

State of Wisconsin



1995 Senate Bill 369

Date of enactment: **June 10, 1996**
Date of publication*: **June 24, 1996**

1995 WISCONSIN ACT 433

AN ACT to amend 15.735 (2); and to create 15.107 (7) and 16.03 of the statutes; **relating to:** expanding membership of the board on health care information, creating an interagency coordinating council, requiring a joint legislative council study of health care data collection and dissemination, requiring a study on user fees and requiring submittal of certain reports.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.107 (7) of the statutes is created to read:

15.107 (7) INTERAGENCY COORDINATING COUNCIL. There is created in the department of administration an interagency coordinating council consisting of the following members appointed to 4-year terms:

(a) The secretary of employe trust funds or his or her designee.

(b) A representative of the unit in the department of health and social services that deals with health statistics.

(c) A representative of the unit in the department of health and social services that deals with the medical assistance program.

(d) A representative of the unit in the office of the commissioner of insurance that deals with health care information.

(e) A representative of the unit in the University of Wisconsin System that deals with health statistics research analysis.

(f) A representative of the unit in the department of administration that deals with information technology.

SECTION 2. 16.03 of the statutes is created to read:

16.03 Interagency coordinating council. (1) GENERAL FUNCTIONS. The interagency coordinating council shall serve as a means of increasing the efficiency and utility and facilitating the effective functioning of state agencies in activities related to health care data collection. The interagency coordinating council shall advise and assist state agencies in the coordination of health care data collection programs and the exchange of information related to health care data collection and dissemination, including agency budgets for health care data collection programs, health care data monitoring and management, public information and education, health care data analysis and facilities, research activities and the appropriation and allocation of state funds for health care data collection.

(2) SUBCOMMITTEES. The interagency coordinating council may create subcommittees to assist in its work. The subcommittee members may include members of the council, employes of the agencies with members on the council, employes of other state agencies, representatives of counties and municipalities, representatives of the health care industry and public members. The council shall consider the need for subcommittees on the subjects within the scope of its general duties under sub. (1) and

* Section 991.11, WISCONSIN STATUTES 1993-94: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

other subjects that are determined to be appropriate by the council.

(3) REPORT. The interagency coordinating council shall report at least twice annually to the board on health care information in the office of the commissioner of insurance, concerning the council's activities under this section.

SECTION 3. 15.735 (2) of the statutes is amended to read:

15.735 (2) BOARD ON HEALTH CARE INFORMATION. There is created a board on health care information which is attached to the office of the commissioner of insurance under s. 15.03. The board shall consist of 79 members, a majority of whom may neither be nor represent health care providers, appointed for 4-year terms.

SECTION 4. Nonstatutory provisions; administration.

(1) INTERAGENCY COORDINATING COUNCIL; INITIAL APPOINTMENTS OF MEMBERS. Notwithstanding the length of terms specified in section 15.107 (7) of the statutes, as created by this act, the members of the interagency coordinating council shall be initially appointed for the following terms:

(a) The members specified in section 15.107 (7) (b) and (c) of the statutes, as created by this act, for terms expiring on July 1, 2001.

(b) The members specified in section 15.107 (7) (d), (e) and (f) of the statutes, as created by this act, for terms expiring on July 1, 2003.

SECTION 5. Nonstatutory provisions; insurance.

(1) BOARD ON HEALTH CARE INFORMATION; INITIAL APPOINTMENTS OF ADDITIONAL MEMBERS. Notwithstanding the length of terms specified in section 15.735 (2) of the statutes, as affected by this act, the additional members

of the board on health care information shall be initially appointed by January 1, 1997, for terms expiring on May 1, 2001.

(2) STUDY ON USER FEES. The commissioner of insurance, in consultation with the board on health care information, shall study the expansion in states other than Wisconsin of user fees, payable by requesters of health care data and information, as a source of revenue by state governments to fund the provision of the health care data and information. The commissioner of insurance shall report the findings, conclusions and recommendations of the study to the joint committee on finance of the legislature by February 1, 1997.

SECTION 6. Nonstatutory provisions; legislature.

(1) STUDY OF HEALTH CARE DATA COLLECTION AND DISSEMINATION IN THE PRIVATE SECTOR.

(a) The joint legislative council shall study the issue of health care data collection and dissemination in the private sector and shall identify areas for public and private collaboration in data collection and dissemination and steps needed to facilitate the collaboration. The study shall include all of the following:

1. The degree to which health plans and health care providers are collecting and reporting data on health care costs and on health care quality.

2. Conditions for access to data, including confidentiality protections.

3. Comparability of data across health care plans and across providers.

4. Limitations of current health care data systems.

(b) By February 1, 1997, the joint legislative council shall report its findings, conclusions and recommendations to the legislature in the manner provided under section 13.172 (2) of the statutes and to the governor.