



Rep. Greg Harris

Filed: 3/23/2015

09900HB2684ham001

LRB099 09532 JLK 32737 a

1 AMENDMENT TO HOUSE BILL 2684

2 AMENDMENT NO. _____. Amend House Bill 2684 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 adding Section 5-30.2 as follows:

6 (305 ILCS 5/5-30.2 new)

7 Sec. 5-30.2. Data sharing among participating
8 institutions.

9 (a) As used in this Section:

10 "Department" means the Department of Healthcare and
11 Family Services.

12 "HIPAA" means the Health Information Portability and
13 Accountability Act of 1996, Public Law 104-191, as amended
14 by the Health Information Technology for Economic and
15 Clinical Health Act of 2009, Public Law 111-05, and any
16 subsequent amendments thereto and any regulations

1 promulgated thereunder.

2 "Participating institutions" means institutions that
3 have an institutional review board or access to an
4 institutional review board that is in compliance with the
5 United States Department of Health and Human Services
6 Office of Human Research Protections and are a State
7 university, Tier I or Tier II academic medical center, an
8 association incorporated in Illinois that (i) possesses a
9 demonstrated research capacity and (ii) is determined by
10 the Department to represent a broad number of providers who
11 serve recipients of medical assistance under Article V of
12 the Illinois Public Aid Code, and any other entity
13 designated by the Department.

14 "Research" means a systematic investigation, including
15 research development, testing, and evaluation designed to
16 develop or contribute to generalizable knowledge.

17 "Tier I and Tier II academic medical centers" has the
18 meaning given to those terms under Section 5-5e.2 of the
19 Illinois Public Aid Code.

20 (b) The General Assembly finds that the Illinois Medicaid
21 program is undergoing a transition to managed care for Medicaid
22 populations subject to the Medicaid Reform Act of 2011, the
23 Save Medicaid Access Together Act of 2012, and other Acts
24 affecting Medicaid populations and delivery systems. The
25 General Assembly further finds that Illinois possesses an
26 abundance of academic research entities with expertise in the

1 academic fields related to health care practices, health
2 outcomes, special needs populations, and health care delivery
3 design. To that end, the General Assembly additionally finds
4 that:

5 (1) A lawful and well-regulated dissemination of
6 Medicaid data to qualified researchers is the best way to
7 create accurate and creative unbiased analysis and
8 information about the Illinois Medicaid Program that will
9 lead to better health outcomes at a lower cost.

10 (2) Accurate research findings should be made
11 available to the Illinois General Assembly from a variety
12 of independent qualified research entities.

13 (3) As the Medicaid program transforms from a fee for
14 service system to a system based on capitated contracts,
15 there must be sufficient transparency in those contracts to
16 allow for evaluation of their effectiveness by the
17 legislature through receipt of data analysis performed by
18 qualified independent research institutions.

19 (c) Notwithstanding any other provisions of law to the
20 contrary, the Department is hereby authorized and directed to
21 provide the individual patient medical claims information,
22 including individual data for services provided through
23 capitated contracts, of medical assistance participants to
24 participating institutions for the analysis purposes for which
25 the State Funded Health Care Quality Assurance and Research
26 Fund is created, as specified in Section 6z-101 of the State

1 Finance Act. The patient medical claims information shall only
2 include the Medicaid recipient identification number in
3 addition to other individual medical claims patient data that
4 has been de-identified in accordance with HIPAA so as to
5 qualify as a limited data set under HIPAA, and shall only be
6 shared in accordance with HIPAA. Information identifying
7 health plans and health care providers shall be made available
8 only in the event the research study commissioned by the
9 General Assembly through the Commission on Government
10 Forecasting and Accountability or the Department requires that
11 such information be analyzed. The Department, and
12 participating institutions must enter into data sharing
13 agreements and business associate agreements to ensure privacy
14 protection, HIPAA compliance, and to safeguard the security and
15 confidentiality of such records. The Department shall make as
16 much data available as possible in order to promote
17 transparency and unencumbered data analysis.

18 The data shall be shared electronically with each
19 participating entity on a State fiscal year basis once the data
20 year is considered complete, and not longer than 8 months after
21 the close of the State fiscal year. A complete State fiscal
22 year data set will be based on dates of service during a State
23 fiscal year and shall be considered complete when sufficient
24 time after the fiscal year has occurred to process all claims
25 and make corrections to improperly filed claims. Data for
26 fiscal years prior to the passage of this amendatory Act of the

1 99th General Assembly shall be made available if requested by
2 the participating institution and the data are available to the
3 Department.

4 Participating institutions and entities may, at their own
5 expense and consistent with rules adopted by the Department,
6 produce research reports related to the purposes of this
7 amendatory Act of the 99th General Assembly, provided that all
8 patient medical claims information has been aggregated and
9 de-identified. Participating institutions and entities may not
10 use such medical claims information for commercial purposes or
11 otherwise transfer any such medical claims information to any
12 other entity. Nothing in this amendatory Act of the 99th
13 General Assembly shall be construed as prohibiting a
14 participating institution and entity from partnering with
15 another entity, either voluntarily or by contract, to produce
16 research reports, so long as no individually identifiable data
17 is shared with the participating institution or entity.

