

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/Senate Bill No. 575, Page 13, Section 135.230, Line 21,

by inserting after all of said line the following:

"208.952. 1. There is hereby established [the] a permanent "Joint Committee on MO HealthNet". The committee shall have as its purpose the study, monitoring, and review of the efficacy of the program as well as the resources needed to continue and improve the MO HealthNet program over time. The committee shall receive and obtain information from the departments of social services, mental health, health and senior services and elementary and secondary education, as applicable, regarding the projected budget of the entire MO HealthNet program including projected MO HealthNet enrollment growth, categorized by population and geographic area. The committee shall consist of ten members:

(1) The chair and the ranking minority member of the house committee on the budget;

(2) The chair and the ranking minority member of the senate committee on appropriations [committee];

(3) The chair and the ranking minority member of the house committee on appropriations for health, mental health, and social services;

1 (4) The chair and the ranking minority member of the
2 standing senate committee [on health and mental health] assigned
3 to consider MO HealthNet legislation and matters;

4 (5) A representative chosen by the speaker of the house of
5 representatives; and

6 (6) A senator chosen by the president pro tem of the
7 senate.

8
9 No more than three members from each house shall be of the same
10 political party.

11 2. A chair of the committee shall be selected by the
12 members of the committee.

13 3. The committee shall meet [as necessary] at least three
14 times a year. In the event of three consecutive absences on the
15 part of any member, such member may be removed from the
16 committee. At every meeting of the committee, there shall be a
17 public comment period. The committee shall solicit from state
18 organizations representing health care professionals as to any
19 recommendations they have to improve the quality of health care
20 and its cost.

21 4. [Nothing in this section shall be construed as
22 authorizing the committee to hire employees or enter into any
23 employment contracts] The committee is authorized to hire an
24 employee or enter into employment contracts, including an
25 executive director to conduct an audit, special review or
26 investigation of the MO HealthNet program in order to assist the
27 committee with its duties. Such executive director shall have
28 free access to all divisions or offices within the departments of
29 social services, health and senior services or mental health

1 associated with the MO HealthNet program for the inspection of
2 such books, accounts, contracts, data and papers as concern any
3 of the executive director's duties. Any person who willfully
4 makes or causes to be made to the executive director any false,
5 misleading, or unfounded report for the purpose of interfering
6 with the performance of the executive director's duties under
7 this section shall be guilty of a class A misdemeanor. The
8 compensation of such personnel and the expenses of the committee
9 shall be paid from the joint contingent fund or jointly from the
10 senate and house contingent funds until an appropriation is made
11 therefor.

12 5. [The committee shall receive and study the five-year
13 rolling MO HealthNet budget forecast issued annually by the
14 legislative budget office.

15 6.] The committee shall annually conduct a rolling five-
16 year MO HealthNet forecast and make recommendations in a report
17 to the general assembly by January first each year, beginning in
18 [2008] 2015, on anticipated growth in the MO HealthNet program,
19 needed improvements, anticipated needed appropriations, and
20 suggested strategies on ways to structure the state budget in
21 order to satisfy the future needs of the program."; and

22 Further amend said bill, page 70, section 208.275, line 49
23 of said page, by inserting immediately after said line the
24 following:

25 "[208.955. 1. There is hereby established in the
26 department of social services the "MO HealthNet
27 Oversight Committee", which shall be appointed by
28 January 1, 2008, and shall consist of nineteen members
29 as follows:

30 (1) Two members of the house of representatives,
31 one from each party, appointed by the speaker of the
32 house of representatives and the minority floor leader

1 of the house of representatives;

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

5 (3) One consumer representative who has no
6 financial interest in the health care industry and who
7 has not been an employee of the state within the last
8 five years;

9 (4) Two primary care physicians, licensed under
10 chapter 334, who care for participants, not from the
11 same geographic area, chosen in the same manner as
12 described in section 334.120;

13 (5) Two physicians, licensed under chapter 334,
14 who care for participants but who are not primary care
15 physicians and are not from the same geographic area,
16 chosen in the same manner as described in section
17 334.120;

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

20 (7) Two nonphysician health care professionals,
21 the first nonphysician health care professional
22 licensed under chapter 335 and the second nonphysician
23 health care professional licensed under chapter 337,
24 who care for participants;

25 (8) One dentist, who cares for participants,
26 chosen in the same manner as described in section
27 332.021;

28 (9) Two patient advocates who have no financial
29 interest in the health care industry and who have not
30 been employees of the state within the last five years;

31 (10) One public member who has no financial
32 interest in the health care industry and who has not
33 been an employee of the state within the last five
34 years; and

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

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

1 manner as the original appointment. Members shall
2 serve on the oversight committee without compensation
3 but may be reimbursed for their actual and necessary
4 expenses from moneys appropriated to the department of
5 social services for that purpose. The department of
6 social services shall provide technical, actuarial, and
7 administrative support services as required by the
8 oversight committee. The oversight committee shall:

