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	<b>REAUTHORIZATION OF UTAH HEALTH DATA AUTHORITY</b>
	ACT
	2014 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: James A. Dunnigan
	Senate Sponsor: Allen M. Christensen
LON	NG TITLE
Gen	eral Description:
	This bill amends provisions of Title 26, Chapter 33a, Utah Health Data Authority Act,
and	Fitle 63I, Chapter 1, Legislative Oversight and Sunset Act, related to the Utah
Heal	th Data Authority Act.
High	lighted Provisions:
	This bill:
	<ul> <li>amends the membership of the Health Data Committee;</li> </ul>
	<ul> <li>amends the data sharing authority of the Health Data Committee;</li> </ul>
	<ul> <li>makes technical and conforming amendments; and</li> </ul>
	<ul> <li>reauthorizes the Utah Health Data Authority Act until July 1, 2024.</li> </ul>
Mon	ey Appropriated in this Bill:
	None
Othe	er Special Clauses:
	None
Utah	a Code Sections Affected:
AME	ENDS:
	26-33a-103, as last amended by Laws of Utah 2011, Chapter 400
	26-33a-106.1, as last amended by Laws of Utah 2012, Chapter 279
	63I-1-226, as last amended by Laws of Utah 2013, Chapters 32, 60, and 195

29 Be it enacted by the Legislature of the state of Utah:

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30	Section 1. Section 26-33a-103 is amended to read:
31	26-33a-103. Committee membership Terms Chair Compensation.
32	(1) The Health Data Committee created by Section $26-1-7$ shall be composed of [14]
33	15 members [appointed by the governor with the consent of the Senate].
34	(2) (a) One member shall be:
35	(i) the commissioner of the Utah Insurance Department; or
36	(ii) the commissioner's designee who shall have knowledge regarding the health care
37	system and characteristics and use of health data.
38	[(2)] (b) Fourteen members shall be appointed by the governor with the consent of the
39	Senate in accordance with Subsection (3). No more than seven members of the committee
40	appointed by the governor may be members of the same political party.
41	(3) The [appointed] members of the committee appointed under Subsection (2)(b) shall
42	[ <del>be</del> ]:
43	(a) be knowledgeable regarding the health care system and the characteristics and use
44	of health data [and shall be];
45	(b) be selected so that the committee at all times includes individuals who provide
46	care[ <del>.</del> ];
47	[(4) The membership of the committee shall be:]
48	[(a)] (c) include one person employed by or otherwise associated with a general acute
49	hospital as defined by Section 26-21-2, who is knowledgeable about the collection, analysis,
50	and use of health care data;
51	[(b)] (d) include two physicians, as defined in Section 58-67-102:
52	(i) who are licensed to practice in this state;
53	(ii) who actively practice medicine in this state;
54	(iii) who are trained in or have experience with the collection, analysis, and use of
55	health care data; and
56	(iv) one of whom is selected by the Utah Medical Association;
57	[(c)] (e) include three persons:

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58	(i) who are:
59	(A) employed by or otherwise associated with a business that supplies health care
60	insurance to its employees; and
61	(B) knowledgeable about the collection and use of health care data; and
62	(ii) at least one of whom represents an employer employing 50 or fewer employees;
63	[(d)] (f) include three persons representing health insurers:
64	(i) at least one of whom is employed by or associated with a third-party payor that is
65	not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited
66	Health Plans;
67	(ii) at least one of whom is employed by or associated with a third party payer that is
68	licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health
69	Plans; and
70	(iii) who are trained in, or experienced with the collection, analysis, and use of health
71	care data;
72	[(e)] (g) include two consumer representatives:
73	(i) from organized consumer or employee associations; and
74	(ii) knowledgeable about the collection and use of health care data;
75	[(f)] (h) include one person:
76	(i) representative of a neutral, non-biased entity that can demonstrate that it has the
77	broad support of health care payers and health care providers; and
78	(ii) who is knowledgeable about the collection, analysis, and use of health care data;
79	and
80	[(g)] (i) include two persons representing public health who are trained in, or
81	experienced with the collection, use, and analysis of health care data.
82	[(5)] (4) (a) Except as required by Subsection $[(5)]$ (4)(b), as terms of current
83	committee members expire, the governor shall appoint each new member or reappointed
84	member to a four-year term.
85	(b) Notwithstanding the requirements of Subsection $[(5)]$ (4)(a), the governor shall[:

