

FIRST REGULAR SESSION
[P E R F E C T E D]
SENATE COMMITTEE SUBSTITUTE NO. 2 FOR
SENATE BILL NO. 9
95TH GENERAL ASSEMBLY

Reported from the Committee on Health, Mental Health, Seniors and Families, February 18, 2009, with recommendation that the Senate Committee Substitute do pass and be placed on the Consent Calendar.

Senate Committee Substitute No. 2 adopted February 25, 2009.

Taken up February 25, 2009. Read 3rd time and placed upon its final passage; bill passed.

TERRY L. SPIELER, Secretary.

0368S.03P

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Section A. Section 208.955, RSMo, is repealed and one new section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 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, **one of whom shall be a psychiatrist**, licensed
15 under chapter 334, RSMo, who care for participants but who are not primary care
16 physicians and are not from the same geographic area, recommended by any

17 Missouri organization or association that represents a significant number of
18 physicians licensed in this state;

19 (6) One representative of the state hospital association;

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

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

26 (9) Two patient advocates;

27 (10) One public member; and

28 (11) The directors of the department of social services, the department of
29 mental health, the department of health and senior services, or the respective
30 directors' designees, who shall serve as ex-officio members of the committee.

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

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

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

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

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

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

59 (6) Review the results of the public process input collected under section
60 208.950;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

109 (5) Strengthen the long-term care quality assurance and quality
110 improvement system;

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

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

115 5. The subcommittee shall include the following members:

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

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

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

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

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

125 retirement communities, predominantly serving MO HealthNet participants,
126 designated by the governor;

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

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

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

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

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

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

139 (12) One member representing the hospice care profession, designated by
140 the governor;

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

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

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

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

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

151 (18) One member of the house of representatives and one member of the
152 senate serving on the oversight committee, designated by the oversight committee
153 chair.

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

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

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

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

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

177 (3) A preadmission screening mechanism for MO HealthNet participants
178 for nursing home care;

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

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

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

188 8. The provisions of section 23.253, RSMo, shall not apply to sections
189 208.950 to 208.955.

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