Bill No. <u>SB 1332</u>

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	CHAMBER ACTION <u>Senate</u> <u>House</u>
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1	Comm: FAV . 02/15/2006 05:19 PM .
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11	The Committee on Health Care (Fasano) recommended the
12	following amendment:
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14	Senate Amendment (with title amendment)
15	On page 7, line 9, through
16	page 15, line 22, delete those lines
17	
18	and insert:
19	1. Make available <u>health care quality measures that</u>
20	include, but are not limited to, process measures,
21	patient-safety indicators, inpatient quality indicators,
22	performance measures, performance outcome and patient charge
23	data collected from health care facilities pursuant to s.
24	408.061(1)(a) and (2). The agency shall determine which
25	conditions, and procedures, <u>health care quality measures</u>
26	performance outcomes, and patient charge data to disclose
27	based upon input from the council. When determining which
28	conditions and procedures are to be disclosed, the council and
29	the agency shall consider variation in costs, variation in
30	outcomes, and magnitude of variations and other relevant
31	information. When determining which <u>health care quality</u>
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1	measures performance outcomes to disclose, the agency:
2	a. Shall consider such factors as volume of cases;
3	average patient charges; average length of stay; complication
4	rates; mortality rates; and infection rates, among others,
5	which shall be adjusted for case mix and severity, if
6	applicable.
7	
_	b. May consider such additional measures that are
8	adopted by the Centers for Medicare and Medicaid Studies,
9	National Quality Forum, the Joint Commission on Accreditation
10	of Healthcare Organizations, the Agency for Healthcare
11	Research and Quality, <u>the Centers for Disease Control and</u>
12	<u>Prevention</u> , or a similar national entity that establishes
13	standards to measure the performance of health care providers,
14	or by other states.
15	
16	When determining which patient charge data to disclose, the
17	agency shall consider such measures as average charge, average
18	net revenue per adjusted patient day, average cost per
19	adjusted patient day, and average cost per admission, among
20	others.
21	2. Make available performance measures, benefit
22	design, and premium cost data from health plans licensed
23	pursuant to chapter 627 or chapter 641. The agency shall
24	determine which performance outcome and member and subscriber
25	
	cost data to disclose, based upon input from the council. When
26	cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider
26 27	
	determining which data to disclose, the agency shall consider
27	determining which data to disclose, the agency shall consider information that may be required by either individual or group
27 28	determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may
27 28 29	determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current
27 28 29 30	determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation

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1 benefits, copayments and deductibles, accuracy and speed of claims payment, credentials of physicians, number of 2 providers, names of network providers, and hospitals in the 3 4 network. Health plans shall make available to the agency any such data or information that is not currently reported to the 5 agency or the office. 6 7 3. Determine the method and format for public

disclosure of data reported pursuant to this paragraph. The 8 agency shall make its determination based upon input from the 9 10 Consumer Comprehensive Health Information and Policy System 11 Advisory Council. At a minimum, the data shall be made available on the agency's Internet website in a manner that 12 13 allows consumers to conduct an interactive search that allows them to view and compare the information for specific 14 15 providers. The website must include such additional 16 information as is determined necessary to ensure that the website enhances informed decisionmaking among consumers and 17 health care purchasers, which shall include, at a minimum, 18 19 appropriate guidance on how to use the data and an explanation 20 of why the data may vary from provider to provider. The data specified in subparagraph 1. shall be released no later than 21 22 January 1, 2006, for the reporting of infection rates, and no later than October 1, 2005, for mortality rates and 23 24 complication rates. The data specified in subparagraph 2. shall be released no later than October 1, 2006. 25 (4) TECHNICAL ASSISTANCE. -- The center shall provide 26 27 technical assistance to persons or organizations engaged in 28 health planning activities in the effective use of statistics collected and compiled by the center. The center shall also 29

provide the following additional technical assistance 30

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31 services:

