

HB0178S01 compared with HB0178

~~{deleted text}~~ shows text that was in HB0178 but was deleted in HB0178S01.

Inserted text shows text that was not in HB0178 but was inserted into HB0178S01.

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Senator Allen M. Christensen proposes the following substitute bill:

HEALTH CARE CHARGES

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brad M. Daw

Senate Sponsor: ~~{_____}~~ Allen M. Christensen

LONG TITLE

General Description:

This bill creates provisions regarding health care price data.

Highlighted Provisions:

This bill:

- ▶ ~~{creates a}~~ amends certain reporting ~~{requirement}~~ requirements;
- ▶ requires the ~~{Department of Health to produce an estimate for creating and maintaining a health care price transparency tool, with technical support from the Public Employees' Benefit and Insurance Program and the Insurance Department;~~
▶ ~~permits the Department of Health}~~ state auditor to create and maintain a health care price transparency tool that is accessible by the public;
- ▶ provides a sunset date; and
- ▶ makes technical changes.

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Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-33a-106.1, as last amended by Laws of Utah 2017, Chapter 419

26-33a-106.5, as last amended by Laws of Utah 2016, Chapters 74 and 222

~~{63I-2-226}~~63I-1-267, as last amended by Laws of Utah ~~{2018}~~2017, ~~{Chapters 38 and 281}~~Chapter 192

ENACTS:

~~{26-33a-116}~~67-3-11, Utah Code Annotated 1953

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

Section 1. Section 26-33a-106.1 is amended to read:

26-33a-106.1. Health care cost and reimbursement data.

(1) The committee shall, as funding is available:

(a) establish a plan for collecting data from data suppliers, as defined in Section 26-33a-102, to determine measurements of cost and reimbursements for risk-adjusted episodes of health care;

(b) share data regarding insurance claims and an individual's and small employer group's health risk factor and characteristics of insurance arrangements that affect claims and usage with the Insurance Department, only to the extent necessary for:

(i) risk adjusting; and

(ii) the review and analysis of health insurers' premiums and rate filings; and

(c) assist the Legislature and the public with awareness of, and the promotion of, transparency in the health care market by reporting on:

(i) geographic variances in medical care and costs as demonstrated by data available to the committee; and

(ii) rate and price increases by health care providers:

(A) that exceed the Consumer Price Index - Medical as provided by the United States

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Bureau of Labor Statistics;

(B) as calculated yearly from June to June; and

(C) as demonstrated by data available to the committee;

(d) provide on at least a monthly basis, enrollment data collected by the committee to a not-for-profit, broad-based coalition of state health care insurers and health care providers that are involved in the standardized electronic exchange of health data as described in Section 31A-22-614.5, to the extent necessary:

(i) for the department or the Medicaid Office of the Inspector General to determine insurance enrollment of an individual for the purpose of determining Medicaid third party liability;

(ii) for an insurer that is a data supplier, to determine insurance enrollment of an individual for the purpose of coordination of health care benefits; and

(iii) for a health care provider, to determine insurance enrollment for a patient for the purpose of claims submission by the health care provider; ~~and~~

(e) coordinate with the State Emergency Medical Services Committee to publish data regarding air ambulance charges under Section 26-8a-203~~[-]; and~~

(f) share data collected under this chapter with the state auditor for use in the health care price transparency tool described in Section 67-3-11.

(2) (a) The Medicaid Office of Inspector General shall annually report to the Legislature's Health and Human Services Interim Committee regarding how the office used the data obtained under Subsection (1)(d)(i) and the results of obtaining the data.

(b) A data supplier shall not be liable for a breach of or unlawful disclosure of the data obtained by an entity described in Subsection (1)(b).

(3) The plan adopted under Subsection (1) shall include:

(a) the type of data that will be collected;

(b) how the data will be evaluated;

(c) how the data will be used;

(d) the extent to which, and how the data will be protected; and

(e) who will have access to the data.

