HOUSE DOCKET, NO. 2197 FILED ON: 1/19/2017

HOUSE . . . . . No. 2444

The Commonwealth of Massachusetts

PRESENTED BY:

Mark J. Cusack

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to transparent health care data.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Mark J. Cusack	*5th Norfolk*	*1/19/2017*
Paul K. Frost	*7th Worcester*	

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By Mr. Cusack of Braintree, a petition (accompanied by bill, House, No. 2444) of Mark J. Cusack and Paul K. Frost relative to transparent and timely health care data. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court
(2017-2018)

An Act relative to transparent health care data.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Subsection (a) of section 12 of chapter 12C of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:--

The center shall, to the extent feasible, make data in the payer and provider claims database available to payers and providers in real-time; provided, however, that all data-sharing complies with applicable state and federal privacy laws.

SECTION 2. Subsection (b) of said section 12 is hereby amended is hereby amended by striking out the fourth sentence.

SECTION 3. Section 20 of said chapter 12C is hereby amended by striking out subsection (b) and inserting in place thereof the following section:--

(b) The website shall provide updated information on a regular basis, but no more than 90 days after data required to post such information has been reported to the center, and additional

comparative quality, price and cost information shall be published as determined by the center. To the extent possible, the website shall include: (1) comparative price and cost information for the most common referral or prescribed services, as determined by the center, categorized by payer and listed by facility, provider, and provider organization or other groupings, as determined by the center; (2) comparative quality information from the standard quality measure set and verified by the center, available by facility, provider, provider organization or any other provider grouping, as determined by the center, for each such service or category of service for which comparative price and cost information is provided; (3) general information related to each service or category of service for which comparative information is provided; (4) comparative quality information from the standard quality measure set and verified by the center, available by facility, provider, provider organization or other groupings, as determined by the center, that is not service-specific, including information related to patient safety and satisfaction; (5) data concerning healthcare-associated infections and serious reportable events reported under section 51H of chapter 111; (6) definitions of common health insurance and medical terms, including, but not limited to, those determined under sections 2715(g) (2) and (3) of the Public Health Service Act, so that consumers may compare health coverage and understand the terms of their coverage; (7) a list of health care provider types, including but not limited to primary care physicians, nurse practitioners and physician assistants, and what types of services they are authorized to perform in the commonwealth under applicable state and federal scope of practice laws; (8) factors consumers should consider when choosing an insurance product or provider group, including, but not limited to, provider network, premium, cost-sharing, covered services, and tiering; (9) patient decision aids, which are interactive, written or audio-visual tools that provide a balanced presentation of the condition and treatment or

screening options, benefits and harms, with attention to the patient's preferences and values, and which may facilitate conversations between patients and their health care providers about preference-sensitive conditions or diseases such as chronic back pain, early stage of breast and prostate cancers, hip osteoarthritis, and cataracts; provided, however, that decision aids shall be made available on, but not be limited to, long-term care and supports and palliative care; (10) a list of provider services that are physically and programmatically accessible for people with disabilities; and (11) descriptions of standard quality measures, as determined by the statewide quality advisory committee and verified by the center.

SECTION 4. Chapter 118E, as so appearing, is hereby amended by adding the following section:-

Section 78. To the extent permissible under applicable state and federal privacy laws, the division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall disclose patient-level data to providers in their network solely for the purpose of carrying out treatment, coordinating care among providers and managing the care of their own patient panel; provided, that an individual provider shall only receive patient-level data related to patients treated by said provider. Patient-level data shall include, but not be limited to, health care service utilization, medical expenses, and demographics.

The division, in consultation with the division of insurance, shall develop procedures and a standard format for disclosing such patient-level information. The division may require carriers to disclose such information through the all-payer claims database established under section 12

of chapter 12C if the division and the center for health information and analysis determine that the all-payer claims database is an efficient means to provide such information.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall make available to any provider with whom they have entered into an alternative payment contract, the contracted prices of individual health care services within such payer's network for the purpose of referrals.

SECTION 5. Paragraph (1) of subsection (a) of section 4 of Chapter 176J of the General Laws, as amended by section 8 of chapter 3 of the acts of 2013, is hereby amended by inserting after the fifth sentence the following two sentences:--

Upon the request of an eligible small business, a carrier shall provide that group with the claims data for every health benefit plan that it provides to the eligible small business so that the eligible small business can use such data to help control its health care costs.