

Role of the Health Care Task Force

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Assigned by Law

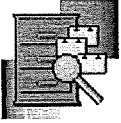
- Idaho Code § 56-1054(5)(g) – receive reports from Health Quality Planning Commission
- House Bill 750 (2000), as amended by Senate Bill 1314 (2006) – monitor effects of HB 750 (high risk reinsurance pool) and make recommendations to the Legislature when appropriate

Assigned by Legislative Council

- None currently

De Facto

- Study matters relating to health care
- Monitor effects of legislation relating to health care
- Provide legislative oversight
- Develop, recommend or endorse legislation relating to health care



Idaho Statutes

TITLE 56 PUBLIC ASSISTANCE AND WELFARE

CHAPTER 10 DEPARTMENT OF HEALTH AND WELFARE

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

(a) Coordinated implementation of health information technology in Idaho will establish widespread use of networked electronic health information or health records to allow quick, reliable and secure access to that information in order to promote patient safety and best practices in health care. This goal is consistent with the mission of the office of the national coordinator for health information technology, established by the president of the United States in 2004, to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety.

(b) Coordinated implementation of statewide patient safety standards will identify uniform indicators of and standards for clinical quality and patient safety as well as uniform requirements for reporting provider achievement of those indicators and standards.

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

(a) By May 1, 2006, and as needed after that date, the governor shall appoint eleven (11) voting members upon assurance of equitable geographic and rural representation, comprising members of the public and private sectors with expertise in health information technology and clinical quality and patient safety. The membership shall represent all major participants in the health care delivery and financing systems. A majority of the commission shall be health care providers or employees of health care providers. One (1) member shall be an Idaho resident representing the public interest. The commission chairperson shall be appointed by the director of the department.

(b) Members of the commission shall be appointed for a term of two (2) years. The term of office shall commence on July 1, 2006. As terms of commission members expire, the governor shall appoint each new member or reappointed member to a term of two (2) years in a manner that is consistent with subsection (a) of this section.

(c) The commission shall meet quarterly and at the call of the chairperson.

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

(e) Upon the occurrence or declaration of a vacancy in the membership

of the commission, the department shall notify the represented entity of that fact in writing and the represented entity shall, within sixty (60) days thereafter, nominate at least one (1) and not more than three (3) persons to fill the vacancy and shall forward the nominations to the governor, who shall appoint from among the nominees a person to be a member of the commission to fill the vacancy. Such appointments shall be for a term of two (2) years.

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

(g) A majority of the members of the commission shall constitute a quorum for the transaction of all business and the carrying out of commission duties.

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

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

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

(b) Make recommendations to the legislature and the department on opportunities to improve the capabilities of health information technology in the state.

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

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

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

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

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

(e) Recommend a sustainable structure for leadership of ongoing clinical quality and patient safety reporting in Idaho;

(f) Recommend a mechanism or mechanisms to promote public understanding of provider achievement of clinical quality and patient safety standards;

(g) Provide quarterly progress reports to the director of the department and to the legislative health care task force. An annual report shall be due to the director, the legislative health care task force and the senate and house of representatives health and welfare committees on June 30 of each year; and

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

History:

[56-1054, added 2006, ch. 243, sec. 1, p. 737; am. 2007, ch. 171, sec. 1, p. 503; am. 2008, ch. 364, sec. 1, p. 996; am. 2010, ch. 56, sec. 1, p. 104.]

25 shall be paid to the Idaho high risk individual reinsurance pool estab-
 26 lished in chapter 55, title 41, Idaho Code.
 27 (e) The balance of the premium tax, fines and penalties shall be distrib-
 28 uted to the general ~~account~~ fund of the state of Idaho.
 29 (ef) All moneys received for fees, licenses and miscellaneous charges
 30 collected shall be distributed to the insurance administrative account.
 31 (2) The director shall make and file with the state controller an item-
 32 ized statement of the fees, licenses, taxes, fines and penalties collected by
 33 him during the preceding month, and shall deliver a certified copy of the
 34 statement to the state treasurer.

35 SECTION 19. This act shall be in full force and effect on and after July
 36 1, 2000; provided however, that the basic, standard, catastrophic A and cata-
 37 strophic B health benefit plans provided for in Section 2 of this act shall
 38 not be available until January 1, 2001.

39 SECTION 20. The President Pro Tempore of the Senate shall appoint five
 40 senators, and the Speaker of the House of Representatives shall appoint five
 41 representatives to act as a joint legislative oversight committee to monitor
 42 the effects of this act. The committee shall report its findings and recommen-
 43 dations to the Second Regular Session of the Fifty-sixth Idaho Legislature in
 44 2002.