18 Any data received under this Section must be used solely
19 for research purposes by the research entity and the
20 confidentiality of any data provided to authorized individuals
21 pursuant to this Section must be maintained in accordance with
22 the provisions of this Section and other applicable laws. Any
23 use of the data for commercial purposes in violation of this
24 Section shall be subject to fines and penalties specified
25 herein, including the loss of access to data.

1 Section 10. The State Finance Act is amended by adding
2 Section 6z-101 as follows:

3 (30 ILCS 105/6z-101 new)

4 Sec. 6z-101. State Funded Health Care Quality Assurance and
5 Research Fund. The State Funded Health Care Quality Assurance
6 and Research Fund is created. The State Funded Health Care
7 Quality Assurance and Research Fund shall consist of receipts
8 from State fund transfers, including the Healthcare Provider
9 Relief Fund, and contributions from participating
10 institutions, as that term is defined under Section 5-30.2 of
11 the Illinois Public Aid Code. Any receipts from the federal
12 government related to expenditures from the State Funded Health
13 Care Quality Assurance and Research Fund shall be deposited
14 into the Healthcare Provider Relief Fund. All interest earned
15 on moneys in the State Funded Health Care Quality Assurance and
16 Research Fund shall be deposited in the State Funded Health
17 Care Quality Assurance and Research Fund.

18 The State Funded Health Care Quality Assurance and Research
19 Fund shall be appropriated to the Department of Healthcare and
20 Family Services. The purpose of the State Funded Health Care
21 Quality Assurance and Research Fund is to provide the Illinois
22 General Assembly and the Department with independent analysis
23 of:

24 (1) the efficacy of State managed care programs to
25 improve the patient experience of health care, and the

1 health of the population, and to reduce costs of health
2 care;

3 (2) the efficacy of the Department of Healthcare and
4 Family Services in monitoring healthcare outcomes in
5 managed care and other settings;

6 (3) the efficacy of State managed care programs to
7 improve continuity of care, ensure adequate provider
8 participation, and maintain appropriate utilization of
9 health services;

10 (4) any possible gaps in healthcare for populations
11 served by the State and recommendations on how to close
12 them;

13 (5) successful outcomes and best practices in
14 improving the health of the population and the quality of
15 care while reducing the cost;

16 (6) in combination with other data sources, the impact
17 of managed care on the social determinants of health as
18 well as on non-clinical outcomes, such as employment and
19 educational attainment; and

20 (7) the degree to which appropriate mechanisms are in
21 place to assess the Department of Healthcare and Family
22 Services' internal quality assurance processes.

23 Appropriations to the Commission on Government Forecasting
24 and Accountability from the State Funded Health Care Quality
25 Assurance and Research Fund may be made by the General Assembly
26 through an appropriation from the Fund and either a law or a

1 resolution of either chamber authorizing the study, including
2 the reasons for the study, the direction to the Commission on
3 Government Forecasting and Accountability to contract for the
4 study, the question or questions the study will answer, the
5 requirement that the Department and other relevant State
6 entities cooperate with the selected contractor, and the date
7 the report is due. Appropriations from the State Funded Health
8 Care Quality Assurance and Research Fund may also be used to
9 pay for the costs to the Commission on Governmental Forecasting
10 and Accountability of developing and reviewing contract
11 proposals. Nothing in this amendatory Act of the 99th General
12 Assembly requires that the Commission on Government
13 Forecasting and Accountability award a contract to a
14 participating institution.

15 Each participating institution, as that term is defined
16 under Section 5-30.2 of the Illinois Public Aid Code, may
17 choose to participate in the State Funded Health Care Quality
18 Assurance and Research Fund and the associated research by
19 annually contributing up to \$250,000 into the Healthcare
20 Provider Relief Fund. Based upon the number of participants,
21 the costs to the Department of Healthcare and Family Services,
22 and the appropriations made to the Department of Healthcare and
23 Family Services and the Commission on Forecasting and
24 Governmental Accountability, the Department shall determine
25 the contribution amount for participants. All participants
26 shall pay the same amount. In the event that the research data

1 described in Section 3.1 of the Commission on Government
2 Forecasting and Accountability Act is not provided to the
3 participating entities or the research data or similar data is
4 shared with an entity not identified in Section 3.1 free of
5 charge, each entity shall be refunded the amount they each paid
6 into the State Funded Health Care Quality Assurance and
7 Research Fund.

8 The State shall transfer into the State Funded Health Care
9 Quality Assurance and Research Fund, from the Healthcare
10 Provider Relief Fund, an amount equal to the contributions made
11 by participating entities.

12 Any use of the data for commercial purposes or for another
13 purpose not authorized under Section 5-30.2 of the Illinois
14 Public Aid Code shall result in loss of access to the data for
15 a period of one year after the data year the last data set had
16 been received, no refunding of the fees authorized under this
17 Section, and a fine of \$2,500 for each violation, which shall
18 be deposited into the State Funded Health Care Quality
19 Assurance and Research Fund.

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.".