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1	(a) Establish procedures identifying the circumstances
2	under which, the places at which, the persons from whom, and
3	the methods by which a person may secure data from the center,
4	including procedures governing requests, the ordering of
5	requests, timeframes for handling requests, and other
б	procedures necessary to facilitate the use of the center's
7	data. To the extent possible, the center should provide
8	current data timely in response to requests from public or
9	private agencies.
10	(b) Provide assistance to data sources and users in
11	the areas of database design, survey design, sampling
12	procedures, statistical interpretation, and data access to
13	promote improved health-care-related data sets.
14	(c) Identify health care data gaps and provide
15	technical assistance to seek cooperative agreements with other
16	public or private organizations for meeting documented health
17	care data needs.
18	(d) Assist other organizations in developing
19	statistical abstracts of their data sets <u>which</u> that could be
20	used by the center.
21	(e) Provide statistical support to state agencies with
22	regard to the use of databases maintained by the center.
23	(f) To the extent possible, respond to multiple
24	requests for information not currently collected by the center
25	or available from other sources by initiating data collection.
26	(g) Maintain detailed information on data maintained
27	by other local, state, federal, and private agencies in order
28	to advise those who use the center of potential sources of
29	data which are requested but which are not available from the
30	center.
31	(h) Respond to requests for data which are not $4$
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1 available in published form by initiating special computer runs on data sets available to the center. 2 (i) Monitor innovations in health information 3 4 technology, informatics, and the exchange of health information and maintain a repository of technical resources 5 for support of the Florida Health Information Network. 6 7 (j) Administer, manage, and monitor grants to not-for-profit organizations, regional health information 8 organizations, public health departments, or state agencies 9 that submit proposals for planning, implementation, or 10 11 training projects to advance the Florida Health Information Network. Any grant contract shall be evaluated to ensure the 12 13 effective outcome of the health information project. 14 (k) Initiate, oversee, manage, and evaluate the 15 integration of health care data from each state agency that 16 collects, stores, and reports on health care issues, and make that data available to any health care practitioner through 17 the Florida Health Information Network. 18 (5) PUBLICATIONS; REPORTS; SPECIAL STUDIES.--The 19 20 center shall provide for the widespread dissemination of data 21 which it collects and analyzes. The center shall have the 22 following publication, reporting, and special study functions: (a) The center shall publish and make available 23 2.4 periodically to agencies and individuals health statistics publications of general interest, including consumer reports 25 concerning health plans and satisfaction surveys for HMOs HMO 26 report cards; publications providing health statistics on 27 28 topical health policy issues; publications that provide health status profiles of the people in this state; and other topical 29 health statistics publications. 30 31 (b) The center shall publish, make available, and 5 1:56 PM 02/14/06 s1332c-hell-j02

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results of special health surveys, health care research, health care evaluations conducted or supported under this section. Any publication by the center must include a statement of the limitations on the quality, accuracy, at completeness of the data. (c) The center shall provide indexing, abstraction translation, publication, and other services leading to a effective and timely dissemination of health care statis (d) The center shall be responsible for publishin disseminating an annual report on the center's activities (e) The center shall be responsible, to the exter studies and surveys to expand the health care information statistics available for health policy analyses, particular	nd
4 section. Any publication by the center must include a 5 statement of the limitations on the quality, accuracy, at 6 completeness of the data. 7 (c) The center shall provide indexing, abstraction 8 translation, publication, and other services leading to a 9 effective and timely dissemination of health care statis 10 (d) The center shall be responsible for publishin 11 disseminating an annual report on the center's activities 12 (e) The center shall be responsible, to the exter 13 resources are available, for conducting a variety of special 14 studies and surveys to expand the health care information	nd
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14 studies and surveys to expand the health care information	ıt
	cial
15 statistics available for health policy analyses, particu	1 and
	larly
16 for the review of public policy issues. The center shall	L
17 develop a process by which users of the center's data are	ē
18 periodically surveyed regarding critical data needs and	che
19 results of the survey considered in determining which spe	ecial
20 surveys or studies will be conducted. The center shall se	elect
21 problems in health care for research, policy analyses, or	2
22 special data collections on the basis of their local,	
23 regional, or state importance; the unique potential for	
24 definitive research on the problem; and opportunities for	2
25 application of the study findings.	
26 (6) PROVIDER DATA REPORTINGThis section does	ıot
27 confer on the agency the power to demand or require that	a
28 health care provider or professional furnish information	
29 records of interviews, written reports, statements, note	1
30 memoranda, or data other than as expressly required by 14	
31 (7) BUDGET; FEES <del>; TRUST FUND</del> 6	5,
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1 (a) The Legislature intends that funding for the Florida State Center for Health Information and Policy 2 Analysis Statistics be appropriated from the General Revenue 3 4 Fund. The Florida State Center for Health Information 5 (b) б and Policy Analysis Statistics may apply for and receive and 7 accept grants, gifts, and other payments, including property and services, from any governmental or other public or private 8 entity or person and make arrangements as to the use of same, 9 including the undertaking of special studies and other 10 11 projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset 12 13 annual appropriations from the General Revenue Fund. (c) The center may charge such reasonable fees for 14 15 services as the agency prescribes by rule. The established 16 fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations 17 18 from the General Revenue Fund. 19 (d) The agency shall establish a Comprehensive Health 20 Information System Trust Fund as the repository of all funds 21 appropriated to, and fees and grants collected for, services 22 of the State Center for Health Statistics. Any funds, other 23 than funds appropriated to the center from the General Revenue 2.4 Fund, which are raised or collected by the agency for the operation of the center and which are not needed to meet the 25 26 expenses of the center for its current fiscal year shall be available to the agency in succeeding years. 27 (8) STATE CONSUMER COMPREHENSIVE HEALTH INFORMATION 28 29 AND POLICY SYSTEM ADVISORY COUNCIL. --30 (a) There is established in the agency the State 31 Consumer Comprehensive Health Information and Policy System 1:56 PM 02/14/06 s1332c-hell-j02

