

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 375

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO THE HEALTH CARE TASK FORCE; AMENDING SECTION 56-1054, IDAHO  
2 CODE, TO REMOVE REFERENCES TO THE TASK FORCE; REPEALING SECTION 1, CHAP-  
3 TER 280, LAWS OF 2006, RELATING TO THE MONITORING ROLE OF THE TASK FORCE;  
4 AND PROVIDING LEGISLATIVE INTENT.  
5

6 Be It Enacted by the Legislature of the State of Idaho:

7 SECTION 1. That Section 56-1054, Idaho Code, be, and the same is hereby  
8 amended to read as follows:

9 56-1054. HEALTH QUALITY PLANNING. (1) It is the intent of the legis-  
10 lature that the department of health and welfare ("the department") promote  
11 improved quality of care and improved health outcomes through investment in  
12 health information technology and in patient safety and quality initiatives  
13 in the state of Idaho.

14 (a) Coordinated implementation of health information technology in  
15 Idaho will establish widespread use of networked electronic health in-  
16 formation or health records to allow quick, reliable and secure access  
17 to that information in order to promote patient safety and best prac-  
18 tices in health care. This goal is consistent with the mission of the  
19 office of the national coordinator for health information technology,  
20 established by the president of the United States in 2004, to provide  
21 leadership for the development and nationwide implementation of an in-  
22 teroperable health information technology infrastructure to improve  
23 the quality and efficiency of health care and the ability of consumers  
24 to manage their care and safety.

25 (b) Coordinated implementation of statewide patient safety standards  
26 will identify uniform indicators of and standards for clinical qual-  
27 ity and patient safety as well as uniform requirements for reporting  
28 provider achievement of those indicators and standards.

29 (2) There is hereby created and established within the department a  
30 health quality planning commission ("the commission").

31 (a) By May 1, 2006, and as needed after that date, the governor shall ap-  
32 point eleven (11) voting members upon assurance of equitable geographic  
33 and rural representation, comprising members of the public and private  
34 sectors with expertise in health information technology and clinical  
35 quality and patient safety. The membership shall represent all major  
36 participants in the health care delivery and financing systems. A ma-  
37 jority of the commission shall be health care providers or employees of  
38 health care providers. One (1) member shall be an Idaho resident rep-  
39 resenting the public interest. The commission chairperson shall be ap-  
40 pointed by the director of the department.

41 (b) Members of the commission shall be appointed for a term of two (2)  
42 years. The term of office shall commence on July 1, 2006. As terms of

1 commission members expire, the governor shall appoint each new member  
2 or reappointed member to a term of two (2) years in a manner that is con-  
3 sistent with subsection (a) of this section.

4 (c) The commission shall meet quarterly and at the call of the chairper-  
5 son.

6 (d) Each member of the commission shall be compensated as provided by  
7 section 59-509(d), Idaho Code.

8 (e) Upon the occurrence or declaration of a vacancy in the membership  
9 of the commission, the department shall notify the represented entity  
10 of that fact in writing and the represented entity shall, within sixty  
11 (60) days thereafter, nominate at least one (1) and not more than three  
12 (3) persons to fill the vacancy and shall forward the nominations to the  
13 governor, who shall appoint from among the nominees a person to be a mem-  
14 ber of the commission to fill the vacancy. Such appointments shall be  
15 for a term of two (2) years.

16 (f) Members of the commission may be removed by the governor for sub-  
17 stantial neglect of duty, gross misconduct in office, or the inability  
18 to discharge the duties described in this section, after written notice  
19 and opportunity for response.

20 (g) A majority of the members of the commission shall constitute a quo-  
21 rum for the transaction of all business and the carrying out of commis-  
22 sion duties.

23 (3) The department may dedicate funding to the operations of the com-  
24 mission, subject to appropriation from the legislature. The department  
25 shall seek federal matching funds and additional private sector funding for  
26 commission operations.

27 (4) The commission shall perform the following duties related to health  
28 information technology planning:

29 (a) Monitor the effectiveness of the Idaho health data exchange; and

30 (b) Make recommendations to the legislature and the department on op-  
31 portunities to improve the capabilities of health information technol-  
32 ogy in the state.

33 (5) The commission may use the information generated by the Idaho  
34 health data exchange and other data sources to promote health and patient  
35 safety planning. The commission may perform the following duties related  
36 to health quality and patient safety planning, provided that performance of  
37 these duties may include contracting with and supervising independent enti-  
38 ties for the performance of some or all of these duties:

39 (a) Analyze existing clinical quality assurance and patient safety  
40 standards and reporting;

41 (b) Identify best practices in clinical quality assurance and patient  
42 safety standards and reporting;

43 (c) Recommend a mechanism or mechanisms for the uniform adoption of  
44 certain best practices in clinical quality assurance and patient safety  
45 standards and reporting including, but not limited to, the creation of  
46 regulatory standards;

47 (d) Monitor and report appropriate indicators of quality and patient  
48 safety;

49 (e) Recommend a sustainable structure for leadership of ongoing clini-  
50 cal quality and patient safety reporting in Idaho;

1 (f) Recommend a mechanism or mechanisms to promote public understand-  
2 ing of provider achievement of clinical quality and patient safety  
3 standards;

4 (g) Provide quarterly progress reports to the director of the depart-  
5 ment ~~and to the legislative health care task force~~. An annual report  
6 shall be due to the director, ~~the legislative health care task force~~ and  
7 the senate and house of representatives health and welfare committees  
8 on June 30 of each year; and

9 (h) In regard to the commission's duties provided for in this section,  
10 the commission is directed to ensure that such duties are developed and  
11 implemented in such a manner and in such forms or formats as to result in  
12 health care data that will be readily understood by the citizens of this  
13 state.

14 SECTION 2. That Section 1, Chapter 280, Laws of 2006, be, and the same is  
15 hereby repealed.

16 SECTION 3. LEGISLATIVE INTENT. Based on the recommendation adopted by  
17 vote of the Health Care Task Force on October 13, 2015, and reported to the  
18 Legislative Council on November 6, 2015, it is the intent of the Legisla-  
19 ture that any legislative business previously handled by the Health Care  
20 Task Force be assigned to the Senate and House of Representatives Health  
21 and Welfare committees or to an interim committee authorized by concurrent  
22 resolution and appointed by the Legislative Council.