



# 127th MAINE LEGISLATURE

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No. 1264

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H.P. 864

House of Representatives, April 7, 2015

**An Act To Transfer Oversight of the Maine Quality Forum to the  
Maine Health Data Organization**

(EMERGENCY)

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Reported by Representative BECK of Waterville for the Joint Standing Committee on Insurance and Financial Services pursuant to Joint Order 2015, H.P. 585.

Reference to the Committee on Insurance and Financial Services suggested and ordered printed pursuant to Joint Rule 218.

Handwritten signature of Robert B. Hunt in cursive.

ROBERT B. HUNT  
Clerk



1           **Sec. 3. 22 MRSA §335, sub-§1, ¶D**, as amended by PL 2011, c. 424, Pt. B, §15  
2 and affected by Pt. E, §1, is further amended to read:

3           D. Does not result in inappropriate increases in service utilization, according to the  
4 principles of evidence-based medicine adopted by the Maine Quality Forum, as  
5 established in ~~Title 24-A~~, section ~~6951~~ 8718, when the principles adopted by the  
6 Maine Quality Forum are directly applicable to the application; and

7           **Sec. 4. 22 MRSA §8704, sub-§12** is enacted to read:

8           **12. Maine Quality Forum.** The board shall provide staff support and other  
9 assistance to the Maine Quality Forum established in section 8718 to conduct the work of  
10 the Maine Quality Forum.

11           **Sec. 5. 22 MRSA §8708-A**, as enacted by PL 2003, c. 469, Pt. C, §28, is amended  
12 to read:

13           **§8708-A. Quality data**

14           The board shall adopt rules regarding the collection of quality data. The board shall  
15 work with the Maine Quality Forum established in section 8718 and the Maine Quality  
16 Forum Advisory Council established in ~~Title 24-A, chapter 87, subchapter 2~~ section 8719  
17 to develop the rules. The rules must be based on the quality measures adopted by the  
18 Maine Quality Forum pursuant to ~~Title 24-A~~, section ~~6951~~ 8718, subsection 2. The rules  
19 must specify the content, form, medium and frequency of quality data to be submitted to  
20 the organization. In the collection of quality data, the organization must minimize  
21 duplication of effort, minimize the burden on those required to provide data and focus on  
22 data that may be retrieved in electronic format from within a health care practitioner's  
23 office or health care facility. As specified by the rules, health care practitioners and  
24 health care facilities shall submit quality data to the organization. Rules adopted pursuant  
25 to this section are major substantive rules as defined in Title 5, chapter 375, subchapter  
26 2-A.

27           **Sec. 6. 22 MRSA §8712, sub-§1**, as corrected by RR 2009, c. 2, §63, is amended  
28 to read:

29           **1. Quality.** The organization shall promote public transparency of the quality and  
30 cost of health care in the State in conjunction with the Maine Quality Forum established  
31 in ~~Title 24-A~~, section ~~6951~~ 8718 and shall collect, synthesize and publish information and  
32 reports on an annual basis that are easily understandable by the average consumer and in  
33 a format that allows the user to compare the information listed in this section to the extent  
34 practicable. The organization's publicly accessible websites and reports must, to the  
35 extent practicable, coordinate, link and compare information regarding health care  
36 services, their outcomes, the effectiveness of those services, the quality of those services  
37 by health care facility and by individual practitioner and the location of those services.  
38 The organization's health care costs website must provide a link in a publicly accessible  
39 format to provider-specific information regarding quality of services required to be  
40 reported to the Maine Quality Forum.

1           **Sec. 7. 22 MRSA §§8718 and 8719** are enacted to read:

2           **§8718. Maine Quality Forum**

3           Effective July 1, 2015, the Maine Quality Forum, referred to in this chapter as "the  
4 forum," is established within the Maine Health Data Organization. The forum is  
5 governed by the board with advice from the Maine Quality Forum Advisory Council  
6 pursuant to section 8719. The forum must be funded, at least in part, through the funds  
7 remaining after June 30, 2014 from the access payments made to Dirigo Health pursuant  
8 to Title 24-A, section 6917. Except as otherwise provided in section 8707, subsection 2,  
9 information obtained by the forum is a public record as provided by Title 1, chapter 13,  
10 subchapter 1. The forum shall perform the following duties.

11           **1. Research dissemination.** The forum shall collect and disseminate research  
12 regarding health care quality, evidence-based medicine and patient safety to promote best  
13 practices.

