SENATE BILL No. 333

April 30, 2013, Introduced by Senators MARLEAU, KAHN, MOOLENAAR, JANSEN, GREEN, SCHUITMAKER, EMMONS, PAPPAGEORGE, HUNE and JONES and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled

"Public health code,"

(MCL 333.1101 to 333.25211) by adding part 29.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

PART 29

HEALTH CARE TRANSPARENCY

SEC. 2901. THIS PART MAY BE REFERRED TO AS THE "MICHIGAN HEALTH CARE TRANSPARENCY LAW".

SEC. 2903. (1) FOR PURPOSES OF THIS PART, THE WORDS AND PHRASES DEFINED IN SECTIONS 2905 TO 2907 HAVE THE MEANINGS ASCRIBED TO THEM IN THOSE SECTIONS.

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(2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.

SEC. 2905. (1) "ADVISORY COMMITTEE" MEANS THE MICHIGAN HEALTH CARE TRANSPARENCY ADVISORY COMMITTEE CREATED IN SECTION 2914.

(2) "CARRIER" MEANS A HEALTH CARRIER.

(3) "COMMISSIONER" MEANS THE DIRECTOR OF THE DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES.

(4) "CPT CODE" MEANS THE APPLICABLE CURRENT PROCEDURAL TERMINOLOGY CODE AS ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION OR, IF A CPT CODE IS NOT AVAILABLE, THE APPLICABLE CODE UNDER AN APPROPRIATE UNIFORM CODING SCHEME APPROVED BY THE DIRECTOR.

(5) "DATABASE" MEANS THE MICHIGAN HEALTH CARE TRANSPARENCY DATABASE ESTABLISHED PURSUANT TO THIS PART.

SEC. 2907. (1) "HEALTH BENEFIT PLAN" MEANS A POLICY, CONTRACT, CERTIFICATE, OR AGREEMENT OFFERED OR ISSUED BY A HEALTH CARRIER TO PROVIDE, DELIVER, ARRANGE FOR, PAY FOR, OR REIMBURSE ANY OF THE COSTS OF HEALTH CARE SERVICES. HEALTH BENEFIT PLAN DOES NOT INCLUDE ANY OF THE FOLLOWING:

(A) COVERAGE ONLY FOR ACCIDENT OR DISABILITY INCOME INSURANCE OR A COMBINATION OF THOSE COVERAGES.

(B) COVERAGE ISSUED AS A SUPPLEMENT TO LIABILITY INSURANCE.

(C) LIABILITY INSURANCE, INCLUDING GENERAL LIABILITY INSURANCE AND AUTOMOBILE LIABILITY INSURANCE.

(D) WORKER'S COMPENSATION OR SIMILAR INSURANCE.

(E) AUTOMOBILE MEDICAL PAYMENT INSURANCE.

(F) CREDIT-ONLY INSURANCE.

(G) COVERAGE FOR ON-SITE MEDICAL CLINICS.

(H) OTHER SIMILAR INSURANCE COVERAGE, SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, PUBLIC LAW 104-191, UNDER WHICH BENEFITS FOR HEALTH CARE SERVICES ARE SECONDARY OR INCIDENTAL TO OTHER INSURANCE BENEFITS.

(I) A PLAN THAT PROVIDES THE FOLLOWING BENEFITS IF THOSE BENEFITS ARE PROVIDED UNDER A SEPARATE POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE OR ARE OTHERWISE NOT AN INTEGRAL PART OF THE PLAN:

(*i*) LIMITED SCOPE DENTAL OR VISION BENEFITS.

(*ii*) BENEFITS FOR LONG-TERM CARE, NURSING HOME CARE, HOME HEALTH CARE, COMMUNITY-BASED CARE, OR ANY COMBINATION OF THOSE BENEFITS.

(*iii*) OTHER SIMILAR, LIMITED BENEFITS SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, PUBLIC LAW 104-191.

(J) A PLAN THAT PROVIDES THE FOLLOWING BENEFITS IF THE BENEFITS ARE PROVIDED UNDER A SEPARATE POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE, THERE IS NO COORDINATION BETWEEN THE PROVISION OF THE BENEFITS AND ANY EXCLUSION OF BENEFITS UNDER ANY GROUP HEALTH BENEFIT PLAN MAINTAINED BY THE SAME PLAN SPONSOR, AND THE BENEFITS ARE PAID WITH RESPECT TO AN EVENT WITHOUT REGARD TO WHETHER BENEFITS ARE PROVIDED WITH RESPECT TO SUCH AN EVENT UNDER ANY GROUP HEALTH BENEFIT PLAN MAINTAINED BY THE SAME PLAN SPONSOR:

(*i*) COVERAGE ONLY FOR A SPECIFIED DISEASE OR ILLNESS.

