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Date: (Filing No. H- )

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
129TH LEGISLATURE  
SECOND SPECIAL SESSION**

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

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

**'PART A**

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

**30-B.**

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

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

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

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

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

**COMMITTEE AMENDMENT**

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

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

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4 repealed.

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6 repealed.

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

8 **§8715-A. Reporting on cancer data and vital statistics data**

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

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

14 **§8718. Maine Health Data Organization Health Information Advisory Committee**

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

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

21 A. The executive director of the organization;

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

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

25 D. The commissioner or the commissioner's designee;

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

27 F. Six members appointed by the board as follows:

28 (1) One member representing consumers of health care;

29 (2) One member representing providers of health care;

30 (3) One member representing hospitals;

31 (4) One member representing employers;

32 (5) One member representing insurance carriers; and

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

35 **2. Duties.** The advisory committee shall:

1 A. Make recommendations to the organization to establish priorities for health care  
2 trend data items;

3 B. Make recommendations to the organization on the annual public reporting of  
4 health care trend data items pursuant to this chapter; and

5 C. Make additional health care data trend-related recommendations as requested by  
6 the executive director of the organization.

7 **3. Terms.** Members of the advisory committee appointed by the board serve 5-year  
8 terms except for initial appointments. Initial appointments must include one member  
9 appointed to a 3-year term, 2 members appointed to 4-year terms and 3 members  
10 appointed to 5-year terms. A member may not serve more than 2 consecutive terms.

11 **4. Compensation.** Members of the advisory committee are eligible for  
12 compensation according to the provisions of Title 5, chapter 379.

13 **5. Quorum.** A quorum is a majority of the members of the advisory committee.

14 **6. Chair and officers.** The advisory committee shall annually choose one of its  
15 members to serve as chair for a one-year term. The advisory committee may select other  
16 officers and designate their duties.

17 **7. Meetings.** The advisory committee shall meet at least 4 times a year at regular  
18 intervals and may meet at other times at the call of the chair or the executive director of  
19 the organization. Meetings of the council are public proceedings as provided by Title 1,  
20 chapter 13, subchapter 1.

21 **PART B**

22 **Sec. B-1. 22 MRSA §3173,** as amended by PL 1997, c. 676, §1 and PL 2003, c.  
23 689, Pt. B, §6, is further amended by adding at the end a new paragraph to read:

24 The department shall use the multipayor provider database established in section  
25 8719 as its primary source of information to update the department's own data and  
26 publicly available information regarding health provider and service directory  
27 information, when the information required by the department is already available  
28 through the multipayor provider database.

29 **Sec. B-2. 22 MRSA §8704, sub-§1, ¶A,** as amended by PL 2019, c. 470, §2, is  
30 further amended to read:

31 A. The board shall develop and implement policies and procedures for the collection,  
32 processing, storage and analysis of clinical, financial, quality, ~~restructuring~~ and  
33 provider data and prescription drug price data in accordance with this subsection for  
34 the following purposes:

35 (1) To use, build and improve upon and coordinate existing data sources and  
36 measurement efforts through the integration of data systems and standardization  
37 of concepts;

38 (2) To coordinate the development of a linked public and private sector  
39 information system;

- 1 (3) To emphasize data that is useful, relevant and not duplicative of existing
- 2 data;
- 3 (4) To minimize the burden on those providing data; and
- 4 (5) To preserve the reliability, accuracy and integrity of collected data while
- 5 ensuring that the data is available in the public domain.

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

7 **§8719. Provider database and service locator tool**

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

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

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

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

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**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.