



General Assembly

**Amendment**

February Session, 2012

LCO No. 4170

**\*HB0503804170HDO\***

Offered by:

REP. RITTER E., 38<sup>th</sup> Dist.

SEN. GERRATANA, 6<sup>th</sup> Dist.

To: Subst. House Bill No. 5038

File No. 437

Cal. No. 335

**"AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET  
RECOMMENDATIONS CONCERNING AN ALL-PAYER CLAIMS  
DATABASE PROGRAM."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective from passage*) (a) Subject to the ability of  
4 the Office of Health Reform and Innovation to secure funding in  
5 accordance with subsection (b) of this section, there is established an  
6 all-payer claims database program. The Office of Health Reform and  
7 Innovation shall: (1) Oversee the planning, implementation and  
8 administration of the all-payer claims database program for the  
9 purpose of collecting, assessing and reporting health care information  
10 relating to safety, quality, cost-effectiveness, access and efficiency for  
11 all levels of health care; (2) ensure that data received from reporting  
12 entities, as defined in section 19a-724 of the general statutes, as  
13 amended by this act, is securely collected, compiled and stored in  
14 accordance with state and federal law; and (3) conduct audits of data

15 submitted by reporting entities in order to verify its accuracy.

16 (b) The Special Advisor to the Governor on Healthcare Reform shall  
17 seek funding from the federal government and other private sources to  
18 cover costs associated with the planning, implementation and  
19 administration of the all-payer claims database program. Not later  
20 than June fifteenth, annually, the special advisor shall submit to the  
21 Secretary of the Office of Policy and Management, for the secretary's  
22 approval, a proposed budget for said program for the fiscal year  
23 beginning the July first of the same calendar year in which the budget  
24 is submitted. The special advisor shall not incur costs or contract for  
25 services associated with said program for which funding has not been  
26 secured in accordance with this subsection.

27 (c) A reporting entity shall report health care information for  
28 inclusion in the all-payer claims database, as defined in section 19a-724  
29 of the general statutes, as amended by this act, in the form and manner  
30 prescribed by the Special Advisor to the Governor on Healthcare  
31 Reform and the Secretary of the Office of Policy and Management.

32 (d) Notwithstanding the provisions of subsection (h) of section 19a-  
33 724 of the general statutes, as amended by this act, the Special Advisor  
34 to the Governor on Healthcare Reform may (1) in consultation with the  
35 All-Payer Claims Database Advisory Group, established pursuant to  
36 section 19a-724a of the general statutes, as amended by this act, enter  
37 into a contract with a person or entity to plan, implement or  
38 administer the all-payer claims database program; (2) enter into a  
39 contract or take any action that is necessary to obtain fee-for-service  
40 health claims data under the state medical assistance program or  
41 Medicare Part A or Part B; and (3) enter into a contract for the  
42 collection, management or analysis of data received from reporting  
43 entities. Any such contract for the collection, management or analysis  
44 of such data shall expressly prohibit the disclosure of such data for  
45 purposes other than the purposes described in this subsection.

46 (e) The Special Advisor to the Governor on Healthcare Reform shall:

47 (1) Utilize data in the all-payer claims database to provide health care  
48 consumers in the state with information concerning the cost and  
49 quality of health care services that allows such consumers to make  
50 economically sound and medically appropriate health care decisions;  
51 and (2) make data in the all-payer claims database available to any  
52 state agency, insurer, employer, health care provider, consumer of  
53 health care services, researcher or the Connecticut Health Insurance  
54 Exchange for the purpose of allowing such person or entity to review  
55 such data as it relates to health care utilization, costs or quality of  
56 health care services. Such disclosure shall be made in a manner to  
57 protect the confidentiality of health information, as defined in 45 CFR  
58 160.103, and other information, as required by state and federal law.

59 (f) The Special Advisor to the Governor on Healthcare Reform may  
60 set a fee to be charged to each person or entity requesting access to  
61 data stored in the all-payer claims database.

62 (g) The Secretary of the Office of Policy and Management may, in  
63 consultation with the Office of Health Reform and Innovation, adopt  
64 regulations, in accordance with the provisions of chapter 54 of the  
65 general statutes, to implement and administer the all-payer claims  
66 database program.

