

SECOND REGULAR SESSION

# SENATE BILL NO. 821

94TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SHOEMYER.

Pre-filed December 1, 2007, and ordered printed.

TERRY L. SPIELER, Secretary.

3440S.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Section A. Section 208.955, RSMo, is repealed and one new section  
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] **nineteen** members as follows:

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

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

9 (3) One consumer representative;

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

15 (5) Two physicians, licensed under chapter 334, RSMo, **one of whom is**  
16 **a doctor of osteopathy**, who care for participants but who are not primary care  
17 physicians and are not from the same geographic area, recommended by any  
18 Missouri organization or association that represents a significant number of  
19 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 representative of the state hospital association;

21 (7) **One representative from a rural health clinic;**

22 (8) One nonphysician health care professional who cares for participants,  
23 recommended by the director of the department of insurance, financial  
24 institutions and professional registration;

25 [(8)] (9) One dentist, who cares for participants. The dentist shall be  
26 recommended by any Missouri organization or association that represents a  
27 significant number of dentists licensed in this state;

28 [(9)] (10) Two patient advocates;

29 [(10)] (11) One public member; and

30 [(11)] (12) The directors of the department of social services, the  
31 department of mental health, the department of health and senior services, or the  
32 respective directors' designees, who shall serve as ex-officio members of the  
33 committee.

34 2. The members of the oversight committee, other than the members from  
35 the general assembly and ex-officio members, shall be appointed by the governor  
36 with the advice and consent of the senate. A chair of the oversight committee  
37 shall be selected by the members of the oversight committee. Of the members  
38 first appointed to the oversight committee by the governor, eight members shall  
39 serve a term of two years, seven members shall serve a term of one year, and  
40 thereafter, members shall serve a term of two years. Members shall continue to  
41 serve until their successor is duly appointed and qualified. Any vacancy on the  
42 oversight committee shall be filled in the same manner as the original  
43 appointment. Members shall serve on the oversight committee without  
44 compensation but may be reimbursed for their actual and necessary expenses  
45 from moneys appropriated to the department of social services for that  
46 purpose. The department of social services shall provide technical, actuarial, and  
47 administrative support services as required by the oversight committee. The  
48 oversight committee shall:

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

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

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

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

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

62 (6) Review the results of the public process input collected under section  
63 208.950;

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

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

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

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

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

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

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

84 (11) Conduct a study to determine whether an office of inspector general  
85 shall be established. Such office would be responsible for oversight, auditing,  
86 investigation, and performance review to provide increased accountability,  
87 integrity, and oversight of state medical assistance programs, to assist in  
88 improving agency and program operations, and to deter and identify fraud, abuse,  
89 and illegal acts. The committee shall review the experience of all states that  
90 have created a similar office to determine the impact of creating a similar office  
91 in this state; and

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

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

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

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

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

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

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

112 (5) Strengthen the long-term care quality assurance and quality  
113 improvement system;

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

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

118 5. The subcommittee shall include the following members:

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

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

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

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

127 (5) One member representing assisted living facilities or continuing care

128 retirement communities, predominantly serving MO HealthNet participants,  
129 designated by the governor;

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

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

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

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

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

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

142 (12) One member representing the hospice care profession, designated by  
143 the governor;

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

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

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

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

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

154 (18) One member of the house of representatives and one member of the  
155 senate serving on the oversight committee, designated by the oversight committee  
156 chair.

157 Members shall serve on the subcommittee without compensation but may be  
158 reimbursed for their actual and necessary expenses from moneys appropriated to  
159 the department of health and senior services for that purpose. The department  
160 of health and senior services shall provide technical and administrative support  
161 services as required by the committee.

162 6. By October 1, 2008, the comprehensive entry point system  
163 subcommittee shall submit its report to the governor and general assembly

164 containing recommendations for the implementation of the comprehensive entry  
165 point system, offering suggested legislative or administrative proposals deemed  
166 necessary by the subcommittee to minimize conflict of interests for successful  
167 implementation of the system. Such report shall contain, but not be limited to,  
168 recommendations for implementation of the following consistent with the  
169 provisions of section 208.950:

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

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

180 (3) A preadmission screening mechanism for MO HealthNet participants  
181 for nursing home care;

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

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

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

191 8. The provisions of section 23.253, RSMo, shall not apply to sections  
192 208.950 to 208.955.

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