

SECOND REGULAR SESSION

SENATE BILL NO. 742

95TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SHOEMYER.

Read 1st time January 12, 2010, and ordered printed.

TERRY L. SPIELER, Secretary.

3306S.011

AN ACT

To repeal section 208.955, RSMo, and to enact in lieu thereof one new section relating to the MO HealthNet oversight committee.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 208.955, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.955, to read as follows:

208.955. 1. There is hereby established in the department of social services the "MO HealthNet Oversight Committee", which shall be appointed by January 1, 2008, and shall consist of [eighteen] **twenty-nine** members as follows:

(1) Two members of the house of representatives, one from each party, appointed by the speaker of the house of representatives and the minority floor leader of the house of representatives;

(2) Two members of the Senate, one from each party, appointed by the president pro tem of the senate and the minority floor leader of the senate;

(3) One consumer representative;

(4) [Two primary care] **Four** physicians, **two each from rural and urban areas**, licensed under chapter 334, RSMo, [recommended by any Missouri organization or association that represents a significant number of physicians licensed in this state] **board certified in their specialty**, who care for participants, not from the same geographic area;

(5) [Two physicians, licensed under chapter 334, RSMo, who care for participants but who are not primary care physicians and are not from the same geographic area, recommended by any Missouri organization or association that represents a significant number of physicians licensed in this state];

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

20 (6)] **One optometrist, licensed under chapter 336, who cares for**
21 **participants;**

22 (6) **One nurse, licensed, or registered under chapter 335, who**
23 **cares for participants;**

24 (7) **One mental health professional who cares for**
25 **participants. The mental health professional shall be either a**
26 **psychologist, professional counselor, or social worker licensed under**
27 **chapter 337;**

28 (8) **One representative from a rural health clinic;**

29 (9) **One representative of a not-for-profit health network serving**
30 **rural counties and providing both patient-based and provider member**
31 **services;**

32 (10) **One representative of the long-term care facilities licensed**
33 **in this state;**

34 (11) **One representative of the state hospital association;**

35 [(7)] (12) **One nonphysician health care professional who cares for**
36 **participants, recommended by the director of the department of insurance,**
37 **financial institutions and professional registration;**

38 [(8)] (13) **One dentist, who cares for participants[. The dentist shall be**
39 **recommended by any Missouri organization or association that represents a**
40 **significant number of dentists licensed in this state];**

41 [(9) Two] (14) **Three patient advocates, with one advocate**
42 **representing children, one the disabled, and one the elderly community;**

43 (15) **One member representing a federally qualified health**
44 **center;**

45 (16) **One representative from the durable medical equipment**
46 **industry, who owns or manages a durable medical equipment company**
47 **operating in Missouri for at least three years, with multiple lines of**
48 **products and services for participants. The representative shall be in**
49 **good standing with the federal Medicare program and the MO**
50 **HealthNet program;**

51 (17) **One physical therapist, licensed under chapter 334, who**
52 **cares for participants;**

53 (18) **One member representing a managed care organization**
54 **under the MO HealthNet program, as defined in section 208.431;**

55 [(10)] (19) **One public member; and**

56 [(11)] (20) **The directors of the department of social services, the**

57 department of mental health, the department of health and senior services, or the
58 respective directors' designees, who shall serve as ex-officio members of the
59 committee.

60 2. The members of the oversight committee, other than the members from
61 the general assembly and ex-officio members, shall be appointed by the governor
62 with the advice and consent of the senate. A chair of the oversight committee
63 shall be selected by the members of the oversight committee. Of the members
64 first appointed to the oversight committee by the governor, eight members shall
65 serve a term of two years, seven members shall serve a term of one year, and
66 thereafter, members shall serve a term of two years. Members shall continue to
67 serve until their successor is duly appointed and qualified. Any vacancy on the
68 oversight committee shall be filled in the same manner as the original
69 appointment. Members shall serve on the oversight committee without
70 compensation but may be reimbursed for their actual and necessary expenses
71 from moneys appropriated to the department of social services for that
72 purpose. The department of social services shall provide technical, actuarial, and
73 administrative support services as required by the oversight committee. The
74 oversight committee shall:

75 (1) Meet on at least four occasions annually, including at least four before
76 the end of December of the first year the committee is established. Meetings can
77 be held by telephone or video conference at the discretion of the committee;

78 (2) Review the participant and provider satisfaction reports and the
79 reports of health outcomes, social and behavioral outcomes, use of evidence-based
80 medicine and best practices as required of the health improvement plans and the
81 department of social services under section 208.950;

82 (3) Review the results from other states of the relative success or failure
83 of various models of health delivery attempted;

84 (4) Review the results of studies comparing health plans conducted under
85 section 208.950;

86 (5) Review the data from health risk assessments collected and reported
87 under section 208.950;

88 (6) Review the results of the public process input collected under section
89 208.950;

90 (7) Advise and approve proposed design and implementation proposals for
91 new health improvement plans submitted by the department, as well as make
92 recommendations and suggest modifications when necessary;

93 (8) Determine how best to analyze and present the data reviewed under
94 section 208.950 so that the health outcomes, participant and provider satisfaction,
95 results from other states, health plan comparisons, financial impact of the various
96 health improvement plans and models of care, study of provider access, and
97 results of public input can be used by consumers, health care providers, and
98 public officials;

99 (9) Present significant findings of the analysis required in subdivision (8)
100 of this subsection in a report to the general assembly and governor, at least
101 annually, beginning January 1, 2009;

102 (10) Review the budget forecast issued by the legislative budget office, and
103 the report required under subsection (22) of subsection 1 of section 208.151, and
104 after study:

