

1 HOUSE BILL NO. 573

2 INTRODUCED BY C. HUNTER

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4 A BILL FOR AN ACT ENTITLED: "AN ACT INCLUDING WITHIN THE INSURANCE COMMISSIONER'S DUTIES
5 A REQUIREMENT TO STUDY CREATION OF A STATEWIDE ALL-PAYER, ALL-CLAIMS DATABASE FOR
6 HEALTH CARE; REQUIRING USE OF AN ADVISORY COUNCIL; AND PROVIDING AN EFFECTIVE DATE
7 AND A TERMINATION DATE."

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9 WHEREAS, comprehensive data about the quality and cost of health care allows state policymakers to
10 monitor the success and efficiency of efforts to reduce health care costs and improve both health care quality and
11 population health; and

12 WHEREAS, comprehensive health care data can show statewide variation in care, including whether
13 evidence-based guidelines and best-practice clinical standards are being followed and how they affect cost and
14 quality; and

15 WHEREAS, access to comparative data can help businesses to learn where they stand when compared
16 with their peers with respect to the cost and covered services of health insurance policies; and

17 WHEREAS, comparative data provides consumers with information that they and their health care
18 providers can use to make informed decisions about the effectiveness of treatments and the quality of care; and

19 WHEREAS, comparative data supports providers' efforts to design targeted quality improvement
20 initiatives and to compare their own performance with that of their peers; and

21 WHEREAS, comprehensive health care data helps health care policymakers evaluate reform efforts and
22 identify communities that provide cost-effective care so that successful initiatives can be identified and replicated;
23 and

24 WHEREAS, other states have learned of the value of all-payer, all-claims health care databases and have
25 implemented them to the benefit of their citizens while protecting the privacy rights of all individuals.

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27 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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29 NEW SECTION. **Section 1. Review of health care insurance -- advisory council.** The insurance
30 commissioner shall convene an advisory council and, based on the advisory council's findings, make

1 recommendations to the 63rd legislature regarding the costs, benefits, and procedural and technical requirements
2 necessary to design, implement, and maintain a statewide all-payer, all-claims database for health care. The
3 commissioner shall investigate, as provided in 33-1-311 within available funding, the following insurance matters
4 related to health care:

5 (1) specific strategies to measure and collect data related to health care safety and quality, utilization,
6 health outcomes, and cost;

7 (2) data elements that foster quality improvements and peer group comparisons;

8 (3) usable and comparable information that allows public and private health care purchasers, consumers,
9 and data analysts to identify and compare health plans, health insurers, health care facilities, and health care
10 providers regarding the provision of safe, cost-effective, high-quality health care services;

11 (4) existing health care databases that may provide standards or methods useful in establishing or
12 maintaining a database in a cost-effective and efficient manner;

13 (5) elements necessary to measure safety, timeliness, effectiveness, efficiency, equity, privacy, and
14 patient-centered approaches;

15 (6) data regarding claims, eligibility requirements, and other publicly available data that may be used to
16 minimize the cost and administrative burden of collecting data; and

17 (7) any other health care information that the commissioner or the advisory council considers relevant
18 to creation of a statewide all-payer, all-claims database for health care.

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20 NEW SECTION. **Section 2. Effective date.** [This act] is effective July 1, 2011.

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22 NEW SECTION. **Section 3. Termination.** [This act] terminates December 31, 2012.

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