



130th MAINE LEGISLATURE

FIRST REGULAR SESSION-2021

Legislative Document

No. 541

H.P. 386

House of Representatives, February 24, 2021

An Act To Improve Health Care Data Analysis

Received by the Clerk of the House on February 22, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative PERRY of Calais.

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

2 **PART A**

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

4 **30-B.**

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

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

10 Exceptions to this subsection include release of medical and epidemiologic information in
11 such a manner that an individual ~~can not~~ cannot be identified; disclosures that are necessary
12 to carry out the provisions of chapter 250; disclosures made upon written authorization by
13 the subject of the record, except as otherwise provided in this section; disclosures that are
14 specifically required for purposes of reporting data to the Maine Health Data Organization
15 as provided for by statute or by rules adopted by the Maine Health Data Organization; and
16 disclosures that are specifically provided for by statute or by departmental rule. The
17 department may participate in a regional or national tracking system as provided in sections
18 1533 and 8824.

19 **Sec. A-3. 22 MRSA §8703, sub-§1**, as amended by PL 2019, c. 470, §1, is further
20 amended to read:

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

27 **Sec. A-4. 22 MRSA §8712, sub-§2**, as amended by PL 2017, c. 232, §2, is further
28 amended to read:

29 **2. Payments.** The organization shall create a publicly accessible interactive website
30 that presents reports related to payments for services rendered by health care facilities and
31 practitioners to residents of the State. The services presented must include, but not be
32 limited to, imaging, preventative health, radiology, surgical services, comparable health
33 care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A and other
34 services that are predominantly elective and may be provided to a large number of patients
35 who do not have health insurance or are underinsured. The website must also be
36 constructed to display prices paid by individual commercial health insurance companies,
37 3rd-party administrators and, unless prohibited by federal law, governmental payors.
38 Beginning October 1, 2012, price information posted on the website must be posted
39 semiannually and beginning October 1, 2022 must be posted annually, must display the
40 date of posting and, when posted, must be current to within 12 months of the date of
41 submission of the information. Payment reports and price information posted on the
42 website must include data submitted by payors with regard to all health care facilities and
43 practitioners that provide comparable health care services as defined in Title 24-A, section

1 4318-A, subsection 1, paragraph A or services for which the organization reports data
2 pertaining to the statewide average price pursuant to this subsection or Title 24-A, section
3 4318-B. Upon notice made by a health care facility or practitioner that data posted by the
4 organization pertaining to that facility or practitioner is inaccurate or incomplete, the
5 organization shall remedy the inaccurate or incomplete data within the earlier of 30 days
6 of receipt of the notice and the next ~~semiannual~~ posting date.

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

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

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

12 **§8715-A. Reporting of cancer data and vital statistics data**

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

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

18 **§8718. Maine Health Data Organization Health Information Advisory Committee**

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

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

24 A. The executive director of the organization;

25 B. One member of the Senate, appointed by the President of the Senate;

26 C. One member of the House of Representatives, appointed by the Speaker of the
27 House of Representatives;

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

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

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

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

32 (2) One member representing providers;

33 (3) One member representing hospitals;

34 (4) One member representing employers;

35 (5) One member representing carriers; and

36 (6) One member representing the state employee health plan under Title 5, section
37 285.

38 **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 health
4 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 appointed
10 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 compensation
12 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 the
19 organization. Meetings of the advisory committee are public proceedings as provided by
20 Title 1, 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 8719
25 as its primary source of information to update the department's own data and publicly
26 available information regarding health care provider and service directory information
27 when the information required by the department is already available through the
28 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 of
37 concepts;

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

40 (3) To emphasize data that is useful, relevant and not duplicative of existing data;

41 (4) To minimize the burden on those providing data; and

1 (5) To preserve the reliability, accuracy and integrity of collected data while
2 ensuring that the data is available in the public domain.

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

4 **§8719. Provider database and service locator tool**

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

16 **2. Funding.** The development of the multipayor provider database and service locator
17 tool under subsection 1 must be funded using existing resources within the department and
18 grant funding obtained by the department from public and private sources. The
19 organization and the Office of MaineCare Services within the department are jointly
20 responsible for the ongoing maintenance costs of the provider database using existing
21 resources.

22 **Sec. B-4. Development of multipayor provider database.** In accordance with
23 the Maine Revised Statutes, Title 22, section 8719, the Maine Health Data Organization
24 shall develop a plan, in collaboration with the Department of Health and Human Services,
25 payors, providers, health care purchasers and representatives of consumers, to develop a
26 broad, multipayor provider database. The organization's objective is to develop reporting,
27 use and structure requirements for the multipayor provider database that will enable carriers
28 to fulfill their obligation to provide timely and accurate provider directories without placing
29 undue, additional administrative burdens on providers and to improve the accuracy and
30 mapping of such data for analytic, consumer service and provider identification and referral
31 purposes. The organization shall consult with other state and national agencies and
32 organizations to determine best and promising practices for the development of the
33 database. The organization shall submit the plan, its findings and any recommendations for
34 suggested legislation to the Joint Standing Committee on Health Coverage, Insurance and
35 Financial Services no later than February 1, 2022. The committee may report out legislation
36 based upon the report to the Second Regular Session of the 130th Legislature.

37 **SUMMARY**

38 Part A of the bill does the following.

39 1. It reduces the timing of when updates of price information must be posted on the
40 Maine Health Data Organization's website from twice annually to once annually and also
41 repeals the provisions requiring annual reports related to the 15 most common outpatient
42 procedures and to the 10 services and procedures most often provided by physicians in a
43 private office setting.

1 2. It authorizes the Maine Health Data Organization to adopt rules related to the
2 reporting to the organization of data from the statewide cancer-incidence registry and data
3 related to vital statistics.

4 3. It establishes the Maine Health Data Organization Health Information Advisory
5 Committee to make recommendations to the organization regarding public reporting of
6 health care trends developed from data reported to the organization.

7 Part B of the bill directs the Maine Health Data Organization to develop and maintain
8 a multipayor provider database and service locator tool in conjunction with the Department
9 of Health and Human Services.