(*ii*) HOSPITAL INDEMNITY OR OTHER FIXED INDEMNITY INSURANCE.

(K) ANY OF THE FOLLOWING IF OFFERED AS A SEPARATE POLICY,

CERTIFICATE, OR CONTRACT OF INSURANCE:

(*i*) A MEDICARE SUPPLEMENTAL POLICY AS DEFINED IN SECTION 1882(G)(1) OF THE SOCIAL SECURITY ACT, 42 USC 1395SS.

(*ii*) COVERAGE SUPPLEMENTAL TO THE COVERAGE PROVIDED BY THE TRICARE PROGRAM UNDER 10 USC 1071 TO 1110B.

(*iii*) SIMILAR COVERAGE SUPPLEMENTAL TO COVERAGE PROVIDED UNDER A GROUP HEALTH PLAN.

(2) "HEALTH CARE SERVICE" MEANS ANY HEALTH OR MEDICAL CARE PROCEDURE OR SERVICE RENDERED BY A HEALTH PROVIDER THAT MEETS EITHER OF THE FOLLOWING REQUIREMENTS:

(A) PROVIDES TESTING, DIAGNOSIS, PREVENTION, OR TREATMENT OF HUMAN DISEASE OR DYSFUNCTION.

(B) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES, OR MEDICAL GOODS FOR THE TREATMENT OF HUMAN DISEASE OR DYSFUNCTION.

(3) "HEALTH CARRIER" MEANS ANY OF THE FOLLOWING ENTITIES THAT ARE SUBJECT TO THE INSURANCE LAWS AND REGULATIONS OF THIS STATE OR OTHERWISE SUBJECT TO THE JURISDICTION OF THE COMMISSIONER:

(A) A HEALTH INSURER OPERATING PURSUANT TO THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.100 TO 500.8302.

(B) A HEALTH MAINTENANCE ORGANIZATION OPERATING PURSUANT TO THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.100 TO 500.8302.

(C) A HEALTH CARE CORPORATION OPERATING PURSUANT TO THE NONPROFIT HEALTH CARE CORPORATION REFORM ACT, 1980 PA 350, MCL 550.1101 TO 550.1704.

(D) A NONPROFIT DENTAL CARE CORPORATION OPERATING UNDER 1963 PA 125, MCL 550.351 TO 550.373.

(E) ANY OTHER PERSON PROVIDING A PLAN OF HEALTH INSURANCE,

HEALTH BENEFITS, OR HEALTH SERVICES.

(4) FOR THE PURPOSES OF DATA SUBMISSION TO THE DATABASE IN THIS PART ONLY, "HEALTH CARRIER" INCLUDES ALL OF THE FOLLOWING:

(A) THE MEDICAL SERVICES ADMINISTRATION.

(B) A THIRD PARTY ADMINISTRATOR AS THAT TERM IS DEFINED IN SECTION 2 OF THE THIRD PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL 550.902, IF THE CLAIMS PROCESSED ARE UNDER A SERVICE CONTRACT WITH A PERSON NOT OTHERWISE CONSIDERED A HEALTH CARRIER UNDER THIS PART.

(C) AN ENTITY THAT ESTABLISHES OR SPONSORS A NONINSURED BENEFIT PLAN. AS USED IN THIS SUBDIVISION, "NONINSURED BENEFIT PLAN" MEANS A HEALTH BENEFIT PLAN WITHOUT COVERAGE BY A HEALTH INSURER DESCRIBED IN SUBSECTION (3)(A), A HEALTH MAINTENANCE ORGANIZATION DESCRIBED IN SUBSECTION (3)(B), OR A HEALTH CARE CORPORATION DESCRIBED IN SUBSECTION (3)(C), OR THE PORTION OF A HEALTH BENEFIT PLAN WITHOUT COVERAGE BY A HEALTH CARE CORPORATION, HEALTH MAINTENANCE ORGANIZATION, OR INSURER THAT HAS A SPECIFIC OR AGGREGATE EXCESS LOSS COVERAGE.

(5) "HEALTH FACILITY" MEANS A HEALTH FACILITY OR AGENCY AS THAT TERM IS DEFINED IN SECTION 20106.

