

Hall of the House of Representatives
85th General Assembly - Regular Session, 2005
Amendment Form

Subtitle of House Bill No. 2598

"AN ACT TO REQUIRE THAT QUALITY-OF-CARE INFORMATION BE REPORTED
FROM NETWORKS, HOSPITALS, AND CLINICAL PROVIDERS TO INFORM PLAN
DESIGN, PLAN MANAGEMENT, AND CONSUMER DECISIONS."

Amendment No. 1 to House Bill No. 2598.

Amend House Bill No. 2598 as originally introduced:

Page 2, delete lines 29 through 36

AND

Page 3, delete lines 1 through 4 and substitute the following:

"(10)(A) To require that quality-of-care information be reported from systems, networks, hospitals, and clinical providers to inform plan design, plan management, and consumer decisions.

(B) The board shall:

(i) Use accepted national standards for assessment of quality-of-care information provided by systems, networks, hospitals, and clinical providers;

(ii) Be empowered to determine the appropriate use of quality-of-care information and scope of system, network, hospital, and clinical provider accountability;

(iii) Be empowered to request aggregate performance information for patients; and

(iv) Be empowered to publicly report conclusions of quality-of-care assessment; and"

AND

Page 4, delete lines 10 and 11 and substitute the following:

"Pharmacy Association;

(f) One (1) representative from the Arkansas Center for Health Improvement;

(g) One (1) representative from the Arkansas Medical Association; and

(h) One (1) representative from the Arkansas"



AND

Page 4, delete line 16 and substitute the following:
"performance, and track improvements in delivery of care."

SECTION 2. Arkansas Code § 21-5-407 is amended to read as follows:
21-5-407. Definitions.

As used in this subchapter:

(1) "Aggregate performance information" means reports or other means of communication about the measurement of accomplishment of executing certain tasks, achievement of certain results, or occurrence of certain events related to all patients or to a class or group of patients identifiable by certain criteria;

~~(1)~~(2) "Dependent" means any member of an employee's or retiree's family who meets the eligibility for coverage under the health benefit plans approved by the State and Public School Life and Health Insurance Board;

~~(2)~~(3) "Employee" means a state employee or a public school district employee;

~~(3)~~(4) "Public school district employee" means all public school district salaried employees;

(5) "Quality-of-care information" means the contents of medical records, member claims, patient surveys, pharmacy data, lab data, and other records of or reports about systems, networks, hospitals, and clinical providers to be gathered for assessment of the quality of health care provided by systems, networks, hospitals, and clinical providers;

(6) "Quality performance indicator" means a specific inquiry or standard that, when applied to quality-of-care information, reveals a quantifiable measure of success or failure in system, network, hospital, or clinical provider care;

~~(4)~~(7) "Retiree" means a retired employee who is eligible under the provisions of § 21-5-411;

~~(5)~~(8) "State" means the State of Arkansas; and

~~(6)~~(9) "Vendor" means:

(A) A corporation, partnership, or other organization licensed to do business in the State of Arkansas; and

(B) A corporation, partnership, or other organization licensed to do business in the State of Arkansas which is lawfully engaged in administering employer-funded health benefit plans for employer groups in consideration of an administration fee payable to the vendor."

The Amendment was read _____

By: Representative D. Johnson
MGF/JGH - 03-15-2005 14:14
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Chief Clerk