subcommittee
104 chair;

105 (2) One member from a Missouri area agency on aging, designated by the governor;

106 (3) One member representing the in-home care profession, designated by the governor;

107 (4) One member representing residential care facilities, predominantly serving MO
108 HealthNet participants, designated by the governor;

109 (5) One member representing assisted living facilities or continuing care retirement
110 communities, predominantly serving MO HealthNet participants, designated by the governor;

111 (6) One member representing skilled nursing facilities, predominantly serving MO
112 HealthNet participants, designated by the governor;

113 (7) One member from the office of the state ombudsman for long-term care facility
114 residents, designated by the governor;

115 (8) One member representing Missouri centers for independent living, designated by the
116 governor;

117 (9) One consumer representative with expertise in services for seniors or the disabled,
118 designated by the governor;

119 (10) One member with expertise in Alzheimer's disease or related dementia;

120 (11) One member from a county developmental disability board, designated by the
121 governor;

- 122 (12) One member representing the hospice care profession, designated by the governor;
123 (13) One member representing the home health care profession, designated by the
124 governor;
125 (14) One member representing the adult day care profession, designated by the governor;
126 (15) One member gerontologist, designated by the governor;
127 (16) Two members representing the aged, blind, and disabled population, not of the same
128 geographic area or demographic group designated by the governor;
129 (17) The directors of the departments of social services, mental health, and health and
130 senior services, or their designees; and
131 (18) One member of the house of representatives and one member of the senate serving
132 on the oversight committee, designated by the oversight committee chair.
133

134 Members shall serve on the subcommittee without compensation but may be reimbursed for their
135 actual and necessary expenses from moneys appropriated to the department of health and senior
136 services for that purpose. The department of health and senior services shall provide technical
137 and administrative support services as required by the committee.

138 6. By October 1, 2008, the comprehensive entry point system subcommittee shall submit
139 its report to the governor and general assembly containing recommendations for the
140 implementation of the comprehensive entry point system, offering suggested legislative or
141 administrative proposals deemed necessary by the subcommittee to minimize conflict of interests
142 for successful implementation of the system. Such report shall contain, but not be limited to,
143 recommendations for implementation of the following consistent with the provisions of section
144 208.950:

- 145 (1) A complete statewide universal information and assistance system that is integrated
146 into the web-based electronic patient health record that can be accessible by phone, in-person,
147 via MO HealthNet providers and via the Internet that connects consumers to services or
148 providers and is used to establish consumers' needs for services. Through the system, consumers
149 shall be able to independently choose from a full range of home, community-based, and
150 facility-based health and social services as well as access appropriate services to meet individual
151 needs and preferences from the provider of the consumer's choice;
152 (2) A mechanism for developing a plan of service or care via the web-based electronic
153 patient health record to authorize appropriate services;
154 (3) A preadmission screening mechanism for MO HealthNet participants for nursing
155 home care;
156 (4) A case management or care coordination system to be available as needed; and

157 (5) An electronic system or database to coordinate and monitor the services provided
158 which are integrated into the web-based electronic patient health record.

159 7. Starting July 1, 2009, and for three years thereafter, the subcommittee shall provide
160 to the governor, lieutenant governor and the general assembly a yearly report that provides an
161 update on progress made by the subcommittee toward implementing the comprehensive entry
162 point system.

163 8. The provisions of section 23.253, RSMo, shall not apply to sections 208.950 to
164 208.955.

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