

216.2923 Health data collection powers and duties -- Transmitting information on insurance experience -- Cabinet advisory committee.

- (1) For the purposes of carrying out the provisions of KRS 216.2920 to 216.2929, the secretary may:
 - (a) Appoint temporary volunteer advisory committees, which may include individuals and representatives of interested public or private entities or organizations;
 - (b) Apply for and accept any funds, property, or services from any person or government agency;
 - (c) Make agreements with a grantor of funds or services, including an agreement to make any study allowed or required under KRS 216.2920 to 216.2929; and
 - (d) Contract with a qualified, independent third party for any service necessary to carry out the provisions of KRS 216.2920 to 216.2929; however, unless permission is granted specifically by the secretary a third party hired by the secretary shall not release, publish, or otherwise use any information to which the third party has access under its contract.
- (2) For the purposes of carrying out the provisions of KRS 216.2920 to 216.2929, the secretary shall:
 - (a) Publish and make available information that relates to the health-care financing and delivery system, information on charges for health-care services and the quality and outcomes of health-care services, the cost of workers' compensation health benefits, motor vehicle health insurance benefits, and health insurance premiums and benefits that is in the public interest;
 - (b) Periodically participate in or conduct analyses and studies that relate to:
 1. Health-care costs;
 2. Health-care quality and outcomes;
 3. Health-care providers and health services; and
 4. Health insurance costs;
 - (c) Promulgate administrative regulations pursuant to KRS Chapter 13A that relate to its meetings, minutes, and transactions related to KRS 216.2920 to 216.2929;
 - (d) Prepare annually a budget proposal that includes the estimated income and proposed expenditures for the administration and operation of KRS 216.2920 to 216.2929; and
 - (e) No later than thirty (30) days after July 15, 2005, appoint and convene a permanent cabinet advisory committee. The committee shall advise the secretary on the collection, analysis, and distribution of consumer-oriented information related to the health-care system, the cost of treatment and procedures, outcomes and quality indicators, and policies and regulations to implement the electronic collection and transmission of patient information (e-health) and other cost-saving patient record systems. At a minimum, the committee shall be composed of the following:

1. Commissioner of the Department for Public Health;
 2. Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities;
 3. Commissioner of the Department for Medicaid Services;
 4. Commissioner of the Department of Insurance;
 5. Physician representatives;
 6. Hospital representatives;
 7. Health insurer representatives;
 8. Consumers; and
 9. Nonphysician health-care providers.
- (f) The cabinet advisory committee shall utilize the Health Services Data Advisory Committee as a subcommittee, which shall include a member of the Division of Women's Physical and Mental Health, to define quality outcome measurements and to advise the cabinet on technical matters, including a review of administrative regulations promulgated pursuant to KRS Chapter 13A, proper interpretation of the data, and the most cost-efficient manner in which it should be published and disseminated to the public, state and local leaders in health policy, health facilities, and health-care providers. The Health Services Data Advisory Committee shall review and make recommendations to the cabinet advisory committee regarding exploration of technical matters related to data from other health-care providers and shall make recommendations on methods for risk-adjusting any data prepared and published by the cabinet.
- (3) The cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A that impose civil fines not to exceed five hundred dollars (\$500) for each violation for knowingly failing to file a report as required under KRS 216.2920 to 216.2929. The amount of any fine imposed shall not be included in the allowed costs of a facility for Medicare or Medicaid reimbursement.

Effective: July 12, 2012

History: Amended 2012 Ky. Acts ch. 146, sec. 101, effective July 12, 2012; and ch. 158, sec. 51, effective July 12, 2012. -- Amended 2010 Ky. Acts ch. 24, sec. 318, effective July 15, 2010. -- Amended 2008 Ky. Acts ch. 71, sec. 1, effective July 15, 2008. -- Amended 2005 Ky. Acts ch. 144, sec. 5, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 427, sec. 9, effective July 15, 1998; and ch. 496, sec. 53, effective April 10, 1998. -- Amended 1996 Ky. Acts ch. 371, sec. 26, effective July 15, 1996. -- Created 1994 Ky. Acts ch. 512, Pt. 2, sec. 7, effective July 15, 1994.

Legislative Research Commission Note (7/12/2012). This statute was amended by 2012 Ky. Acts chs. 146 and 158, which do not appear to be in conflict and have been codified together.