14           **2. Quality and performance measures.** The forum shall adopt a set of measures to  
15 evaluate and compare health care quality and provider performance. The measures must  
16 be adopted with guidance from the advisory council pursuant to section 8719. The quality  
17 measures adopted by the forum must be the basis for the rules for the collection of quality  
18 data adopted by the organization pursuant to section 8708-A.

19           **3. Data coordination.** The forum shall coordinate the collection of health care  
20 quality data in the State. The forum shall work with other entities that collect health care  
21 data to minimize duplication and to minimize the burden on providers of data.

22           **4. Reporting.** The forum shall work collaboratively with health care providers,  
23 health insurance carriers and others to report in useable formats comparative health care  
24 quality information to consumers, purchasers, providers, insurers and policy makers. The  
25 forum shall produce annual quality reports pursuant to section 8712. The forum shall  
26 make provider-specific information regarding quality of services available on its publicly  
27 accessible website.

28           **5. Consumer education.** The forum shall conduct education campaigns to help  
29 health care consumers make informed decisions and engage in healthy lifestyles.

30           **6. Technology assessment.** The forum shall conduct technology assessment reviews  
31 to guide the use and distribution of new technologies in this State. The forum shall make  
32 recommendations to the certificate of need program under chapter 103-A.

33           **7. Electronic data.** The forum shall encourage the adoption of electronic  
34 technology and assist health care practitioners to implement electronic systems for  
35 medical records and submission of claims. The assistance may include, but is not limited  
36 to, practitioner education, identification or establishment of low-interest financing options  
37 for hardware and software and system implementation support.

38           **8. Annual report.** The forum shall make an annual report to the public. The forum  
39 shall provide the report to the joint standing committees of the Legislature having

1 jurisdiction over appropriations and financial affairs, health and human services matters  
2 and insurance and financial services matters.

3 **9. Health care provider-specific data.** The forum shall submit to the Legislature,  
4 by January 30th of each year, a health care provider-specific performance report. The  
5 report must be based on health care quality data, including health care-associated  
6 infection quality data, that is submitted by providers to the organization pursuant to  
7 section 8708-A. The forum and the Maine Center for Disease Control and Prevention  
8 shall make the report available to the citizens of the State through a variety of means,  
9 including, but not limited to, the forum's publicly accessible website and the distribution  
10 of written reports and publications.

11 **10. Infection prevention activities.** The forum and the Maine Center for Disease  
12 Control and Prevention shall, by January 30th of each year, report to the joint standing  
13 committee of the Legislature having jurisdiction over health and human services matters  
14 on statewide collaborative efforts with health care infection control professionals in the  
15 State to control or prevent health care-associated infections.

16 **§8719. Maine Quality Forum Advisory Council**

17 The Maine Quality Forum Advisory Council, referred to in this chapter as "the  
18 advisory council," is a 17-member body established by Title 5, section 12004-I,  
19 subsection 30-A to advise the forum. Except as otherwise provided in this chapter,  
20 information obtained by the advisory council is a public record as provided by Title 1,  
21 chapter 13, subchapter 1.

22 **1. Appointment; composition.** The Governor shall appoint the following members  
23 with the approval of the joint standing committee of the Legislature having jurisdiction  
24 over health and human services matters:

25 A. Seven members representing providers, including 3 physicians, one registered  
26 nurse, one representative of hospitals, one mental health provider and one health care  
27 practitioner who is not a physician. The 3 physician members must represent  
28 allopathic physicians, osteopathic physicians, primary care physicians and specialist  
29 physicians;

30 B. Four members representing consumers, including one employee who receives  
31 health care through a commercially insured product, one representative of organized  
32 labor, one representative of a consumer health advocacy group and one representative  
33 of the uninsured or MaineCare recipients;

34 C. Four members representing employers, including one member of the State  
35 Employee Health Commission, one representative of a private employer with more  
36 than 1,000 full-time equivalent employees, one representative of a private employer  
37 with 50 to 1,000 full-time employees and one representative of a private employer  
38 with fewer than 50 employees;

39 D. One representative of a private health plan; and

40 E. One representative of the MaineCare program.

1 Prior to making appointments to the advisory council, the Governor shall seek  
2 nominations from the public and from a statewide allopathic association, a statewide  
3 osteopathic association, a statewide hospital association, a statewide nurses association, a  
4 statewide health purchasing collaborative, a statewide health management coalition,  
5 organized labor, a statewide organization representing consumers advocating for  
6 affordable health care, a statewide association representing consumers of mental health  
7 services, a national association of retired persons, a statewide citizen action organization,  
8 a statewide organization advocating equal justice, a statewide organization representing  
9 local chambers of commerce, a statewide organization representing businesses for social  
10 responsibility, a statewide small business alliance, a national federation of independent  
11 businesses, a statewide association of health plans and other entities as appropriate.

