

SECOND REGULAR SESSION

# HOUSE BILL NO. 1456

## 95TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES KIRKTON (Sponsor), ROORDA, WALTON GRAY, McNEIL, GRISAMORE, JONES (63), ENGLUND, ALLEN, YAEGER, McCLANAHAN, STILL, CORCORAN, OXFORD, ATKINS, SCHIEFFER AND LAMPE (Co-sponsors).

3753L.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal section 208.955, RSMo, and to enact in lieu thereof one new section relating to the MO HealthNet oversight committee.

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*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Section A. Section 208.955, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.955, to read as follows: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 services the "MO HealthNet Oversight Committee", which shall be appointed by January 1, 2008, and shall consist of [eighteen] **nineteen** members as follows:

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

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

(3) One consumer representative;

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

(5) Two physicians, licensed under chapter 334, RSMo, who care for participants but who are not primary care physicians and are not from the same geographic area, recommended

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 by any Missouri organization or association that represents a significant number of physicians  
16 licensed in this state;

17 (6) **One nurse licensed or registered under chapter 335 who cares for participants;**

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

19 [(7)] (8) One nonphysician health care professional who cares for participants,  
20 recommended by the director of the department of insurance, financial institutions and  
21 professional registration;

22 [(8)] (9) One dentist, who cares for participants. The dentist shall be recommended by  
23 any Missouri organization or association that represents a significant number of dentists licensed  
24 in this state;

25 [(9)] (10) Two patient advocates;

26 [(10)] (11) One public member; and

27 [(11)] (12) The directors of the department of social services, the department of mental  
28 health, the department of health and senior services, or the respective directors' designees, who  
29 shall serve as ex-officio members of the committee.

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

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

45 (2) Review the participant and provider satisfaction reports and the reports of health  
46 outcomes, social and behavioral outcomes, use of evidence-based medicine and best practices  
47 as required of the health improvement plans and the department of social services under section  
48 208.950;

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

51 (4) Review the results of studies comparing health plans conducted under section  
52 208.950;

53 (5) Review the data from health risk assessments collected and reported under section  
54 208.950;

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

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

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

64 (9) Present significant findings of the analysis required in subdivision (8) of this  
65 subsection in a report to the general assembly and governor, at least annually, beginning January  
66 1, 2009;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

103           5. The subcommittee shall include the following members:

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

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

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

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

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

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

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

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

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

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

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

- 123 (12) One member representing the hospice care profession, designated by the governor;  
124 (13) One member representing the home health care profession, designated by the  
125 governor;
- 126 (14) One member representing the adult day care profession, designated by the governor;  
127 (15) One member gerontologist, designated by the governor;
- 128 (16) Two members representing the aged, blind, and disabled population, not of the same  
129 geographic area or demographic group designated by the governor;
- 130 (17) The directors of the departments of social services, mental health, and health and  
131 senior services, or their designees; and
- 132 (18) One member of the house of representatives and one member of the senate serving  
133 on the oversight committee, designated by the oversight committee chair. Members shall serve  
134 on the subcommittee without compensation but may be reimbursed for their actual and necessary  
135 expenses from moneys appropriated to the department of health and senior services for that  
136 purpose. The department of health and senior services shall provide technical and administrative  
137 support services as required by the committee.
- 138 6. By October 1, 2008, the comprehensive entry point system subcommittee shall submit  
139 its report to the governor and general assembly containing recommendations for the  
140 implementation of the comprehensive entry point system, offering suggested legislative or  
141 administrative proposals deemed necessary by the subcommittee to minimize conflict of interests  
142 for successful implementation of the system. Such report shall contain, but not be limited to,  
143 recommendations for implementation of the following consistent with the provisions of section  
144 208.950:
- 145 (1) A complete statewide universal information and assistance system that is integrated  
146 into the web-based electronic patient health record that can be accessible by phone, in-person,  
147 via MO HealthNet providers and via the Internet that connects consumers to services or  
148 providers and is used to establish consumers' needs for services. Through the system, consumers  
149 shall be able to independently choose from a full range of home, community-based, and  
150 facility-based health and social services as well as access appropriate services to meet individual  
151 needs and preferences from the provider of the consumer's choice;
- 152 (2) A mechanism for developing a plan of service or care via the web-based electronic  
153 patient health record to authorize appropriate services;
- 154 (3) A preadmission screening mechanism for MO HealthNet participants for nursing  
155 home care;
- 156 (4) A case management or care coordination system to be available as needed; and  
157 (5) An electronic system or database to coordinate and monitor the services provided  
158 which are integrated into the web-based electronic patient health record.

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

163           8. The provisions of section 23.253, RSMo, shall not apply to sections 208.950 to  
164 208.955.

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