

F I N A L R E P O R T

HEALTH CARE COSTS JOINT SUBCOMMITTEE

January, 1983

The Health Care Costs Joint Subcommittee of the Senate and House Committees on Commerce was established by the Legislative Council in response to letter requests from Senators Holden and Priebe and Representative Schroeder to examine better care costs and health care insurance premiums.

Members serving on the Subcommittee were:

Senator Edgar H. Holden, Co-chairperson, Davenport
Representative Kyle Hummel, Co-chairperson, Vinton
Senator Dale L. Tieden, Elkader
Senator Richard F. Drake, Muscatine
Senator C. W. Hutchins, Audubon
Senator Berl E. Priebe, Algona
Representative Clifford Branstad, Thompson
Representative Minnette Doderer, Iowa City
Representative Sue Mullins, Corwith
Representative Stephen Rapp, Waterloo

The Subcommittee was initially granted two meetings and subsequently requested and was granted two additional meetings. Meetings were held on September 1, September 30, November 8, and November 16.

At the first two meetings, the Subcommittee heard presentations by individuals representing various health care providers, payers, and consumers and from the Health Policy Corporation of Iowa (HPCI). The Governor's Commission on Health Care Costs has recommended that HPCI establish a statewide data clearinghouse for health-related information. The individuals giving presentations gave their perspectives on the problem of rising health care costs, policies for containing the costs, and alternative ways for providing health care. Copies of their presentations and other materials presented by them are on file with the Legislative Service Bureau. Individuals giving presentations were:

Mr. Charles Johnson, President, Health Policy Corporation of Iowa
Professor Melvin Henderson, Simpson College, Chairman of the
Governor's Commission on Health Care Costs
Mr. D. Eugene Sibery, President, Blue Cross/Blue Shield of Iowa
Mr. Bruce Foudree, Iowa Commissioner of Insurance
Dr. Hormoz Rassekh, President, Iowa Medical Society
Mr. Richard Van Bell, Secretary-Treasurer, Iowa Business Labor
Coalition on Health
Mr. Stephen Tiwald, President, Iowa Health Development Corporation
Mr. Lee Couch, Director, Bankers Life Company
Mr. Donald Dunn, Iowa Hospital Association

Dr. Edward Hertko, Director, Central Iowa Diabetes Education Center
Mr. Don Rowen, Iowa Federation of Labor
Mr. Dick Clem, Health Insurance Administration of Iowa
Mr. Ray Crabtree, Vice President, Bankers Life Company
Mr. Dan Montgomery, Blue Cross/Blue Shield of Iowa
Mr. Gene McCracken, Health Policy Corporation of Iowa

At the third meeting of the Subcommittee, recommendations of the Governor's Commission on Health Care Costs and bills drafted by the Legislative Service Bureau at the request of the Subcommittee were presented and discussed. The Subcommittee tentatively approved some of the concepts contained in the recommendations and bills with final recommendations of the Subcommittee to be made at the last meeting.

At the fourth meeting, the Subcommittee discussed and made final recommendations. These recommendations contain four bill drafts, which are attached to this final report, to be presented to the Speaker of the House and President of the Senate for assignment to the chairpersons of the appropriate standing committees and four nonbill draft recommendations as follows:

1. An Act permitting a hospital service corporation to contract with an ambulatory surgical facility for surgical services.
2. An Act relating to the membership of the board of directors of nonprofit hospital service corporations, nonprofit medical service corporations and nonprofit pharmaceutical or optometric service corporations.
3. An Act relating to agreements entered into between doctors and hospitals in the provision of pathology and radiology services.
4. An Act relating to the creation of a health data commission, its purposes, membership, powers, duties, and other related areas, and providing a penalty.
5. The Joint Subcommittee on Health Care Costs recommends that the members of the Insurance Committee for the State of Iowa investigate the feasibility of establishing a health maintenance organization or participating in an existing health maintenance organization by a portion of the employees of the state at the next opportunity of offering, analyzing, and accepting the bid for health insurance coverage for state employees.
6. The Joint Subcommittee on Health Care Costs recommends that the Health Policy Corporation of Iowa study the feasibility of implementing a prospective payment reimbursement system to be used by all third-party payers paying providers for health services in Iowa and submit its findings to the Legislature by April 1, 1983.