Section ~~44~~2. Section **26-33a-106.5** is amended to read:

26-33a-106.5. Comparative analyses.

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(1) The committee may publish compilations or reports that compare and identify health care providers or data suppliers from the data it collects under this chapter or from any other source.

(2) (a) Except as provided in Subsection ~~ff(7)(c)~~~~ff(8)(c)~~, the committee shall publish compilations or reports from the data it collects under this chapter or from any other source which:

(i) contain the information described in Subsection (2)(b); and

(ii) compare and identify by name at least a majority of the health care facilities, health care plans, and institutions in the state.

(b) Except as provided in Subsection ~~ff(7)(c)~~~~ff(8)(c)~~, the report required by this Subsection (2) shall:

(i) be published at least annually; ~~and~~

(ii) list, as determined by the committee, the median paid amount for at least the top 50 medical procedures performed in the state by volume;

(iii) describe the methodology approved by the committee to determine the amounts described in Subsection (2)(b)(ii); and

~~(ii)~~ (iv) contain comparisons based on at least the following factors:

(A) nationally or other generally recognized quality standards;

(B) charges; and

(C) nationally recognized patient safety standards.

(3) (a) The committee may contract with a private, independent analyst to evaluate the standard comparative reports of the committee that identify, compare, or rank the performance of data suppliers by name.

(b) The evaluation described in this Subsection (3) shall include a validation of statistical methodologies, limitations, appropriateness of use, and comparisons using standard health services research practice.

(c) The independent analyst described in Subsection (3)(a) shall be experienced in analyzing large databases from multiple data suppliers and in evaluating health care issues of cost, quality, and access.

(d) The results of the analyst's evaluation shall be released to the public before the standard comparative analysis upon which it is based may be published by the committee.

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~~{ (4) The committee may contract with an independent entity to:~~
~~— (a) publicize the compilations or reports described in this section;~~
~~— (b) convene a work group to provide recommendations to the committee on actions that the state could take based on the compilations or reports described in this section; and~~
~~— (c) identify future applications of the data in a report to the Health and Human Services Interim Committee.~~

† ~~{(4)}~~{(5)}~~~~ In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the committee, with the concurrence of the department, shall adopt by rule a timetable for the collection and analysis of data from multiple types of data suppliers.

~~{(5)}~~{(6)}~~~~ The comparative analysis required under Subsection (2) shall be available~~[(a)]~~ free of charge and easily accessible to the public~~[, and]~~.

~~[(b) on the Health Insurance Exchange either directly or through a link.]~~

~~{(6)}~~{(7)}~~~~ (a) The department shall include in the report required by Subsection (2)(b), or include in a separate report, comparative information on commonly recognized or generally agreed upon measures of cost and quality identified in accordance with Subsection ~~{(7)}~~{(8)}~~~~, for:

(i) routine and preventive care; and
(ii) the treatment of diabetes, heart disease, and other illnesses or conditions as determined by the committee.

(b) The comparative information required by Subsection ~~{(6)}~~{(7)}~~~~(a) shall be based on data collected under Subsection (2) and clinical data that may be available to the committee, and shall compare:

(i) ~~[beginning December 31, 2014,]~~ results for health care facilities or institutions;
(ii) ~~[beginning December 31, 2014,]~~ results for health care providers by geographic regions of the state;

(iii) ~~[beginning July 1, 2016,]~~ a clinic's aggregate results for a physician who practices at a clinic with five or more physicians; and

(iv) ~~[beginning July 1, 2016,]~~ a geographic region's aggregate results for a physician who practices at a clinic with less than five physicians, unless the physician requests physician-level data to be published on a clinic level.

(c) The department:

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(i) may publish information required by this Subsection ~~(6)(7)~~ directly or through one or more nonprofit, community-based health data organizations;

(ii) may use a private, independent analyst under Subsection (3)(a) in preparing the report required by this section; and

(iii) shall identify and report to the Legislature's Health and Human Services Interim Committee by July 1, 2014, and every July 1 thereafter until July 1, 2019, at least three new measures of quality to be added to the report each year.