105 (a) Consider ways to maximize the federal drawdown of funds;

106 (b) Study the demographics of the state and of the MO HealthNet
107 population, and how those demographics are changing;

108 (c) Consider what steps are needed to prepare for the increasing numbers
109 of participants as a result of the baby boom following World War II;

110 (11) Conduct a study to determine whether an office of inspector general
111 shall be established. Such office would be responsible for oversight, auditing,
112 investigation, and performance review to provide increased accountability,
113 integrity, and oversight of state medical assistance programs, to assist in
114 improving agency and program operations, and to deter and identify fraud, abuse,
115 and illegal acts. The committee shall review the experience of all states that
116 have created a similar office to determine the impact of creating a similar office
117 in this state; and

118 (12) Perform other tasks as necessary, including but not limited to making
119 recommendations to the division concerning the promulgation of rules and
120 emergency rules so that quality of care, provider availability, and participant
121 satisfaction can be assured.

122 3. By July 1, 2011, the oversight committee shall issue findings to the
123 general assembly on the success and failure of health improvement plans and
124 shall recommend whether or not any health improvement plans should be
125 discontinued.

126 4. The oversight committee shall designate a subcommittee devoted to
127 advising the department on the development of a comprehensive entry point
128 system for long-term care that shall:

129 (1) Offer Missourians an array of choices including community-based,
130 in-home, residential and institutional services;

131 (2) Provide information and assistance about the array of long-term care
132 services to Missourians;

133 (3) Create a delivery system that is easy to understand and access
134 through multiple points, which shall include but shall not be limited to providers
135 of services;

136 (4) Create a delivery system that is efficient, reduces duplication, and
137 streamlines access to multiple funding sources and programs;

138 (5) Strengthen the long-term care quality assurance and quality
139 improvement system;

140 (6) Establish a long-term care system that seeks to achieve timely access
141 to and payment for care, foster quality and excellence in service delivery, and
142 promote innovative and cost-effective strategies; and

143 (7) Study one-stop shopping for seniors as established in section 208.612.

144 5. The subcommittee shall include the following members:

145 (1) The lieutenant governor or his or her designee, who shall serve as the
146 subcommittee chair;

147 (2) One member from a Missouri area agency on aging, designated by the
148 governor;

149 (3) One member representing the in-home care profession, designated by
150 the governor;

151 (4) One member representing residential care facilities, predominantly
152 serving MO HealthNet participants, designated by the governor;

153 (5) One member representing assisted living facilities or continuing care
154 retirement communities, predominantly serving MO HealthNet participants,
155 designated by the governor;

156 (6) One member representing skilled nursing facilities, predominantly
157 serving MO HealthNet participants, designated by the governor;

158 (7) One member from the office of the state ombudsman for long-term care
159 facility residents, designated by the governor;

160 (8) One member representing Missouri centers for independent living,
161 designated by the governor;

162 (9) One consumer representative with expertise in services for seniors or
163 the disabled, designated by the governor;

164 (10) One member with expertise in Alzheimer's disease or related

165 dementia;

166 (11) One member from a county developmental disability board,
167 designated by the governor;

168 (12) One member representing the hospice care profession, designated by
169 the governor;

170 (13) One member representing the home health care profession,
171 designated by the governor;

172 (14) One member representing the adult day care profession, designated
173 by the governor;

174 (15) One member gerontologist, designated by the governor;

175 (16) Two members representing the aged, blind, and disabled population,
176 not of the same geographic area or demographic group designated by the
177 governor;

178 (17) The directors of the departments of social services, mental health,
179 and health and senior services, or their designees; and

180 (18) One member of the house of representatives and one member of the
181 senate serving on the oversight committee, designated by the oversight committee
182 chair.

183 Members shall serve on the subcommittee without compensation but may be
184 reimbursed for their actual and necessary expenses from moneys appropriated to
185 the department of health and senior services for that purpose. The department
186 of health and senior services shall provide technical and administrative support
187 services as required by the committee.

188 6. By October 1, 2008, the comprehensive entry point system
189 subcommittee shall submit its report to the governor and general assembly
190 containing recommendations for the implementation of the comprehensive entry
191 point system, offering suggested legislative or administrative proposals deemed
192 necessary by the subcommittee to minimize conflict of interests for successful
193 implementation of the system. Such report shall contain, but not be limited to,
194 recommendations for implementation of the following consistent with the
195 provisions of section 208.950:

196 (1) A complete statewide universal information and assistance system that
197 is integrated into the web-based electronic patient health record that can be
198 accessible by phone, in-person, via MO HealthNet providers and via the Internet
199 that connects consumers to services or providers and is used to establish
200 consumers' needs for services. Through the system, consumers shall be able to

201 independently choose from a full range of home, community-based, and
202 facility-based health and social services as well as access appropriate services to
203 meet individual needs and preferences from the provider of the consumer's choice;

204 (2) A mechanism for developing a plan of service or care via the web-based
205 electronic patient health record to authorize appropriate services;

206 (3) A preadmission screening mechanism for MO HealthNet participants
207 for nursing home care;

208 (4) A case management or care coordination system to be available as
209 needed; and

210 (5) An electronic system or database to coordinate and monitor the
211 services provided which are integrated into the web-based electronic patient
212 health record.

213 7. Starting July 1, 2009, and for three years thereafter, the subcommittee
214 shall provide to the governor, lieutenant governor and the general assembly a
215 yearly report that provides an update on progress made by the subcommittee
216 toward implementing the comprehensive entry point system.

217 8. The provisions of section 23.253, RSMo, shall not apply to sections
218 208.950 to 208.955.

✓

Bill
Copy