45 SECTION 21. Prior to the initial assessment for the Idaho Individual High
 46 Risk Reinsurance Pool of March 1, 2001, as provided for in Section 41-5508,
 47 Idaho Code, the Health Insurance Premiums Task Force shall determine a method
 48 of limiting the assessments which may be imposed on carriers providing rein-
 49 surance by way of excess or stop loss coverage and on carriers selling insur-
 50 ance in the individual market. The Health Insurance Premiums Task Force shall
 51 also review options regarding initially limiting enrollment in the Individual
 52 High Risk Reinsurance Pool in order to preserve the financial integrity of the

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1 pool.

Statement of Purpose / Fiscal Impact

STATEMENT OF PURPOSE RS 10287C2

The purpose of this legislation is to establish an Individual High Risk Reinsurance Pool which will provide health insurance coverage to high risk individuals regardless of health status or claims experience. The pool will also receive funds from a diversion of 25% of net premium tax funds received above \$45,000,000. The legislation continues the current small employer reinsurance mechanism.

FISCAL IMPACT

The legislation provides for a diversion of 25% of the net proceeds from the premium tax above \$45,000,000 to the individual High Risk Reinsurance Pool.

Contact
 Name: Rep. Bill Deal
 Rep. Max Black
 Sen. Dean Cameron
 Phone: 208-332-1000

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

8 SECTION 1. That Section 20, Chapter 472, Laws of 2000, as amended by Sec-
9 tion 1, Chapter 477, Laws of 2000, be, and the same is hereby amended to read
10 as follows:

11 SECTION 20. The President Pro Tempore of the Senate shall appoint ~~five~~ six
12 senators, and the Speaker of the House of Representatives shall appoint ~~five~~
13 six representatives to act as ~~a joint legislative oversight committee~~ the
14 Health Care Task Force to monitor the effects of this act. The ~~committee~~
15 Health Care Task Force shall ~~report its findings and~~ make recommendations as
16 it deems appropriate to the ~~Second Regular Session of the Fifty sixth~~ Idaho
17 Legislature ~~in 2002~~ so long as the task force is active. Insurance carriers
18 subject to the provisions of this act shall provide to the Department of
19 Insurance and the ~~joint legislative oversight committee~~ Health Care Task Force
20 all information deemed necessary to fulfill the requirements of this section.
21 The department and the ~~oversight committee~~ task force shall maintain the con-
22 fidentiality of any trade secrets or proprietary information exempt from pub-
23 lic disclosure under the provisions of Section 9-340D, Idaho Code, provided in
24 accordance with this section. For purposes of this section, the ~~joint legisla-~~
25 ~~tive oversight committee~~ Health Care Task Force shall be deemed a public
26 agency as that term is used in Section 9-340D, Idaho Code. The data and infor-
27 mation may be compiled into composite form and made public if information that
28 could be used to identify the reporting insurer is removed.

29 SECTION 2. That Section 21, Chapter 472, Laws of 2000, as amended by Sec-
30 tion 2, Chapter 477, Laws of 2000, be, and the same is hereby amended to read
31 as follows:

32 SECTION 21. Prior to the initial assessment for the Idaho Individual High
33 Risk Reinsurance Pool of March 1, 2001, as provided for in Section 41-5508,
34 Idaho Code, the Health ~~Insurance Premiums~~ Care Task Force shall determine a
35 method of limiting the assessments which may be imposed on carriers providing
36 reinsurance by way of excess or stop loss coverage and on carriers selling
37 insurance in the individual market. The Health ~~Insurance Premiums~~ Care Task
38 Force shall also review options regarding initially limiting enrollment in the
39 Individual High Risk Reinsurance Pool in order to preserve the financial
40 integrity of the pool. The carriers shall provide to the Department of Insur-
41 ance and the Health ~~Insurance Premiums~~ Care Task Force all information deemed

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1 necessary to fulfill the requirements of this section. The department and the
2 task force shall maintain the confidentiality of any trade secrets or propri-
3 etary information exempt from public disclosure under the provisions of Sec-
4 tion 9-340D, Idaho Code, provided in accordance with this section. For pur-
5 poses of this section, the Health ~~Insurance Premiums~~ Care Task Force shall be
6 deemed a public agency as that term is used in Section 9-340D, Idaho Code. The
7 data and information may be compiled into composite form and made public if
8 information that could be used to identify the reporting insurer is removed.