(d) A report published by the department under this Subsection ~~(6)(7)~~:

(i) is subject to the requirements of Section 26-33a-107; and

(ii) shall, prior to being published by the department, be submitted to a neutral, non-biased entity with a broad base of support from health care payers and health care providers in accordance with Subsection ~~(7)(8)~~ for the purpose of validating the report.

~~(7)(8)~~ (a) The Health Data Committee shall, through the department, for purposes of Subsection ~~(6)(7)~~(a), use the quality measures that are developed and agreed upon by a neutral, non-biased entity with a broad base of support from health care payers and health care providers.

(b) If the entity described in Subsection ~~(7)(8)~~(a) does not submit the quality measures, the department may select the appropriate number of quality measures for purposes of the report required by Subsection ~~(6)(7)~~.

(c) (i) For purposes of the reports published on or after July 1, 2014, the department may not compare individual facilities or clinics as described in Subsections ~~(6)(7)~~(b)(i) through (iv) if the department determines that the data available to the department can not be appropriately validated, does not represent nationally recognized measures, does not reflect the mix of cases seen at a clinic or facility, or is not sufficient for the purposes of comparing providers.

(ii) The department shall report to the Legislature's Health and Human Services Interim Committee prior to making a determination not to publish a report under Subsection ~~(7)(8)~~(c)(i).

Section ~~(2)3~~. Section ~~(26-33a-116)~~63I-1-267 is amended to read:

63I-1-267. Repeal dates, Title 67.

(1) Section 67-1-15 is repealed December 31, 2027.

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(2) Sections 67-1a-10 and 67-1a-11 creating the Commission on Civic and Character Education and establishing its duties are repealed on July 1, 2021.

(3) Section 67-3-11 is repealed July 1, 2024.

Section 4. Section 67-3-11 is enacted to read:

~~{26-33a-116}~~67-3-11. **Health care price transparency tool -- {Project scoping == }Transparency tool requirements.**

~~{~~ ~~—— (1) On or before October 1, 2019, the department shall:~~

~~—— (a) with technical support from the Public Employees' Benefit and Insurance Program created in Section 49-20-103, and the Insurance Department, produce an estimate of the cost of creating and maintaining a health care price transparency tool described in this section; and~~

~~—— (b) report to the Health and Human Services Interim Committee:~~

~~—— (i) the estimate described in Subsection (1)(a);~~

~~—— (ii) other policy options for increasing health care price transparency; and~~

~~—— (iii) if applicable, the department's plans for creating a health care price transparency tool in accordance with this section.~~

~~{~~ ~~(~~2~~1)~~ The {department may}state auditor shall create a health care price transparency tool:

(a) subject to appropriations from the Legislature and any available funding from third-party sources;

(b) with technical support from the Public Employees' Benefit and Insurance Program created in Section 49-20-103, the Department of Health, and the Insurance Department; and

(c) in accordance with the requirements in Subsection (~~3~~2).

(~~3~~2) A health care price transparency tool created by the {department}state auditor under this section shall:

(a) present health care price information for consumers in a manner that is clear and accurate;

(b) be available to the public ~~{through}~~in a user-friendly ~~{online portal}~~manner;

(c) incorporate existing data collected under Section 26-33a-106.1;

(d) group billing codes for common health care procedures;

(e) be updated on a regular basis; and

(f) be created and operated in accordance with all applicable state and federal laws.

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~~(4)3~~ The ~~department~~state auditor may make the health care pricing data from the health care price transparency tool available to the public through an application program interface format if the data meets state and federal data privacy requirements.

