

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-ONE

H.P. 386 - L.D. 541

An Act To Improve Health Care Data Analysis

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

PART A

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

30-B.

Health Care: Maine Health Data Organization Expenses Only 22 MRSA §8718
Data Health Information Advisory
Committee

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

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

Sec. A-3. 22 MRSA §1406-A is enacted to read:

§1406-A. Reporting data to the Maine Health Data Organization

The department shall report data from the cancer-incidence registry established pursuant to section 1404, including personally identifying medical or protected health information, to the Maine Health Data Organization in accordance with the joint rule adopted pursuant to section 8715-A. The data reported must be assigned a Maine Health Data Organization identifier and integrated with other Maine Health Data Organization data. The data reported may be released only in accordance with the rule adopted by the Maine Health Data Organization on release of data to the public pursuant to section 8707.

Sec. A-4. 22 MRSA §2706, sub-§2-A is enacted to read:

2-A. Reporting data to the Maine Health Data Organization. The state registrar shall report data related to the registration of vital statistics, including personally identifying medical or protected health information, to the Maine Health Data Organization in accordance with the joint rule adopted pursuant to section 8715-A. The data reported must be assigned a Maine Health Data Organization identifier and integrated with other Maine Health Data Organization data. The data reported may be released only in accordance with the rule adopted by the Maine Health Data Organization on release of data to the public pursuant to section 8707.

Sec. A-5. 22 MRSA §8703, sub-§1, as amended by PL 2019, c. 470, §1, is further amended to read:

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

Sec. A-6. 22 MRSA §8712, sub-§2, as amended by PL 2017, c. 232, §2, is further amended to read:

2. Payments. The organization shall create a publicly accessible interactive website that presents reports related to payments for services rendered by health care facilities and practitioners to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology, surgical services, comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance or are underinsured. The website must also be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors. Beginning October 1, 2012, price information posted on the website must be posted semiannually and beginning October 1, 2022 must be posted annually, must display the date of posting and, when posted, must be current to within 12 months of the date of submission of the information. Payment reports and price information posted on the website must include data submitted by payors with regard to all health care facilities and practitioners that provide comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A or services for which the organization reports data pertaining to the statewide average price pursuant to this subsection or Title 24-A, section 4318-B. Upon notice made by a health care facility or practitioner that data 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-7. 22 MRSA §8712, sub-§3, as enacted by PL 2003, c. 469, Pt. C, §29, is repealed.

Sec. A-8. 22 MRSA §8712, sub-§4, as enacted by PL 2003, c. 469, Pt. C, §29, is repealed.

Sec. A-9. 22 MRSA §8715-A is enacted to read:

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

1. Reporting; joint rule-making authority. The organization and the Department of Health and Human Services may adopt a joint rule to require the reporting to the organization 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. The rule adopted pursuant to this section is a routine technical rule as described in Title 5, chapter 375, subchapter 2-A.

2. Confidentiality of data reported. Data reported to the organization in accordance with subsection 1 is the organization's data and must be protected by privacy and security measures consistent with health care industry standards. The data is confidential and may be released only in accordance with the organization's rule on release of data to the public adopted pursuant to section 8707. Any such cancer data or vital statistics data may be released only in accordance with the organization's rule adopted after the effective date of this subsection.

Sec. A-10. 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 Senate, appointed by the President of the Senate;
- C. One member of the House of Representatives, appointed by the Speaker of the House of Representatives;
- 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;
 - (3) One member representing hospitals;
 - (4) One member representing employers;
 - (5) One member representing carriers; and
 - (6) One member representing the state employee health plan under Title 5, section 285.

2. Duties. The advisory committee shall:

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

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

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

3. Terms. Except for Legislators, members of the advisory committee appointed by the board serve 5-year terms except for initial appointments. Initial appointments must include one member appointed to a 3-year term, 2 members appointed to 4-year terms and 3 members appointed to 5-year terms. A member may not serve more than 2 consecutive terms. The terms of Legislators serving as members of the advisory committee coincide with their legislative term of office.

4. Compensation. Except for Legislators, members of the advisory committee are eligible for compensation according to the provisions of Title 5, chapter 379.

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

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

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

Sec. A-11. Appropriations and allocations. The following appropriations and allocations are made.

LEGISLATURE

Legislature 0081

Initiative: Appropriates funds for the ongoing costs of Legislator participation on the Maine Health Data Organization Health Information Advisory Committee.

GENERAL FUND	2021-22	2022-23
Personal Services	\$220	\$220
All Other	\$560	\$560
GENERAL FUND TOTAL	\$780	\$780

PART B

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

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

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

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

- (1) To use, build and improve upon and coordinate existing data sources and measurement efforts through the integration of data systems and standardization of concepts;
- (2) To coordinate the development of a linked public and private sector information system;
- (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 whenever 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 database.

2. Funding. The development of the multipayor provider database and service locator tool under subsection 1 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 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 the 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, consumer service and provider identification and referral 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 on Health Coverage, Insurance and Financial Services no later than February 1, 2022. The committee may report out legislation based upon the report to the Second Regular Session of the 130th Legislature.