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## **An Act To Improve Timely Access to Health Care Data**

**Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** this bill establishes the Health Information Database Advisory Group to advise the Maine Health Data Processing Center and the Maine Health Data Organization on the maintenance and updating of the all-payor and all-setting health care database system; and

**Whereas,** this bill requires the Health Information Database Advisory Group to submit its recommendations no later than January 1, 2012; and

**Whereas,** immediate enactment of this bill is necessary to give the Health Information Database Advisory Group adequate time to fulfill its duties; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 10 MRSA §682-A** is enacted to read:

### **§ 682-A. Health information database; access to data**

**1. Database.** Under the direction of the Health Information Database Advisory Group, established in subsection 2, the center, established in section 681, in conjunction with the Maine Health Data Organization, established in Title 22, chapter 1683, and Onpoint Health Data shall maintain and update the all-payor and all-setting health care database system to improve timely access to data in accordance with the following.

A. An independent manager of the center must be appointed to manage the processing of the database in a neutral manner. Only one system for processing the database and establishing central data files may be supported.

B. All current requirements for claims submissions must be maintained, except that the requirement that payors submit dental claims and the requirement that small commercial payors covering 50 to 499 lives submit claims must be evaluated.

C. The MaineCare and Medicare programs, to the extent permitted under federal law, shall submit claims data through the same processing system and in the same manner as commercial payors.

D. Health plans must be required to submit provider contact information, including address and physical location, and expanded personal health care information related to claims data using 2-way encryption technology or other technology to protect the confidentiality of the information.

E. New performance standards must be implemented to improve the timeliness of the data, including changes to filing requirements, standardized reporting and the development of a database repository. If performance standards recommended by the Health Information Database Advisory Group established in subsection 2 are not met, the Health Information Database Advisory Group is authorized through a competitive bidding process to contract with a qualified independent entity for services that meet the performance standards established in accordance with this paragraph.

F. Standards for reporting from the database must be updated with the input of stakeholders, including payors, providers and organizations seeking access to the database.

G. The assessments charged to payors and providers submitting claims data must be reduced to reflect updates made in accordance with this section.

H. User licenses must be established to provide access to the database by qualified licensees.

The Maine Health Data Organization may adopt or amend its rules as necessary to implement the requirements of this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**2. Health Information Database Advisory Group established.** The Health Information Database Advisory Group, referred to in this subsection as "the advisory group," is established to advise the center and the Maine Health Data Organization, established in Title 22, chapter 1683, on the maintenance and updating of the all-payor and all-setting health care database system to improve timely access to data in accordance with subsection 1.

A. The advisory group is composed of 9 members appointed as follows:

(1) Four members appointed by the Governor as follows:

(a) One member representing a statewide health management coalition;

(b) Two members representing public or private employers; and

(c) One member representing hospitals;

(2) Two members appointed by the President of the Senate, one member representing physicians and one member representing health plans;

(3) Two members appointed by the Speaker of the House, one member who has expertise in health data and one member who represents consumers; and

(4) The Director of the Maine Quality Forum or the director's designee, who serves as an ex officio voting member of the board.

B. The terms, compensation and chair of the advisory group are established as follows.

(1) The members of the advisory group are appointed for terms of 5 years. Members may serve beyond their designated terms until their successors are appointed.

(2) Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses.

(3) At the first meeting, the advisory group shall select a chair from among its members and may select a new chair annually.

C. The advisory group shall submit a report, including any recommendations for legislation, to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters and to the Maine Health Data Organization no later than January 1, 2012 and annually by January 1st thereafter. The joint standing committee may report out a bill based on the initial report to the Second Regular Session of the 126th Legislature.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

## SUMMARY

This bill requires the Maine Health Data Processing Center to update its all-payor and all-setting health care database system. The bill also requires that an independent manager of the database be established. The bill also requires that standards for reporting from the database be updated with input from stakeholders and that assessments to payors and providers submitting data be reduced accordingly. It also requires that user licenses be established. The bill establishes the Health Information Database Advisory Group to advise the Maine Health Data Processing Center and the Maine Health Data Organization.