~~(5) The department may contract with one or more state agencies to create a health care price transparency tool described in this section.~~

~~(6) If the department creates a health care price transparency tool, the committee shall outline steps to minimize the cost of maintaining the health care price transparency tool.~~

~~(7)4~~ (a) Before making a health care price transparency tool available to the public, the ~~department~~state auditor shall:

(i) seek input from ~~third-party payers, health care providers, health care facilities, and other stakeholders~~the Health Data Committee created in Section 26-1-7 on the overall accuracy and effectiveness of the reports ~~created~~provided by the health care price transparency tool; and

(ii) ~~present a draft of~~establish procedures to give data providers a 30-day period to review pricing information before the state auditor publishes the information on the health care price transparency tool ~~to the Health and Human Services Interim Committee;~~

~~(iii) establish by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, a written procedure to correct any material errors within a reasonable period of time if a data supplier submits any corrections of errors with supporting evidence and comments; and~~

~~(iv) create a plan to review and report to the committee on the utilization of the health care price transparency tool at least once in each 12 month period.~~

(b) If the ~~department~~state auditor complies with the requirements of Subsection (7)(a), the health care price transparency tool is not subject to the requirements of Section 26-33a-107.

~~(8)5~~ Each year in which a health care price transparency tool is operational, the ~~department~~state auditor shall report to the Health and Human Services Interim Committee before November 1 of that year:

(a) the utilization of the health care price transparency tool; and

(b) policy options for improving access to health care price transparency data.

~~631-1-267. Repeal dates, Title 67.~~

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- ~~———— (1) Section 67-1-15 is repealed December 31, 2027.~~
- ~~———— (2) Sections 67-1a-10 and 67-1a-11 creating the Commission on Civic and Character Education and establishing its duties are repealed on July 1, 2021.~~
- ~~———— Section 3. Section **63I-2-226** is amended to read:~~
- ~~———— **63I-2-226. Repeal dates -- Title 26.**~~
- ~~———— (1) Subsection 26-7-8(3) is repealed January 1, 2027.~~
- ~~———— [(2) Subsection 26-7-9(5) is repealed January 1, 2019.]~~
- ~~———— [(3)] (2) Section 26-8a-107 is repealed July 1, 2019.~~
- ~~———— [(4)] (3) Subsection 26-8a-203(3)(a)(i) is repealed January 1, 2023.~~
- ~~———— [(5)] (4) Subsection 26-18-2.3(5) is repealed January 1, 2020.~~
- ~~———— [(6)] (5) Subsection 26-18-2.4(3)(c) is repealed January 1, 2023.~~
- ~~———— [(7) Subsection 26-18-408(6) is repealed January 2, 2019.]~~
- ~~———— [(8)] (6) Subsection 26-18-410(5) is repealed January 1, 2026.~~
- ~~———— [(9)] (7) Subsection 26-18-411(5) is repealed January 1, 2023.~~
- ~~———— [(10)] (8) Subsection 26-18-604(2) is repealed January 1, 2020.~~
- ~~———— [(11)] (9) Subsection 26-21-28(2)(b) is repealed January 1, 2021.~~
- ~~———— [(12)] (10) Subsection 26-33a-106.1(2)(a) is repealed January 1, 2023.~~
- ~~———— [(13)] (11) Subsection 26-33a-106.5[(6)](7)(c)(iii) is repealed January 1, 2020.~~
- ~~———— (12) Subsection 26-33a-116(8), which addresses reporting to the Health and Human Services Interim Committee, is repealed July 1, 2024.~~
- ~~———— [(14)] (13) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2027.~~
- ~~———— [(15)] (14) Subsection 26-50-202(7)(b) is repealed January 1, 2020.~~
- ~~———— [(16)] (15) Subsections 26-54-103(6)(d)(ii) and (iii) are repealed January 1, 2020.~~
- ~~———— [(17)] (16) Subsection 26-55-107(8) is repealed January 1, 2021.~~
- ~~———— [(18)] (17) Subsection 26-56-103(9)(d) is repealed January 1, 2020.~~
- ~~———— [(19)] (18) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.~~
- ~~———— [(20)] (19) Subsection 26-61-202(4)(b) is repealed January 1, 2022.~~
- ~~———— [(21)] (20) Subsection 26-61-202(5) is repealed January 1, 2022.~~

‡