7. The Joint Subcommittee on Health Care Costs recommends that the Department of Social Services study the feasibility of implementing a prospective payment reimbursement system to be used by all Medicare providers paying providers for health services in Iowa and submit its findings to the Legislature by April 1, 1983.

8. The Joint Subcommittee on Health Care Costs recommends that the Legislative Council direct the Legislative Fiscal Bureau to review the State Indigent Patient Fund in chapter 255. The Joint Subcommittee on Health Care Costs recommends that the Legislative Fiscal Bureau review expenditures and cost procedures of the State Indigent Patient Fund and transportation costs pursuant to section 255.13 for patients. In addition, there shall be a cost study sample of Iowa counties, including a comparative mix of rural and urban, regarding the services given to patients whose care is charged to the Indigent Patient Fund in chapter 255 from the identified counties and the related costs of those services.

PROPOSED SENATE/HOUSE FILE _____

BY (PROPOSED COMMITTEE ON COMMERCE
BILL BY THE HEALTH CARE COSTS
JOINT SUBCOMMITTEE)

Passed Senate, Date _____ Passed House, Date _____

Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act permitting a hospital service corporation to contract
2 with an ambulatory surgical facility for surgical ser-
3 vices.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Chapter 514, Code 1983, is amended by adding
2 the following new section:

3 NEW SECTION. 514.19 AMBULATORY SURGICAL FACILITY. A
4 hospital service corporation subject to this chapter may
5 contract with an ambulatory surgical facility to provide
6 surgical services to the corporation's subscribers. As used
7 in this section "ambulatory surgical facility" means a facility
8 constructed and operated for the specific purpose of providing
9 ambulatory surgery to patients admitted to and discharged
10 from the facility within the same day.

11 EXPLANATION

12 This bill permits a hospital service corporation to contract
13 with an ambulatory surgical facility to provide surgical
14 services to the subscribers of the hospital service
15 corporation. The ambulatory surgical facility is a facility
16 constructed to provide ambulatory surgery to patients admitted
17 and discharged the same day.

18 The bill takes effect July 1 following its enactment.

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PROPOSED SENATE/HOUSE FILE _____

BY (PROPOSED COMMITTEE ON COMMERCE
BILL BY THE HEALTH CARE COSTS
JOINT SUBCOMMITTEE)

Passed Senate, Date _____ Passed House, Date _____

Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act relating to the membership of the board of directors
2 of nonprofit hospital service corporations, nonprofit
3 medical service corporations and nonprofit pharmaceutical
4 or optometric service corporations.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section 514.1, Code 1983, is amended to read
2 as follows:

3 514.1 INSURANCE LAWS EXCLUDED GENERALLY. Any corporation
4 hereafter organized under the provisions of chapter 504 or
5 chapter 504A for the purpose of establishing, maintaining,
6 and operating a nonprofit hospital service plan, whereby
7 hospital service may be provided by the ~~said~~ corporation or
8 by a hospital with which it has a contract for ~~such~~ service,
9 to ~~such-of~~ the public who become subscribers to ~~said~~ this
10 plan under a contract which entitles each subscriber to
11 hospital service, or any ~~such~~ corporation organized for the
12 purpose of establishing, maintaining, and operating a plan
13 whereby medical and surgical service may be provided at the
14 expense of ~~said~~ this corporation, by duly licensed physicians
15 and surgeons, dentists, podiatrists, osteopathic physicians,
16 or osteopathic physicians and surgeons, to subscribers under
17 contract, entitling each subscriber to medical and surgical
18 service, as provided in ~~said~~ the contract or any ~~such~~
19 corporation organized for the purpose of establishing,
20 maintaining, and operating a nonprofit pharmaceutical service
21 plan or optometric service plan, whereby pharmaceutical or
22 optometric service may be provided by the ~~said~~ this corporation
23 or by a licensed pharmacy with which it has a contract for
24 ~~such~~ service, to ~~such-of~~ the public who become subscribers
25 to ~~said~~ this plan under a contract which entitles each
26 subscriber to pharmaceutical or optometric service, shall
27 be governed by the provisions of this chapter and shall be
28 exempt from all other provisions of the insurance laws of
29 this state, unless specifically designated herein, not only
30 in governmental relations with the state but for every other
31 purpose, and ~~no~~ additions hereafter enacted shall not apply
32 to ~~such~~ these corporations unless they be expressly designated
33 therein. For the purposes of this chapter, ~~the-term~~
34 "subscriber" ~~shall-include~~ means an individual who is entitled
35 to hospital service, medical or surgical service or

