

Health Services Committee
Thursday April 12, 2012

APPENDIX G

Chairman Lee and members of the Health Services Committee, for the record I am Howard C. Anderson, Jr, R.Ph., Chairman of the Health Care Data Committee of your State Health Council.

Health Council President Marlene Kouba, who is also a member of the Health Care Data Committee, spoke with you at your January meeting. At that time Marlene did not share any proposed law revision, but talked about it in a conceptual manner. We have asked the Department of Health to consider the Data Committee charge and the suggested changes in the legislation, to make it work with the Department's vision and goals. This review is still ongoing.

I would like to refer you to the draft, and please keep in mind that this is a work in progress, in which we want your collaboration. It is the intent of the Health Council that if we can reach an agreement on what would be best in this Data Committee charge, you might ask your Legislative Council to draft legislation based on our conferences with you at your meetings.

In this suggested draft, you will notice that we have removed the word "Care" out of Health Care in the legislation. This is not because we do not like Health Care, but because it is the feeling of your health officer, Dr. Terry Dwelle that "Health Care" gives the impression that we are referring only to clinical data, when actually the Health Department has many data sources that are public health as opposed to clinical data. Most of the things that the Health Department does are not clinical, that is, we do not actually care for patients, but it is our intention to provide data that clinicians might use to improve the health care of their patients, and provide you with information you might use to focus resources on solving the problems analysis of the data will make more clear.

We have intentionally moved away from gathering data on costs and charges toward a focus on data for tools and research in helping you and our North Dakota practitioners in making decisions relative to care of their patients.

We look at this as a great opportunity for the Department of Health to gather and be a repository for data, which then can become a rich resource for our new public health program at our two research universities. This new program, for which you have appropriated substantial funds, will have master degree students, who will need to do research as they progress towards their degree. Obtaining data is often the biggest challenge for these researchers. While the Health Department does not have the resources and researchers to do the actual data analysis, we can be a source of data which these and other researchers can use in their work and in their studies. The state of North Dakota and the Department of Health can then use the results of that research in the decisions about where best to allocate your resources to have a positive impact on the health of all North Dakota citizens.

In summary, please consider these suggestions; consider your constituencies and the directions you would like us to move. Perhaps together, we can come up with some positive directions for your Health Council and the Data Committee.

Thank you.

CHAPTER 23-01.1

HEALTH CARE DATA COMMITTEE

23-01.1-01. Health care data committee of state health council - Membership - Appointment by chairman of health council.

The health care data committee is a standing committee of the state health council, consisting of not less than three nor more than five members, appointed by the chairman of the health council from the members of the council. A majority of the members of the health care data committee must be consumer members of the health council.

23-01.1-02. Powers of health care data committee.

To provide information to the public necessary for the enhancement of price competition in the health care market, the health care data committee may:

1. Collect, store, analyze, and provide health care data to target strategies for improving population health in North Dakota.
2. Compile the average aggregate charges by diagnosis for the twenty-five most common diagnoses, annual operating costs, revenues, capital expenditures, and utilization for each nonfederal acute care hospital in this state, and the average charges by source of payment and level of service in each long-term care facility in this state.
3. Establish a uniform format for the collection of information on charges to patients.
4. Prepare an annual report comparing the cost of hospitalization by diagnosis in each nonfederal acute care hospital and comparing average charges by source of payment and by level of service in each long-term care facility in the state. Health Care Data Chapter 23-01.1-CHANGED.doc
2. 5. Establish procedures that assure public availability of the information required to make informed health care purchasing decisions.
3. 6. Establish arrangements with the state department of health, the department of human services, the insurance commissioner, workforce safety and insurance, and the public employees retirement system, and other agencies to assure patient confidentiality, the sharing of information, and the coordination, analysis, and dissemination of health care data, and to act in a manner which does not duplicate data collection activities of other state agencies.
7. Prepare and distribute a report comparing physicians' average charges for selected services to include all physicians licensed to practice medicine in this state and determined by the health care data committee to be actively providing direct patient care services in this state.

23-01.1-02.1. Publication of comparative physician fee information.

The health care data committee shall create a data collection, retention, processing, and reporting system that will allow the distribution of information comparing the average fees charged by each licensed physician practicing medicine in this state. Insurers, nonprofit health service corporations, health maintenance organizations, and state agencies shall provide the data and information. The committee shall prepare a report which must include a schedule of average fees charged for services representative of the physician's type of practice and specialization and other information that the data

~~committee may determine are necessary for consumers to use in comparing total physician costs and to assist policymakers or providers in their deliberations on future health care decisions.~~

23-01.1-03. Publication of a directory of licensed physicians.

Repealed by S.L. 1991, ch. 262, § 4.

23-01.1-04. Administrative authority of health care data committee - Administrative support - Authority to acquire data.

The health care data committee may adopt rules consistent with and necessary for the implementation of this chapter. The committee shall establish working arrangements among other state agencies for the assurance of patient confidentiality, the sharing of information, and the coordination, analysis, and dissemination of health care data to the public and to the state agencies ~~in making more cost-effective health care purchasing decisions.~~ The committee may require insurers, nonprofit health service corporations, health maintenance organizations, and state agencies to provide data regarding hospital, physician, and other provider ~~charges information, and reimbursement and volume data as~~ required for the performance of the duties of the committee under this chapter.

23-01.1-05. Confidentiality of certain records - Immunity for providing information.

The committee shall keep all records, data, and information that could be used to identify individual patients confidential. Reports for distribution by the committee or for publication must be prepared in a manner to reasonably assure exclusion of information that would identify any particular patient. Any person who provides information, data, reports, or records with respect to any patient to the health data committee under this chapter is immune from liability for the act of furnishing the information.

23-01.1-06. Fees for providing extraordinary data or reports.

The state department of health may, by rule, set fees for recovering the reasonable costs of providing data and reports, other than those set forth in this chapter, to any person. Revenues derived from the fees must be deposited in the operating fund of the state department of health.

23-01.1-07. Civil penalty.

Any person violating this chapter or violating any rule adopted by the health care data committee is subject to a civil penalty not to exceed five hundred dollars per day of violation. The state department of health with the assistance of the attorney general may prosecute an action in district court to recover any civil penalty under this chapter.

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