

## **LD 541, An Act To Improve Health Care Data Analysis**

### **SUMMARY:**

Part A of the bill 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 provisions requiring annual reports related to the 15 most common outpatient procedures 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 to the organization 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 bill 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.

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## **LEGISLATIVE HISTORY:**

LD 541 reflects language unanimously supported by HCIFS Committee in 129<sup>th</sup> Legislature in LD 30, An Act to Improve Health Care Data Analysis. LD 30 was voted OTP-A by HCIFS and reported out of committee, but was not taken up in any special session before termination of the 129<sup>th</sup> Legislature. The language was developed with input of stakeholders.

## **ISSUES FOR CONSIDERATION:**

1. The Department of Health and Human Services indicated that work is underway with MHDO on development of provider database and service locator tool and will move forward regardless of outcome of bill.
2. DHHS also suggested that the committee consider additional clarification of the language related to data sharing and privacy of information:
  - Amend language directing MHDO to adopt rules to require reporting of vital records and cancer registry data with language that authorizes the sharing of information pursuant to an appropriate memorandum of understanding between DHHS and MHDO; and
  - Add language to clarify that sharing of data must be consistent with applicable confidentiality laws, e.g. HIPAA, and DHHS internal policies related to data sharing

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### **ISSUES FOR CONSIDERATION (cont'd):**

3. In testimony neither for nor against, the Maine Association of Health Plans noted that health insurance carriers offer their own provider directories and would be concerned about any effort that would require carriers to use the MHDO-developed multiple payor provider database. As drafted, LD 541 does not impose any requirement on health insurance carriers.

4. As drafted, the bill establishes the Maine Health Data Organization Advisory Committee with 11 members, including 2 Legislators. It may be helpful to clarify that terms of Legislators coincide with their terms of office, rather than the 5-year terms of other members. Current law also requires the Legislature to fund the costs associated with legislative participation during the session and during the interim. If bill moves forward, it will likely be referred to Study Table for further consideration by the Legislative Council and may require additional funding from the Legislature's budget.

### **FISCAL INFORMATION:**

Not yet determined