

SECOND REGULAR SESSION

SENATE BILL NO. 987

94TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SHOEMYER.

Read 1st time January 22, 2008, and ordered printed.

TERRY L. SPIELER, Secretary.

4650S.02I

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Section A. Section 208.955, RSMo, is repealed and one new section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** 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 podiatrist, licensed under chapter 330, RSMo, who cares**
19 **for participants. The podiatrist shall be recommended by any Missouri**

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

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

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

26 **(8) One representative of the state hospital association;**

27 **[(7)] (9) One nonphysician health care professional who cares for**
28 **participants, recommended by the director of the department of insurance,**
29 **financial institutions and professional registration;**

30 **[(8)] (10) One dentist, who cares for participants. The dentist shall be**
31 **recommended by any Missouri organization or association that represents a**
32 **significant number of dentists licensed in this state;**

33 **[(9)] (11) Two patient advocates;**

34 **[(10)] (12) One public member; and**

35 **[(11)] (13) The directors of the department of social services, the**
36 **department of mental health, the department of health and senior services, or the**
37 **respective directors' designees, who shall serve as ex-officio members of the**
38 **committee.**

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

54 (1) Meet on at least four occasions annually, including at least four before
55 the end of December of the first year the committee is established. Meetings can

56 be held by telephone or video conference at the discretion of the committee;

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

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

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

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

67 (6) Review the results of the public process input collected under section
68 208.950;

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

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

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

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

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

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

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

89 (11) Conduct a study to determine whether an office of inspector general
90 shall be established. Such office would be responsible for oversight, auditing,
91 investigation, and performance review to provide increased accountability,

92 integrity, and oversight of state medical assistance programs, to assist in
93 improving agency and program operations, and to deter and identify fraud, abuse,
94 and illegal acts. The committee shall review the experience of all states that
95 have created a similar office to determine the impact of creating a similar office
96 in this state; and

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

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

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

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

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

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

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

117 (5) Strengthen the long-term care quality assurance and quality
118 improvement system;

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

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

123 5. The subcommittee shall include the following members:

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

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

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

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

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

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

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

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

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

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

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

147 (12) One member representing the hospice care profession, designated by
148 the governor;

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

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

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

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

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

159 (18) One member of the house of representatives and one member of the
160 senate serving on the oversight committee, designated by the oversight committee
161 chair.

162 Members shall serve on the subcommittee without compensation but may be
163 reimbursed for their actual and necessary expenses from moneys appropriated to

164 the department of health and senior services for that purpose. The department
165 of health and senior services shall provide technical and administrative support
166 services as required by the committee.

167 6. By October 1, 2008, the comprehensive entry point system
168 subcommittee shall submit its report to the governor and general assembly
169 containing recommendations for the implementation of the comprehensive entry
170 point system, offering suggested legislative or administrative proposals deemed
171 necessary by the subcommittee to minimize conflict of interests for successful
172 implementation of the system. Such report shall contain, but not be limited to,
173 recommendations for implementation of the following consistent with the
174 provisions of section 208.950:

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

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

185 (3) A preadmission screening mechanism for MO HealthNet participants
186 for nursing home care;

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

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

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

196 8. The provisions of section 23.253, RSMo, shall not apply to sections
197 208.950 to 208.955.

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