

Department of Commerce, Community, and Economic Development

DIVISION OF INSURANCE Juneau Office

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Senate Bill 93: Health Ins. All-Payer Claims Database

An Act relating to the establishment of an all-payer claims database; and providing for an effective date

Summary of Changes: Version A to Version B

Please note that this analysis is not an authoritative interpretation of changes to the bill.

The bill itself is the best statement of its contents.

Section 1: Creating Chapter 92: All-Payer Health Claims Database.

• AS 21.92.010. All-payer health claims database established.

AS 21.92.010(c)(5) added on page 3, lines 8-10. Subsection (c)(5) allows the director to establish, by regulation, a schedule of reasonable fees to be charged to an authorized requester that is a business entity for the use and distribution of data from the database to the business entity.

• AS 21.92.020. Selection and duties of lead organization.

AS 21.92.020(a) deleted "may" and replaced with "shall" on page 3, line 11. This amendment will require the director to use a competitive bid process under AS 36.30 to select an organization to coordinate and manage the database.

AS 21.92.020(b)(4) added on page 3, lines 24-25. Subsection (b)(4) requires the selected organization to engage stakeholders in the development and maintenance of the database.

AS 21.92.020(b)(7) added on page 4, lines 1-3. Subsection (b)(7) requires the selected organization to engage consumer protection stakeholders and the community in the process described in subsection (b)(6) to ensure claims and other data from the database are available in a format accessible to all authorized requesters.

• AS 21.92.040. Eligibility for state grants.

AS 21.92.040(a) is added on page 4, lines 23-26. Subsection (a) specifies that a health insurer that is required to submit health care data to the database may not receive a state grant unless the insurer submits the data as required by the director under AS 21.92.010.

AS 21.92.040(b) is added on page 4, lines 27-29. Subsection (b) specifies that a health care payer that agrees to voluntarily report health care data to the database may not receive a state grant unless the payer reports the data as required by the payer's agreement.