**Sec. 19a-755a. All-payer claims database program.** (a) As used in this section:

(1) "All-payer claims database" means a database that receives and stores data from a reporting entity relating to medical insurance claims, dental insurance claims, pharmacy claims and other insurance claims information from enrollment and eligibility files.

(2) (A) "Reporting entity" means:

(i) An insurer, as described in section 38a-1, licensed to do health insurance business in this state;

(ii) A health care center, as defined in section 38a-175;

(iii) An insurer or health care center that provides coverage under Part C or Part D of Title XVIII of the Social Security Act, as amended from time to time, to residents of this state;

(iv) A third-party administrator, as defined in section 38a-720;

(v) A pharmacy benefits manager, as defined in section 38a-479aaa;

(vi) A hospital service corporation, as defined in section 38a-199;

(vii) A nonprofit medical service corporation, as defined in section 38a-214;

(viii) A fraternal benefit society, as described in section 38a-595, that transacts health insurance business in this state;

(ix) A dental plan organization, as defined in section 38a-577;

(x) A preferred provider network, as defined in section 38a-479aa; and

(xi) Any other person that administers health care claims and payments pursuant to a contract or agreement or is required by statute to administer such claims and payments.

(B) "Reporting entity" does not include an employee welfare benefit plan, as defined in the federal Employee Retirement Income Security Act of 1974, as amended from time to time, that is also a trust established pursuant to collective bargaining subject to the federal Labor Management Relations Act.

(3) "Medicaid data" means the Medicaid provider registry, health claims data and Medicaid recipient data maintained by the Department of Social Services.

(4) "CHIP data" means the provider registry, health claims data and recipient data maintained by the Department of Social Services to administer the Children's Health Insurance Program.

(b) (1) There is established an all-payer claims database program. The Office of Health Strategy shall:

(A) Oversee the planning, implementation and administration of the all-payer claims database program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care;

(B) ensure that data received is securely collected, compiled and stored in accordance with state and federal law; (C) conduct audits of data submitted by reporting entities in order to verify its accuracy; and

(D) in consultation with the Health Information Technology Advisory Council established under section 17b-59f, maintain written procedures for the administration of such all-payer claims database. Any such written procedures shall include

(i) reporting requirements for reporting entities, and

(ii) requirements for providing notice to a reporting entity regarding any alleged failure on the part of such reporting entity to comply with such reporting requirements.

(2) The executive director of the Office of Health Strategy shall seek funding from the federal government, other public sources and other private sources to cover costs associated with the planning, implementation and administration of the all-payer claims database program.

(3) (A) Upon the adoption of reporting requirements as set forth in subdivision (1) of this subsection, a reporting entity shall report health care information for inclusion in the all-payer claims database in a form and manner prescribed by the executive director of the Office of Health Strategy. The executive director may, after notice and hearing, impose a civil penalty on any reporting entity that fails to report health care information as prescribed. Such civil penalty shall not exceed one thousand dollars per day for each day of violation and shall not be imposed as a cost for the purpose of rate determination or reimbursement by a third-party payer.

(B) The executive director of the Office of Health Strategy may provide the name of any reporting entity on which such penalty has been imposed to the Insurance Commissioner. After consultation with said executive director, the commissioner may request the Attorney General to bring an action in the superior court for the judicial district of Hartford to recover any penalty imposed pursuant to subparagraph (A) of this subdivision.

(4) The Commissioner of Social Services shall submit Medicaid and CHIP data to the executive director of the Office of Health Strategy for inclusion in the all-payer claims database only for purposes related to administration of the State Medicaid and CHIP Plans, in accordance with 42 CFR 431.301 to 42 CFR 431.306, inclusive.

(5) The executive director of the Office of Health Strategy shall:

(A) Utilize data in the all-payer claims database to provide health care consumers in the state with information concerning the cost and quality of health care services for the purpose of allowing such consumers to make economically sound and medically appropriate health care decisions; and

(B) make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services. If health information, as defined in 45 CFR 160.103, as amended from time to time, is permitted to be disclosed under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, or regulations adopted thereunder, any disclosure thereof made pursuant to this subdivision shall have identifiers removed, as set forth in 45 CFR 164.514, as amended from time to time. Any disclosure made pursuant to this subdivision of information other than health information shall be made in a manner to protect the confidentiality of such other information as required by state and federal law. The executive director of the Office of Health Strategy may set a fee to be charged to each person or entity requesting access to data stored in the all-payer claims database.

(6) The executive director of the Office of Health Strategy may

(A) in consultation with the All-Payer Claims Database Advisory Group set forth in section 17b-59f, enter into a contract with a person or entity to plan, implement or administer the all-payer claims database program,

(B) enter into a contract or take any action that is necessary to obtain data that is the same data required to be submitted by reporting entities under Medicare Part A or Part B,

(C) enter into a contract for the collection, management or analysis of data received from reporting entities, and

(D) in accordance with subdivision (4) of this subsection, enter into a contract or take any action that is necessary to obtain Medicaid and CHIP data. Any such contract for the collection, management or analysis of such data shall expressly prohibit the disclosure of such data for purposes other than the purposes described in this subsection.

(c) Unless otherwise specified, nothing in this section and no action taken by the executive director of the Office of Health Strategy pursuant to this section or section 19a-755b shall be construed to preempt, supersede or affect the authority of the Insurance Commissioner to regulate the business of insurance in the state.