

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

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

## PART A

**Sec. A-1. 22 MRSA §8712, sub-§2**, as repealed and replaced by PL 2009, c. 71, §8, is amended to read:

**2. Cost and quality.** The organization shall create a publicly accessible interactive website that presents reports related to health care facility and practitioner payments for services rendered to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology and surgical services 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.

A. The organization shall promote public transparency of the quality and cost of health care in the State, in conjunction with the Maine Quality Forum as established in Title 24-A, section 6951, and shall collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. The organization's publicly accessible websites and reports shall, to the extent practicable, coordinate, link and compare information regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services. The organization's health care costs website must provide a link in a publicly accessible format to provider-specific information regarding quality of services required to be reported to the Maine Quality Forum.

**Sec. A-2. 24-A MRSA §6951, sub-§4**, as enacted by PL 2003, c. 469, Pt. A, §8, is amended to read:

**4. Reporting.** The forum shall work collaboratively with the Maine Health Data Organization, health care providers, health insurance carriers and others to report in useable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers. The forum shall produce annual quality reports in conjunction with the Maine Health Data Organization pursuant to Title 22, section 8712. No later than September 1, 2010, the forum shall make provider-specific information regarding quality of services available on its publicly accessible website.

**Sec. A-3. Advisory Council on Health Systems Development; payment reform.** The Advisory Council on Health Systems Development shall solicit input and develop recommendations on payment reform. The council shall:

1. Solicit input from various stakeholders, including private purchasers of health care, working on the measurement and reporting of health care value;
2. Consult with state agencies with expertise in provider reimbursement and payment systems;
3. Integrate any reforms adopted by the United States Congress or federal agencies that affect provider reimbursement;
4. Review and consider payment reform proposals in other states; and
5. To the extent permitted by federal and state law, recommend unified payment systems across public and private sectors.

The council shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Insurance and Financial Services no later than January 15, 2010. After receipt and review of the report, the Joint Standing Committee on Health and Human Services or the Joint Standing Committee on Insurance and Financial Services may introduce a bill related to the subject matter of the report to the Second Regular Session of the 124th Legislature.

## **PART B**

**Sec. B-1. 24-A MRSA §2694-A** is enacted to read:

### **§ 2694-A. Physician performance measurement, reporting and tiering programs**

**1. Performance measurement, reporting and tiering programs.** An insurer delivering or issuing for delivery within the State any individual health insurance policy or group health insurance policy or certificate shall annually file with the superintendent on or before October 1, 2010 and annually by October 1st in subsequent years a full and true statement of its criteria, standards, practices, procedures and programs that measure physician performance or tier physician performance. The statement must be on a form prepared by the superintendent and may be supplemented by additional information required by the superintendent. The statement must be verified by the oath of the insurer's president or vice-president, and secretary or chief medical officer. A filing and supporting information are public records notwithstanding Title 1, section 402, subsection 3, paragraph B.

**2. Duties.** The superintendent shall review the statements, if any, assemble the statements in one table using a side-by-side comparison format and provide an analysis identifying the commonalities and differences of the statements. Notwithstanding any provision of law to the contrary, the superintendent shall adopt by rule a program and performance measures designed to:

- A. Ensure transparency and fairness and promote the continued strengthening of measurement programs to meet patients' needs;
- B. Promote the consistency, efficiency and fairness of physician performance measurement; and
- C. Promote an appropriate balance between innovation and standardization.

**3. Advisory panel.** The superintendent may consult with the Advisory Council on Health Systems Development for advice to the superintendent regarding the proposed rule.

**4. Rulemaking.** The superintendent may adopt rules to implement this section. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

## **PART C**

**Sec. C-1. 22 MRSA §1819-A, 2nd ¶**, as enacted by PL 2005, c. 249, §1, is amended to read:

Information required to be disclosed under this section must be submitted by the hospital to the department within 5 months after the end of the hospital's fiscal year or within 5 months after the date on which the entity files the applicable form with the Internal Revenue Service. The department shall make available for public inspection and photocopying copies of all documents required by this section and shall post those documents on the department's publicly accessible website. The department shall post a chart on the website listing each hospital and providing a link to the documents filed pursuant to subsection 1.

**Sec. C-2. Posting of documents.** Within 30 days of the effective date of this Act, the Department of Health and Human Services shall post the federal Internal Revenue Service Form 990 and all related disclosable schedules for each hospital licensed in the State and filed with the department as required in the Maine Revised Statutes, Title 22, section 1819-A.'

## **SUMMARY**

This amendment is the majority report of the committee and replaces the bill.

Part A directs the Advisory Council on Health Systems Development to develop recommendations on payment reform.

Part B directs the Superintendent of Insurance to adopt rules for physician performance measurement, reporting and tiering programs. The superintendant may consult with the advisory council.

Part C requires that the Department of Health and Human Services post on its publicly accessible website the federal Internal Revenue Service Form 990 and forms already filed by hospitals with the department within 30 days of the effective date of the bill, as amended.