(6) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS LICENSED OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE OF A HEALTH PROFESSION UNDER ARTICLE 15.

(7) "HEALTH PROVIDER" MEANS A HEALTH FACILITY OR HEALTH PROFESSIONAL THAT RENDERS A HEALTH CARE SERVICE TO A HUMAN PATIENT.

SEC. 2909. (1) THE DIRECTOR SHALL ESTABLISH AND ADMINISTER A MICHIGAN HEALTH CARE TRANSPARENCY DATABASE TO COMPILE STATEWIDE DATA FROM CARRIERS ON THE COST OF HEALTH CARE SERVICES RENDERED TO

RESIDENTS OF THIS STATE BY HEALTH PROVIDERS IN THIS STATE. THE DIRECTOR SHALL ENSURE THAT THE DATABASE IS OPERATIONAL BY 1 YEAR AFTER THE EFFECTIVE DATE OF THIS PART. IN PERFORMING HIS OR HER DUTIES UNDER THIS PART, THE DIRECTOR SHALL CONSULT WITH THE ADVISORY COMMITTEE.

(2) IN ADDITION TO ANY OTHER DATA REQUIRED BY RULE PROMULGATED UNDER THIS PART, THE DIRECTOR SHALL ENSURE THAT THE DATABASE IS ABLE TO COLLECT ALL OF THE FOLLOWING FROM CARRIERS:

(A) FOR EACH TYPE OF PATIENT ENCOUNTER WITH A HEALTH PROVIDER DESIGNATED BY THE DIRECTOR, ALL OF THE FOLLOWING:

(*i*) THE DEMOGRAPHIC CHARACTERISTICS OF THE PATIENT.

(*ii*) THE PRINCIPAL DIAGNOSIS.

(*iii*) THE HEALTH CARE SERVICE RENDERED TO THE PATIENT.

(*iv*) THE DATE AND LOCATION WHERE THE HEALTH CARE SERVICE WAS RENDERED.

(*v*) THE CLAIM FOR THE HEALTH CARE SERVICE AND THE PORTION OF THE CLAIM PAID BY THE CARRIER AND THE PORTION PAYABLE BY THE PATIENT.

(*vi*) IF APPLICABLE, THE HEALTH PROFESSIONAL'S UNIVERSAL IDENTIFICATION NUMBER.

(B) APPROPRIATE DATA FROM A CARRIER RELATING TO PRESCRIPTION DRUGS FOR EACH TYPE OF PATIENT ENCOUNTER WITH A PHARMACIST DESIGNATED BY THE DIRECTOR.

(C) APPROPRIATE DATA RELATING TO HEALTH CARE COSTS, UTILIZATION, OR RESOURCES FROM CARRIERS AND GOVERNMENTAL AGENCIES.

(3) THE DIRECTOR SHALL SEEK TO OBTAIN ALL AVAILABLE MONEY FROM ANY FUNDING SOURCE, INCLUDING FEDERAL, STATE, AND LOCAL

GOVERNMENTAL AGENCIES AND PRIVATE ENTITIES, TO SUPPORT THE ADMINISTRATION AND OPERATION OF THE DATABASE.

SEC. 2911. (1) THE DEPARTMENT SHALL PROMULGATE RULES UNDER THE ADMINISTRATIVE PROCEDURES ACT OF 1969 THAT, SUBJECT TO THE REQUIREMENTS OF THIS PART, GOVERN THE ACCESS AND RETRIEVAL OF ALL DATA COLLECTED AND STORED IN THE DATABASE AND ANY CLAIMS CLEARINGHOUSE APPROVED BY THE DIRECTOR. THE DEPARTMENT, IN CONSULTATION WITH THE COMMISSIONER AND THE ADVISORY COMMITTEE, MAY PROMULGATE RULES THAT, SUBJECT TO THE REQUIREMENTS OF THIS PART, PROVIDE FOR THE ELECTRONIC SUBMISSION OF DATA AND SUBMISSION AND TRANSFER OF UNIFORM CLAIM FORMS IN USE IN THIS STATE.