1 pharmaceutical or optometric service, under a contract with
2 a corporation subject to this chapter and includes any person
3 eligible for medical assistance or additional medical
4 assistance as defined under chapter 249A as hereafter amended,
5 with respect to whom the department of social services has
6 entered into a contract with any firm operating under said
7 chapter 514. For purposes of this chapter, "provider" is
8 as defined in section 514B.1.

9 Sec. 2. Section 514.4, Code 1983, is amended to read as
10 follows:

11 514.4 DIRECTORS. At least a majority of the directors
12 of a hospital service corporation ~~must~~ shall be at all times
13 ~~administrators, or directors, or trustees, or members of the~~
14 ~~clinical staff of hospitals which have contracted or may~~
15 subscribers who are not providers and are not associated with
16 a provider and who are entitled under a contract with such
17 the corporation to render to its subscribers hospital service.
18 The board of directors of ~~such~~ the corporation shall consist
19 of at least nine members and not more than one shall be from
20 any one hospital.

21 At least a majority of the directors of a medical service
22 corporation ~~must~~ shall be at all times ~~physicians or surgeons,~~
23 ~~dentists, podiatrists, osteopathic physicians, or osteopathic~~
24 ~~physicians and surgeons, who have contracted or may~~ subscribers
25 who are not providers and are not associated with a provider
26 and who are entitled under a contract with such the corporation
27 to render to its subscribers medical or surgical service.
28 The board of directors of ~~such~~ the corporation shall consist
29 of at least nine members.

30 At least a majority of the directors of a pharmaceutical
31 or optometric service corporation shall be at all times
32 subscribers who are not providers and are not associated with
33 a provider and who are entitled under a contract with the
34 corporation to pharmaceutical or optometric service. The
35 board of directors of the corporation shall consist of at

1 least nine members.

2 For purposes of determining the makeup of the board of
3 directors under this section, an individual who was a provider
4 or subscriber or associated with a provider within two years
5 of the date the individual becomes a member of the board of
6 directors shall be counted as a member who is a provider or
7 subscriber, as applicable.

8 Sec. 3. Section 2 of this Act applies to corporations
9 in existence on the effective date of this Act and to
10 corporations formed on or after the effective date of this
11 Act. However, a corporation in existence on the effective
12 date of this Act shall have until June 30, 1984 to comply
13 with section 2 of this Act unless the Iowa commissioner of
14 insurance determines that the corporation can comply with
15 section 2 of this Act prior to June 30, 1984.

16 EXPLANATION

17 The bill provides that at least a majority of the members
18 of the board of directors of a hospital service corporation,
19 a medical service corporation, or a pharmaceutical or
20 optometric service corporation shall be subscribers who are
21 not providers and are not associated with providers of health
22 care. The bill also defines "subscriber" and "provider".
23 The bill allows corporations in existence on the effective
24 date of the bill to comply with the bill's makeup of the board
25 of directors by June 30, 1984. This is provided because the
26 change in the makeup of the board of directors will require
27 amendments to articles of incorporation or bylaws and will
28 probably require an election of members. However, if the
29 Iowa commissioner of insurance determines that the corporation
30 can comply with the bill before June 30, 1984, then it must
31 so comply. Corporations similar to Blue Cross and Blue Shield
32 are the ones subject to the bill.