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

14 (2) Review the participant and provider
15 satisfaction reports and the reports of health
16 outcomes, social and behavioral outcomes, use of
17 evidence-based medicine and best practices as required
18 of the health improvement plans and the department of
19 social services under section 208.950;

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

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

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

27 (6) Review the results of the public process
28 input collected under section 208.950;

29 (7) Advise and approve proposed design and
30 implementation proposals for new health improvement
31 plans submitted by the department, as well as make
32 recommendations and suggest modifications when
33 necessary;

34 (8) Determine how best to analyze and present the
35 data reviewed under section 208.950 so that the health
36 outcomes, participant and provider satisfaction,
37 results from other states, health plan comparisons,
38 financial impact of the various health improvement
39 plans and models of care, study of provider access, and
40 results of public input can be used by consumers,
41 health care providers, and public officials;

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

46 (10) Review the budget forecast issued by the
47 legislative budget office, and the report required
48 under subsection (22) of subsection 1 of section
49 208.151, and after study:

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

52 (b) Study the demographics of the state and of

1 the MO HealthNet population, and how those demographics
2 are changing;

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

6 (11) Conduct a study to determine whether an
7 office of inspector general shall be established. Such
8 office would be responsible for oversight, auditing,
9 investigation, and performance review to provide
10 increased accountability, integrity, and oversight of
11 state medical assistance programs, to assist in
12 improving agency and program operations, and to deter
13 and identify fraud, abuse, and illegal acts. The
14 committee shall review the experience of all states
15 that have created a similar office to determine the
16 impact of creating a similar office in this state; and

17 (12) Perform other tasks as necessary, including
18 but not limited to making recommendations to the
19 division concerning the promulgation of rules and
20 emergency rules so that quality of care, provider
21 availability, and participant satisfaction can be
22 assured.

23 3. By July 1, 2011, the oversight committee shall
24 issue findings to the general assembly on the success
25 and failure of health improvement plans and shall
26 recommend whether or not any health improvement plans
27 should be discontinued.

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

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

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

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

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

44 (5) Strengthen the long-term care quality
45 assurance and quality improvement system;

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

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

52 5. The subcommittee shall include the following

1 members:

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

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

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

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

11 (5) One member representing assisted living
12 facilities or continuing care retirement communities,
13 predominantly serving MO HealthNet participants,
14 designated by the governor;

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

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

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

23 (9) One consumer representative with expertise in
24 services for seniors or persons with a disability,
25 designated by the governor;

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

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

30 (12) One member representing the hospice care
31 profession, designated by the governor;

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

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

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

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

41 (17) The directors of the departments of social
42 services, mental health, and health and senior
43 services, or their designees; and

44 (18) One member of the house of representatives
45 and one member of the senate serving on the oversight
46 committee, designated by the oversight committee chair.

47
48 Members shall serve on the subcommittee without
49 compensation but may be reimbursed for their actual and
50 necessary expenses from moneys appropriated to the
51 department of health and senior services for that
52 purpose. The department of health and senior services

1 shall provide technical and administrative support
2 services as required by the committee.

3 6. By October 1, 2008, the comprehensive entry
4 point system subcommittee shall submit its report to
5 the governor and general assembly containing
6 recommendations for the implementation of the
7 comprehensive entry point system, offering suggested
8 legislative or administrative proposals deemed
9 necessary by the subcommittee to minimize conflict of
10 interests for successful implementation of the system.
11 Such report shall contain, but not be limited to,
12 recommendations for implementation of the following
13 consistent with the provisions of section 208.950:

14 (1) A complete statewide universal information
15 and assistance system that is integrated into the
16 web-based electronic patient health record that can be
17 accessible by phone, in-person, via MO HealthNet
18 providers and via the internet that connects consumers
19 to services or providers and is used to establish
20 consumers' needs for services. Through the system,
21 consumers shall be able to independently choose from a
22 full range of home, community-based, and facility-based
23 health and social services as well as access
24 appropriate services to meet individual needs and
25 preferences from the provider of the consumer's choice;

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

29 (3) A preadmission screening mechanism for MO
30 HealthNet participants for nursing home care;

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

33 (5) An electronic system or database to
34 coordinate and monitor the services provided which are
35 integrated into the web-based electronic patient health
36 record.

37 7. Starting July 1, 2009, and for three years
38 thereafter, the subcommittee shall provide to the
39 governor, lieutenant governor and the general assembly
40 a yearly report that provides an update on progress
41 made by the subcommittee toward implementing the
42 comprehensive entry point system.

43 8. The provisions of section 23.253 shall not
44 apply to sections 208.950 to 208.955.]" ; and

45
46 Further amend the title and enacting clause accordingly.