(2) THE DIRECTOR AND ANY RULES PROMULGATED UNDER THIS PART SHALL ENSURE THAT PATIENT PRIVACY IS PROTECTED IN COMPLIANCE WITH STATE AND FEDERAL MEDICAL PRIVACY LAWS. THE DIRECTOR SHALL ENSURE THAT A PERSON THAT SUBMITS DATA IS ALLOWED A PERIOD OF TIME TO REVIEW AND VALIDATE THE ACCURACY OF THE DATA BEFORE IT IS RELEASED TO THE PUBLIC. THE DIRECTOR SHALL PROVIDE THAT ANY DATA THAT ARE SUBJECT TO A HEALTH PROFESSIONAL-PATIENT PRIVILEGE CREATED OR RECOGNIZED BY LAW ARE SUBMITTED IN A MANNER THAT DOES NOT DISCLOSE THE IDENTITY OF THE INDIVIDUAL PROTECTED.

(3) TO PROTECT THE INTEGRITY OF THE DATABASE, TO ENSURE THE PROPER USE OF THE DATABASE, AND TO ENSURE THE EFFICIENT AND PROPER ADMINISTRATION OF THE DATABASE, A PERSON OR GOVERNMENTAL AGENCY SHALL NOT PERMIT INSPECTION OF DATA CONTAINED IN THE DATABASE, DISCLOSE DATA CONTAINED IN THE DATABASE, OR COPY OR ISSUE A COPY OF ALL OR PART OF DATA CONTAINED IN THE DATABASE EXCEPT AS AUTHORIZED BY THIS PART, BY RULE, OR BY ORDER OF A COURT OF COMPETENT

JURISDICTION. THE DATABASE AND DATA OR ANY PART OF THE DATA CONTAINED IN THE DATABASE ARE NOT SUBJECT TO THE FREEDOM OF INFORMATION ACT, 1976 PA 442, MCL 15.231 TO 15.246. IN ADDITION TO ANY OTHER REQUIREMENT UNDER THIS PART, THE DEPARTMENT SHALL ESTABLISH PROCEDURES THAT PROVIDE FOR ADEQUATE STANDARDS OF SECURITY FOR THE DATABASE.

(4) TO THE EXTENT PRACTICABLE, THE DIRECTOR SHALL ENSURE THAT DATA COLLECTION UNDER THIS PART MEETS BOTH OF THE FOLLOWING REQUIREMENTS:

(A) IT UTILIZES ANY STANDARDIZED CLAIM FORM OR ELECTRONIC TRANSFER SYSTEM BEING USED IN THIS STATE BY CARRIERS AND HEALTH PROVIDERS.

(B) IT IS IN ALIGNMENT WITH NATIONAL, REGIONAL, AND OTHER UNIFORM ALL-PAYER CLAIMS DATABASES' STANDARDS.

(5) THE DIRECTOR MAY ESTABLISH A FEE TO CHARGE CARRIERS FOR THE SUBMISSION OF DATA. IF A FEE IS ESTABLISHED AS PROVIDED IN THIS SUBSECTION, A CARRIER SHALL PAY THE FEE TO SUBMIT DATA AS PROVIDED IN THIS PART. THE DIRECTOR SHALL CHARGE ALL CARRIERS THE SAME RATE FOR THE SUBMISSION OF DATA. THE DIRECTOR SHALL NOT CHARGE A CARRIER THAT PAYS A FEE UNDER THIS SUBSECTION ANY ADDITIONAL FEE FOR RECEIVING ANY DATA RELEASED FROM THE DATABASE.

SEC. 2913. (1) IN ESTABLISHING, ADMINISTERING, OR MODIFYING THE DATABASE, THE DIRECTOR SHALL ENSURE THAT THE DATABASE IS COMPATIBLE WITH DATA COLLECTED AND USED BY CARRIERS AND HEALTH PROVIDERS. THE DIRECTOR SHALL ESTABLISH A PROCESS THAT REQUIRES CARRIERS TO SUBMIT DATA TO THE DATABASE ON A QUARTERLY BASIS. A CARRIER SHALL SUBMIT DATA AS REQUIRED BY THE DIRECTOR UNDER THIS

SUBSECTION AND SHALL PAY THE FEE, IF ANY, ESTABLISHED BY THE DIRECTOR UNDER SECTION 2911.

(2) IN ESTABLISHING, ADMINISTERING, OR MODIFYING THE DATABASE, THE DIRECTOR SHALL DEVELOP A MEANS OF RELEASING DATA FROM THE DATABASE IN A MANNER THAT COMPLIES WITH STATE AND FEDERAL LAW RELATING TO MEDICAL PRIVACY AND THE PROTECTION OF PERSONAL IDENTIFYING INFORMATION. THE DIRECTOR SHALL ACCOMMODATE REQUESTS FOR ALL OR PARTS OF THE CLAIMS DATA FROM CONSUMERS, REPRESENTATIVES OF CONSUMERS, HEALTH PROVIDERS, ACADEMIC RESEARCHERS, OR OTHER PERSONS. THE DIRECTOR MAY ESTABLISH A FEE TO CHARGE PERSONS FOR THE RELEASE OF DATA REQUESTED UNDER THIS SUBSECTION. IF ESTABLISHED, THE FEE MUST BE REASONABLE AND DESIGNED TO RECOVER THE COST TO THE DEPARTMENT OF RELEASING THE DATA UNDER THIS SUBSECTION.