12 **2. Terms.** Members of the advisory council serve 5-year terms except for initial  
13 appointments. Initial appointments must include 5 members appointed to 3-year terms, 6  
14 members appointed to 4-year terms and 6 members appointed to 5-year terms. A member  
15 may not serve more than 2 consecutive terms.

16 **3. Compensation.** Members of the advisory council are eligible for compensation  
17 according to the provisions of Title 5, chapter 379.

18 **4. Quorum.** A quorum is a majority of the members of the advisory council.

19 **5. Chair and officers.** The advisory council shall annually choose one of its  
20 members to serve as chair for a one-year term. The advisory council may select other  
21 officers and designate their duties.

22 **6. Meetings.** The advisory council shall meet at least 4 times a year at regular  
23 intervals and may meet at other times at the call of the chair or the board. Meetings of the  
24 council are public proceedings as provided by Title 1, chapter 13, subchapter 1.

25 **7. Duties.** The advisory council shall:

26 A. Convene a group of health care providers to provide input and advice to the  
27 council. The council shall invite members broadly representing health care  
28 practitioners, health care providers as defined in Title 24, section 2502, subsection 2,  
29 federally qualified health centers and pharmacists. Members serve as volunteers and  
30 without compensation or reimbursement for expenses;

31 B. Provide expertise in health care quality to assist the board;

32 C. Advise and support the forum by:

33 (1) Establishing and monitoring an annual work plan for the forum;

34 (2) Providing guidance in the adoption of quality and performance measures;

35 (3) Serving as a liaison between the provider group established in paragraph A  
36 and the forum;

37 (4) Conducting public hearings and meetings; and

38 (5) Reviewing consumer education materials developed by the forum;

1           D. Make recommendations regarding quality assurance and quality improvement  
2           priorities; and

3           E. Serve as a liaison between the forum and other organizations working in the field  
4           of health care quality.

5           **Sec. 8. 24-A MRSA §6903, sub-§13-A**, as enacted by PL 2005, c. 615, §1, is  
6 amended to read:

7           **13-A. Practitioner-specific quality data.** "Practitioner-specific quality data" means  
8 material in electronic or paper format that provides information about the professional  
9 performance of a health care practitioner licensed to provide health care in the State.  
10 "Practitioner-specific quality data" includes, but is not limited to, records, reports,  
11 working papers, drafts, analyses, e-mail, interoffice and intraoffice memoranda and other  
12 data collected, used, produced or maintained by the Maine Quality Forum, established in  
13 Title 22, section 6951 8718, for the purposes of measuring a health care practitioner's  
14 professional performance against consensus best practices and local and national patterns  
15 of health care.

16           **Sec. 9. 24-A MRSA §6908, sub-§1, ¶I**, as enacted by PL 2003, c. 469, Pt. A, §8,  
17 is amended to read:

18           I. Apply for and receive funds, grants or contracts from public and private sources;  
19           and

20           **Sec. 10. 24-A MRSA §6908, sub-§1, ¶¶J and K**, as enacted by PL 2003, c.  
21 469, Pt. A, §8, are repealed.

22           **Sec. 11. 24-A MRSA §6908, sub-§2, ¶E**, as amended by PL 2007, c. 447, §6, is  
23 further amended to read:

24           E. Arrange the provision of Dirigo Health Program benefit coverage to eligible  
25 individuals and eligible employees through contracts with one or more qualified  
26 bidders in accordance with section 6910 or through the Dirigo Health Self-  
27 administered Plan authorized pursuant to section 6981; and

28           **Sec. 12. 24-A MRSA §6908, sub-§2, ¶G**, as amended by PL 2007, c. 629, Pt. L,  
29 §3, is repealed.

30           **Sec. 13. 24-A MRSA §6909, sub-§2, ¶¶B and C**, as enacted by PL 2003, c.  
31 469, Pt. A, §8, are amended to read:

32           B. Manage Dirigo Health's programs and services, ~~including the Maine Quality~~  
33 ~~Forum established under section 6951;~~

34           C. Employ or contract on behalf of Dirigo Health for professional and  
35 nonprofessional personnel or service. Employees of Dirigo Health are subject to the  
36 Civil Service Law, ~~except that the position of Director of the Maine Quality Forum is~~  
37 ~~not subject to the Civil Service Law;~~

38           **Sec. 14. 24-A MRSA c. 87, sub-c. 2** is repealed.

