



# 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.