(3) THE DIRECTOR MAY CONTRACT FOR SERVICES NECESSARY TO CARRY OUT THE DATA COLLECTION, PROCESSING, AND STORAGE ACTIVITIES REQUIRED UNDER THIS PART. UNLESS PERMISSION IS SPECIFICALLY GRANTED BY THE DIRECTOR, A THIRD PARTY UNDER CONTRACT WITH THE DIRECTOR UNDER THIS SUBSECTION SHALL NOT RELEASE, PUBLISH, OR OTHERWISE USE ANY DATA TO WHICH THE THIRD PARTY HAS ACCESS UNDER ITS CONTRACT AND SHALL OTHERWISE COMPLY WITH THE REQUIREMENTS OF THIS PART.

(4) A CARRIER THAT VIOLATES THIS SECTION IS SUBJECT TO AN ADMINISTRATIVE FINE OF $10,000.00 FOR EACH DAY THAT THE CARRIER FAILS TO FILE DATA AS REQUIRED BY THE DIRECTOR. THE DIRECTOR SHALL REPORT TO THE COMMISSIONER A CARRIER THAT HAS FAILED TO FILE DATA AS REQUIRED BY THE DIRECTOR FOR A PERIOD OF 12 MONTHS OR MORE.

SEC. 2914. (1) THE MICHIGAN HEALTH CARE TRANSPARENCY ADVISORY COMMITTEE IS CREATED IN THE DEPARTMENT. NOTWITHSTANDING SECTION

2215, THE ADVISORY COMMITTEE IS CREATED ON AN ONGOING BASIS.

(2) THE DIRECTOR AND THE COMMISSIONER ARE EX OFFICIO MEMBERS OF THE ADVISORY COMMITTEE WITHOUT VOTE. THE GOVERNOR AND THE DIRECTOR SHALL APPOINT THE MEMBERS FIRST APPOINTED TO THE ADVISORY COMMITTEE WITHIN 45 DAYS AFTER THE EFFECTIVE DATE OF THIS PART. MEMBERS APPOINTED TO THE ADVISORY COMMITTEE ARE SUBJECT TO THE ADVICE AND CONSENT OF THE SENATE. THE GOVERNOR SHALL APPOINT 3 MEMBERS AND THE DIRECTOR SHALL APPOINT OTHER MEMBERS AS HE OR SHE CONSIDERS NECESSARY TO MEET THE REQUIREMENTS OF THIS SUBSECTION AND TO PERFORM THE DUTIES OF THE ADVISORY COMMITTEE UNDER THIS PART. THE GOVERNOR AND THE DIRECTOR SHALL APPOINT MEMBERS SO THAT THE ADVISORY COMMITTEE CONSISTS OF REPRESENTATIVES OF HEALTH CARRIERS, HEALTH PROVIDERS, AND PURCHASERS, INCLUDING BUT NOT LIMITED TO SMALL BUSINESSES AND INDIVIDUALS, OF HEALTH BENEFIT PLANS.

(3) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, APPOINTED MEMBERS OF THE ADVISORY COMMITTEE SHALL SERVE FOR TERMS OF 4 YEARS OR UNTIL A SUCCESSOR IS APPOINTED AND APPROVED TO SERVE, WHICHEVER IS LATER. FOR THE MEMBERS INITIALLY APPOINTED UNDER SUBSECTION (2), THE DIRECTOR MAY DESIGNATE STAGGERED TERMS SO THAT NOT MORE THAN HALF OF THE APPOINTED MEMBERS' TERMS WILL EXPIRE IN ANY 1 YEAR.

(4) MEMBERS OF THE ADVISORY COMMITTEE SHALL SERVE WITHOUT COMPENSATION.