33 The bill takes effect July 1 following enactment.

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PROPOSED SENATE/HOUSE FILE _____

BY (PROPOSED COMMITTEE ON COMMERCE
BILL BY THE HEALTH CARE COSTS
JOINT SUBCOMMITTEE)

Passed Senate, Date _____ Passed House, Date _____

Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act relating to agreements entered into between doctors
2 and hospitals in the provision of pathology and radiology
3 services.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section 135B.26, Code 1983, is amended to read
2 as follows:

3 135B.26 COMPENSATION. The contract between the hospital
4 and doctor in charge of the laboratory or X-ray facilities
5 may contain any provision for compensation of each upon which
6 they mutually agree~~7-provided7-however7-that-no~~. The contract
7 ~~shall-be-entered-into-which-in-any-way-creates~~ may create
8 the relationship of employer and employee between the hospital
9 and the doctor~~7-and-a~~. A percentage arrangement or a
10 relationship of employer and employee between the hospital
11 and the doctor is not ~~and-shall-not-be-construed-to-be~~
12 unprofessional conduct on the part of the doctor or in
13 violation of the statutes of this state upon the part of the
14 hospital.

15 EXPLANATION

16 This bill strikes the prohibition and permits contracts
17 between hospitals and doctors which create an employer-employee
18 relationship for pathology and radiology services in hospitals.

19 This bill is a recommendation from the governor's commis-
20 sion on health care costs.

21 The bill takes effect July 1 following its enactment.

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PROPOSED SENATE/HOUSE FILE _____

BY (PROPOSED COMMITTEE ON COMMERCE
BILL BY THE HEALTH CARE COSTS
JOINT SUBCOMMITTEE)

Passed Senate, Date _____ Passed House, Date _____

Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act relating to the creation of a health data commission,
2 its purposes, membership, powers, duties, and other re-
3 lated areas, and providing a penalty.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. INTENT AND PURPOSE. As a result
2 of rising health care costs and the concern expressed by
3 health care providers, health care users, third-party payers,
4 and the general public, there is an urgent need to abate these
5 rising costs so as to place the cost of health care within
6 reach of all Iowans without affecting the quality. It is
7 the intent and purpose of sections 1 through 5 of this Act
8 to maintain an acceptable quality of health care services
9 in Iowa and yet at the same time improve the cost efficiency
10 and effectiveness of health care services. To foster the
11 cooperation of the separate industry forces, there is a need
12 to compile and disseminate accurate and current data, including
13 but not limited to price and utilization data, to meet the
14 needs of the people of Iowa and improve the appropriate usage
15 of health care services. It is the intent of the general
16 assembly to require the necessary information for a review
17 of the comparison of cost, utilization, and quality of health
18 services be compiled by a statewide clearinghouse and be made
19 available to interested persons, while emphasizing patient
20 confidentiality, to improve the decision-making processes
21 regarding the purchase, price, and use of appropriate health
22 care services.

23 Sec. 2. NEW SECTION. HEALTH DATA COMMISSION ESTABLISHED-
24 -PURPOSE. A state health data commission is established to
25 act as a statewide health data clearinghouse for the
26 acquisition, compilation, correlation, and dissemination of
27 data from health care providers, the state Medicaid program,
28 third-party payers, and other appropriate sources in
29 furtherance of the purpose and intent of the legislature as
30 expressed in section 1 of this Act.

31 The commission consists of the commissioners of health,
32 insurance, and social services and the chairperson of the
33 board of directors of the corporation or the head of the
34 association or other entity providing staff for the commission
35 as provided by section 3 of this Act and this individual shall

1 be the chairperson of the commission but shall be a nonvoting
2 member. A majority of the four members constitute a quorum.
3 A commissioner member may designate an individual in the
4 department that the commissioner heads to act on the commission
5 for that commissioner.

6 Meeting dates shall be set by members of the commission
7 or by call of the chairperson upon five days notice to the
8 members. Action of the commission shall not be taken except
9 upon the affirmative vote of a majority of the voting members
10 of the commission. The commissioner members of the commission
11 shall not receive a salary or per diem for being on the
12 commission but shall receive reimbursement for necessary
13 travel and expenses while engaged in commission business.
14 Funds for reimbursement shall come from the moneys appro-
15 priated to the department of which the member is the head.
16 The commission staff and chairperson shall not receive any
17 salary, wages, or per diem for serving the commission and
18 shall not receive reimbursement for commission travel and
19 related expenses or for other commission expenses.

