

SECOND REGULAR SESSION

SENATE BILL NO. 923

94TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SHOEMYER.

Read 1st time January 9, 2008, and ordered printed.

TERRY L. SPIELER, Secretary.

4257S.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Section A. Section 208.955, RSMo, is repealed and one new section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,
11 recommended by any Missouri organization or association that represents a
12 significant number of physicians licensed in this state, who care for participants,
13 not from the same geographic area;

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

18 (6) **One optometrist, licensed under chapter 336, RSMo, who cares**
19 **for participants. The optometrist shall be recommended by any**

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

20 **Missouri organization or association that represents a significant**
21 **number of optometrists licensed in this state;**

22 (7) One representative of the state hospital association;

23 [(7)] (8) One nonphysician health care professional who cares for
24 participants, recommended by the director of the department of insurance,
25 financial institutions and professional registration;

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

29 [(9)] (10) Two patient advocates;

30 [(10)] (11) One public member; and

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

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

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

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

56 department of social services under section 208.950;

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

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

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

63 (6) Review the results of the public process input collected under section
64 208.950;

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

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

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

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

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

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

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

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

92 in this state; and

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

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

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

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

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

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

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

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

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

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

119 5. The subcommittee shall include the following members:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

163 6. By October 1, 2008, the comprehensive entry point system

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

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

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

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

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

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

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

192 8. The provisions of section 23.253, RSMo, shall not apply to sections
193 208.950 to 208.955.

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