(5) ON OR BEFORE 90 DAYS AFTER THE EFFECTIVE DATE OF THIS PART, THE DIRECTOR SHALL CALL THE FIRST MEETING OF THE ADVISORY COMMITTEE. AT THE FIRST MEETING, THE ADVISORY COMMITTEE SHALL ELECT FROM AMONG ITS MEMBERS A CHAIRPERSON AND OTHER OFFICERS IT CONSIDERS NECESSARY OR APPROPRIATE. AFTER THE FIRST MEETING, THE

ADVISORY COMMITTEE SHALL MEET AT LEAST QUARTERLY, OR MORE FREQUENTLY AT THE CALL OF THE DIRECTOR OR THE CHAIRPERSON OR IF REQUESTED BY 4 OR MORE MEMBERS.

(6) THE ADVISORY COMMITTEE SHALL ASSIST THE DIRECTOR IN THE ESTABLISHMENT, MAINTENANCE, IMPLEMENTATION, ADMINISTRATION, AND MODIFICATION OF THE DATABASE UNDER THIS PART.

SEC. 2915. (1) AT LEAST 30 DAYS BEFORE THE DATABASE IS OPERATIONAL, AS DETERMINED BY THE DIRECTOR, THE DIRECTOR SHALL NOTIFY THE LEGISLATURE AND THE PERSONS SUBJECT TO THIS PART OF THE DATE THAT THE DATABASE WILL BEGIN OPERATION IN THIS STATE. UPON THE DATABASE BECOMING OPERATIONAL, THE DIRECTOR SHALL PUBLICIZE THE DATABASE IN A MANNER DESIGNED TO NOTIFY RESIDENTS OF THIS STATE THAT THE DATABASE IS OPERATIONAL IN THIS STATE.

(2) ANNUALLY, BEGINNING WITH THE FIRST DAY OF THE THIRTEENTH MONTH AFTER THE DATABASE IS DETERMINED TO BE OPERATIONAL UNDER SUBSECTION (1), THE DIRECTOR SHALL PUBLISH AN ANNUAL REPORT FOR THE IMMEDIATELY PRECEDING 12-MONTH PERIOD THAT INCLUDES ALL OF THE FOLLOWING:

(A) FOR THE HEALTH CARE SERVICES SELECTED BY THE DIRECTOR, A DESCRIPTION OF ALL OF THE FOLLOWING:

(*i*) THE VARIATION IN FEES CHARGED BY HEALTH FACILITIES AND HEALTH PROFESSIONALS.

(*ii*) THE GEOGRAPHIC VARIATION IN THE UTILIZATION OF THOSE HEALTH CARE SERVICES.

(B) THE TOTAL REIMBURSEMENT FOR ALL HEALTH CARE SERVICES.

(C) THE TOTAL REIMBURSEMENT FOR EACH HEALTH CARE SPECIALTY.

(D) THE TOTAL REIMBURSEMENT FOR EACH CPT CODE.

(E) THE ANNUAL RATE OF CHANGE IN REIMBURSEMENT FOR HEALTH CARE SERVICES BY HEALTH CARE SPECIALTIES AND BY CPT CODE.

(F) ANY OTHER INFORMATION THE COMMISSION CONSIDERS APPROPRIATE, INCLUDING INFORMATION ON CAPITATED HEALTH CARE SERVICES.

(3) SUBJECT TO THIS PART, THE DIRECTOR SHALL MAKE THE DATA COLLECTED BY THE DATABASE AND ITS REPORTS AVAILABLE ON ITS INTERNET WEBSITE.

(4) NOTWITHSTANDING SUBSECTION (2), FOR THE FIRST ANNUAL REPORT REQUIRED UNDER SUBSECTION (2), THE DIRECTOR SHALL ONLY INCLUDE REGIONALIZED DATA THAT DO NOT INCLUDE ANY OF THE FOLLOWING:

(A) THE IDENTIFICATION OF SPECIFIC HEALTH PROVIDERS.

(B) THE IDENTIFICATION OF SPECIFIC CARRIERS.

SEC. 2917. THE DIRECTOR, IN COMPLIANCE WITH STATE AND FEDERAL MEDICAL PRIVACY LAWS AND THE REQUIREMENTS OF THIS PART, MAY SHARE DATA CONTAINED IN THE DATABASE WITH A STATE DEPARTMENT OR AGENCY THAT HAS A LEGITIMATE NEED FOR OR USE OF THE DATA. A STATE DEPARTMENT OR AGENCY AND ITS OFFICERS, DIRECTORS, OR EMPLOYEES ARE SUBJECT TO THIS PART WITH REGARD TO ANY DATA IT, HE, OR SHE RECEIVES FROM THE DATABASE UNDER THIS SECTION.