20 Sec. 3. NEW SECTION. POWERS AND DUTIES.

21 1. The health data commission shall enter into an agree-
22 ment with the health policy corporation of Iowa or any other
23 corporation, association, or entity it deems appropriate to
24 provide staff for the commission, to act as a research tool
25 for the commission for the compilation, correlation, and
26 development of the data collected by the commission, to conduct
27 or contract for studies on health-related questions which
28 will further the purpose and intent expressed in section 1
29 of this Act. The agreement may provide for the corporation,
30 association, or entity to prepare and distribute or make
31 available data to health care providers, health care
32 subscribers, third-party payers, and the general public.

33 2. The commission may require that the state departments
34 of health, insurance, and social services obtain for and make
35 available to the commission data needed to carry out its pur-

1 pose including but not limited to the data specified in this
2 section. This data may be acquired from health care providers,
3 third-party payers, the state Medicaid program, or other
4 appropriate sources.

5 3. The commission shall require that:

6 a. The commissioner of health shall require hospitals,
7 as defined in section 135B.1, subsection 1, to provide, to
8 the extent not available from other sources, annually on forms
9 prescribed by the commissioner prices for diagnosis-specific
10 cases, procedure-specific cases and ancillary services that
11 represent the conditions for which hospital services are
12 commonly sought. The commissioner shall define by rule certain
13 technical procedures and ancillary services performed by the
14 hospitals the commissioner deems necessary for the compilation
15 of the prices.

16 The hospitals shall be permitted to comment on any
17 information required to be provided in this paragraph before
18 the information is given to the commission.

19 b. In addition, each hospital shall annually report, to
20 the extent not available from other sources, to the
21 commissioner of health the following information for its
22 previous fiscal year:

23 (1) The number of patients admitted and discharged to
24 and from its facilities.

25 (2) The shortest and longest lengths of patient stay in
26 each facility, the mean length of stay, and the respective
27 lengths of stay at the twenty-fifth, fiftieth, and seventy-
28 fifth percentiles of the total range of lengths of stay.

29 (3) The lowest and highest prices for hospital services
30 and physician services for each type of case or service, the
31 mean price, and the respective prices at the twenty-fifth,
32 fiftieth, and seventy-fifth percentile of the range.

33 (4) A separation of the mean price into mean component
34 prices, where applicable, including but not limited to, for
35 routine daily room and board, special care unit daily room

1 and board, nursery services, delivery room use, operating
2 room use, anesthetic services, pharmacy services, laboratory
3 services, radiology services, physician services, and supplies.

4 (5) Additional or alternative information related to
5 prices that is specified in rules adopted by the commissioner.

6 c. For each of the diagnoses, procedures, and services
7 under paragraph a, the hospitals shall post in a public area
8 in each facility the established prices at that facility or
9 provide a notice of the availability of the established prices.
10 The hospital shall notify the commissioner annually, and at
11 the time of a change, of the established prices.

12 d. The commissioner of insurance and commissioner of
13 health require that if data specifically required of third-
14 party payers, hospitals, corporations subject to chapter 514,
15 or health maintenance organizations by the commission is
16 available on computer or electronic tape then this tape shall
17 be provided where practicable.

18 4. The commission may require that:

19 a. The commissioner of insurance and the commissioner
20 of health encourage and assist third-party payers and hos-
21 pitals to voluntarily implement the use of a uniform hospital
22 billing form or, that they require that all third-party payers
23 and all hospitals use, by July 1, 1984, the uniform hospital
24 billing form designated or established by the commission.

25 b. The commissioner of health require that the uniform
26 discharge abstract form designated or established by the com-
27 mission be used by all hospitals by July 1, 1984.

28 c. The commissioner of insurance require corporations
29 regulated by the commissioner who provide health care insurance
30 or service plans to provide health care policy holder or
31 subscriber data by geographic area or other demographics.

