



Ohio Legislative Service Commission

Final Analysis

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Am. Sub. H.B. 123 130th General Assembly (As Passed by the General Assembly)

Reps. Gonzales and Wachtmann, J. Adams, Brenner, Henne, McClain, Williams, Young, Bishoff, Brown, Schuring, Anielski, Antonio, Baker, Boose, Buchy, Budish, Burkley, Duffey, Hackett, Hill, Johnson, Letson, Phillips, Romanchuk, Sears, Sprague, Batchelder

Sens. Tavares, Cafaro, Jones, LaRose, Uecker

Effective date: May 20, 2014

ACT SUMMARY

- Requires the Department of Medicaid to establish Medicaid payment standards for telehealth services.
- Specifies that the following are included in the laws pertaining to the proceedings of peer review committees of health care entities: accountable care organizations; hospital groups owned, sponsored, or managed by single entities; and combinations of health care entities.
- Provides that the release of any information produced or presented during peer review committee proceedings, or created to document such proceedings, does not affect the confidentiality of any other information produced or presented during such proceedings or created to document them.
- Specifies that the laws governing the confidentiality of peer review committee records do not preclude health care entities from sharing information, as long as the information is used only for peer review purposes.

* This version reflects an updated effective date and a Revised Code number change.

CONTENT AND OPERATION

Medicaid coverage of telehealth services

The act requires the Department of Medicaid to establish standards for the payment of health care services that the Department determines to be appropriate for Medicaid coverage when provided as telehealth services. The standards are to be established in rules adopted by the Medicaid Director pursuant to the Director's general rulemaking authority.

The act defines "telehealth service" as a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.¹

Health care peer review committees

Continuing law authorizes health care entities to establish peer review committees for certain purposes, including utilization review, quality assessment, performance improvement, and credentialing. The act specifies that each of the following is included within this authority: (1) an accountable care organization (ACO), (2) a group of hospitals owned, sponsored, or managed by a single entity, and (3) any combination of the health care entities specified in either continuing law or the act.²

In the case of ACOs, the act specifies that the peer review committees law applies to ACOs, as defined in federal regulations applicable to the Medicare Shared Savings Program. Under the regulations, "accountable care organization" is defined as a legal entity that is recognized and authorized under state, federal, or tribal law; is identified by a taxpayer identification number; and is formed by one or more ACO participants. Examples of ACO participants include health care professionals in group practice arrangements, networks of individual practices of health care professionals, and federally qualified health centers.³

Confidentiality of records and proceedings

Continuing law provides that the proceedings and records within the scope of a peer review committee of a health care entity are to be held in confidence and are not

¹ R.C. 5164.95.

² R.C. 2305.25(A) and (B).

³ R.C. 2305.25(I); 42 Code of Federal Regulations 425.10, 425.20, and 425.102(b).



subject to discovery or introduction into evidence in any civil action against a health care entity or provider.

The act specifies that the release of any information, documents, or records produced or presented during peer review committee proceedings, or created to document such proceedings, does not affect the confidentiality of any other information, documents, or records produced or presented during the proceedings or created to document them. Only the information, documents, or records actually released cease to be privileged. The result is that waiver of the privilege for some information, documents, or records does not cause the loss of the privilege for other information, documents, or records from the same proceedings.

The act also provides that health care entities are not precluded from sharing information, documents, or records that were produced or presented during peer review committee proceedings, or created to document such proceedings, as long as the information, documents, or records are used only for peer review purposes.⁴

HISTORY

ACTION	DATE
Introduced	04-10-13
Reported, H. Health & Aging	06-12-13
Passed House (95-3)	06-26-13
Reported, S. Medicaid, Health & Human Services	12-04-13
Passed Senate (30-0)	01-29-14
House concurred in Senate amendments (86-0)	01-29-14

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⁴ R.C. 2305.252.

