

SECOND REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 821
94TH GENERAL ASSEMBLY

Reported from the Committee on Health and Mental Health, February 14, 2008, with recommendation that the Senate Committee Substitute do pass.

3440S.05C

TERRY L. SPIELER, Secretary.

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Section A. Section 208.955, RSMo, is repealed and one new section
2 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
2 services the "MO HealthNet Oversight Committee", which shall be appointed by
3 January 1, 2008, and shall consist of [eighteen] **twenty-three** members as
4 follows:

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

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

10 (3) One consumer representative;

11 (4) Two primary care physicians, licensed under chapter 334, RSMo,
12 recommended by any Missouri organization or association that represents a
13 significant number of physicians licensed in this state, who care for participants,
14 not from the same geographic area;

15 (5) Two physicians, licensed under chapter 334, RSMo, who care for
16 participants but who are not primary care physicians and are not from the same
17 geographic area, recommended by any Missouri organization or association that
18 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.

19 (6) **One optometrist, licensed under chapter 336, RSMo, who cares**
20 **for participants. The optometrist shall be recommended by any**
21 **Missouri organization or association that represents a significant**
22 **number of optometrists licensed in this state;**

23 (7) **One nurse, licensed under chapter 335, RSMo, who cares for**
24 **participants. The nurse shall be recommended by any Missouri**
25 **organization or association that represents a significant number of**
26 **nurses in this state;**

27 (8) **One mental health professional licensed under chapters 334**
28 **or 337, RSMo, who cares for participants. The mental health**
29 **professional shall be recommended by any Missouri organization or**
30 **association that represents a significant number of mental health**
31 **professionals in this state;**

32 (9) **One representative from a rural health clinic;**

33 (10) **One representative of the state hospital association;**

34 [(7)] (11) **One nonphysician health care professional who cares for**
35 **participants, recommended by the director of the department of insurance,**
36 **financial institutions and professional registration;**

37 [(8)] (12) **One dentist, who cares for participants. The dentist shall be**
38 **recommended by any Missouri organization or association that represents a**
39 **significant number of dentists licensed in this state;**

40 [(9) Two] (13) **Three patient advocates, with one advocate**
41 **representing children, one the disabled, and one the elderly community;**

42 [(10)] (14) **One public member; and**

43 [(11)] (15) **The directors of the department of social services, the**
44 **department of mental health, the department of health and senior services, or the**
45 **respective directors' designees, who shall serve as ex-officio members of the**
46 **committee.**

47 2. **The members of the oversight committee, other than the members from**
48 **the general assembly and ex-officio members, shall be appointed by the governor**
49 **with the advice and consent of the senate. A chair of the oversight committee**
50 **shall be selected by the members of the oversight committee. Of the members**
51 **first appointed to the oversight committee by the governor, eight members shall**
52 **serve a term of two years, seven members shall serve a term of one year, and**
53 **thereafter, members shall serve a term of two years. Members shall continue to**
54 **serve until their successor is duly appointed and qualified. Any vacancy on the**

55 oversight committee shall be filled in the same manner as the original
56 appointment. Members shall serve on the oversight committee without
57 compensation but may be reimbursed for their actual and necessary expenses
58 from moneys appropriated to the department of social services for that
59 purpose. The department of social services shall provide technical, actuarial, and
60 administrative support services as required by the oversight committee. The
61 oversight committee shall:

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

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

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

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

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

75 (6) Review the results of the public process input collected under section
76 208.950;

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

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

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

89 (10) Review the budget forecast issued by the legislative budget office, and
90 the report required under subsection (22) of subsection 1 of section 208.151, and

91 after study:

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

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

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

97 (11) Conduct a study to determine whether an office of inspector general
98 shall be established. Such office would be responsible for oversight, auditing,
99 investigation, and performance review to provide increased accountability,
100 integrity, and oversight of state medical assistance programs, to assist in
101 improving agency and program operations, and to deter and identify fraud, abuse,
102 and illegal acts. The committee shall review the experience of all states that
103 have created a similar office to determine the impact of creating a similar office
104 in this state; and

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

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

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

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

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

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

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

125 (5) Strengthen the long-term care quality assurance and quality
126 improvement system;

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

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

131 5. The subcommittee shall include the following members:

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

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

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

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

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

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

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

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

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

151 (10) One member with expertise in Alzheimer's disease or related
152 dementia;

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

155 (12) One member representing the hospice care profession, designated by
156 the governor;

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

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

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

162 (16) Two members representing the aged, blind, and disabled population,

163 not of the same geographic area or demographic group designated by the
164 governor;

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

167 (18) One member of the house of representatives and one member of the
168 senate serving on the oversight committee, designated by the oversight committee
169 chair.

170 Members shall serve on the subcommittee without compensation but may be
171 reimbursed for their actual and necessary expenses from moneys appropriated to
172 the department of health and senior services for that purpose. The department
173 of health and senior services shall provide technical and administrative support
174 services as required by the committee.

175 6. By October 1, 2008, the comprehensive entry point system
176 subcommittee shall submit its report to the governor and general assembly
177 containing recommendations for the implementation of the comprehensive entry
178 point system, offering suggested legislative or administrative proposals deemed
179 necessary by the subcommittee to minimize conflict of interests for successful
180 implementation of the system. Such report shall contain, but not be limited to,
181 recommendations for implementation of the following consistent with the
182 provisions of section 208.950:

183 (1) A complete statewide universal information and assistance system that
184 is integrated into the web-based electronic patient health record that can be
185 accessible by phone, in-person, via MO HealthNet providers and via the Internet
186 that connects consumers to services or providers and is used to establish
187 consumers' needs for services. Through the system, consumers shall be able to
188 independently choose from a full range of home, community-based, and
189 facility-based health and social services as well as access appropriate services to
190 meet individual needs and preferences from the provider of the consumer's choice;

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

193 (3) A preadmission screening mechanism for MO HealthNet participants
194 for nursing home care;

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

197 (5) An electronic system or database to coordinate and monitor the
198 services provided which are integrated into the web-based electronic patient

199 health record.

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

204 8. The provisions of section 23.253, RSMo, shall not apply to sections
205 208.950 to 208.955.

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Bill

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