32 Sec. 4. NEW SECTION. LAWFULNESS OF PROVIDING DATA--
33 CONFIDENTIALITY. Notwithstanding section 68A.7, subsection
34 2, section 135B.12, section 217.30, or any other statute,
35 it is lawful to provide the information requested pursuant

1 to section 3 of this Act as follows:

2 1. For hospitals, third-party payers, and other persons
3 to the commissioners or departments of health, insurance,
4 or social services.

5 2. For the commissioners of health, insurance, and social
6 services to the health data commission.

7 3. For the health data commission to the corporation,
8 association, or other entity acting as the commissioner's
9 research tool.

10 4. For the health data commission or its designee to in-
11 terested persons.

12 Information provided pursuant to section 3 of this Act
13 shall not identify a patient by name, address, or patient
14 identification number unless authorized by the patient.
15 Violation of this paragraph is a serious misdemeanor.

16 Sec. 5. NEW SECTION. REPORTS AND SUNSET OF COMMISSION.
17 The commission shall submit a report on the actions taken
18 by the commission to the legislature not later than January
19 15, 1984 and January 15, 1985. The commission shall be
20 sunsetted July 1, 1985. If the legislature does not extend
21 the sunset date, a final report shall be submitted to the
22 legislature by July 1, 1985.

23 Sec. 6. Section 135.11, Code 1983, is amended by adding
24 the following new subsection:

25 NEW SUBSECTION. Establish, publish, and enforce rules
26 not inconsistent with the law as necessary to obtain from
27 persons licensed or regulated by the department the data re-
28 quired pursuant to section 3 of this Act by the state health
29 data commission.

30 Sec. 7. Section 505.8, unnumbered paragraph 2, Code 1983,
31 is amended to read as follows:

32 He The commissioner shall, subject to the provisions of
33 chapter 17A, establish, publish and enforce rules not incon-
34 sistent with the law for the enforcement of the provisions
35 of this title and for the enforcement of the laws, the

1 administration and supervision of which are imposed on the
2 department and as necessary to obtain from persons authorized
3 to do business in the state or regulated by the department
4 that data required pursuant to section 3 of this Act by the
5 state health data commission.

6 EXPLANATION

7 The bill provides for the implementation of some recommenda-
8 tions of the governor's commission on health care costs.
9 It does this by creating a four-member health data commission
10 consisting of the commissioners of health, insurance, and
11 social services and the chairperson of the corporation or
12 head of the association or other entity which is providing
13 the staff for the commission. This individual is a nonvoting
14 member and is chairperson of the commission. Staff is to
15 be provided by the health policy corporation of Iowa (HPCI),
16 or other corporation, association, or entity the commission
17 deems appropriate, however, no salaries, wages, per diem or
18 expenses are to be paid by the commission or the state for
19 providing the staff or services. HPCI is a nonprofit corpora-
20 tion that receives its funds from public and private grants.
21 The governor's commission recommended that HPCI form a
22 statewide data clearinghouse for medical information on such
23 things as price or charge by hospitals for various diagnoses
24 and procedures, and utilization of health services by
25 hospitals, physicians, and patients. The health data
26 commission will be this clearinghouse, will obtain the
27 necessary data, and will use HPCI or other appropriate entity
28 as the research tool. The commission will obtain its data
29 from the departments of health, insurance, and social services
30 who will obtain it from persons or programs regulated or
31 licensed by the departments. One of the duties of the
32 commission is to require that the commissioner of health
33 obtain from each hospital prices for specifically-defined
34 diagnoses, procedures, and services, and the charges for
35 patient stays at hospital facilities and utilization data

1 to the extent that this data is not available from other
2 sources. Obtaining this information is a recommendation of
3 the governor's commission of health care costs. Another
4 recommendation of the governor's commission referred to in
5 the bill is the voluntary or mandatory use of a uniform
6 hospital billing form by hospitals and third-party payers.
7 The bill requires the commission to submit reports of its
8 actions to the legislature and provides for a sunset of the
9 commission on July 1, 1985.

10 The bill takes effect July 1, 1983.

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