

State of Misconsin 1995 - 1996 LEGISLATURE

SENATE SUBSTITUTE AMENDMENT 1, TO 1995 SENATE BILL 369

March 5, 1996 – Offered by Committee on Health, Human Services and Aging.

1	AN ACT to amend 15.735 (2); and to create 15.107 (7) and 16.03 of the statutes;
2	relating to: expanding membership of the board on health care information,
3	creating an interagency coordinating council, requiring a joint legislative
4	council study of health care data collection and dissemination, requiring a
5	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:
6	SECTION 1. 15.107 (7) of the statutes is created to read:
7	15.107 (7) INTERAGENCY COORDINATING COUNCIL. There is created in the
8	department of administration an interagency coordinating council consisting of the
9	following members appointed to 4-year terms:
10	(a) The secretary of employe trust funds or his or her designee.
11	(b) A representative of the unit in the department of health and social services
12	that deals with health statistics.
13	(c) A representative of the unit in the department of health and social services
14	that deals with the medical assistance program.

1995 – 1996 Legislature

(d) A representative of the unit in the office of the commissioner of insurance 1 2 that deals with health care information.

- 2 -

3 (e) A representative of the unit in the University of Wisconsin System that 4 deals with health statistics research analysis.

5

(f) A representative of the unit in the department of administration that deals with information technology. 6

7

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

8 16.03 Interagency coordinating council. (1) GENERAL FUNCTIONS. The 9 interagency coordinating council shall serve as a means of increasing the efficiency 10 and utility and facilitating the effective functioning of state agencies in activities 11 related to health care data collection. The interagency coordinating council shall 12advise and assist state agencies in the coordination of health care data collection 13 programs and the exchange of information related to health care data collection and 14dissemination, including agency budgets for health care data collection programs, 15health care data monitoring and management, public information and education, 16 health care data analysis and facilities, research activities and the appropriation 17and allocation of state funds for health care data collection.

(2) The interagency coordinating council may create 18 SUBCOMMITTEES. subcommittees to assist in its work. The subcommittee members may include 19 20members of the council, employes of the agencies with members on the council, 21employes of other state agencies, representatives of counties and municipalities, 22representatives of the health care industry and public members. The council shall 23consider the need for subcommittees on the subjects within the scope of its general $\mathbf{24}$ duties under sub. (1) and other subjects that are determined to be appropriate by the 25council.

1995 – 1996 Legislature

1	(3) REPORT. The interagency coordinating council shall report at least twice
2	annually to the board on health care information in the office of the commissioner
3	of insurance, concerning the council's activities under this section.
4	SECTION 3. 15.735 (2) of the statutes is amended to read:
5	15.735 (2) BOARD ON HEALTH CARE INFORMATION. There is created a board on
6	health care information which is attached to the office of the commissioner of
7	insurance under s. 15.03. The board shall consist of $7 \underline{9}$ members, a majority of whom
8	may neither be nor represent health care providers, appointed for 4-year terms.
9	SECTION 4. Nonstatutory provisions; administration.
10	(1) INTERAGENCY COORDINATING COUNCIL; INITIAL APPOINTMENTS OF MEMBERS.
11	Notwithstanding the length of terms specified in section 15.107 (7) of the statutes,
12	as created by this act, the members of the interagency coordinating council shall be
13	initially appointed for the following terms:
14	(a) The members specified in section 15.107 (7) (b) and (c) of the statutes, as
15	created by this act, for terms expiring on July 1, 2001.
16	(b) The members specified in section 15.107 (7) (d), (e) and (f) of the statutes,
17	as created by this act, for terms expiring on July 1, 2003.
18	SECTION 5. Nonstatutory provisions; insurance.
19	(1) BOARD ON HEALTH CARE INFORMATION; INITIAL APPOINTMENTS OF ADDITIONAL
20	MEMBERS. Notwithstanding the length of terms specified in section $15.735(2)$ of the
21	statutes, as affected by this act, the additional members of the board on health care
22	information shall be initially appointed by January 1, 1997, for terms expiring on
23	May 1, 2001.
24	(2) STUDY ON USER FEES. The commissioner of insurance, in consultation with
25	the board on health care information, shall study the expansion in states other than

25 the board on health care information, shall study the expansion in states other than

1995 – 1996 Legislature

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.

- 4 -

6

SECTION 6. Nonstatutory provisions; legislature.

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

9 (a) The joint legislative council shall study the issue of health care data 10 collection and dissemination in the private sector and shall identify areas for public 11 and private collaboration in data collection and dissemination and steps needed to 12 facilitate the collaboration. The study shall include all of the following:

- 13 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.
- 15 2. Conditions for access to data, including confidentiality protections.
- 16 3. Comparability of data across health care plans and across providers.
- 17 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.
- 21

(END)