67 (h) Upon the establishment of the specific reporting requirements  
68 prescribed in regulations adopted pursuant to this section, any  
69 reporting entity that fails to comply with such reporting requirements  
70 may be assessed a civil penalty in an amount not to exceed one  
71 thousand dollars per day. A civil penalty assessed under this  
72 subsection shall not be allowed as a cost for the purpose of rate  
73 determination or reimbursement by a third-party payer.

74 Sec. 2. Section 19a-724 of the 2012 supplement to the general statutes  
75 is repealed and the following is substituted in lieu thereof (*Effective*  
76 *from passage*):

77 (a) (1) As used in this section and section 19a-725, "Affordable Care  
78 Act" means the Patient Protection and Affordable Care Act, P.L. 111-

79 148, as amended by the Health Care and Education Reconciliation Act,  
80 P.L. 111-152, as both may be amended from time to time, and federal  
81 regulations adopted thereunder.

82 (2) As used in this section, sections 1 and 4 of this act and section  
83 19a-724a, as amended by this act: (A) "All-payer claims database"  
84 means a database that receives and stores data from a reporting entity  
85 relating to medical insurance claims, dental insurance claims,  
86 pharmacy claims and other insurance claims information from  
87 enrollment and eligibility files; and (B) "reporting entity" means (i) an  
88 insurer, as described in section 38a-1, licensed to do health insurance  
89 business in this state, (ii) a health care center, as defined in section 38a-  
90 175, (iii) an insurer or health care center that provides coverage under  
91 Part C or Part D of Title XVIII of the Social Security Act, as amended  
92 from time to time, to residents of this state, (iv) a third-party  
93 administrator, as defined in section 38a-720, (v) a pharmacy benefits  
94 manager, as defined in section 38a-479aaa, (vi) a hospital service  
95 corporation, as defined in section 38a-199, (vii) a nonprofit medical  
96 service corporation, as defined in section 38a-214, (viii) a fraternal  
97 benefit society, as described in section 38a-595, that transacts health  
98 insurance business in this state, (ix) a dental plan organization, as  
99 defined in section 38a-577, (x) a preferred provider network, as defined  
100 in section 38a-479aa, or (xi) any other person, as defined in section 38a-  
101 1, that administers health care claims and payments pursuant to a  
102 contract or agreement or is required by statute to administer such  
103 claims and payments. "Reporting entity" does not include an employee  
104 welfare benefit plan, as defined in the federal Employee Retirement  
105 Income Security Act of 1974, as amended from time to time, that is also  
106 a trust established pursuant to collective bargaining subject to the  
107 federal Labor Management Relations Act.

108 (b) There is established, in the office of the Lieutenant Governor, the  
109 Office of Health Reform and Innovation. The Special Advisor to the  
110 Governor on Healthcare Reform shall direct the activities of the Office  
111 of Health Reform and Innovation.

- 112 (c) The Office of Health Reform and Innovation shall:
- 113 (1) Coordinate and implement the state's responsibilities under state  
114 and federal health care reform;
- 115 (2) Identify (A) federal grants and other nonstate funding sources to  
116 assist with implementing the Affordable Care Act, and (B) other  
117 measures which further enhance access to health care, reduce costs and  
118 improve the quality of health care in the state;
- 119 (3) Recommend and advance executive action and legislation to  
120 effectively and efficiently implement the Affordable Care Act, and  
121 state health care reform initiatives;
- 122 (4) Design processes to maximize stakeholder and public input and  
123 ensure transparency in implementing health care reform;
- 124 (5) Ensure ongoing information sharing and coordination of efforts  
125 with the General Assembly and state agencies concerning public health  
126 and health care reform;
- 127 (6) Report on or after January 1, 2012, and annually thereafter, in  
128 accordance with section 11-4a, to the joint standing committees of the  
129 General Assembly having cognizance of matters relating to  
130 appropriations and the budgets of state agencies, human services,  
131 insurance and public health on the progress of state agencies  
132 concerning implementation of the Affordable Care Act;
- 133 (7) Ensure coordination of efforts with state agencies concerning  
134 prevention and management of chronic illnesses;
- 135 (8) Ensure that the structures of state government are working in  
136 concert to effectively implement federal and state health care reform;
- 137 (9) Ensure, in consultation with the Connecticut Health Insurance  
138 Exchange and the Department of Social Services, the necessary  
139 coordination between said exchange and Medicaid enrollment  
140 planning; [and]

141 (10) Maximize private philanthropic support to advance health care  
142 reform initiatives; and

143 (11) Oversee the planning, implementation and administration of  
144 the all-payer claims database program, established pursuant to section  
145 1 of this act.

