

LEGISLATURE OF NEBRASKA  
ONE HUNDRED THIRD LEGISLATURE  
SECOND SESSION  
**LEGISLATIVE BILL 76**  
Final Reading

Introduced by Nordquist, 7; Campbell, 25.

Read first time January 10, 2013

Committee: Health and Human Services

A BILL

- 1 FOR AN ACT relating to health care; to adopt the Health Care
- 2                   Transparency Act; to create an advisory committee; and to
- 3                   declare an emergency.
- 4 Be it enacted by the people of the State of Nebraska,

1           Section 1. Sections 1 to 4 of this act shall be known and  
2 may be cited as the Health Care Transparency Act.

3           Sec. 2. The Director of Insurance shall appoint the  
4 Health Care Data Base Advisory Committee to make recommendations  
5 regarding the creation and implementation of the Nebraska Health Care  
6 Data Base which shall provide a tool for objective analysis of health  
7 care costs and quality, promote transparency for health care  
8 consumers, and facilitate the reporting of health care and health  
9 quality data. The Nebraska Health Care Data Base shall be used to:

10           (1) Provide information to consumers and purchasers of  
11 health care;

12           (2) Determine the capacity and distribution of existing  
13 health care resources;

14           (3) Identify health care needs and inform health care  
15 policy;

16           (4) Evaluate the effectiveness of intervention programs  
17 on improving patient outcomes;

18           (5) Review costs among various treatment settings,  
19 providers, and approaches; and

20           (6) Improve the quality and affordability of patient  
21 health care and health care coverage.

22           Sec. 3. (1) The Health Care Data Base Advisory Committee  
23 shall be appointed within forty-five business days after the  
24 effective date of this act.

25           (2) The advisory committee members appointed by the

1 Director of Insurance shall include, but not be limited to:

2 (a) A member of academia with experience in health care  
3 data and cost efficiency research;

4 (b) At least one representative of hospitals;

5 (c) At least one representative of physicians;

6 (d) At least one other representative of health care  
7 providers;

8 (e) A representative of small employers that purchase  
9 group health insurance for employees, which representative is not an  
10 insurer or insurance producer;

11 (f) A representative of large employers that purchase  
12 health insurance for employees, which representative is not an  
13 insurer or insurance producer;

14 (g) At least one health care consumer advocate,  
15 knowledgeable about private market insurance, public health insurance  
16 programs, enrollment and access, or related areas and has background  
17 or experience in consumer health care advocacy;

18 (h) At least one representative of health insurers;

19 (i) A representative of organizations that facilitate  
20 health information exchange to improve health care for all  
21 Nebraskans; and

22 (j) At least one representative of local public health  
23 departments.

24 (3) The following shall serve as ex officio members of  
25 the advisory committee:

1           (a) The Director of Insurance or his or her designee;

2           (b) The Director of Medicaid and Long-Term Care of the  
3 Division of Medicaid and Long-Term Care of the Department of Health  
4 and Human Services or his or her designee; and

5           (c) The Director of Public Health of the Division of  
6 Public Health of the Department of Health and Human Services or his  
7 or her designee.

8           (4) The members of the advisory committee appointed  
9 pursuant to subsection (2) of this section shall serve without  
10 compensation and shall not be reimbursed for expenses incurred in the  
11 performance of their duties on the committee.

12           Sec. 4. (1) The Health Care Data Base Advisory Committee  
13 shall make recommendations to the Director of Insurance regarding the  
14 Nebraska Health Care Data Base that:

15           (a) Include specific strategies to measure and collect  
16 data related to health care safety and quality, utilization, health  
17 outcomes, and cost;

18           (b) Focus on data elements that foster quality  
19 improvement and peer group comparisons;

20           (c) Facilitate value-based, cost-effective purchasing of  
21 health care services by public and private purchasers and consumers;

22           (d) Result in usable and comparable information that  
23 allows public and private health care purchasers, consumers, and data  
24 analysts to identify and compare health plans, health insurers,  
25 health care facilities, and health care providers regarding the

1 provision of safe, cost-effective, high-quality health care services;

2 (e) Use and build upon existing data collection  
3 standards, reporting requirements, and methods to establish and  
4 maintain the data base in a cost-effective and efficient manner;

5 (f) Incorporate and utilize claims, eligibility, and  
6 other publicly available data to the extent it is the most cost-  
7 effective method of collecting data to minimize the cost and  
8 administrative burden on data sources;

9 (g) Include discussions regarding the standardization of  
10 the Nebraska Health Care Data Base with other states and regions and  
11 federal efforts concerning all-payer claims data bases;

12 (h) Include discussions regarding the integration of data  
13 collection requirements of the health insurance exchange as required  
14 by the federal Patient Protection and Affordable Care Act, Public Law  
15 111-148, as amended by the federal Health Care and Education  
16 Reconciliation Act of 2010, Public Law 111-152, and any amendments  
17 thereto or regulations or guidance issued under those acts;

18 (i) Include discussions regarding a limit on the number  
19 of times the Nebraska Health Care Data Base may require submission of  
20 the required data elements;

21 (j) Include discussions regarding a limit on the number  
22 of times the data base may change the required data elements for  
23 submission in a calendar year considering administrative costs,  
24 resources, and time required to fulfill the requests;

25 (k) Include discussions regarding compliance with the

1 federal Health Insurance Portability and Accountability Act of 1996,  
2 Public Law 104-191, as amended, and other proprietary information  
3 related to collection and release of data;

4 (1) Discuss issues surrounding the availability of the  
5 data for research and other purposes; and

6 (m) Include whether the advisory committee should  
7 continue to exist and provide recommendations to the Department of  
8 Insurance regarding the Nebraska Health Care Data Base after the  
9 report required in subsection (2) of this section is completed.

10 (2) On or before December 15, 2014, the Director of  
11 Insurance shall report to the Governor and the Legislature the  
12 recommendations of the advisory committee.

13 Sec. 5. Since an emergency exists, this act takes effect  
14 when passed and approved according to law.