Statement of Purpose / Fiscal Impact

STATEMENT OF PURPOSE

RS 15465

This legislation directs the Health Care Task Force to be the legislative oversight committee that monitors the state High Risk Reinsurance Pool. The original High Risk Pool legislation in 2000

Natural Resources Interim Committee (continuing) HCR 31 (2013); HCR 8 (2015)

Sen. Steve Bair, Co-chair	Rep. Dell Raybould, Co-chair
Sen. Jeff Siddoway	Rep. Scott Bedke
Sen. Lee Heider	Rep. Mike Moyle
Sen. Dean Cameron	Rep. Marc Gibbs
Sen. Michelle Stennett	Rep. Donna Pence
Sen. Bert Brackett (Ad Hoc)	Rep. Ken Andrus (Ad Hoc)
Sen. Shawn Keough (Ad Hoc)	Rep. Paul Shepherd (Ad Hoc)
Sen. Jim Patrick (Ad Hoc)	
Sen. Roy Lacey (Ad Hoc)	

Pro Tem Hill pointed out that on the Natural Resources Interim Committee, Senator Abby Lee's name as Ad Hoc had been removed, after discussing this with her.

Representative Rusche moved to approve the above roster, seconded by Senator Burgoyne.

Senator Davis called for a point of order and stated that he thought only members of committees were approved by Legislative Council and that ad hoc status was reserved for the Speaker and Pro Tem. Chairman Bedke affirmed that it was his opinion that approving ad hoc status was reserved for the Pro Tem and Speaker. When a member is officially appointed as an ad hoc member, travel expenses are compensated.

Representative Rusche's motion passed unanimously by voice vote.

Health Care Task Force (continuing) - (1999) I.C. 41-5502

Sen. Dean Cameron, Co-chair	Rep. Gary Collins, Co-chair
Sen. Steve Vick	Rep. Fred Wood
Sen. Marv Hagedorn	Rep. Lynn Luker
Sen. John Tippets	Rep. Brandon Hixon
Sen. Lee Heider	Rep. Luke Malek
Sen. Steven Thayn	Rep. John Rusche
Sen. Dan Schmidt	Rep. Elaine Smith

Representative Rusche said he thought that the statutory provision for the Health Care Task Force had to do with increasing costs of health insurance and establishing a reinsurance pool. With changes in the industry and in federal and state law, that charge is probably too limiting or incorrect at this time, but health care is probably 20% of GDP (gross domestic product) and certainly warrants the ability for this task force to look at issues prior to a legislative session. Even though this task force has not had much activity, he did think that addressing health and health financing in this task force was important, focusing on what brings best value. He thought perhaps this task force could bring changes in the charge and direction.

Senator Bair said he thought that this task force needed to be reevaluated.

Chairman Bedke asked if the task force should take up in the interim a recommendation as to what this task force looks like going forward with regard to scope, or could that be better taken up in another venue. Representative King asked how the task force could be formally tasked with changing their mission and scope. Chairman Bedke said that two members on that task force were here on Legislative Council; he added that there was some reluctance to disband this task force since issues may come up that fit best into this task force, even though it was used for the high risk pool. It still might come in handy at times. He said there may be a need to refocus the vision.

Pro Tem Hill said the statute references a board, to be known as the Idaho Individual High Risk Reinsurance Board, and he asked if that was another board. If it is, he didn't think the Health Care Task Force was authorized by the particular statute he was looking at. Pro Tem Hill said the task force had been asked to not meet last year, unless an issue arose, and he suggested that this task force be approved with the same kind of instructions. However, he thought the statute needed to be examined during the interim to determine if this task force should be continued. If so, that should be done through a concurrent resolution next session, if the Legislative Council agrees.

Representative Moyle restated the Pro Tem's recommendation as he heard it, that the task force could meet if some issues arise, and that next session it will be decided whether this task force go forward through a resolution. Rep. King asked for clarification on who would get together, the task force or legislative council members. Representative Moyle said he assumed it would be the two co-chairs who would have that discussion, leaving the option that if something happened with the Supreme Court this summer, then the task force could meet, if necessary.

Representative Collins interjected that as far as the high risk pool board, the health care task force had oversight history over that board. He thought that if the Affordable Care Act continues as is, the Idaho Individual High Risk Reinsurance Pool (HRP) will be dissolved within a year or two. Issues could come up, and he said he thought there was benefit to reassess the goal of this task force.

Pro Tem Hill revised his recommendation to approve the task force and requested that, at the fall meeting of Legislative Council, there be a report from LSO and the co-chairs as far as the need and what statutory requirements are there, etc. If there is no statutory requirement, then the Legislature should go through the regular concurrent resolution process. Senator Davis said that Section 56-1054, Idaho Code, provides for the Health Quality Planning and does specifically reference the task force especially in 5(g) referred to as "The Legislative Health Care Task Force." He said he would support the Pro Tem's recommendation, especially about having a more robust statutory understanding in the fall.

Senator Davis made a motion consistent with the Pro Tem's recommendation, seconded by Representative Rusche. Chairman Bedke repeated that the motion, which was to approve the Health Care Task Force's roster and to have the co-chairs, in concert with the minority, develop a recommendation (perhaps by conference phone call, if there is no meeting) regarding the future of the task force. This could mean that the task force could be addressed in either statute or by concurrent resolution. The motion passed unanimously by voice vote.