146 (d) The Office of Health Reform and Innovation, in consultation  
147 with the SustiNet Health Care Cabinet established pursuant to section  
148 19a-725, shall [, on or before August 1, 2011,] convene a consumer  
149 advisory board that consists of not less than seven members.

150 (e) The Office of Health Reform and Innovation and the Office of the  
151 Healthcare Advocate shall provide staff support to the SustiNet Health  
152 Care Cabinet.

153 (f) The Office of Health Reform and Innovation shall maintain a  
154 central comprehensive health reform web site.

155 (g) State agencies shall, within available appropriations, use their  
156 best efforts to provide assistance to the Office of Health Reform and  
157 Innovation.

158 (h) The Office of Health Reform and Innovation, in consultation  
159 with the SustiNet Health Care Cabinet, may retain any consultants  
160 necessary to carry out the statutory responsibilities of said office.  
161 Consultants may be retained by said office for purposes that include,  
162 but are not limited to, conducting feasibility and risk assessments  
163 required to implement, as may be practicable, private and public  
164 mechanisms to provide adequate health insurance products to  
165 individuals, small employers, nonstate public employers, municipal-  
166 related employers and nonprofit employers, commencing on January  
167 1, 2014. Not later than October 1, 2012, the Office of Health Reform and  
168 Innovation and the SustiNet Health Care Cabinet shall make  
169 recommendations to the Governor based on the results of the analyses  
170 undertaken pursuant to this subsection.

171 (i) The Office of Health Reform and Innovation may receive grants  
172 from the federal government or any other source to carry out its  
173 statutory responsibilities.

174 Sec. 3. Section 19a-724a of the 2012 supplement to the general  
175 statutes is repealed and the following is substituted in lieu thereof  
176 (*Effective from passage*):

177 [(a) The Office of Health Reform and Innovation established under  
178 subsection (b) of section 19a-724] The Special Advisor to the Governor  
179 on Healthcare Reform shall convene a working group to be known as  
180 the All-Payer Claims Database Advisory Group. Said group shall  
181 develop a plan to implement a state-wide multipayer data initiative to  
182 enhance the state's use of health care data from multiple sources to  
183 increase efficiency, enhance outcomes and improve the understanding  
184 of health care expenditures in the public and private sectors. [Such]  
185 Said group shall include, but not be limited to, the Secretary of the  
186 Office of Policy and Management, the Comptroller, the Commissioners  
187 of Public Health, [and] Social Services and Mental Health and  
188 Addiction Services, the Insurance Commissioner, the Health Care  
189 Advocate, the Chief Information Officer, a representative of the  
190 Connecticut State Medical Society, representatives of health insurance  
191 companies, health insurance purchasers, hospitals, consumer  
192 advocates and health care providers. The Special Advisor to the  
193 Governor on Healthcare Reform may appoint additional members to  
194 said group.

195 [(b) The Office of Health Reform and Innovation shall submit, in  
196 accordance with section 11-4a, a report on such plan to the joint  
197 standing committees of the General Assembly having cognizance of  
198 matters relating to appropriations, insurance and public health.]

199 Sec. 4. (*Effective from passage*) Not later than December 1, 2012, the  
200 All-Payer Claims Database Advisory Group, established pursuant to  
201 section 19a-724a of the general statutes, as amended by this act, shall  
202 report to the Governor and the joint standing committees of the

203 General Assembly having cognizance of matters relating to public  
 204 health, insurance and appropriations concerning the all-payer claims  
 205 database program, established pursuant to section 1 of this act. Such  
 206 report shall include, but not be limited to: (1) Recommendations  
 207 concerning the person or entity to implement and administer the all-  
 208 payer claims database program; (2) a recommended timeline to  
 209 transfer authority for the implementation or administration of such  
 210 program to such person or entity; and (3) recommendations  
 211 concerning the administration of such program."

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|---|---------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                     |             |
| Section 1   | <i>from passage</i> | New section |
| Sec. 2  | <i>from passage</i> | 19a-724     |
| Sec. 3  | <i>from passage</i> | 19a-724a    |
| Sec. 4  | <i>from passage</i> | New section |