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86	(i)], at the time of appointment or reappointment, adjust the length of terms to ensure that the
87	terms of committee members are staggered so that approximately half of the committee is
88	appointed every two years[ <del>; and</del> ].
89	[(ii) prior to July 1, 2011, re-appoint the members described in Subsections (4)(b), (d),
90	and (f) as necessary to comply with changes in eligibility for membership that were enacted
91	during the 2011 General Session.]
92	(c) Members may serve after their terms expire until replaced.
93	[(6)] (5) When a vacancy occurs in the membership for any reason, the replacement
94	shall be appointed for the unexpired term.
95	[(7)] (6) Committee members shall annually elect a chair of the committee from among
96	their membership. The chair shall report to the executive director.
97	[(8)] (7) The committee shall meet at least once during each calendar quarter. Meeting
98	dates shall be set by the chair upon 10 working days notice to the other members, or upon
99	written request by at least four committee members with at least 10 working days notice to
100	other committee members.
101	[(9) Seven] (8) Eight committee members constitute a quorum for the transaction of
102	business. Action may not be taken except upon the affirmative vote of a majority of a quorum
103	of the committee.
104	[(10)] (9) A member may not receive compensation or benefits for the member's
105	service, but may receive per diem and travel expenses in accordance with:
106	(a) Section 63A-3-106;
107	(b) Section $63A-3-107$ ; and
108	(c) rules made by the Division of Finance pursuant to Sections $63A-3-106$ and
109	63A-3-107.
110	[(11)] (10) All meetings of the committee shall be open to the public, except that the
111	committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and
112	52-4-206 are met.
113	Section 2. Section 26-33a-106.1 is amended to read:

114	26-33a-106.1. Health care cost and reimbursement data.
115	(1) (a) The committee shall, as funding is available, establish an advisory panel to
116	advise the committee on the development of a plan for the collection and use of health care
117	data pursuant to Subsection 26-33a-104(6) and this section.
118	(b) The advisory panel shall include:
119	(i) the chairman of the Utah Hospital Association;
120	(ii) a representative of a rural hospital as designated by the Utah Hospital Association;
121	(iii) a representative of the Utah Medical Association;
122	(iv) a physician from a small group practice as designated by the Utah Medical
123	Association;
124	(v) two representatives who are health insurers, appointed by the committee;
125	(vi) a representative from the Department of Health as designated by the executive
126	director of the department;
127	(vii) a representative from the committee;
128	(viii) a consumer advocate appointed by the committee;
129	(ix) a member of the House of Representatives appointed by the speaker of the House;
130	and
131	(x) a member of the Senate appointed by the president of the Senate.
132	(c) The advisory panel shall elect a chair from among its members, and shall be staffed
133	by the committee.
134	(2) (a) The committee shall, as funding is available:
135	(i) establish a plan for collecting data from data suppliers, as defined in Section
136	26-33a-102, to determine measurements of cost and reimbursements for risk adjusted episodes
137	of health care;
138	(ii) share data with the Utah Insurance Department and health insurers regulated under
139	Title 31A, Insurance Code, regarding insurance claims [and], an individual's and small
140	employer group's health risk factor [with insurers participating in the defined contribution
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141 market created in Title 31A, Chapter 30, Part 2, Defined Contribution Arrangements], and

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142	characteristics of insurance arrangements that affect claims and usage, only to the extent
143	necessary for:
144	(A) establishing rates and [prospective] risk adjusting in the defined contribution
145	arrangement market created in Title 31A, Chapter 30, Part 2, Defined Contribution
146	Arrangements; [and]
147	(B) [risk adjusting in the defined contribution arrangement market; and] facilitating a
148	state based risk adjustment program for the health insurance market in accordance with Title
149	31A, Insurance Code;
150	(C) promotion of health insurance rate transparency; and
151	(D) review and analysis of health insurer's premiums and rate filings; and
152	(iii) assist the Legislature and the public with awareness of, and the promotion of,
153	transparency in the health care market by reporting on:
154	(A) geographic variances in medical care and costs as demonstrated by data available
155	to the committee; and
156	(B) rate and price increases by health care providers:
157	(I) that exceed the Consumer Price Index - Medical as provided by the United States
158	Bureau of Labor statistics;
159	(II) as calculated yearly from June to June; and
160	(III) as demonstrated by data available to the committee.
161	(b) The plan adopted under this Subsection (2) shall include:
162	(i) the type of data that will be collected;
163	(ii) how the data will be evaluated;
164	(iii) how the data will be used;
165	(iv) the extent to which, and how the data will be protected; and
166	(v) who will have access to the data.
167	Section 3. Section 63I-1-226 is amended to read:
168	63I-1-226. Repeal dates, Title 26.
169	(1) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July

170	1, 2015.
171	(2) Section 26-10-11 is repealed July 1, 2015.
172	(3) Section 26-18-12, Expansion of 340B drug pricing programs, is repealed July 1,
173	2013.
174	(4) Section 26-21-23, Licensing of non-Medicaid nursing care facility beds, is repealed
175	July 1, 2018.
176	(5) Section 26-21-211 is repealed July 1, 2013.
177	(6) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, [ <del>2014</del> ]
178	<u>2024</u> .
179	(7) Title 26, Chapter 36a, Hospital Provider Assessment Act, is repealed July 1, 2016.
180	(8) Section 26-38-2.5 is repealed July 1, 2017.
181	(9) Section 26-38-2.6 is repealed July 1, 2017.