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1 Advisory Council to assist the center in reviewing the comprehensive health information system, to include the 2 identification, collection, standardization, sharing, and 3 4 coordination of health-related data, to include fraud and abuse data and professional and facility licensing data, among 5 б federal, state, local, and private entities and to recommend 7 improvements for purposes of public health, policy analysis, and transparency of consumer health care information such 8 system. The council shall consist of the following members: 9 10 1. An employee of the Executive Office of the 11 Governor, to be appointed by the Governor. 2. An employee of the Office of Insurance Regulation, 12 13 to be appointed by the director of the office. 3. An employee of the Department of Education, to be 14 15 appointed by the Commissioner of Education. 16 4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local 17 agencies, state universities, the Florida Association of 18 19 business/health coalitions, local health councils, 20 professional health-care-related associations, consumers, and 21 purchasers. 22 (b) Each member of the council shall be appointed to serve for a term of 2 4 years following from the date of 23 24 appointment, except the term of appointment shall end 3 years following the date of appointment for members appointed in 25 2003, 2004, and 2005. that A vacancy shall be filled by 26 appointment for the remainder of the term, and each appointing 27 authority retains the right to reappoint members whose terms 28 29 of appointment have expired. and except that: 30 1. Three of the members initially appointed by the 31 Director of Health Care Administration shall each be appointed 8 1:56 PM 02/14/06 s1332c-hell-j02

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1 for a term of 3 years. 2 2. Two of the members initially appointed by the 3 Director of Health Care Administration shall each be appointed 4 for a term of 2 years. 3. Two of the members initially appointed by the 5 Director of Health Care Administration shall each be appointed 6 7 for a term of 1 year. (c) The council may meet at the call of its chair, at 8 9 the request of the agency department, or at the request of a majority of its membership, but at least quarterly. 10 11 (d) Members shall elect a chair and a vice chair annually. 12 13 (e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is 14 15 necessary to take action. (f) The council shall maintain minutes of each meeting 16 and shall make such minutes available to any person. 17 (g) Members of the council shall serve without 18 compensation but are shall be entitled to receive 19 20 reimbursement for per diem and travel expenses as provided in 21 s. 112.061. 22 (h) The council's duties and responsibilities include, but are not limited to: 23 24 1. Developing a mission statement, goals, and plan of action, based on the guiding principles specified in s. 25 282.3032, for the identifying, collecting, standardizing, 26 sharing, and coordinating health-related data among federal, 27 state, and local government and private-sector entities. 28 29 2. Developing a review process to ensure cooperative planning among agencies that collect or maintain 30 31 health-related data. 9 s1332c-he11-j02 1:56 PM 02/14/06

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1	3. Creating ad hoc, issue-oriented technical
2	workgroups, as needed to make recommendations to the council.
3	(9) <del>Nothing in</del> This section <u>does not</u> <del>shall</del> limit,
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5	
б	======================================
7	And the title is amended as follows:
8	On page 1, line 22, after the semicolon,
9	
10	insert:
11	providing for staggered terms of office;
12	authorizing the reappointment of members to the
13	council;
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